Attachment 2

Data Element Lists 071607.xls

All National Condition Notification Message Variables Lists

VERSION: This Data Element list is dated 7/16/2007.

This Message Mapping Guide describes the content and message mapping specifications for the fixed set of data elements used to communicate information to meet the requirements for Hepatitis case notification reporting to CDC. The intended audience for this document are the state/local and CDC programs and other public health related organizations interested in using the HL7 V2.5 case notification message specification for transmitting their data elements.

References

Notify CDC Message–All PAMs from NEDSS PAM Platform Team. Last updated 1/26/2007.
NND Mapping Guide version for 1.1.5 sp1 of NEDSS Base System. Last updated 11/29/2006.

Understanding the Organization of the Mapping Guide

Key	Key to columns in each Mapping Worksheet
An.Rabies	This tab provides the list of data elements of interest for Animal Rabies case notification. It is a generic notification with two additional data elements.
BMIRD	Every BMIRD condition is reported using generic demographics and observations plus BMIRD Generic data elements. Several conditions also have specific additional questions. The BMIRD event codes are: 10650 Bacterial Meningitis 11716 Streptococcal Disease, Other, Invasive, Beta-hemolytic (Non-group A and Non-group B) 11716 Group B Streptococcus, Invasive 11710 Group A Streptococcus, Invasive 11700 Streptococcal Toxic-Shock Syndrome 10590 Haemophilus influenzae, Invasive 10150 Neisseria Meningitidis, invasive 11717 Streptococcus Pneumoniae, Invasive 11720 Streptococcus Pneumoniae, Drug Resistant, Invasive
FDD	This tab provides the content for the Foodborne and Diarrheal condition notification. There are 36 FDD conditions that use the additional FDD questions sets.
Generic Case Notification	This tab provides the content for the generic investigation questions. The generic investigation is used for conditions that do not otherwise have a specified set of questions.
HEPATITIS	Every Hepatitis condition is reported using generic demographics and observations plus Hepatitis Generic data elements. Several hepatidities also have specific additional questions. The Hepatitis event codes are: 10480 Hepatitis, non A, non B, acute 10102 Hepatitis Delta co- or super-infection, acute (Hepatitis D) 10103 Hepatitis E, acute 10120 Hepatitis, viral unspecified 10110 Hepatitis A, acute 10100 Hepatitis B, acute 10101 Hepatitis C, acute 10106 Hepatitis C infection, past or present 10104 Hepatitis B, virus infection perinatal

Lead	This tab provides the content for three different types of Lead reporting: Lead Case Notification, Lead Laboratory Report Notification, and Lead Environmental Investigation Notification. The event code used for sorting purposes for all is 32010 Lead poisoning.
Lyme	This tab provides the content for the Lyme Disease case notification. The event code is 11080.
Measles,Mumps,Rubella	This tab provides the content for several vaccine preventable case notifications that are very similar. The event codes and condition-specific questions are: 10140 Measles (Rubeola) 10180 Mumps 10200 Rubella 10370 CRS (Rubella, congenital syndrome)
Pertussis	This tab provides the content for the Pertussis case notification. The event code is 10190.
Summary	This tab provides the content for a generic Summary Notification used by pre-coordination with NEDSS to submit any condition in this manner.
Tetanus	This tab provides the content for the Tetanus case notification. The event code is 10210.
TB	This tab provides the content for the TB case notification. The event code is 10220.
Varicella	This tab provides the content for the Varicella case notification. The event code is 10030.

Attachment 2

Varicella Notification Message Mapping Guide

Column	Description
Variable ID	PHIN element UID drawn from the coding system PH_PHINQuestions_CDC
Label	Short name for the data element, which is passed in the message.
Description	Description of the data element as in PHIN Questions.
Data Type	Data type for the variable response expected by the program area
Req/Opt	Indicator whether the program specifies the field as: **R** - Required - mandatory for sending the message **O** - Optional - if the data is available it should be passed
May Repeat	Indicator whether the response to the data element may repeat. “Yes” in the field indicates that it may; otherwise, the field is not populated. Repeats require special processing.
Valid Values	Name of the pre-coordinated value set from which the response is drawn. The value sets and coding systems are accessible via the Public Health Information Network Vocabulary Access and Distribution Services at http://www.cdc.gov/PhinVSBrowser/StrutsController.do.

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ANIMAL RABIES DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
CORE DEMOGRAPHIC DATA ELEMENTS						
DEM115	Birth Date	Date of birth in YYYYMMDD format	Date	O		
DEM114	Patient's birth sex	Patient's birth sex	Code	O		Male Female Unknown
DEM152	Race Category	Field containing one or more codes that broadly refer to the patient's race(s).	Code	O	Y	American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White; Other Race
DEM165	Patient Address County	County of residence of the subject.	Code	O		FIPS county codes
DEM162	Patient Address State	Patient's address state.	Code	O		FIPS state codes
DEM163	Patient Address Zip Code	Patient's address Zip code.	Alphanumeric	O		
DEM155	Ethnic Group Code	Ethnic origin or ethnicity is based on the individual's self-identity of the patient as Hispanic or Latino; choose one value from the list.	Code	O		Hispanic Non-hispanic
GENERIC NOTIFICATION DATA ELEMENTS						
NOT109	Reporting State	State reporting the notification.	Coded	R		Standard 2-digit State FIPS code
INV169	Condition Code	Condition or event that constitutes the reason the notification is being sent.	Coded	R		10370 Rubella Congenital Syndrome (CRS) 10140 Measles 10180 Mumps 10190 Pertussis 10200 Rubella 10210 Tetanus 11080 Lyme Disease
INV168	Local record ID	Sending system-assigned local ID of the case investigation with which the subject is associated.	Alphanumeric	R		
INV173	State Case ID	States use this field to link NEDSS (NETSS) investigations back to their own state investigations.	Alphanumeric	R		
INV107	Jurisdiction Code	Identifier for the physical site from which the notification is being submitted.	Code	R		state-assigned

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
INV108	Case Program Area Code	The organizational ownership of the investigation. Program areas (*e.g.*, Immunization, STD) are defined at the state level by the conditions for which they provide primary prevention and control.	Code	R		state-assigned
INV109	Case Investigation Status Code	Status of the investigation. For example, *open* or *closed*.	Code	O		Open Closed
INV110	Investigation Date Assigned	Date the investigator was assigned to this investigation.	Date	O		
INV111	Date of Report	Date the event or illness was first reported by the reporting source	Date	O		
INV112	Reporting Source Type Code	Type of facility or provider associated with the source of information sent to Public Health.	Code	O		Blood Bank Correctional Facilities Dentist Other Federal Agencies Hospital Indian Health Service Laboratory Managed Care/HMOs Military Other Treatment Center Pharmacy Public Health Clinic Private Physician Office Data Registries Rural Health Clinic School Clinic Other State and Local Agencies Tribal Government Vital Statistics Veterinary Sources Daycare Facility Drug Treatment Facility Emergency Room/Emergency Department Family Planning Facility National Job Training Program Prenatal/Obstetrics Facility Public Health Clinic – STD Public Health Clinic – TB Public Health Clinic - HIV

ANIMAL RABIES DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
INV118	Reporting Source Zip Code	Zip Code of the reporting source for this case.	Alphanumeric	O		
INV120	Earliest Date Reported to County	Earliest date reported to county public health system	Date	O		
INV121	Earliest Date Reported to State	Earliest date reported to state public health system	Date	O		
INV128	Hospitalized	Was patient hospitalized because of this event?	Code	O		Yes No Unknown
INV132	Admission Date	Subject's admission date to the hospital for the condition covered by the investigation.	Date	O		
INV133	Discharge Date	Subject's discharge date from the hospital for the condition covered by the investigation.	Date	O		
INV134	Duration of hospital stay in days	Subject's duration of stay at the hospital for the condition covered by the investigation.	Numeric	O		
INV136	Diagnosis Date	Date of diagnosis of condition being reported to public health system	Date	O		
INV137	Date of Illness Onset	Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system	Date	O		
INV138	Illness End Date	Time at which the disease or condition ends.	Date	O		
INV139	Illness Duration	Length of time this person had this disease or condition.	Numeric	O		
INV140	Illness Duration Units	Unit of time used to describe the length of the illness or condition.	Code	O		
INV145	Did the patient die from this illness	Did the patient die from this illness or complications of this illness?	Code	O		Yes No Unknown
INV147	Investigation Start Date	The date the case investigation was initiated.	Date	O		
INV150	Case outbreak indicator	Denotes whether the reported case was associated with an identified outbreak.	Code	O		Yes No Unknown
INV151	Case Outbreak Name	A state-assigned name for an indentified outbreak.	Code	O		state-assigned code

ANIMAL RABIES DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
INV152	Case Disease Imported Code	Indication of where the disease/condition was likely acquired.	Code			Indigenous Out of country Out of jurisdiction Out of state Unknown
INV153	Imported Country	If the disease or condition was imported, indicates the country in which the disease was likely acquired.	Code	O		ISO Country Codes
INV154	Imported State	If the disease or condition was imported, indicates the state in which the disease was likely acquired.	Code	O		FIPS state codes
INV155	Imported City	If the disease or condition was imported, indicates the city in which the disease was likely acquired.	Code	O		GNIS City Codes
INV156	Imported County	If the disease or condition was imported, contains the county of origin of the disease or condition.	Code	O		FIPS county codes
INV157	Transmission Mode	Code for the mechanism by which disease or condition was acquired by the subject of the investigation. Includes sexually transmitted, airborne, bloodborne, vectorborne, foodborne, zoonotic, nosocomial, mechanical, dermal, congenital, environmental exposure, indeterminate.	Code	O		Airborne Blood borne Dermal Food borne Indeterminate Mechanical Nosocomial Other Sexually Transmitted Vector borne Water borne Zoonotic
INV159	Detection Method	Code for the method by which the public health department was made aware of the case. Includes provider report, patient self-referral, laboratory report, case or outbreak investigation, contact investigation, active surveillance, routine physical, prenatal testing, perinatal testing, prison entry screening, occupational disease surveillance, medical record review, etc.	Code	O		Provider reported Prison entry screening Prenatal testing Routine Physical Patient self-referral Other

ANIMAL RABIES DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
INV161	Confirmation Method	Code for the mechanism by which the case was classified, providing information about how the case classification status was derived. More than one confirmation method may be indicated.	Code	O	Y	Clinical Diagnosis Epidemiologically linked Lab confirmed Case/outbreak investigation Lab Report Medical Record Review Occup. Disease Surveillance Active Surveillance Provider Certified Local/state specified Other
INV162	Confirmation Date	If an investigation is confirmed as a case, the confirmation date is entered.	Date	O		
INV163	Case Class Status Code	Status of the case/event as suspect, probable, confirmed, or "not a case" per CSTE/CDC/ surveillance case definitions.	Code	R		Confirmed Not a Case Probable Suspect
INV165	MMWR Week	MMWR Week for which case information is to be counted for MMWR publication.	Numeric	R		
INV166	MMWR Year	MMWR Year (YYYY) for which case information is to be counted for MMWR publication.	Date	R		4-digit year (####)
INV176	Date of First Report to CDC	Date the case was first reported to the CDC.	Date	O		
INV177	Date First Reported PHD	Earliest date the case was reported to a public health department.	Date	O		
INV178	Pregnancy status	Indicates whether the patient was pregnant at the time of the event.	Code			Yes No Unknown
INV2001	Age at case investigation	Patient age at time of case investigation	Numeric	R		
INV2002	Age units at case investigation	Patient age units at time of case investigation	Code	O		Days Months Weeks Years
ADDITIONAL ANIMAL RABIES DATA ELEMENTS						

Attachment 2

ANIMAL RABIES DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
ARI100	Species	Species of animal that transmitted rabies.	Coded	O		Shrew; Mole; Guinea pig; Fox, fennec; Fox, red; Ferret; Mouse; Squirrel, flying; Mink; Cat; Cow; Equine; Goat; Alpaca; Ovine; Rat; Opossum; Muskrat; Gerbil; Bat; Skunk, other; Weasel; Raccoon; Prairie dog; Bovidae; Hamster; Chipmunk; Groundhog; Burro / Donkey; Dog; Lama; Squirrel, other; Bovine; Wolf/Hybrid; Rabbit;Other / Unknown; Coyote; Fox, grey; Squirrel, fox; Fox, unknown
ARI101	Other Species	Other species of animal that transmitted rabies.	Alphanumeric	O		

BMIRD DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
CORE DEMOGRAPHIC DATA ELEMENTS						
DEM115	Birth Date	Date of birth in YYYYMMDD format	Date	O		
DEM114	Patient's birth sex	Patient's birth sex	Code	O		Male Female Unknown
DEM152	Race Category	Field containing one or more codes that broadly refer to the patient's race(s).	Code	O	Y	American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White; Other Race
DEM165	Patient Address County	County of residence of the subject.	Code	O		FIPS county codes
DEM162	Patient Address State	Patient's address state.	Code	O		FIPS state codes
DEM163	Patient Address Zip Code	Patient's address Zip code.	Alphanumeric	O		
DEM155	Ethnic Group Code	Ethnic origin or ethnicity is based on the individual's self-identity of the patient as Hispanic or Latino; choose one value from the list.	Code	O		Hispanic Non-hispanic
GENERIC NOTIFICATION DATA ELEMENTS						
NOT109	Reporting State	State reporting the notification.	Coded	R		Standard 2-digit State FIPS code
INV169	Condition Code	Condition or event that constitutes the reason the notification is being sent.	Coded	R		10650 Bacterial Meningitis, Other 11716 Streptococcal Disease, Other, Invasive, Beta-hemolytic (Non-group A and Non-group B) 11715 Group B Streptococcus, Invasive 11710 Group A Streptococcus, Invasive 11700 Streptococcal Toxic-Shock Syndrome 10590 Haemophilus Influenzae, Invasive 10150 Meningococcal Disease (Neisseria Meningitidis) 11717 Streptococcus Pneumoniae, Invasive 11720 Streptococcus Pneumoniae, Drug Resistant, Invasive

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
INV168	Local record ID	Sending system-assigned local ID of the case investigation with which the subject is associated.	Alphanumeric	R		
INV173	State Case ID	States use this field to link NEDSS (NETSS) investigations back to their own state investigations.	Alphanumeric	R		
INV107	Jurisdiction Code	Identifier for the physical site from which the notification is being submitted.	Code	R		state-assigned
INV108	Case Program Area Code	The organizational ownership of the investigation. Program areas (*e.g.*, Immunization, STD) are defined at the state level by the conditions for which they provide primary prevention and control.	Code	R		state-assigned
INV109	Case Investigation Status Code	Status of the investigation. For example, *open* or *closed*.	Code	O		Open Closed
INV110	Investigation Date Assigned	Date the investigator was assigned to this investigation.	Date	O		
INV111	Date of Report	Date the event or illness was first reported by the reporting source	Date	O		

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
INV112	Reporting Source Type Code	Type of facility or provider associated with the source of information sent to Public Health.	Code	O		Blood Bank Correctional Facilities Dentist Other Federal Agencies Hospital Indian Health Service Laboratory Managed Care/HMOs Military Other Treatment Center Pharmacy Public Health Clinic Private Physician Office Data Registries Rural Health Clinic School Clinic Other State and Local Agencies Tribal Government Vital Statistics Veterinary Sources Daycare Facility Drug Treatment Facility Emergency Room/Emergency Department Family Planning Facility National Job Training Program Prenatal/Obstetrics Facility Public Health Clinic – STD Public Health Clinic – TB Public Health Clinic - HIV
INV118	Reporting Source Zip Code	Zip Code of the reporting source for this case.	Alphanumeric	O		
INV120	Earliest Date Reported to County	Earliest date reported to county public health system	Date	O		
INV121	Earliest Date Reported to State	Earliest date reported to state public health system	Date	O		
INV128	Hospitalized	Was patient hospitalized because of this event?	Code	O		Yes No Unknown
INV132	Admission Date	Subject’s admission date to the hospital for the condition covered by the investigation.	Date	O		
INV133	Discharge Date	Subject's discharge date from the hospital for the condition covered by the investigation.	Date	O		

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
INV134	Duration of hospital stay in days	Subject's duration of stay at the hospital for the condition covered by the investigation.	Numeric	O		
INV136	Diagnosis Date	Date of diagnosis of condition being reported to public health system	Date	O		
INV137	Date of Illness Onset	Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system	Date	O		
INV138	Illness End Date	Time at which the disease or condition ends.	Date	O		
INV139	Illness Duration	Length of time this person had this disease or condition.	Numeric	O		
INV140	Illness Duration Units	Unit of time used to describe the length of the illness or condition.	Code	O		
INV145	Did the patient die from this illness	Did the patient die from this illness or complications of this illness?	Code	O		Yes No Unknown
INV147	Investigation Start Date	The date the case investigation was initiated.	Date	O		
INV150	Case outbreak indicator	Denotes whether the reported case was associated with an identified outbreak.	Code	O		Yes No Unknown
INV151	Case Outbreak Name	A state-assigned name for an indentified outbreak.	Code	O		state-assigned code
INV152	Case Disease Imported Code	Indication of where the disease/condition was likely acquired.	Code			Indigenous Out of country Out of jurisdiction Out of state Unknown
INV153	Imported Country	If the disease or condition was imported, indicates the country in which the disease was likely acquired.	Code	O		ISO Country Codes
INV154	Imported State	If the disease or condition was imported, indicates the state in which the disease was likely acquired.	Code	O		FIPS state codes
INV155	Imported City	If the disease or condition was imported, indicates the city in which the disease was likely acquired.	Code	O		GNIS City Codes
INV156	Imported County	If the disease or condition was imported, contains the county of origin of the disease or condition.	Code	O		FIPS county codes

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
INV157	Transmission Mode	Code for the mechanism by which disease or condition was acquired by the subject of the investigation. Includes sexually transmitted, airborne, bloodborne, vectorborne, foodborne, zoonotic, nosocomial, mechanical, dermal, congenital, environmental exposure, indeterminate.	Code	O		Airborne Blood borne Dermal Food borne Indeterminate Mechanical Nosocomial Other Sexually Transmitted Vector borne Water borne Zoonotic
INV159	Detection Method	Code for the method by which the public health department was made aware of the case. Includes provider report, patient self-referral, laboratory report, case or outbreak investigation, contact investigation, active surveillance, routine physical, prenatal testing, perinatal testing, prison entry screening, occupational disease surveillance, medical record review, etc.	Code	O		Provider reported Prison entry screening Prenatal testing Routine Physical Patient self-referral Other
INV161	Confirmation Method	Code for the mechanism by which the case was classified, providing information about how the case classification status was derived. More than one confirmation method may be indicated.	Code	O	Y	Clinical Diagnosis Epidemiologically linked Lab confirmed Case/outbreak investigation Lab Report Medical Record Review Occup. Disease Surveillance Active Surveillance Provider Certified Local/state specified Other
INV162	Confirmation Date	If an investigation is confirmed as a case, the confirmation date is entered.	Date	O		
INV163	Case Class Status Code	Status of the case/event as suspect, probable, confirmed, or "not a case" per CSTE/CDC/ surveillance case definitions.	Code	R		Confirmed Not a Case Probable Suspect
INV165	MMWR Week	MMWR Week for which case information is to be counted for MMWR publication.	Numeric	R		
INV166	MMWR Year	MMWR Year (YYYY) for which case information is to be counted for MMWR publication.	Date	R		

BMIRD DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
INV176	Date of First Report to CDC	Date the case was first reported to the CDC.	Date	O		
INV177	Date First Reported PHD	Earliest date the case was reported to a public health department.	Date	O		
INV178	Pregnancy status	Indicates whether the patient was pregnant at the time of the event.	Code			Yes No Unknown
INV2001	Age at case investigation	Patient age at time of case investigation	Numeric	R		
INV2002	Age units at case investigation	Patient age units at time of case investigation	Code	O		Days Months Weeks Years
GENERIC BMIRD DATA ELEMENTS						
BMD100	ABCSCASE	Does the investigation fit the case definition for an ABCS case?	Code	O		Yes No
BMD101	STATEID (ABCS)	The state ABCS case ID.	Alphanumeric	R		
BMD102	HOSPID	Hospital or lab ID number where the culture was identified.	Alphanumeric	O		
BMD103	TRANSFER	Was the patient transferred from another hospital?	Code	O		Yes No Unknown
BMD104	TRANSID	Hospital ID of the initial hospital, if the patient was transferred from another hospital.	Alphanumeric	O		
BMD105	DAYCARE	If <6 years of age, is the patient in daycare?	Code	O		Yes No Unknown
BMD106	FACNAME	Name of the daycare facility.	Alphanumeric	O		
BMD107	NURSHOME	Does the patient reside in a nursing home or other chronic care facility?	Code	O		Yes No Unknown
BMD108	NHNAME	Name of the nursing home or chronic care facility.	Alphanumeric	O		
BMD109	OUTCOME	Did the patient die from the illness that is being investigated?	Code	O		Yes No Unknown
BMD111	PREGNANT	Was the patient pregnant/post-partum at the time of the first positive culture?	Code	O		Yes No Unknown

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
BMD112	FOUTCOME	Outcome of the fetus if the patient was pregnant or post-partum at the time of first positive culture.	Code	O		Abortion/Stillbirth Live birth/neonatal death Induced abortion Survived, clinical infection Survived, no apparent illness Unknown
BMD113	UNDER1MNTH	Is the patient less than one month of age?	Code	O		Yes No Unknown
BMD114	GESTAGE	Gestational age of the infant (weeks).	Numeric	O		
BMD115	BWGHT	Birth weight of the infant in grams.	Numeric	O		
BMD116	BWGHTLB	Birth weight of the infant in pounds (to be entered along with ounces).	Numeric	O		
BMD117	BWGHTOZ	Birth weight of the infant in ounces (to be entered along with pounds).	Numeric	O		
BMD118	SYNDRM	Types of infection that are caused by the organism. This is a multi-select field.	Code	O	Y	Septic abortion Abscess (not skin) Chorioamnionitis Septic arthritis Bacteremia without focus Cellulitis Endometritis Epiglottitis Hemolytic uremic syndrome Meningitis Necrotizing fasciitis Osteomyelitis Other (specify) Otitis media Pericarditis Peritonitis Pneumonia Puerperal sepsis Streptoccal toxic-shock syndrome (STSS) Conjunctivitis Unknown
BMD119	SPECSYN	Other infection that is caused by the organism.	Alphanumeric	O		

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
BMD120	SPECIES	Bacterial species that was isolated from any normally sterile site.	Code	R		10150=Neisseria meningitides 15090=Haemophilus influenza 10650=Bacterial meningitis, other 11710=Group A Streptococcus (including 11700=Streptoccocal Toxic Shock) 11715=Group B Streptococcus 11716=Streptococcal disease, Invasive 11717=Streptococcal pneumonia (including 11720-Streptoccocal pneumoniae – drug resistant) L-20901=Listeria Monocytogenes
BMD121	OTHBUG1	Other bacterial species that was isolated from any normally sterile site.	Code	O		BACTEROIDES BACT FRAGILIS CANDIDA CITROBACTER CITRO DIVERSUS E COLI ENTEROBACTER Entero cloacae Enterococcus Klebs pneumoniae Klebs oxytoca Klebsiella OTHER=Other (specify) Peptostrep Prot mirabilis Proteus Pseud aeruginosa Pseud cepacia Pseudomonas Salmonella Serr marcescens STAPH AUR
BMD122	STERSITE	Sterile sites from which the organism was isolated. This is a multi-select field.	Code	O		BLOOD BONE CSF INBODYSITE JOINT MUSC OTH PERICRD PERINEAL PLEURAL

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
BMD123	OTHSTER	Other sterile site from which the organism was isolated.	Alphanumeric	O		
BMD124	DATE	Date the first positive culture was obtained. (This is considered diagnosis date.)	Date	R		
BMD125	NONSTER	Nonsterile sites from which the organism was isolated. This is a multi-select field.	Code	O	Y	AMNIOTIC MIDDLEAR OTH PLACENTA SINUS WOUND
BMD126	UNDERCOND	Did the patient have any underlying conditions?	Code	O		Yes No Unknown
BMD127	COND	Underlying conditions that the subject has. This is a multi-select field.	Code	O	Y	Alcohol Abuse AIDS Asthma Burns Atherosclerotic Cardiovascular Disease (ASCVD)/CAD Heart Failure/CHF COCIMP=Cochlear Implant Current smoker CSF Leak (2 deg trauma/surgery) Cerebral Vascular Accident (CVA)/Stroke Deaf/Profound Hearing Loss Diabetes Mellitus Emphysema/COPD Hodgkin's Disease Immunoglobulin Deficiency Immunosuppressive Therapy (Steroids, Chemotherapy) IVDU Leukemia Cirrhosis/Liver Failure Multiple Myeloma Unknown: No information given None Nephrotic Syndrome Other prior Illness (specify) Other Malignancy (specify) Organ Transplant (specify) Renal Failure/Dialysis Sickle Cell Anemia
BMD128	OTHMALIG	Other malignancy that the subject had as an underlying condition.	Alphanumeric	O		
BMD129	OTHORGAN	Detail of the organ transplant that the subject had as an underlying condition.	Alphanumeric	O		

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
BMD130	OTHILL	Other prior illness that the subject had as an underlying condition.	Alphanumeric	O		
BMD150	AUDIT	Was the case first identified through audit?	Code	O		Yes No Unknown
BMD151	RELAPSE	Does this case have recurrent disease with the same pathogen?	Code	O		Yes No Unknown
BMD152	PREVID	State ID of the previous ABCS case.	Alphanumeric	O		
BMD267	BIRTHTIME	Baby's time of birth.	Date	O		
BMD268	OTHOTHSPC	Another Bacterial Species not listed in the Other Bacterial Species drop-down list.	Alphanumeric	O		
BMD269	STATUS	Status of the case report.	Code	O		Chart unavailable after 3 requests Complete Edited & Correct Incomplete
BMD277	Initial Hospital Name	Name of the initial hospital, if the patient was transferred from another hospital.	Alphanumeric	O		
BMD278	Initial Hospital ID Type	Code that identifies the ID type for the initial hospital.	Code	O		"ABCS"
BMD279	Culture Hospital Name	Name of the hospital or lab where the culture was identified.	Alphanumeric	O		
BMD280	Culture Hospital ID Type	Code that identifies the ID type for the culture hospital ID.	Code	O		"ABCS"
BMD292	If polymicrobial ABCs case, indicate other non-ABCs bacterial species isolated from any normally sterile site	Allow entry of other non-ABCs bacterial species found if an ABCs case (multi-selection coded).	Code	O	Y	BACTEROIDES BACT FRAGILIS CANDIDA CITROBACTER CITRO DIVERSUS E COLI ENTEROBACTER Entero cloacae Enterococcus Klebs pneumoniae Klebs oxytoca Klebsiella OTHER=Other (specify) Peptostrep Prot mirabilis Proteus Pseud aeruginosa Pseud cepacia Pseudomonas Salmonella Serr marcescens STAPH AUR

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
BMD293	Specify Other 1	Another bacterial species not included in the other non_ABCs multi-select list.	Alphanumeric	O		
BMD294	Specify Other 2	Another bacterial species not included in the other non-ABCS multi-select list.	Alphanumeric	O		
BMD295	Specify Internal Body Site	Internal Body Site where the organism was located.	Code	O		LYMPH NODE BRAIN HEART LIVER SPLEEN VITREOUS KIDNEY
BMD296	Other Prior Illness 2	Other prior illness that the subject had as an underlying condition.	Alphanumeric	O		
BMD297	Other Prior Illness 3	Other prior illness that the subject had as an underlying condition.	Alphanumeric	O		
BMD298	Other Nonsterile Site	Other nonsterile site from which the organism was isolated.	Alphanumeric	O		
BMD312 <NEW 12/05>	INSURANCE	Patient's type of insurance (multi-selection).	Code	O	Y	Private/HMO/PPO/ Managed care plan Medicaid/ state assistance program Medicare No health care coverage Indian Health Service (IHS) Military/VA Other Unknown
BMD314 <NEW 12/05>	TRTHOSPNM	Name of treatment hospital.	Alphanumeric	O		
BMD317 <NEW 12/05>	INSURANCEOTH	Patient's other type of insurance.	Alphanumeric	O		
BMD320 <NEW 12/05>	WEIGHTLB	Weight of the patient in pounds.	Numeric	O		
BMD321 <NEW 12/05>	WEIGHTOZ	Weight of the patient in ounces.	Numeric	O		
BMD322 <NEW 12/05>	WEIGHTKG	Weight of the patient in kilograms.	Numeric	O		
BMD323 <NEW 12/05>	HEIGHTFT	Height of the patient in feet.	Numeric	O		
BMD324 <NEW 12/05>	HEIGHTIN	Height of the patient in inches.	Numeric	O		

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
BMD325 <NEW 12/05>	HEIGHTCM	Height of the patient in centimeters.	Numeric	O		
BMD326 <NEW 12/05>	WEIGHTUNK	Indicator that the weight of the patient is unknown.	Code	O		True False
BMD327 <NEW 12/05>	HEIGHTUNK	Indicator that the height of the patient is unknown.	Code	O		True False
ADDITIONAL GROUP A STREP DATA ELEMENTS						
BMD145	SURGERY	Did the patient have surgery?	Coded	O		Yes No Unknown
BMD146	SURGDATE	Date of the surgery	Date	O		
BMD147	DELIVERY	Did the patient have a baby (vaginal or C-section)?	Coded	O		Yes No Unknown
BMD148	BABYDATE	Date of the baby's delivery	Date	O		
BMD149	GASCOND	Did the patient have other prior conditions? This is a multi-select field.	Coded	O	Y	BLUNT PENTRAUM SURWOUND VARICELL
ADDITIONAL HAEMOPHILUS INFLUENZAE DATA ELEMENTS						
BMD131	SEROTYPE	Serotype of the culture.	Coded	O		a b c d e f non-b NOTEST NOTYPE UNK OTH
BMD132	HIBVACC	If <15 years of age and serotype is 'b' or 'unk', did the patient receive Haemophilus Influenzae b vaccine?	Coded	O		
BMD171	MEDINS	Type of medical insurance the family has.	Coded	O		HHM Private/HMO/PPO/Managed care plan MA Medicaid/ state assistance program MC Medicare NONE No health care coverage OF Indian Health Service (IHS) VA Military/VA OTH Other UNK Unknown
BMD172	OTHINS	Other medical insurance type.	Alphanumeric	O		

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
BMD175	HIBCON	Is there a known previous contact with Hib disease within the preceding two months?	Coded	O		Yes No Unknown
BMD176	CONTYPE	Type of previous contact with Hib disease within the preceding two months.	Alphanumeric	O		
BMD177	SIGHIST	Patient's significant past medical history.	Coded	O	Y	Immunosuppression and/or HIV (specify) None Other (specify) Pre-term birth <37 weeks (specify weeks) Ventricular hardware (VP shunt, etc.) Unknown
BMD178	PREWEEKS	Number of weeks of a preterm birth (less than 37 weeks).	Numeric	O		
BMD179	SPECHIV	Specify immunosupression/HIV.	Alphanumeric	O		
BMD180	OTHSIGHIST	Specify other prior condition.	Alphanumeric	O		
BMD208	ACUTESER	Is acute serum available?	Coded	O		Yes No Unknown
BMD209	ACUTESERDT	Date of acute serum availability.	Date/time	O		
BMD210	CONVSER	Is convalescent serum available?	Coded	O		Yes No Unknown
BMD211	CONVSERDT	Date of convalescent serum availability.	Date/time	O		
BMD276	BIRTHCTRY	Person's country of birth.	Coded	O		2-character ISO country codes
BMD299	Other Serotype	Another serotype not included in the serotype dropdown list.	Alphanumeric	O		
BMD300	Was the patient < 15 years of age at the time of first positive culture?	Indicator whether the patient was less than 15 years of age at the time of first positive culture.	Coded	O		Yes No Unknown
ADDITIONAL NEISSERIA MENINGITIDIS DATA ELEMENTS						
BMD133	SEROGROUP	Serogroup of the culture.	Coded	O		Group A Group B Group C Group W135 Group Y Not groupable Other (specify) Unknown
BMD134	OTHSERO	Other serogroup of the culture.	Alphanumeric	O		

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
BMD135	COLLEGE	Is patient currently attending college? This question is only applicable if the patient is 15-24 years of age.	Coded	O		Yes No Unknown
BMD161	CASEID	How was the case identified?	Coded	O	Y	Clinical purpura fulminans Culture from other sterile site (specify) Isolation of N. meningitidis from blood Isolation of N. meningitidis from CSF Other (specify) Positive meningococcal antigen test in CSF Gram negative diplococci N. meningitidis antigen by IHC N. meningitidis DNA by PCR
BMD162	OTHSTRST	Other sterile site from which species was isolated.	Alphanumeric	O		
BMD163	OTHID	Other case identification method.	Alphanumeric	O		
BMD164	SCHOOLYR	Patient's year in college. (freshman, sophomore, etc.)	Coded	O		Daycare Public School Freshman Graduate student Junior Senior Sophomore Unknown
BMD165	STUDTYPE	Patient's status in college as defined by the university.	Coded	O		
BMD166	HOUSE	Patient's current living situation.	Coded	O		
BMD167	OTHHOUSE	Other housing option.	Alphanumeric	O		
BMD168	SCHOOLNM	Full name of the college or university the patient is currently attending.	Alphanumeric	O		
BMD169	POLYVAC	Has patient received the polysaccharide meningococcal vaccine?	Coded	O		Yes No Unknown
BMD271	SECCASE	Is this case of Neiserria meningitidis a secondary case?	Coded	O		Yes No Unknown
BMD272	SECCASETY	Type of secondary contact for a case of Neisseria meningitidis.	Coded	O		Daycare center contact Family Contact Hospital Acquired Laboratory acquired Other (specify)

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
BMD273	OTHSECCASE	Other field available if the secondary case type selected is *other*.	Alphanumeric	O		
BMD274	NMSULFRES	Neisseria meningitidis resistance to Sulfa.	Coded	O		Yes No Unknown
BMD275	NMRIFARES	Neisseria meningitidis resistance to Rifampin.	Coded	O		Yes No Unknown
BMD307 <new 12/05>	DIAGDATE	Date the sample was collected for diagnostic testing if a culture was not done.	Date/time	O		
BMD308 <new 12/05>	PCRSOURCE	Specifies the PCR source for how the case was identified.	Coded	O		Blood CSF Other
BMD309 <new 12/05>	IHCSPEC1	Specifies the first IHC specimen.	Alphanumeric	O		
BMD310 <new 12/05>	IHCSPEC2	Specifies the second IHC specimen.	Alphanumeric	O		
BMD311 <new 12/05>	IHCSPEC3	Specifies the third IHC specimen.	Alphanumeric	O		
BMD313 <new 12/05>	MENGVAC	Specifies whether the patient has received a meningococcal vaccine.	Coded	O		Yes No Unknown
ADDITIONAL STREP PNEUMONIAE DATA ELEMENTS						
BMD136	OXAZONE	Oxacillin zone size for cases of Streptococcus pneumoniae.	Numeric	O		
BMD137	OXASCRN	Oxacillin interpretation for cases of Streptococcus pneumoniae.	Coded	O		Not Tested <20mm (possibly resistant) >20mm (susceptible) Unknown
BMD138	PNEUVACC	Has patient received 23-valent pneumococcal polysaccharide vaccine?	Coded	O		Yes No Unknown
BMD139	PNEUCONJ	If less than fifteen years of age, did the patient receive pneumococcal conjugate vaccine?	Coded	O		Yes No Unknown
BMD140	PERSIST	Does the patient have persistent disease as defined by positive sterile site isolates 2-7 days after the first positive isolate?	Coded	O		Yes No Unknown
BMD141	SPCULT1	Date the first additional specimen was collected.	Date/time	O		

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
BMD142	SPSITE1	Sites from which the first Streptococcus pneumoniae culture was isolated. This is a multi-select field.	Coded	O	Y	Bone Blood CSF Internal body site Joint Muscle Other normally sterile site (specify) Pericardial Fluid Peritoneal Fluid Pleural Fluid
BMD143	SPCULT2	Date the second additional specimen was collected.	Date/time	O		
BMD144	SPSITE2	Sites from which the second Streptococcus pneumoniae culture was isolated. This is a multi-select field.	Coded	O	Y	Bone Blood CSF Internal body site Joint Muscle Other normally sterile site (specify) Pericardial Fluid Peritoneal Fluid Pleural Fluid

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
BMD212	ANTIAGT	Antimicrobial agent being tested.	Coded	O		C0002645=AMOXICILLIN C0007554=CEFOTAXIME C0007561=CEFTRIAXONE C0007562=CEFUROXIME C0008947=CLINDAMYCIN C0014806=ERYTHROMYCIN C0039644=TETRACYCLINE C0041044=TRIMETHOPRIM+SULFAMETHOXAZOLE C0042313=VANCOMYCIN C0052585=SPARFLOXACIN C0052796=AZITHROMYCIN C0054066=AMOXICILLIN+CLAVULANATE C0205394=OTHER C0220892=PENICILLIN C0282386=LEVOFLOXACIN C0526513=QUINUPRISTIN+DALFOPRISTIN C0536495=MOXIFLOXACIN C0663241=LINEZOLID C0753645=GATIFLOXACIN
BMD213	SUSMETH	Susceptibility method (Agar, Broth, Disk, Strip).	Coded	O		AGAR BROTH DISK (KB) STRIP
BMD214	SIRU	S/I/R/U result, indicating whether the microorganism is susceptible or not susceptible (intermediate or resistant) to the antimicrobial being tested.	Coded	O		Intermediate Not Tested Resistant Susceptible Unknown
BMD215	SIGN	Sign indicating whether the MIC is <, >, <=, >=, or = to the numerical MIC (minimum inhibitory concentration) value.	Coded	O		= > = > <= <
BMD216	MIC	MIC (minimum inhibitory concentration) value. Valid range for data values: 0.000 - 999.999.	Numeric	O		

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
BMD318	OTHSPEC1	Specifies the first *other* normally sterile site from which the Streptococcus pneumoniae was isolated.	Alphanumeric	O		
BMD319	OTHSPEC2	Specifies the second *other* normally sterile site from which the Streptococcus pneumoniae was isolated.	Alphanumeric	O		

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
CORE DEMOGRAPHIC DATA ELEMENTS						
DEM115	Birth Date	Date of birth in YYYYMMDD format	Date	O		
DEM114	Patient's birth sex	Patient's birth sex	Code	O		Male Female Unknown
DEM152	Race Category	Field containing one or more codes that broadly refer to the patient's race(s).	Code	O	Y	American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White; Other Race
DEM165	Patient Address County	County of residence of the subject.	Code	O		FIPS county codes
DEM162	Patient Address State	Patient's address state.	Code	O		FIPS state codes
DEM163	Patient Address Zip Code	Patient's address Zip code.	Alphanumeric	O		
DEM155	Ethnic Group Code	Ethnic origin or ethnicity is based on the individual's self-identity of the patient as Hispanic or Latino; choose one value from the list.	Code	O		Hispanic Non-hispanic
GENERIC NOTIFICATION DATA ELEMENTS						
NOT109	Reporting State	State reporting the notification.	Coded	R		Standard 2-digit State FIPS code
INV169	Condition Code	Condition or event that constitutes the reason the notification is being sent.	Coded	R		<FDD condition codes>
INV168	Local record ID	Sending system-assigned local ID of the case investigation with which the subject is associated.	Alphanumeric	R		
INV173	State Case ID	States use this field to link NEDSS (NETSS) investigations back to their own state investigations.	Alphanumeric	R		
INV107	Jurisdiction Code	Identifier for the physical site from which the notification is being submitted.	Code	R		state-assigned
INV108	Case Program Area Code	The organizational ownership of the investigation. Program areas (*e.g.*, Immunization, STD) are defined at the state level by the conditions for which they provide primary prevention and control.	Code	R		state-assigned
INV109	Case Investigation Status Code	Status of the investigation. For example, *open* or *closed*.	Code	O		Open Closed
INV110	Investigation Date Assigned	Date the investigator was assigned to this investigation.	Date	O		

INV111	Date of Report	Date the event or illness was first reported by the reporting source	Date	O		
INV112	Reporting Source Type Code	Type of facility or provider associated with the source of information sent to Public Health.	Code	O		Blood Bank Correctional Facilities Dentist Other Federal Agencies Hospital Indian Health Service Laboratory Managed Care/HMOs Military Other Treatment Center Pharmacy Public Health Clinic Private Physician Office Data Registries Rural Health Clinic School Clinic Other State and Local Agencies Tribal Government Vital Statistics Veterinary Sources Daycare Facility Drug Treatment Facility Emergency Room/Emergency Department Family Planning Facility National Job Training Program Prenatal/Obstetrics Facility Public Health Clinic – STD Public Health Clinic – TB Public Health Clinic - HIV
INV118	Reporting Source Zip Code	Zip Code of the reporting source for this case.	Alphanumeric	O		
INV120	Earliest Date Reported to County	Earliest date reported to county public health system	Date	O		
INV121	Earliest Date Reported to State	Earliest date reported to state public health system	Date	O		
INV128	Hospitalized	Was patient hospitalized because of this event?	Code	O		Yes No Unknown
INV132	Admission Date	Subject’s admission date to the hospital for the condition covered by the investigation.	Date	O		
INV133	Discharge Date	Subject's discharge date from the hospital for the condition covered by the investigation.	Date	O		

INV134	Duration of hospital stay in days	Subject's duration of stay at the hospital for the condition covered by the investigation.	Numeric	O		
INV136	Diagnosis Date	Date of diagnosis of condition being reported to public health system	Date	O		
INV137	Date of Illness Onset	Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system	Date	O		
INV138	Illness End Date	Time at which the disease or condition ends.	Date	O		
INV139	Illness Duration	Length of time this person had this disease or condition.	Numeric	O		
INV140	Illness Duration Units	Unit of time used to describe the length of the illness or condition.	Code	O		
INV145	Did the patient die from this illness	Did the patient die from this illness or complications of this illness?	Code	O		Yes No Unknown
INV147	Investigation Start Date	The date the case investigation was initiated.	Date	O		
INV150	Case outbreak indicator	Denotes whether the reported case was associated with an identified outbreak.	Code	O		Yes No Unknown
INV151	Case Outbreak Name	A state-assigned name for an indentified outbreak.	Code	O		state-assigned code
INV152	Case Disease Imported Code	Indication of where the disease/condition was likely acquired.	Code			Indigenous Out of country Out of jurisdiction Out of state Unknown
INV153	Imported Country	If the disease or condition was imported, indicates the country in which the disease was likely acquired.	Code	O		ISO Country Codes
INV154	Imported State	If the disease or condition was imported, indicates the state in which the disease was likely acquired.	Code	O		FIPS state codes
INV155	Imported City	If the disease or condition was imported, indicates the city in which the disease was likely acquired.	Code	O		GNIS City Codes
INV156	Imported County	If the disease or condition was imported, contains the county of origin of the disease or condition.	Code	O		FIPS county codes

INV157	Transmission Mode	Code for the mechanism by which disease or condition was acquired by the subject of the investigation. Includes sexually transmitted, airborne, bloodborne, vectorborne, foodborne, zoonotic, nosocomial, mechanical, dermal, congenital, environmental exposure, indeterminate.	Code	O		Airborne Blood borne Dermal Food borne Indeterminate Mechanical Nosocomial Other Sexually Transmitted Vector borne Water borne Zoonotic
INV159	Detection Method	Code for the method by which the public health department was made aware of the case. Includes provider report, patient self-referral, laboratory report, case or outbreak investigation, contact investigation, active surveillance, routine physical, prenatal testing, perinatal testing, prison entry screening, occupational disease surveillance, medical record review, etc.	Code	O		Provider reported Prison entry screening Prenatal testing Routine Physical Patient self-referral Other
INV161	Confirmation Method	Code for the mechanism by which the case was classified, providing information about how the case classification status was derived. More than one confirmation method may be indicated.	Code	O	Y	Clinical Diagnosis Epidemiologically linked Lab confirmed Case/outbreak investigation Lab Report Medical Record Review Occup. Disease Surveillance Active Surveillance Provider Certified Local/state specified Other
INV162	Confirmation Date	If an investigation is confirmed as a case, the confirmation date is entered.	Date	O		
INV163	Case Class Status Code	Status of the case/event as suspect, probable, confirmed, or "not a case" per CSTE/CDC/ surveillance case definitions.	Code	R		Confirmed Not a Case Probable Suspect
INV165	MMWR Week	MMWR Week for which case information is to be counted for MMWR publication.	Numeric	R		
INV166	MMWR Year	MMWR Year (YYYY) for which case information is to be counted for MMWR publication.	Date	R		4-digit year (####)

INV176	Date of First Report to CDC	Date the case was first reported to the CDC.	Date	O		
INV177	Date First Reported PHD	Earliest date the case was reported to a public health department.	Date	O		
INV178	Pregnancy status	Indicates whether the patient was pregnant at the time of the event.	Code			Yes No Unknown
INV2001	Age at case investigation	Patient age at time of case investigation	Numeric	R		
INV2002	Age units at case investigation	Patient age units at time of case investigation	Code	O		Days Months Weeks Years
ANIMAL CONTACT QUESTION GROUP DATA ELEMENTS						
FDD_Q_258	Animal Contact Questions Indicator	If contact with animal, then display the following questions	Boolean	O		True False
FDD_Q_31	Animal Contact Indicator	Did patient come in contact with an animal?	Coded	O		Yes No Unknown
FDD_Q_32	Animal Type Code(s)	Type of animal: (MULTISELECT)	Coded	O	Y	other amphibian (specify) other mammal (specify) other reptile (specify) sheep chicken cattle lizard cat rodent dog goats turkey turtle unknown other(specify)
FDD_Q_243	Animal Type Other	If “Other,” please specify other type of animal:	Alphanumeric	O		
FDD_Q_295	Amphibian Other	If “Other Amphibian,” please specify other type of amphibian:	Alphanumeric	O		
FDD_Q_296	Reptile Other	If “Other Reptile,” please specify other type of reptile:	Alphanumeric	O		
FDD_Q_374	Mammal Other	If "Other Mammal," please specify other type of mammal:	Alphanumeric	O		
FDD_Q_33	Animal Contact Location	Name or Location of Animal Contact:	Alphanumeric	O		
FDD_Q_34	Acquired New Pet	Did the patient acquire a pet prior to onset of illness?	Coded	O		Yes No Unknown
FDD_Q_244	Applicable Incubation Period	Applicable incubation period for this illness is	Alphanumeric	O		
DAY CARE QUESTION GROUP DATA ELEMENTS						

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Concepts
FDD_Q_245	Associated with Daycare Indicator	If Patient associated with a day care center:	Boolean	O		True False
FDD_Q_1	Day Care Attendee	Attend a day care center?	Coded	O		Yes No Unknown
FDD_Q_2	Day Care Worker	Work at a day care center?	Coded	O		Yes No Unknown
FDD_Q_3	Live with Day Care Attendee	Live with a day care center attendee?	Coded	O		Yes No Unknown
FDD_Q_4	Day Care Type	What type of day care facility?	Coded	O		adult day health care adult day social care Alzheimer's specific day care child care center child care provided by relative, friend, neighbor in-home caregiver
FDD_Q_5	Day Care Facility Name	What is the name of the day care facility?	Alphanumeric	O		
FDD_Q_6	Food Prepared at this Daycare	Is food prepared at this facility?	Coded	O		Yes No Unknown
FDD_Q_7	Diapered Infants at this Daycare	Does this facility care for diapered persons?	Coded	O		Yes No Unknown
DRINKING WATER EXPOSURE QUESTION GROUP DATA ELEMENTS						
FDD_Q_266	Drinking Water Exposure Indicator	If patient has had Drinking Water exposure, then display the following questions	Boolean	O		True False
FDD_Q_21	Home Tap Water Source Code	What is the source of tap water at home?	Coded	O		municipal, city or county do not use tap water private well unknown other (specify)
FDD_Q_22	Home Well Treatment Code	If “Private Well,” how was the well water treated at home?	Coded	O		disinfected filtered both filtered and disinfected neither filtered nor disinfected unknown
FDD_Q_23	Home Tap Water Source Other	If “Other,” specify other source of tap water at home:	Alphanumeric	O		
FDD_Q_93	School/Work Tap Water Source Code	What is the source of tap water at school/work?	Coded	O		municipal, city or county do not use tap water private well unknown other (specify)

FDD_Q_94	SchoolWork Well Treatment Code	If “Private Well,” how was the well water treated at school/work?	Coded	O		disinfected filtered both filtered and disinfected neither filtered nor disinfected unknown
FDD_Q_92	School/Work Tap Water Source Other	If “Other,” specify other source of tap water at school/work:	Alphanumeric	O		
FDD_Q_24	Drink Untreated Water 7 days Prior to Onset	Did patient drink untreated water 7 days prior to onset of illness?	Coded	O		Yes No Unknown
FOOD HANDLER QUESTION GROUP DATA ELEMENTS						
FDD_Q_268	Food Handler	If patient is a Food Handler, then display the following questions	Boolean	O		True False
FDD_Q_8	Food Handler after Illness Onset	Did patient work as a food handler after onset of illness?	Coded	O		Yes No Unknown
FDD_Q_9	Food HandlerLast Worked Date	What was the last date worked as a food handler after onset of illness?	Date/time	O		
FDD_Q_10	Food Handler Location	Where was patient a food handler?	Alphanumeric	O		
FOODNET QUESTION GROUP DATA ELEMENTS						
PHIN Variable ID	**Label/Short Name**	**Description**	**Data Type**	**CDC Req/Opt**	**May Repeat**	**Valid Concepts**
FDD_Q_269	Foodnet Jurisdiction Indicator	If patient is within a FoodNet jurisdiction, then display the following question	Boolean	O		True False
FDD_Q_257	Foodnet Case Indicator	FoodNet Case:	Coded	O		Yes No
FDD_Q_80	Transferred	Was patient transferred from one hospital to another?	Coded	O		Yes No
FDD_Q_81	Transferred From Hospital Name	If "Yes," specify name of the hospital to which the patient was transferred:	Alphanumeric	O		
FDD_Q_82	Hospitalization Information Source Code	How was the information about patient’s hospitalization obtained?	Coded	O		medical record physician contacted relative contacted patient contacted other (specify)
FDD_Q_83	Hospitalization Information Source Other	If “Other,” specify other source of patient’s hospitalization:	Alphanumeric	O		
FDD_Q_84	Outcome Information Source Code	How was the information about the patient’s outcome obtained?	Coded	O		medical record physician contacted relative contacted patient contacted other (specify)
FDD_Q_85	Outcome Information Source Other	If “Other,” specify other source of patient’s outcome:	Alphanumeric	O		

FDD_Q_90	International Interview Code	Was the patient interviewed for international travel history?	Coded	O		attempted to interview interviewed - complete information obtained interviewed - incomplete information obtained do not attempt to interview
FDD_Q_86	Case Study Indicator	In case-control study?	Coded	O		Yes No
FDD_Q_87	Case Study ID Number	If “Yes,” case control study ID number:	Alphanumeric	O		
FDD_Q_88	CDC EFORS Number	If transmission mode is “Foodborne,” what is the CDC EFORS Number?	Alphanumeric	O		
FDD_Q_89	Case Identified By Audit Indicator	Was case found during an audit?	Coded	O		Yes No
PREGNANCY QUESTION GROUP DATA ELEMENTS						
FDD_Q_272	Pregnancy Question Indicator	If patient is pregnant, then display the following questions	Boolean	O		True False
FDD_Q_97	Pregnancy Related Case	Is this a pregnancy-related case?	Coded	O		Yes No Unknown
FDD_Q_98	Type of Maternal Infection Code	Type of infection in mother:	Coded	O		febrile gastroenteritis bacteremia-sepsis no symptoms amnionitis other (specifiy) unknown
FDD_Q_99	Type of Maternal Infection Other	If "Other," please specify other type of infection in mother:	Alphanumeric	O		
FDD_Q_100	Maternal Infection Comments	Comments on infection in mother:	Alphanumeric	O		
FDD_Q_101	Pregnancy Outcome Code	Outcome of pregnancy:	Coded	O		still pregnant stillbirth pre-term delivery (live birth) term delivery (live birth) miscarriage other (specify) unknown
FDD_Q_102	Pregnancy Outcome Other	If "Other," please specify other outcome of pregnancy:	Alphanumeric	O		
FDD_Q_103	Delivery Date	If delivered, date of delivery:	Date/time	O		
FDD_Q_104	Pregnancy Outcome Comments	Comments on pregnancy outcome:	Alphanumeric	O		
FDD_Q_282	Fetal Listeria Confirmed	Confirmed listeria in neonate or fetus:	Coded	O		Yes No Unknown

FDD_Q_106	Fetal Specimen Source Code	Source of specimen collected from fetus/neonate:	Coded	O		whole blood cerebral spinal fluid placenta other (specify) unknown
FDD_Q_107	Fetal Specimen Source Other	If "Other," please specify other specimen collection source:	Alphanumeric	O		
FDD_Q_108	Fetal Specimen Collection Date	Fetus/neonate specimen collection date:	Date/time	O		
FDD_Q_109	Fetal Infection Type Code	Type of infection in fetus/neonate:	Coded	O		granulomatosis infantisepticum bacteremia-sepsis other (specify)
FDD_Q_110	Fetal Infection Type Other	If "Other," please specify other fetus/neonate infection type:	Alphanumeric	O		
FDD_Q_111	Fetal Infection Comments	Comments on infection in fetus/neonate:	Alphanumeric	O		
RECREATIONAL WATER EXPOSURE QUESTION GROUP DATA ELEMENTS						
FDD_Q_273	Recreational Water Exposure Questions Indicator	If patient has had recreational water exposure, then display the following	Boolean	O		True False
FDD_Q_25	Recreational Water Exposure 7 Days Prior to Onset	Was there recreational water exposure in the 7 days prior to illness?	Coded	O		Yes No Unknown
FDD_Q_26	Recreational Water Exposure Type Code(s)	What was the recreational water exposure type? (MULTISELECT)	Coded	O	Y	interactive fountain hot tub-whirlpool-jacuzzi-spa recreational water park swimming pool lake-pond-river-stream ocean hot spring other (specifiy)
FDD_Q_27	Recreational Water Exposure Type Other	If "Other," please specify other recreational water exposure type:	Alphanumeric	O		
FDD_Q_28	Swimming Pool Type Code(s)	If "Swimming Pool," please specify swimming pool type: (MULTISELECT)	Coded	O	Y	camp pool municipal/community pool neighborhood/subdivision/ apartment/condo pool school/college/university pool private home pool, not a kiddie/wading pool private cluv/membership pool hotel/motel/resort vacation pool unknown other (specify)
FDD_Q_29	Swimming Pool Type Other	If "Other," please specify other swimming pool type:	Alphanumeric	O		
FDD_Q_30	Recreational Water Location Name	Name or location of water exposure:	Alphanumeric	O		

RELATED CASES QUESTION GROUP DATA ELEMENTS						
FDD_Q_274	Related Case Indicator	If related cases are associated to this case, then display the following questions	Boolean	O		True False
FDD_Q_77	Patient Knows of Similarly Ill Persons	Does the patient know of any similarly ill persons?	Coded	O		Yes No Unknown
FDD_Q_78	Health Department Investigated	If "Yes," did the health department collect contact information about other similarly ill persons and investigate further?	Coded	O		Yes No Unknown
FDD_Q_79	Other Related Cases	Are there other cases related to this one?	Coded	O		yes, household no, sporatic yes, outbreak unknown
SEAFOOD EXPOSURE QUESTION GROUP DATA ELEMENTS						
FDD_Q_275	Seafood Exposure Indicator	If patient has had seafood exposure, then display the following questions	Boolean	O		True False
FDD_Q_35	Seafood Eaten Last 14 Days	Has the patient eaten seafood in the last 14 days?	Coded	O		Yes No Unknown
FDD_Q_36	Undercooked Seafood Eaten	Was the seafood eaten undercooked?	Coded	O		Yes No Unknown
FDD_Q_37	Raw Seafood Eaten	Was the seafood eaten raw?	Coded	O		Yes No Unknown
FDD_Q_38	Raw Seafood Type Code(s)	If “Yes,” type of raw seafood: (MULTISELECT)	Coded	O	Y	crab crawfish clams mussels shrimp oysters fish lobster other fish (specify) other shellfish (specify)
FDD_Q_39	Other Shellfish Specify	If "Other Shellfish," specify type of other shellfish:	Alphanumeric	O		
FDD_Q_40	Other Fish Specify	if "Other Fish," specify type of other fish:	Alphanumeric	O		
FDD_Q_41	Raw Seafood Consumption Datetime	Date and time raw seafood consumed:	Date/time	O		

FDD_Q_43	Raw Seafood Obtained Where Code(s)	Where was raw seafood obtained? (MULTISELECT)	Coded	O	Y	other (specify) seafood market oyster bar or restaurant truck or roadside vendor food store unknown
FDD_Q_44	Raw Seafood Obtained Where Other	If “Other,” specify other source where raw seafood was obtained:	Alphanumeric	O		
FDD_Q_45	Raw Oysters Shipping Tag Available	If type of raw seafood was "Oysters," are shipping tags available from suspect lot?	Coded	O		Yes No Unknown
FDD_Q_46	Raw Oysters Shipper Name	If shipping tags are available, name of shippers who handled suspected raw oysters:	Alphanumeric	O		
TRAVEL QUESTION GROUP DATA ELEMENTS						
FDD_Q_278	Travel Questions Indicator	If patient has traveled, then display the following questions	Boolean	O		True False
FDD_Q_11	Travel Prior To Onset	Did the patient travel prior to onset of illness?	Coded	O		Yes No Unknown
FDD_Q_12	Incubation Period	Applicable incubation period for this illness is	Alphanumeric	O		
FDD_Q_13	Travel Purpose Code(s)	What was the purpose of the travel? (MULTISELECT)	Coded	O	Y	business tourism migration visiting relatives/friends other (specify)
FDD_Q_14	Travel Purpose Other	If “Other,” please specify other purpose of travel:	Alphanumeric	O		
FDD_Q_15	Destination 1 Type:	Destination 1 Type:	Coded	O		domestic international
FDD_Q_16	(Domestic) Destination 1:	(Domestic) Destination 1:	Coded	O		two alpha state code
FDD_Q_292	(International) Destination 1	(International) Destination 1	Coded	O		two alpha country code
FDD_Q_17	Mode of Travel: (1)	Mode of Travel: (1)	Coded	O		cruise ship airplane bus train car
FDD_Q_18	Date Of Arrival (1)	Date of Arrival: (1)	Date/time	O		
FDD_Q_19	Date of Departure (1)	Date of Departure (1)	Date/time	O		
FDD_Q_56	Destination 2 Type	Destination 2 Type	Coded	O		domestic international
FDD_Q_57	(Domestic) Destination 2	(Domestic) Destination 2	Coded	O		two alpha state code

FDD_Q_293	(International) Destination 2	(International) Destination 2	Coded	O		two alpha country code
FDD_Q_58	Mode of Travel: (2)	Mode of Travel: (2)	Coded	O		cruise ship airplane bus train car
FDD_Q_59	Date of Arrival: (2)	Date of Arrival: (2)	Date/time	O		
FDD_Q_60	Date of Departure (2)	Date of Departure (2)	Date/time	O		
FDD_Q_61	Destination 3 Type:	Destination 3 Type:	Coded	O		domestic international
FDD_Q_62	(Domestic) Destination 3:	(Domestic) Destination 3:	Coded	O		two alpha state code
FDD_Q_294	(International) Destination 3	(International) Destination 3	Coded	O		two alpha country code
FDD_Q_63	Mode of Travel: (3)	Mode of Travel: (3)	Coded	O		cruise ship airplane bus train car
FDD_Q_64	Date of Arrival: (3)	Date of Arrival: (3)	Date/time	O		
FDD_Q_65	Date of Departure (3)	Date of Departure (3)	Date/time	O		
FDD_Q_20	Other Destination Txt	If more than 3 destinations, specify details here:	Alphanumeric	O		
UNDERLYING CONDITION QUESTION GROUP DATA ELEMENTS						
FDD_Q_281	Underlying Conditions Indicator	If patient has underlying conditions, then display the following questions	Boolean	O		True False
FDD_Q_233	Underlying Condition Code(s)	Did the patient have any of the following underlying conditions? (MULTISELECT)	Coded	O	Y	alcolhol abuse asthma burns atherosclerotic cardivascula disease (ASCVD/CAD heart failure/CHF cochlear implant current smoker CSF leak cerebral vascular accident (CVA) stroke
FDD_Q_234	Other Prior Illness Specifics	If “Other Prior Illness,” please specify:	Alphanumeric	O		
FDD_Q_235	Insulin Dependent	If “Diabetes Mellitus,” specify whether on insulin:	Coded	O		Yes No Unknown
FDD_Q_236	Organ Transplant Specifics	If “Organ Transplant,” please specify organ:	Coded	O		

FDD_Q_237	Gastric Surgery Specifics	If “Gastric Surgery,” please specify type:	Alphanumeric	O		
FDD_Q_238	Hematologic Disease Specifics	If “Hematologic Disease,” please specify type:	Coded	O		
FDD_Q_239	Immunodeficiency Specifics	If “Immunodeficiency,” please specify type:	Coded	O		
FDD_Q_240	Other Liver Disease Specifics	If “Other Liver Disease,” please specify type:	Alphanumeric	O		
FDD_Q_241	Other Malignancy Specifics	If “Other Malignancy,” please specify type:	Coded	O		
FDD_Q_242	Other RenaDisease Specifics	If “Other Renal Disease,” please specify type:	Coded	O		
BOTULISM FOODBORNE QUESTION GROUP DATA ELEMENTS						
FDD_Q_259	Botulism Foodborne Indicator	If patient has Foodborne Botulism, then display the following questions	Boolean	O		True False
FDD_Q_114	Botulism Lab Confirmed	Was botulism laboratory confirmed from patient specimen?	Coded	O		Yes No Unknown
FDD_Q_115	C. Botulinum Isolated	Was C. botulinum isolated in culture from patient specimen?	Coded	O		Yes No Unknown
FDD_Q_113	Botulism Food Source Code	If food is known or thought to be the source, please specify food type:	Coded	O		commercial home-canned other home cooked other (specify)
FDD_Q_112	Botulism Food Source Other	If “Other,” please specify other food type:	Alphanumeric	O		
FDD_Q_116	Food Tested	Was food tested?	Coded	O		Yes No Unknown
FDD_Q_117	Food Botulism Positive	Was food positive for botulism?	Coded	O		Yes No Unknown
FDD_Q_118	Food Toxin Type Code	If food was positive, what was its toxin type?	Coded	O		A B E F
FDD_Q_119	Food Toxin Type Other	If “Other,” please specify other toxin type:	Alphanumeric	O		
BOTULISM "OTHER" QUESTION GROUP DATA ELEMENTS						
FDD_Q_263	Botulism Other Indicator	If patient has Other Clinical based Botulism, then display the following questions	Boolean	O		True False
FDD_Q_286	Botulism Laboratory Confirmed	Was botulism laboratory confirmed from patient specimen?	Coded	O		Yes No Unknown
FDD_Q_287	C Botulinum Isolated	Was C. botulinum isolated in culture from patient specimen?	Coded	O		Yes No Unknown
CHOLERA QUESTION GROUP DATA ELEMENTS						

FDD_Q_264	Cholera Indicator	If patient has Cholera, then display the following questions	Boolean	O		True False
FDD_Q_196	Cholera Onset Time	Time of onset of illness:	Date/time	O		
FDD_Q_197	Diarrhea	Did the patient have diarrhea?	Coded	O		Yes No Unknown
FDD_Q_198	Max Number Stools per 24 Hrs	If "Yes," please specify maximum number of stools per 24 hours:	Numeric	O		
FDD_Q_199	Fever	Did patient have a fever?	Coded	O		Yes No Unknown
FDD_Q_200	Temperature	If “Yes,” please specify temperature:	Numeric	O		
FDD_Q_201	Temperature Units	Temperature Units	Coded	O		Fahrenheit Celsius
FDD_Q_202	Cellulitis	Did the patient have Cellulitis?	Coded	O		Yes No Unknown

FDD_Q_203	Cellulitis Source Code	If “Yes,” please specify the location:	Coded	O		bilateral ears bilateral naris buttock chest tube left arm left anterior chest left antecubital fossa left deltoid left ear left external jugular left foot left gluteus medius left gluteus maximus left hand left internal jugular left lower abd quadrant left lower forearm left mid forearm left naris left posterior chest left subclavioan left thigh left upper arm left upper abd quadrant left upper forearm left ventragluteal left vasius lateralis nebulized right eye left eye other (specify) bilateral eyes perianal perineal right arm right anterior chest right antecubital fossa right deltoid right ear right external jugular right foot
FDD_Q_204	Cellulitis Source Other	If “Other,” please specify other type of location:	Alphanumeric	O		
FDD_Q_205	Bullae	Did the patient have Bullae?	Coded	O		Yes No Unknown

FDD_Q_206	Bullae Location Code	If “Yes,” please specify the location:	Coded	O		bilateral ears bilateral naris buttock chest tube left arm left anterior chest left antecubital fossa left deltoid left ear left external jugular left foot left gluteus medius left gluteus maximus left hand left internal jugular left lower abd quadrant left lower forearm left mid forearm left naris left posterior chest left subclavioan left thigh left upper arm left upper abd quadrant left upper forearm left ventragluteal left vasius lateralis nebulized right eye left eye other (specify) bilateral eyes perianal perineal right arm right anterior chest right antecubital fossa right deltoid right ear right external jugular right foot
FDD_Q_207	Bullae Location Other	If “Other,” please specify other type of location:	Alphanumeric	O		
FDD_Q_208	Cholera Symptom Code(s)	Did patient have any of the following signs or symptoms? (MULTISELECT)	Coded	O	Y	septicemia vomiting abdominal cramps headache shock visible blood in stools necrotizing fasciitis muscle pain (myalgia) nausea other (specify)
FDD_Q_209	Cholera Symptom Other	If “Other,” please specify other signs or symptoms:	Alphanumeric	O		

FDD_Q_210	Cholera Sequelae Code(s)	Did the patient have any sequelae? (MULTISELECT)	Coded	O	Y	skin graft patient did not have sequelae other (specify) amputation
FDD_Q_211	Cholera Sequelae Other Text	If “Other,” please specify other sequelae:	Alphanumeric	O		
FDD_Q_214	Antibiotic Treatment	Did the patient take an antibiotic as treatment for this illness?	Coded	O		Yes No Unknown
FDD_Q_213	Organisms Other Than Vibrio	Were other organisms isolated from the same specimen that yielded Vibrio?	Coded	O		Yes No Unknown
FDD_Q_212	Treatment(s) Previous 30 Days	Was the patient receiving any of the following treatments or taking any of the following medications in the 30 days before this Vibrio illness began? (MULTISELECT)	Coded	O	Y	H2-blocker antibiotics other ulcer medication antacids immunosuppressants radiotherapy chemotherapy systemic steroids
FDD_Q_215	Skin Exposure Previous 7 Days	In the 7 days before illness began, was patient’s skin exposed to any of the following?	Coded	O	Y	body of water drippings from raw or live seafood no exposure other contact with marine or freshwater life unknown
FDD_Q_217	Skin Exposure Date time	If patient's skin was exposed, please specify date patient's skin was exposed:	Date/time	O		
FDD_Q_219	Skin Exposure Activity Code	In the 7 days prior to onset of illness, please specify the activity that resulted in patient’s skin exposure:	Coded	O		bitten/stung boating/skiing/surfing construction/repairs handling/cleaning seafood swimming/diving/wading other (specify)
FDD_Q_220	Skin Exposure Activity Other	If “Other,” please specify other activity:	Alphanumeric	O		
FDD_Q_221	Body of Water Type Code	If patient was exposed to a body of water, please specify body of water type.	Coded	O		brackish unknown salt fresh other (specify)
FDD_Q_222	Body of Water Type Other	If “Other,” please specify other body of water type:	Alphanumeric	O		
FDD_Q_216	Body of Water Location	If patient was exposed to a body of water, please specify body of water location:	Alphanumeric	O		

FDD_Q_224	Wound During Exposure Type Code	If skin was exposed, did the patient sustain a wound during this exposure or have a pre-existing wound?	Coded	O		no unknown yes, sustained a wound yes, had a pre-existing wound yes, uncertain if wound new or old
FDD_Q_225	Wound During Exposure Details	If “Yes,” please specify how wound occurred and site on patient’s body:	Alphanumeric	O		
FDD_Q_226	Cholera Risk Factors Code(s)	If patient was infected with V. Cholerae O1 or O139, to which of the following risks was the patient exposed in the 4 days prior to onset of illness? (MULTISELECT)	Coded	O	Y	other (specify) street-vended food other persons with cholera or cholera-like illness cooked seafood raw seafood foreign travel
FDD_Q_227	Cholera Risk Factors Other	If “Other,” please specify other V. Cholerae O1 or O139 risk:	Alphanumeric	O		
FDD_Q_228	Foreign Travel Education Code	If “Foreign Travel,” had the patient been educated in Cholera prevention measure prior to travel?	Coded	O		CDC traveler's hotline pre-travel clinic travel agency newspaper health department airport (departure gate) friends private physician other (specify)
FDD_Q_229	Foreign Travel Education Other	If “Other,” please specify other source of Cholera prevention education:	Alphanumeric	O		
FDD_Q_230	Received Cholera Vaccine	Has patient ever received a Cholera vaccine?	Coded	O		Yes No Unknown
CYCLOSPORIASIS QUESTION GROUP DATA ELEMENTS						
FDD_Q_265	Cyclosporiasis Indicator	If patient has Cyclosporiasis, then display the following questions	Boolean	O		True False
FDD_Q_160	Diarrhea Indicator	Did the patient have diarrhea?	Coded	O		Yes No Unknown
FDD_Q_161	Max Stools per 24 Hrs	If "Yes,” please specify maximum number of stools per 24 hours:	Numeric	O		
FDD_Q_162	Weight Loss	Did patient experience weight loss?	Coded	O		Yes No Unknown
FDD_Q_163	Baseline Weight	If “Yes,” please specify baseline weight:	Numeric	O		
FDD_Q_165	Baseline Weight Units	specify baseline weight in lbs or kgs	Coded	O		pounds ounces grams kilograms

FDD_Q_164	Weight Lost	Specify how much weight was lost:	Numeric	O		
FDD_Q_166	Weight Lost Units	Specify weight loss in lbs or kgs	Coded	O		pounds ounces grams kilograms
FDD_Q_167	Fever	Did patient have a fever?	Coded	O		Yes No Unknown
FDD_Q_168	Temperature	If "Yes," please specify temperature:	Numeric	O		
FDD_Q_169	Temperature Units	Specify temperature in fahrenheit or centigrade				Fahrenheit Celsius
FDD_Q_170	Cyclosporiasis Symptom Code(s)	Did the patient have any of the following signs or symptoms of Cyclosporiasis? (MULTISELECT)	Coded	O	Y	vomiting abdominal cramps nausea other symptoms (specify) anorexia fatigue
FDD_Q_171	Cyclosporiasis Symptoms Other	If “Other,” please specify other signs or symptoms of Cyclosporiasis:	Alphanumeric	O		
FDD_Q_172	Cyclosporiasis Confirmed By CDC	Was the case confirmed at the CDC lab?	Coded	O		Yes No Unknown
FDD_Q_173	Treated For Cyclosporiasis	Was the patient treated for Cyclosporiasis?	Coded	O		Yes No Unknown
FDD_Q_174	Sulfa Allergy	Does the patient have a sulfa allergy?	Coded	O		Yes No Unknown
FDD_Q_176	Fresh Berries Code(s)	What fresh berries were eaten in the 14 days prior to onset of illness? (MULTISELECT)	Coded	O	Y	strawberries blackberries raspberries blueberries unknown type of berry no fresh berries were eaten black raspberries golden raspberries other type of fresh berries (specify)
FDD_Q_177	Fresh Berries Other	If “Other,” please specify other type of fresh berries:	Alphanumeric	O		

FDD_Q_178	Fresh Herbs Code(s)	What fresh herbs were eaten in the 14 days prior to onset of illness? (MULTISELECT)	Coded	O	Y	mint cilantro oregano rosemary thyme parsley unknown type of herb dill purple basil (i.e., purple leaves and stems) sweet basil Thai basil no fresh herbs were eaten other type of fresh herb (specify)
FDD_Q_179	Fresh Herbs Other	If “Other,” please specify other type of fresh herbs:	Alphanumeric	O		
FDD_Q_180	Lettuce Last 14 Days Code(s)	What fresh lettuce was eaten in the 14 days prior to onset of illness? (MULTISELECT)	Coded	O	Y	mesclun (spring mix, field green, gourmet salad) other type of fresh lettuce (specify) unknown type of lettuce no fresh lettuce was eaten arugula
FDD_Q_181	Lettuce Last 14 Days Other	If “Other,” please specify other type of fresh lettuce:	Alphanumeric	O		
FDD_Q_182	Produce Last 14 Days Code(s)	What other types of fresh produce were eaten in the 14 days prior to onset of illness? (MULTISELECT)	Coded	O	Y	fruit, other than berries (specify) other types of fresh produce (specify) snap peas snow peas unknown type of fresh produce no other types of fresh produce were eaten
FDD_Q_183	Produce Last 14 Days Other	If “Other,” please specify other type of fresh produce:	Alphanumeric	O		
FDD_Q_373	Fruit Other Than Berries Specify	If "Fruit, other than berries," please specify type of fruit other than berries:	Alphanumeric	O		
FDD_Q_184	Attend Events 14 Days Prior to Onset	Did patient attend any events in the 14 days prior to onset of illness?	Coded	O		Yes No Unknown
FDD_Q_185	Event Specify	If “Yes,” please specify the event:	Alphanumeric	O		
FDD_Q_186	Event Date	Date of event:	Date/time	O		
FDD_Q_187	Eat at Restaurant 14 Days Prior to Onset	Did patient eat at restaurant(s) in the 14 days prior to onset of illness?	Coded	O		Yes No Unknown
FDD_Q_188	Restaurant(s) Specify	If “Yes,” please specify the name of the restaurant(s):	Alphanumeric	O		

EHEC QUESTION GROUP DATA ELEMENTS						
FDD_Q_267	EHEC Exposure Indicator	If patient has EHEC exposure, then display the following questions	Boolean	O		True False
FDD_Q_128	E Coli Isolated Ind	Was the isolate biochemically identified as E. coli?	Coded	O		Yes No Unknown Not tested
FDD_Q_129	Shiga Toxin Positive	Was isolate Shiga toxin positive?	Coded	O		Yes No Unknown
TOXOPLASMOSIS QUESTION GROUP DATA ELEMENTS						
FDD_Q_277	Toxoplasmosis Indicator	If patient has had toxoplasmosis, then display the following questions	Boolean	O		True False
FDD_Q_231	Congenital Toxoplasmosis	Is this a case of congenital toxoplasmosis?	Coded	O		Yes No Unknown
FDD_Q_232	Toxoplasmic Encephalitis Case	Is this a case of toxoplasmic encephalitis?	Coded	O		Yes No Unknown
TRICHINELLOSIS QUESTION GROUP DATA ELEMENTS						
FDD_Q_279	Trichnellosis Indicator	If patient has trichnellosis, then display the following questions	Boolean	O		True False
FDD_Q_131	Eosinophilia	Did patient have Eosinophilia?	Coded	O		Yes No Unknown
FDD_Q_132	Eosin Absolute	If "Yes," please specify absolute number or percentage:	Numeric	O		
FDD_Q_133	Eosin Units	Specify percent or numeric	Coded	O		percent numeric
FDD_Q_134	Fever	Did patient have a fever?	Coded	O		Yes No Unknown
FDD_Q_135	Temperature	If "Yes," please specify temperature:	Numeric	O		
FDD_Q_136	Temperature Units	Specify fahrenheit or celsius	Coded	O		Fahrenheit Celsius
FDD_Q_137	Trichinellosis Signs and Symptoms Code(s)	Did patient have any of the following signs or symptoms of Trichinellosis?	Coded	O		periorbital edema myalgia other (specify)
FDD_Q_138	Trichinellosis Signs and Symptoms Other	If "Other," please specify other signs or symptoms of Trichinellosis:	Alphanumeric	O		
FDD_Q_139	Suspected Foods	What suspect foods did the patient eat?	Coded	O		non-pork pork unknown

FDD_Q_140	Pork Type Code	Please specify type of pork:	Coded	O		store bought pork pork from farm-raised pig not specified wild boar other (specify)
FDD_Q_141	Pork Type Other	If “Other,” please specify other type of pork:	Alphanumeric	O		
FDD_Q_142	Pork Consumed Date	Date suspect food was consumed:	Date/time	O		
FDD_Q_143	Pork Larvae Found	Was larvae found in suspect food?	Coded	O		unknown absent present not examined
FDD_Q_144	Pork Source Obtained Code	Where was the suspect meat obtained?	Coded	O		supermarket/grocery store butcher shop direct from farm restaurant or other public eating establishment hunted or trapped unknown other (specify)
FDD_Q_145	Pork Source Other	If “Other,” please specify where suspect meat was obtained:	Alphanumeric	O		
FDD_Q_146	Pork Prep Code	How was suspect food prepared or further processed after purchase?	Coded	O		dried jerky ground (i.e., hamburger) marinated smoked no further processing other (specify) unknown
FDD_Q_147	Pork Prep Other	If “Other,” please specify other type of processing:	Alphanumeric	O		
FDD_Q_148	Pork Cook Method Code	What was the method of cooking the suspect food?	Coded	O		fried open-fire roasting/bbq uncooked other cooking method (specify) unknown
FDD_Q_149	Pork Cook Method Other	If “Other,” please specify other type of cooking method:	Alphanumeric	O		
FDD_Q_150	Non-Pork Type Code	Please specify type of non-pork:	Coded	O		bear meat hamburger (ground meat) not specified other (specify)
FDD_Q_151	Non-Pork Type Other	If “Other,” please specify other type of non-pork:	Alphanumeric	O		
FDD_Q_152	Non-Pork Consumed Date	Date suspect food was consumed:	Date/time	O		
FDD_Q_153	Non-Pork Larvae Found Code	Was larvae found in suspect food?	Coded	O		unknown absent present not examined

FDD_Q_154	Non-Pork Source Code	Where was the suspect meat obtained?	Coded	O		supermarket/grocery store butcher shop direct from farm restaurant or other public eating establishment hunted or trapped unknown other (specify)
FDD_Q_155	Non-Pork Source Other	If “Other,” please specify where suspect meat was obtained:	Alphanumeric	O		
FDD_Q_156	Non-Pork Prep Code	How was suspect food prepared or further processed after purchase?	Coded	O		dried jerky ground (i.e., hamburger) marinated smoked no further processing other (specify) unknown
FDD_Q_157	Non-Pork Prep Other	If “Other,” please specify other type of processing:	Alphanumeric	O		
FDD_Q_158	Non-Pork Method Code	What was the method of cooking the suspect food?	Coded	O		fried open-fire roasting/bbq uncooked other cooking method (specify) unknown
FDD_Q_159	Non-Pork Method Other	If “Other,” please specify other type of cooking method:	Alphanumeric	O		
TYPHOID QUESTION GROUP DATA ELEMENTS						
FDD_Q_280	Typhoid Indicator	If patient has typhoid, then display the following questions	Boolean	O		True False
FDD_Q_189	US Citizen	Is the patient a U. S. Citizen?	Coded	O		Yes No Unknown
FDD_Q_190	Symptomatic for Typhoid	Was the patient symptomatic for Typhoid Fever?	Coded	O		Yes No Unknown
FDD_Q_191	Typhoid Symptom Code(s)	If “Yes,” did the patient have any of the following signs or symptoms of Typhoid Fever?	Coded	O	Y	abdominal pain headache rash/rose spots fever other (specify)
FDD_Q_192	Typhoid Symptoms Other	If “Other,” please specify other signs or symptoms of Typhoid:	Alphanumeric	O		
FDD_Q_193	Antibiotic Testing Performed	Was antibiotic sensitivity testing performed on the isolate?	Coded	O		Yes No Unknown
FDD_Q_194	Typhoid Vaccine Received	Did the patient receive Typhoid vaccination?	Coded	O		Yes No Unknown

FDD_Q_195	Typhoid Carrier Traced Code	Was the case traced to a Typhoid carrier?	Coded	O		no unknown yes, unknown if carrier previously known to HD yes, carrier previously unknown to HD yes, carrier previously known to health department
ISOLATE TRACKING GROUP DATA ELEMENTS						
LAB329	Track Isolate	Track Isolate functionality indicator	Coded			True False
LAB330	Patient status at specimen collection	Patient status at specimen collection	Coded			Hospitalized Outpatient Unknown
LAB331	Isolate received in state public health lab	Isolate received in state public health lab	Coded			Yes No Unknown
LAB332	Reason isolate not received	Reason isolate not received	Coded			isolate forwarded to out-of-state clinical lab isolate not forwarded from in-state clinical lab other (specify)
LAB333	Reason isolate not received (Other)	Reason isolate not received (Other)	Alphanumeric			
LAB334	Date received in state public health lab	Date received in state public health lab	Date/time			
LAB335	State public health lab isolate id number	State public health lab isolate id number	Alphanumeric			
LAB336	Case confirmed at state public health lab	Case confirmed at state public health lab	Coded			Yes No Unknown
LAB337	PulseNet Isolate	PulseNet Isolate Indicator	Coded			True False
LAB338	Isolate PFGE sent to central PulseNet	Isolate PFGE sent to central PulseNet database	Coded			Yes No Unknown
LAB339	PulseNet PFGE Designation Enzyme 1	PulseNet PFGE Designation Enzyme 1	Alphanumeric			
LAB340	State Health Dept Lab PFGE Designation Enzyme 1	State Health Dept Lab PFGE Designation Enzyme 1	Alphanumeric			
LAB341	PulseNet PFGE Designation Enzyme 2	PulseNet PFGE Designation Enzyme 2	Alphanumeric			
LAB342	State Health Dept Lab PFGE Designation Enzyme 2	State Health Dept Lab PFGE Designation Enzyme 2	Alphanumeric			

LAB343	PulseNet PFGE Designation Enzyme 3	PulseNet PFGE Designation Enzyme 3	Alphanumeric			
LAB344	State Health Dept Lab PFGE Designation Enzyme 3	State Health Dept Lab PFGE Designation Enzyme 3	Alphanumeric			
LAB345	NARMS Isolate Indicator	NARMS Isolate	Coded			True False
LAB346	Isolate sent to NARMS	Isolate sent to NARMS	Coded			Yes No Unknown
LAB347	Reason isolate not sent to NARMS	Reason isolate not sent to NARMS	Coded			isolate contaminated isolate not available isolate not part of NARMS submission scheme isolate nonviable other
LAB348	State-assigned NARMS ID number	State-assigned NARMS ID number	Alphanumeric			
LAB349	NARMS Isolate Expected Ship Date	NARMS Isolate Expected Ship Date	Date/time			
LAB350	NARMS Isolate Actual Ship Date	NARMS Isolate Actual Ship Date	Date/time			
LAB351	EIP Isolate	EIP Isolate Indicator	Coded			True False
LAB352	Specimen available for further EIP testing	Specimen available for further EIP testing	Coded			no yes isolate available at one time, but no longer
LAB353	Reason specimen not available for further EIP test	Reason specimen not available for further EIP test	Coded			isolate not available at hospital lab isolate not available at state public health lab other (specify) hospital refuses/not participating
LAB354	Other reason why specimen is not available	Other reason why specimen is not available	Alphanumeric			
LAB355	If "Yes", where will the specimen be shipped	If "Yes", where will the specimen be shipped	Coded			available, but not being shipped outside state CDC ABCs CDC other EIP contract lab
LAB356	EIP Isolate Expected Ship Date	EIP Isolate Expected Ship Date	Date/time			
LAB357	EIP Isolate Actual Ship Date	EIP Isolate Actual Ship Date	Date/time			
LAB358	Was specimen requested for reshipment	Was specimen requested for reshipment	Coded			Yes No

LAB359	Reason specimen requested for reshipment	Reason specimen requested for reshipment	Coded			contaminated/nonviable at CDC lab contaminated/nonviable at EIP contract lab requested but isolate no longer available ID: non-EIP or other EIP organism at CDC/EIP lab other (specify)
LAB360	Other reason for reshipment	Other reason for reshipment	Alphanumeric			
LAB361	EIP Isolate Expected Reship Date	EIP Isolate Expected Reship Date	Date/time			
LAB362	EIP Isolate Actual Reship Date	EIP Isolate Actual Reship Date	Date/time			

Attachment 2

GENERIC NOTIFICATION DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
CORE DEMOGRAPHIC DATA ELEMENTS						
DEM115	Birth Date	Date of birth in YYYYMMDD format	Date	O		
DEM114	Patient's birth sex	Patient's birth sex	Code	O		Male Female Unknown
DEM152	Race Category	Field containing one or more codes that broadly refer to the patient's race(s).	Code	O	Y	American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White; Other Race
DEM165	Patient Address County	County of residence of the subject.	Code	O		FIPS county codes
DEM162	Patient Address State	Patient's address state.	Code	O		FIPS state codes
DEM163	Patient Address Zip Code	Patient's address Zip code.	Alphanumeric	O		
DEM155	Ethnic Group Code	Ethnic origin or ethnicity is based on the individual's self-identity of the patient as Hispanic or Latino; choose one value from the list.	Code	O		Hispanic Non-hispanic
GENERIC NOTIFICATION DATA ELEMENTS						
NOT109	Reporting State	State reporting the notification.	Coded	R		Standard 2-digit State FIPS code
INV169	Condition Code	Condition or event that constitutes the reason the notification is being sent.	Coded	R		
INV168	Local record ID	Sending system-assigned local ID of the case investigation with which the subject is associated.	Alphanumeric	R		
INV173	State Case ID	States use this field to link NEDSS (NETSS) investigations back to their own state investigations.	Alphanumeric	R		
INV107	Jurisdiction Code	Identifier for the physical site from which the notification is being submitted.	Code	R		state-assigned
INV108	Case Program Area Code	The organizational ownership of the investigation. Program areas (*e.g.*, Immunization, STD) are defined at the state level by the conditions for which they provide primary prevention and control.	Code	R		state-assigned

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
INV109	Case Investigation Status Code	Status of the investigation. For example, *open* or *closed*.	Code	O		Open Closed
INV110	Investigation Date Assigned	Date the investigator was assigned to this investigation.	Date	O		
INV111	Date of Report	Date the event or illness was first reported by the reporting source	Date	O		
INV112	Reporting Source Type Code	Type of facility or provider associated with the source of information sent to Public Health.	Code	O		Blood Bank Correctional Facilities Dentist Other Federal Agencies Hospital Indian Health Service Laboratory Managed Care/HMOs Military Other Treatment Center Pharmacy Public Health Clinic Private Physician Office Data Registries Rural Health Clinic School Clinic Other State and Local Agencies Tribal Government Vital Statistics Veterinary Sources Daycare Facility Drug Treatment Facility Emergency Room/Emergency Department Family Planning Facility National Job Training Program Prenatal/Obstetrics Facility Public Health Clinic – STD Public Health Clinic – TB Public Health Clinic - HIV
INV118	Reporting Source Zip Code	Zip Code of the reporting source for this case.	Alphanumeric	O		
INV120	Earliest Date Reported to County	Earliest date reported to county public health system	Date	O		
INV121	Earliest Date Reported to State	Earliest date reported to state public health system	Date	O		

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
INV128	Hospitalized	Was patient hospitalized because of this event?	Code	O		Yes No Unknown
INV132	Admission Date	Subject's admission date to the hospital for the condition covered by the investigation.	Date	O		
INV133	Discharge Date	Subject's discharge date from the hospital for the condition covered by the investigation.	Date	O		
INV134	Duration of hospital stay in days	Subject's duration of stay at the hospital for the condition covered by the investigation.	Numeric	O		
INV136	Diagnosis Date	Date of diagnosis of condition being reported to public health system	Date	O		
INV137	Date of Illness Onset	Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system	Date	O		
INV138	Illness End Date	Time at which the disease or condition ends.	Date	O		
INV139	Illness Duration	Length of time this person had this disease or condition.	Numeric	O		
INV140	Illness Duration Units	Unit of time used to describe the length of the illness or condition.	Code	O		
INV145	Did the patient die from this illness	Did the patient die from this illness or complications of this illness?	Code	O		Yes No Unknown
INV147	Investigation Start Date	The date the case investigation was initiated.	Date	O		
INV150	Case outbreak indicator	Denotes whether the reported case was associated with an identified outbreak.	Code	O		Yes No Unknown
INV151	Case Outbreak Name	A state-assigned name for an indentified outbreak.	Code	O		state-assigned code
INV152	Case Disease Imported Code	Indication of where the disease/condition was likely acquired.	Code			Indigenous Out of country Out of jurisdiction Out of state Unknown
INV153	Imported Country	If the disease or condition was imported, indicates the country in which the disease was likely acquired.	Code	O		ISO Country Codes
INV154	Imported State	If the disease or condition was imported, indicates the state in which the disease was likely acquired.	Code	O		FIPS state codes

GENERIC NOTIFICATION DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
INV155	Imported City	If the disease or condition was imported, indicates the city in which the disease was likely acquired.	Code	O		GNIS City Codes
INV156	Imported County	If the disease or condition was imported, contains the county of origin of the disease or condition.	Code	O		FIPS county codes
INV157	Transmission Mode	Code for the mechanism by which disease or condition was acquired by the subject of the investigation. Includes sexually transmitted, airborne, bloodborne, vectorborne, foodborne, zoonotic, nosocomial, mechanical, dermal, congenital, environmental exposure, indeterminate.	Code	O		Airborne Blood borne Dermal Food borne Indeterminate Mechanical Nosocomial Other Sexually Transmitted Vector borne Water borne Zoonotic
INV159	Detection Method	Code for the method by which the public health department was made aware of the case. Includes provider report, patient self-referral, laboratory report, case or outbreak investigation, contact investigation, active surveillance, routine physical, prenatal testing, perinatal testing, prison entry screening, occupational disease surveillance, medical record review, etc.	Code	O		Provider reported Prison entry screening Prenatal testing Routine Physical Patient self-referral Other
INV161	Confirmation Method	Code for the mechanism by which the case was classified, providing information about how the case classification status was derived. More than one confirmation method may be indicated.	Code	O	Y	Clinical Diagnosis Epidemiologically linked Lab confirmed Case/outbreak investigation Lab Report Medical Record Review Occup. Disease Surveillance Active Surveillance Provider Certified Local/state specified Other
INV162	Confirmation Date	If an investigation is confirmed as a case, the confirmation date is entered.	Date	O		

Attachment 2

GENERIC NOTIFICATION DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
INV163	Case Class Status Code	Status of the case/event as suspect, probable, confirmed, or "not a case" per CSTE/CDC/ surveillance case definitions.	Code	R		Confirmed Not a Case Probable Suspect
INV165	MMWR Week	MMWR Week for which case information is to be counted for MMWR publication.	Numeric	R		
INV166	MMWR Year	MMWR Year (YYYY) for which case information is to be counted for MMWR publication.	Date	R		4-digit year (####)
INV176	Date of First Report to CDC	Date the case was first reported to the CDC.	Date	O		
INV177	Date First Reported PHD	Earliest date the case was reported to a public health department.	Date	O		
INV178	Pregnancy status	Indicates whether the patient was pregnant at the time of the event.	Code			Yes No Unknown
INV2001	Age at case investigation	Patient age at time of case investigation	Numeric	R		
INV2002	Age units at case investigation	Patient age units at time of case investigation	Code	O		Days Months Weeks Years

Attachment 2

HEPATITIS DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
CORE DEMOGRAPHIC DATA ELEMENTS						
DEM115	Birth Date	Date of birth in YYYYMMDD format	Date	O		
DEM114	Patient's birth sex	Patient's birth sex	Code	O		Male Female Unknown
DEM152	Race Category	Field containing one or more codes that broadly refer to the patient's race(s).	Code	O	Y	American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White; Other Race
DEM165	Patient Address County	County of residence of the subject.	Code	O		FIPS county codes
DEM162	Patient Address State	Patient's address state.	Code	O		FIPS state codes
DEM163	Patient Address Zip Code	Patient's address Zip code.	Alphanumeric	O		
DEM155	Ethnic Group Code	Ethnic origin or ethnicity is based on the individual's self-identity of the patient as Hispanic or Latino; choose one value from the list.	Code	O		Hispanic Non-hispanic
GENERIC NOTIFICATION DATA ELEMENTS						
NOT109	Reporting State	State reporting the notification.	Coded	R		Standard 2-digit State FIPS code
INV169	Condition Code	Condition or event that constitutes the reason the notification is being sent.	Coded	R		
INV168	Local record ID	Sending system-assigned local ID of the case investigation with which the subject is associated.	Alphanumeric	R		
INV173	State Case ID	States use this field to link NEDSS (NETSS) investigations back to their own state investigations.	Alphanumeric	R		
INV107	Jurisdiction Code	Identifier for the physical site from which the notification is being submitted.	Code	R		state-assigned
INV108	Case Program Area Code	The organizational ownership of the investigation. Program areas (*e.g.*, Immunization, STD) are defined at the state level by the conditions for which they provide primary prevention and control.	Code	R		state-assigned

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
INV109	Case Investigation Status Code	Status of the investigation. For example, *open* or *closed*.	Code	O		Open Closed
INV110	Investigation Date Assigned	Date the investigator was assigned to this investigation.	Date	O		
INV111	Date of Report	Date the event or illness was first reported by the reporting source	Date	O		
INV112	Reporting Source Type Code	Type of facility or provider associated with the source of information sent to Public Health.	Code	O		Blood Bank Correctional Facilities Dentist Other Federal Agencies Hospital Indian Health Service Laboratory Managed Care/HMOs Military Other Treatment Center Pharmacy Public Health Clinic Private Physician Office Data Registries Rural Health Clinic School Clinic Other State and Local Agencies Tribal Government Vital Statistics Veterinary Sources Daycare Facility Drug Treatment Facility Emergency Room/Emergency Department Family Planning Facility National Job Training Program Prenatal/Obstetrics Facility Public Health Clinic – STD Public Health Clinic – TB Public Health Clinic - HIV
INV118	Reporting Source Zip Code	Zip Code of the reporting source for this case.	Alphanumeric	O		
INV120	Earliest Date Reported to County	Earliest date reported to county public health system	Date	O		

HEPATITIS DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
INV121	Earliest Date Reported to State	Earliest date reported to state public health system	Date	O		
INV128	Hospitalized	Was patient hospitalized because of this event?	Code	O		Yes No Unknown
INV132	Admission Date	Subject's admission date to the hospital for the condition covered by the investigation.	Date	O		
INV133	Discharge Date	Subject's discharge date from the hospital for the condition covered by the investigation.	Date	O		
INV134	Duration of hospital stay in days	Subject's duration of stay at the hospital for the condition covered by the investigation.	Numeric	O		
INV136	Diagnosis Date	Date of diagnosis of condition being reported to public health system	Date	O		
INV137	Date of Illness Onset	Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system	Date	O		
INV138	Illness End Date	Time at which the disease or condition ends.	Date	O		
INV139	Illness Duration	Length of time this person had this disease or condition.	Numeric	O		
INV140	Illness Duration Units	Unit of time used to describe the length of the illness or condition.	Code	O		
INV145	Did the patient die from this illness	Did the patient die from this illness or complications of this illness?	Code	O		Yes No Unknown
INV147	Investigation Start Date	The date the case investigation was initiated.	Date	O		
INV150	Case outbreak indicator	Denotes whether the reported case was associated with an identified outbreak.	Code	O		Yes No Unknown
INV151	Case Outbreak Name	A state-assigned name for an indentified outbreak.	Code	O		state-assigned code
INV152	Case Disease Imported Code	Indication of where the disease/condition was likely acquired.	Code			Indigenous Out of country Out of jurisdiction Out of state Unknown

HEPATITIS DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
INV153	Imported Country	If the disease or condition was imported, indicates the country in which the disease was likely acquired.	Code	O		ISO Country Codes
INV154	Imported State	If the disease or condition was imported, indicates the state in which the disease was likely acquired.	Code	O		FIPS state codes
INV155	Imported City	If the disease or condition was imported, indicates the city in which the disease was likely acquired.	Code	O		GNIS City Codes
INV156	Imported County	If the disease or condition was imported, contains the county of origin of the disease or condition.	Code	O		FIPS county codes
INV157	Transmission Mode	Code for the mechanism by which disease or condition was acquired by the subject of the investigation. Includes sexually transmitted, airborne, bloodborne, vectorborne, foodborne, zoonotic, nosocomial, mechanical, dermal, congenital, environmental exposure, indeterminate.	Code	O		Airborne Blood borne Dermal Food borne Indeterminate Mechanical Nosocomial Other Sexually Transmitted Vector borne Water borne Zoonotic
INV159	Detection Method	Code for the method by which the public health department was made aware of the case. Includes provider report, patient self-referral, laboratory report, case or outbreak investigation, contact investigation, active surveillance, routine physical, prenatal testing, perinatal testing, prison entry screening, occupational disease surveillance, medical record review, etc.	Code	O		Provider reported Prison entry screening Prenatal testing Routine Physical Patient self-referral Other

HEPATITIS DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
INV161	Confirmation Method	Code for the mechanism by which the case was classified, providing information about how the case classification status was derived. More than one confirmation method may be indicated.	Code	O	Y	Clinical Diagnosis Epidemiologically linked Lab confirmed Case/outbreak investigation Lab Report Medical Record Review Occup. Disease Surveillance Active Surveillance Provider Certified Local/state specified Other
INV162	Confirmation Date	If an investigation is confirmed as a case, the confirmation date is entered.	Date	O		
INV163	Case Class Status Code	Status of the case/event as suspect, probable, confirmed, or "not a case" per CSTE/CDC/ surveillance case definitions.	Code	R		Confirmed Not a Case Probable Suspect
INV165	MMWR Week	MMWR Week for which case information is to be counted for MMWR publication.	Numeric	R		
INV166	MMWR Year	MMWR Year (YYYY) for which case information is to be counted for MMWR publication.	Date	R		
INV176	Date of First Report to CDC	Date the case was first reported to the CDC.	Date	O		
INV177	Date First Reported PHD	Earliest date the case was reported to a public health department.	Date	O		
INV178	Pregnancy status	Indicates whether the patient was pregnant at the time of the event.	Code			Yes No Unknown
INV2001	Age at case investigation	Patient age at time of case investigation	Numeric	R		
INV2002	Age units at case investigation	Patient age units at time of case investigation	Code	O		Days Months Weeks Years
GENERIC HEPATITIS DATA ELEMENTS						

Attachment 2

HEPATITIS DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
HEP100	TESTRX	The reason(s) the patient was tested for hepatitis. (MULTISELECT)	Code	O	Y	Symptoms of acute hepatitis Blood / Organ donor screening Evaluation of elevated liver enzymes Screening of asymptomatic patient w/o risk factors Other (specify) Prenatal screening Follow-up testing (prior viral hepatitis marker) Screening of asymptomatic patient w/ risk factors Unknown Symptoms of acute hepatitis
HEP101	OTHREASON	Other reason the patient was tested for hepatitis.	Alphanumeric	O		
HEP102	SYMPTOM	Is patient symptomatic?	Code	O		Yes No Unknown (YNU)
HEP103	SYMTDT	Onset date of symptoms.	Date	O		
HEP104	JAUNDICED	Was the patient jaundiced?	Code	O		Yes No Unknown (YNU)
HEP106	PREGNANT	Was the patient pregnant?	Code	O		Yes No Unknown (YNU)
HEP107	DUEDT	Patient's pregnancy due date.	Date	O		
HEP110	TOTANTIHAV	Total antibody to hepatitis A virus [total anti-HAV].	Code	O		Positive Negative Unknown
HEP111	IGMHAV	IgM antibody to hepatitis A virus [IgM anti-HAV].	Code	O		Positive Negative Unknown
HEP112	HBSAG	Hepatitis B surface antigen [HBsAg].	Code	O		Positive Negative Unknown
HEP113	TOTANTIHBC	Total antibody to hepatitis B core antigen [total anti-HBc].	Code	O		Positive Negative Unknown
HEP114	IGMHBC	IgM antibody to hepatitis B core antigen [IgM anti-HBc].	Code	O		Positive Negative Unknown
HEP115	ANTIHCV	Antibody to hepatitis C virus [anti-HCV].	Code	O		Positive Negative Unknown
HEP116	ANTIHCVSIG	Anti-HCV signal to cut-off ratio.	Alphanumeric	O		
HEP117	SUPANTIHCV	Supplemental anti-HCV assay [e.g., RIBA].	Code	O		Positive Negative Unknown
HEP118	HCVRNA	HCV RNA [e.g., PCR].	Code	O		Positive Negative Unknown
HEP119	ANTIHDV	Antibody to hepatitis D virus [anti-HDV].	Code	O		Positive Negative Unknown
HEP120	ANTIHEV	Antibody to hepatitis E virus [anti-HEV].	Code	O		Positive Negative Unknown
HEP121	ALTSGPT	ALT (SGPT) result (include units).	Numeric	O		

HEPATITIS DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
HEP122	ALTSGPTUP	ALT (SGPT) result upper limit normal (include units).	Numeric	O		
HEP123	ASTSGOT	AST (SGOT) result (include units).	Numeric	O		
HEP124	ASTSGOTUP	AST (SGOT) result upper limit normal (include units).	Numeric	O		
HEP125	ALTDT	Date of the ALT result.	Date	O		
HEP126	ASTDT	Date of the AST result.	Date	O		
HEP127	EPILINK	If this case has a diagnosis of hepatitis A that has not been serologically confirmed, is there an epidemiologic link between this patient and a laboratory-confirmed hepatitis A case?	Code	O		Yes No Unknown (YNU)
HEP128	DX	Disease diagnosis. This is a required field.	Code	R		10480-Hepatitis, non A, non B, acute 10102-Hepatitis Delta co- or super-infection, acute (Hepatitis D) 10103-Hepatitis E, acute 10110-Hepatitis A, acute 10100-Hepatitis B, acute 10101-Hepatitis C, acute 10106-Hepatitis C infection, past or present 10104-Hepatitis B, virus infection perinatal 10120-Hepatitis, viral unspecified
HEP255	BIRTHPLACE	Patient's country of birth.	Code	O		ISO Country Codes
HEP263 <new>	Hepatitis B 'e' antigen [HBeAg]	Hepatitis B 'e' antigen [HBeAg] test result.	Code	O		Positive Negative Unknown
HEP264 <new>	HBV DNA	HBV DNA test result.	Code	O		Positive Negative Unknown
HEPATITIS A ACUTE ADDITIONAL QUESTIONS						
HEP129	CONTACTA	During the two to six weeks prior to the onset of symptoms, was the patient a contact of a person with confirmed or suspected hepatitis A virus infection?	Code	O		Yes No Unknown

HEPATITIS DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
HEP130	ATYPE	Type of contact the patient had with a person with confirmed or suspected hepatitis A virus infection during the two to six weeks prior to symptom onset.	Code	O		Babysitter of this patient Child cared for by this patient Household member (non-sexual) Other (specify) Playmate Sex partner Unknown
HEP131	AOTHCON	Other type of contact the patient had with a person with confirmed or suspected hepatitis A virus infection during the two to six weeks prior to symptom onset.	Alphanumeric	O		
HEP132	ADAYCARE1	Was the patient a child or employee in daycare center, nursery, or preschool?	Code	O		Yes No Unknown
HEP133	ADAYCARE2	Was the patient a household contact of a child or employee in a daycare center, nursery, or preschool?	Code	O		Yes No Unknown
HEP134	ADAYCAREAID	Was there an identified hepatitis A case in the childcare facility?	Code	O		Yes No Unknown
HEP135	ASEXMALE	Number of male sex partners the person had in the two to six weeks before symptom onset.	Code	O		
HEP136	ASEXFEMALE	The number of female sex partners the person had in the two to six weeks before symptom onset.	Code	O		
HEP137	AIVDRUGS	Did the patient inject street drugs in the two to six weeks before symptom onset?	Code	O		Yes No Unknown
HEP138	ADRUGS	Did the patient use street drugs, but not inject, in the two to six weeks before symptom onset?	Code	O		Yes No Unknown
HEP139	ATRAVEL	Did the patient travel outside the U.S.A. or Canada in the two to six weeks before symptom onset?	Code	O		Yes No Unknown
HEP140	AWHERE	The countries to which the patient traveled (outside the U.S.A. or Canada) in the two to six weeks before symptom onset.	Code	O	Y	2-alpha ISO country codes

HEPATITIS DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
HEP141	AHHTRAVEL	Did anyone in the patient's household travel outside the U.S.A. or Canada in the three months before symptom onset?	Code	O		Yes No Unknown
HEP142	AHHWHERE	The countries to which anyone in the patient's household traveled (outside the U.S.A. or Canada) in the three months before symptom onset? (MULTISELECT)	Code	O	Y	2-alpha ISO country codes
HEP143	AOUTBREAK	Is the patient suspected as being part of a common-source outbreak?	Code	O		
HEP144	AOUTBRTYPE	Type of outbreak with which the patient is associated.	Code	O		Foodborne - assoc. w/ an infected food handler Foodborne - NOT assoc. w/ an infected food handler Source not identified Waterborne
HEP145	AFOODITEM	Food item with which the foodborne outbreak is associated.	Alphanumeric	O		
HEP146	AHANDLER	Was the patient employed as a food handler during the two weeks prior to onset of symptoms or while ill?	Code	O		
HEP147	HEPAVAC	Has patient ever received the hepatitis A vaccine?	Code	O		
HEP148	HEPAVACDOS	Number of doses of hepatitis A vaccine the patient received.	Code	O		1=1 2=2 3+=3 or more
HEP149	HEPAVACYR	Year the patient received the last dose of hepatitis A vaccine.	Date	O		
HEP150	IMMUGLOB	Has the patient ever received immune globulin?	Code	O		
HEP151	IMMUGLOBYR	Date the patient received the last dose of immune globulin.	Date	O		
HEPATITIS B ACUTE ADDITIONAL QUESTIONS						
HEP152	CONTACTB	During the six weeks to six months prior to onset of symptoms, was the patient a contact of a person with confirmed or suspected acute or chronic hepatitis B virus infection?	Code	O		Yes No Unknown

HEPATITIS DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
HEP153	BTYPE	Type of contact the patient had with a person with confirmed or suspected acute or chronic hepatitis B virus infection during the two to six weeks prior to symptom onset. (MULTISELECT)	Code	O	Y	Babysitter of this patient Child cared for by this patient Household member (non-sexual) Other (specify) Playmate Sex partner Unknown
HEP154	BOTHCON	Other type of contact the patient had with a person with confirmed or suspected acute or chronic hepatitis B virus infection during the two to six weeks prior to symptom onset.	Alphanumeric	O		
HEP155	BMALESEX	Number of male sex partners the person had in the six months before symptom onset.	Code	O		0=0 1=1 2=2-5 5= >5 U=Unknown
HEP156	BFEMALESEX	Number of female sex partners the person had in the six months before symptom onset.	Code	O		0=0 1=1 2=2-5 5= >5 U=Unknown
HEP157	BSTD	Was patient ever treated for a sexually transmitted disease?	Code	O		Yes No Unknown
HEP158	BSTDYR	Year the patient received the most recent treatment for a sexually transmitted disease.	Date	O		
HEP159	BIVDRUGS	Did the patient inject street drugs not prescribed by a doctor in the six weeks to six months before symptom onset?	Code	O		Yes No Unknown
HEP160	BDRUGS	Did the patient use street drugs, but not inject, in the six weeks to six months before symptom onset?	Code	O		Yes No Unknown
HEP161	BDIALYSIS	Did the patient undergo hemodialysis in the six weeks to six months before symptom onset?	Code	O		Yes No Unknown

HEPATITIS DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
HEP162	BSTICK	Did the patient have an accidental stick or puncture with a needle or other object contaminated with blood in the six weeks to six months before symptom onset?	Code	O		Yes No Unknown
HEP163	BTRANS	Did the patient receive blood or blood products (transfusion) in the six weeks to six months before symptom onset?	Code	O		Yes No Unknown
HEP164	BTRANSDT	Date the patient received blood or blood products (transfusion) in the six weeks to six months before symptom onset.	Date	O		
HEP165	BBLOOD	Did the patient have other exposure to someone else's blood in the six weeks to six months before symptom onset?	Code	O		Yes No Unknown
HEP166	BBLOODTYPE	Patient's blood exposure in the six weeks to six months before symptom onset other than through transfusion or an accidental stick or puncture.	Alphanumeric	O		
HEP167	BMEDEMP	Was the patient employed in a medical or dental field involving direct contact with human blood in the six weeks to six months before symptom onset?	Code	O		Yes No Unknown
HEP168	BFREQ1	Patient's frequency of blood contact as an employee in a medical or dental field involving direct contact with human blood in the six weeks to six months before symptom onset.	Code	O		Frequent (several times weekly) Infrequent Unknown
HEP169	BPUBSAFEMP	Was the patient employed as a public safety worker (fire fighter, law enforcement, or correctional officer) having direct contact with human blood in the six weeks to six months before symptom onset?	Code	O		Yes No Unknown

HEPATITIS DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
HEP170	BFREQ2	Patient's frequency of blood contact as a public safety worker (fire fighter, law enforcement, or correctional officer) having direct contact with human blood in the six weeks to six months before symptom onset.	Code	O		Frequent (several times weekly) Infrequent Unknown
HEP171	BTATTOO	Did the patient receive a tattoo in the six weeks to six months before symptom onset?	Code	O		
HEP172	BTATTOOLOC	Location(s) where the patient received a tattoo in the six weeks to six months before symptom onset.	Code	O	Y	Commercial parlor/shop Correctional facility Other (specify) Unknown
HEP173	BTATTOOOTH	Other location where the patient received a tattoo in the six weeks to six months before symptom onset.	ST	O		
HEP174	BPIERCE	Did the patient have any part of their body pierced (other than ear) in the six weeks to six months before symptom onset?	Code	O		
HEP175	BPIERCELOC	The location(s) where the patient received a piercing in the six weeks to six months before symptom onset.	Code	O	Y	Commercial parlor/shop Correctional facility Other (specify) Unknown
HEP176	BPEIRCEOTH	Other location where the patient received a piercing in the six weeks to six months before symptom onset.	Alphanumeric	O		
HEP177	BDENTAL	Did the patient have dental work or oral surgery in the six weeks to six months before symptom onset?	Code	O		
HEP178	BSURGERY	Did the patient have surgery (other than oral surgery) in the six weeks to six months before symptom onset?	Code	O		
HEP179	BHOSP	Was the patient hospitalized in the six weeks to six months before symptom onset?	Code	O		
HEP180	BNURSHOME	Was the patient a resident of a long-term care facility in the six weeks to six months before symptom onset?	Code	O		

HEPATITIS DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
HEP181	BINCAR	Was the patient incarcerated for longer than 24 hours in the six weeks to six months before symptom onset?	Code	O		Yes No Unknown
HEP182	BINCARTYPE	Type of facility where the patient was incarcerated for longer than 24 hours in the six weeks to six months before symptom onset. (MULTISELECT)	Code	O	Y	Jail Juvenile facility Prison
HEP183	BEVERINCAR	Was the patient ever incarcerated for longer than six months during his or her lifetime?	Code	O		Yes No Unknown
HEP184	INCARYR	Year the patient was most recently incarcerated for longer than six months.	Date	O		
HEP185	INCARDUR	Length of time the patient was most recently incarcerated for longer than six months.	Alphanumeric	O		
HEP186	INCARUNIT	Length of time (units) the patient was most recently incarcerated for longer than six months.	Code	O		Days Hours Minutes Months Unknown Weeks Years
HEP187	BVACCINE	Did the patient ever receive hepatitis B vaccine?	Code	O		Yes No Unknown
HEP188	BVACCINENO	Number of shots of hepatitis B vaccine the patient received.	Code	O		1=1 2=2 3+=3 or more
HEP189	BVACCINEYR	Year in which the patient received the last shot of hepatitis B vaccine.	Date	O		
HEP190	BANTIBODY	Was the patient tested for antibody to HBsAg (anti-HBs) within one to two months after the last dose?	Code	O		Yes No Unknown
HEP191	BRESULT	Was the serum anti-HBs >= 10ml U/ml? (Answer 'Yes' if lab result reported as positive or reactive.)	Code	O		Yes No Unknown
HEP252	BIVOUTPT	Did the patient receive any IV infusions and/or injections in the outpatient setting during the six weeks to six months prior to onset of symptoms?	Code	O		Yes No Unknown

HEPATITIS DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
HEPATITIS C ACUTE ADDITIONAL QUESTIONS						
HEP192	CCONTACT	Was the patient a contact of a person with confirmed or suspected acute or chronic hepatitis C infection in the two weeks to six months before symptom onset?	Coded	O		Yes No Unknown
HEP193	CTYPE	Type of contact the patient had with a person with confirmed or suspected acute or chronic hepatitis C infection in the two weeks to six months before symptom onset.	Coded	O		Babysitter of this patient Child cared for by this patient Household member (non-sexual) Other (specify) Playmate Sex partner Unknown
HEP194	COTHCON	Other type of contact the patient had with a person with confirmed or suspected acute or chronic hepatitis C infection in the two weeks to six months before symptom onset.	Alphanumeric	O		
HEP195	CMALESEC	Number of male sex partners the person had in the six months before symptom onset.	Coded	O		0=0 1=1 2=2-5 5= >5 U=Unknown
HEP196	CFEMALESEX	Number of female sex partners the person had in the six months before symptom onset.	Coded	O		0=0 1=1 2=2-5 5= >5 U=Unknown
HEP197	CSTD	Was patient ever treated for a sexually transmitted disease?	Coded	O		Yes No Unknown
HEP198	CSTDYR	Year the patient received the most recent treatment for a sexually transmitted disease.	Date	O		
HEP199	CMEDEMP	Was the patient employed in a medical or dental field involving direct contact with human blood in the two weeks to six months before symptom onset?	Coded	O		Yes No Unknown

HEPATITIS DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
HEP200	CFREQ1	Patient's frequency of blood contact as an employee in a medical or dental field involving direct contact with human blood in the two weeks to six months before symptom onset.	Coded	O		Frequent (several times weekly) Infrequent Unknown
HEP201	CPUBSAFEMP	Was the patient employed as a public safety worker (fire fighter, law enforcement, or correctional officer) having direct contact with human blood in the two weeks to six months before symptom onset?	Coded	O		Yes No Unknown
HEP202	CFREQ2	The patient's frequency of blood contact as a public safety worker (fire fighter, law enforcement, or correctional officer) having direct contact with human blood in the two weeks to six months before symptom onset.	Coded	O		Frequent (several times weekly) Infrequent Unknown
HEP203	CTATTOO	Did the patient receive a tattoo in the two weeks to six months before symptom onset?	Coded	O		Yes No Unknown
HEP204	CTATTOOLOC	Location where the patient received a tattoo in the two weeks to six months before symptom onset.	Coded	O		Commercial parlor/shop Correctional facility Other (specify) Unknown
HEP205	CTATTOOOTH	Other location where the patient received a tattoo in the two weeks to six months before symptom onset.	Alphanumeric	O		
HEP206	CPIERCE	Did the patient have any part of their body pierced (other than ear) in the two weeks to six months before symptom onset?	Coded	O		Yes No Unknown
HEP207	CPIERCELOC	Location where the patient received a piercing in the two weeks to six months before symptom onset.	Coded	O		Commercial parlor/shop Correctional facility Other (specify) Unknown
HEP208	CPIERCEOTH	Other location where the patient received a piercing in the two weeks to six months before symptom onset.	Alphanumeric	O		

HEPATITIS DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
HEP209	CIVDRUGS	Did the patient inject street drugs not prescribed by a doctor in the two weeks to six months before symptom onset?	Coded	O		Yes No Unknown
HEP210	CDRUGS	Did the patient use street drugs, but not inject, in the two weeks to six months before symptom onset?	Coded	O		Yes No Unknown
HEP211	CDIALYSIS	Did the patient undergo hemodialysis in the two weeks to six months before symptom onset?	Coded	O		Yes No Unknown
HEP212	CSTICK	Did the patient have an accidental stick or puncture with a needle or other object contaminated with blood in the two weeks to six months before symptom onset?	Coded	O		Yes No Unknown
HEP213	CTRANSF	Did the patient receive blood or blood products (transfusion) in the two weeks to six months before symptom onset?	Coded	O		Yes No Unknown
HEP214	CTRANSDT	Date the patient received blood or blood products (transfusion) in the two weeks to six months before symptom onset.	Date	O		
HEP215	CBLOOD	Did the patient have other exposure to someone else's blood in the two weeks to six months before symptom onset?	Coded	O		Yes No Unknown
HEP216	CBLOODEX	Patient's blood exposure in the two weeks to six months before symptom onset other than through transfusion or an accidental stick or punture.	Alphanumeric	O		
HEP217	CDENTAL	Did the patient have dental work or oral surgery in the two weeks to six months before symptom onset?	Coded	O		Yes No Unknown
HEP218	CSURGEY	Did the patient have surgery (other than oral surgery) in the two weeks to six months before symptom onset?	Coded	O		Yes No Unknown

HEPATITIS DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
HEP219	CHOSP	Was the patient hospitalized in the two weeks to six months before symptom onset?	Coded	O		Yes No Unknown
HEP220	CNURSHOME	Was the patient a resident of a long-term care facility in the two weeks to six months before symptom onset?	Coded	O		Yes No Unknown
HEP221	CINCAR	Was the patient incarcerated for longer than 24 hours in the two weeks to six months before symptom onset?	Coded	O		Yes No Unknown
HEP222	CINCARTYPE	Type of facility where the patient was incarcerated for longer than 24 hours in the two weeks to six months before symptom onset.	Coded	O		Jail Juvenile facility Prison
HEP223	CEVERINCAR	Was the patient ever incarcerated for longer than six months during his or her lifetime?	Coded	O		Yes No Unknown
HEP224	CINCARYR	Year the patient was most recently incarcerated for longer than six months.	Date	O		
HEP225	CINCARDUR	Length of time the patient was most recently incarcerated for longer than six months.	Alphanumeric	O		
HEP226	CINCARUNIT	Length of time (units) the patient was most recently incarcerated for longer than six months.	Coded	O		Days Hours Minutes Months Unknown Weeks Years
HEP253	CIVOUTPT	Did the patient receive any IV infusions and/or injections in the outpatient setting during the two weeks to six months prior to onset of symptoms?	Coded	O		Yes No Unknown
HEPATITIS C INFECTION ADDITIONAL QUESTIONS						
HEP227	HAVTRANSF	Did the patient receive a blood transfusion prior to 1992?	Coded	O		Yes No Unknown
HEP228	HACTRANSP	Did the patient receive an organ transplant prior to 1992?	Coded	O		Yes No Unknown
HEP229	HCVCLOT	Did the patient receive clotting factor concentrates prior to 1987?	Coded	O		Yes No Unknown

HEPATITIS DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
HEP230	HCVDIAL	Was the patient ever on long-term hemodialysis?	Coded	O		Yes No Unknown
HEP231	HCVIVDRUGS	Has the patient ever injected drugs not prescribed by a doctor, even if only once or a few times?	Coded	O		Yes No Unknown
HEP232	HCVNUMPART	How many sex partners has patient had (approximate) in lifetime?	Alphanumeric	O		
HEP233	HCVINCAR	Was the patient ever incarcerated?	Coded	O		Yes No Unknown
HEP234	HCVSTD	Was the patient ever treated for a sexually transmitted disease?	Coded	O		Yes No Unknown
HEP235	HCVCONTACT	Was the patient ever a contact of a person who had hepatitis?	Coded	O		Yes No Unknown
HEP236	HCVTYPE	Type of contact the patient had with a person with hepatitis.	Coded	O		Babysitter of this patient Child cared for by this patient Household member (non-sexual) Other (specify) Playmate Sex partner Unknown
HEP237	HCVOTHCON	Other type of contact the patient had with a person with hepatitis.	Alphanumeric	O		
HEP238	HCVMEDEMP	Was the patient ever employed in a medical or dental field involving direct contact with human blood?	Coded	O		Yes No Unknown
HEPATITIS B PERINATAL INFECTION ADDITIONAL QUESTIONS						
HEP239	HBVMOMRACE	Race of the patient's mother.	Coded	O	Y	2106-3 White 2054-5=Black 2028-9=Asian 2076-8=Pacific Islander 1002-5=Indian 2131-1=Other U = U
HEP240	HBVMOMETH	Ethnicity of the patient's mother.	Coded	O		Hispanic or Latino Not Hispanic or Latino
HEP241	HBVMOMBORN	Was mother born outside the U.S.A.?	Coded	O		Yes No Unknown
HEP242	HBVMOMCTRY	Mother's birth country (other than the U.S.A.).	Coded	O		2-char country code

HEPATITIS DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
HEP243	HBVCONF	Was the mother confirmed HBsAg positive prior to or at time of delivery?	Coded	O		Yes No Unknown
HEP244	HBVCONFDEL	Was the mother confirmed HBsAg positive after delivery?	Coded	O		Yes No Unknown
HEP245	HBVCONFDT	Date of HBsAg positive test result.	Date	O		
HEP246	HBVVACDOSE	How many doses of hepatitis B vaccine did the child receive?	Coded	O		
HEP247	HBVVACDT1	Date the child received the first dose of hepatitis B vaccine.	Date	O		
HEP248	HBVVACDT2	Date the child received the second dose of hepatitis B vaccine.	Date	O		
HEP249	HBVVACDT3	Date the child received the third dose of hepatitis B vaccine.	Date	O		
HEP250	HBIG	Did the child receive hepatitis B immune globulin (HBIG)?	Coded	O		Yes No Unknown
HEP251	HBIGDT	Date the child received HBIG.	Date	O		
HEP256	HBVMRACECD	Mother's detailed race category. (MULTISELECT)	Coded	O	Y	<<detailed race list>>
HEP257	HBVMETHCD	Mother's detailed ethnicity category. (MULTISELECT)	Coded	O	Y	<<detailed ethnicity list>>
HEP258	HBVMOMRDES	The mothers race - if other than the provided race categories.	Alphanumeric	O		

Attachment 2

LEAD CASE NOTIFICATION DATA ELEMENTS

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values
CORE DEMOGRAPHIC DATA ELEMENTS						
DEM197	Local patient ID	The local ID of the patient/entity.	Alphanumeric	R		
DEM147	State patient ID	Patient ID value assigned by the state	Alphanumeric	O		
DEM115	Birth Date	Date of birth in YYYYMMDD format	Date	O		
DEM114	Patient's birth sex	Patient's birth sex	Code	O		Male Female Unknown
DEM152	Race Category	Field containing one or more codes that broadly refer to the patient's race(s).	Code	O	Y	American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White; Other Race
DEM165	Patient Address County	County of residence of the subject.	Code	O	Y	FIPS county codes
DEM162	Patient Address State	Patient's address state.	Code	O	Y	FIPS state codes
DEM163	Patient Address Zip Code	Patient's address Zip code.	Alphanumeric	O	Y	
DEM155	Ethnic Group Code	Ethnic origin or ethnicity is based on the individual's self-identity of the patient as Hispanic or Latino; choose one value from the list.	Code	O		Hispanic Non-hispanic
EXTENDED DEMOGRAPHIC DATA ELEMENTS						
DEM153	Detailed Race	A patient record may have zero, one, or multiple detailed race categories assigned. This variable is not passed unless specified for the particular condition.	Code	O	Y	<see vocab download>
DEM156	Detailed Ethnicity	If the value specified in Ethnicity is Hispanic or Latino, choose detailed ethnicity value(s) that better define the patient's Latino ethnicity; values may include Cuban, Mexican, etc.; choose one or multiple values from this list. This variable is not passed unless specified for the particular condition.	Code	O	Y	<see vocab download>

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values
DEM2010	Address ID	The system-assigned unique address ID	Alphanumeric	O	Y	
DEM161	Patient Address City	Patient's address city as text	Alphanumeric	O	Y	
DEM168	Census Tract	Census tract where the address is located is a unique identifier associated with a small statistical subdivision of a county. Census tract data allows a user to find population and housing statistics about a specific part of an urban area. A single community may be composed of several census tracts.	Alphanumeric	O	Y	
DEM169	Residence From Date	Residence *From* date.	Date	O	Y	
DEM170	Residence To Date	Residence *To* date.	Date	O	Y	
GENERIC NOTIFICATION DATA ELEMENTS						
NOT109	Reporting State	State reporting the notification.	Coded	R		Standard 2-digit State FIPS code
NOT113	Reporting County	County reporting the notification.	Code	R		
INV169	Condition Code	Condition or event that constitutes the reason the notification is being sent.	Coded	R		32010 Lead Poisoning
INV168	Local record ID	Sending system-assigned local ID of the case investigation with which the subject is associated.	Alphanumeric	R		
INV173	State Case ID	States use this field to link NEDSS (NETSS) investigations back to their own state investigations.	Alphanumeric	R		
INV107	Jurisdiction Code	Identifier for the physical site from which the notification is being submitted.	Code	R		state-assigned
INV2006	Case Close Date	Date the case investigation status was marked as Closed.	Date	O		
INV147	Case Start Date	The date the case investigation was initiated.	Date	R		
INV165	MMWR Week	MMWR Week for which case information is to be counted for MMWR publication.	Numeric	R		

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values
INV166	MMWR Year	MMWR Year (YYYY) for which case information is to be counted for MMWR publication.	Date	R		4-digit year (####)
INV178	Pregnancy status	Indicates whether the patient was pregnant at the time of the event.	Code			Yes No Unknown
INV2001	Age at case investigation	Patient age at time of case investigation	Numeric	R		
INV2002	Age units at case investigation	Patient age units at time of case investigation	Code	O		Days Months Weeks Years
DEM139	Census Occupation Code	Patient's occupation(s). Multiple occupations may be selected.	Code	O	Y	<see download in PHIN-VADS>
ADDITIONAL LEAD CASE DATA ELEMENTS						
LEA105	Previous country of residence	Previous country of residence - send the 3 most recent countries.	Code	O		
LEA137	Travel outside of US	Travel outside of US <Future Functionality>	Code	O		Yes No Unknown
LEA101	Closure Reason	If the case is c*losed*, choose the reason why the case was closed	Code	O		Case Opened in Error False Positive Moved Out of Compliance Lost to Follow-Up/Unable to Locate Uncooperative or refused Closure Criteria Met Moved Out of Jurisdiction/State Remediation Complete No Hazard Found House Demolished Inspection Refused No Longer Rental Unit Permanent Injunction Insufficient Funds - Remediation Not Complete Administratively Closed
LEA112	Pica as risk factor	Indicate whether the child showed signs of pica (repeated eating of nonfood items).	Code	O		Yes No

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values
LEA131	Imported Cosmetics as risk factor	Patient Risk Assessment: Indicate whether imported cosmetics were present in the household.	Code	O		Yes No Unknown
LEA132	Imported foods as risk factor	Patient Risk Assessment: Indicate whether imported foods were present at the household, such as chapulines or tamarind candy.	Code	O		Yes No Unknown
LEA133	Imported non-glossy vinyl mini-blinds as risk factor	Patient Risk Assessment: Indicate whether the household had imported non-glossy vinyl mini-blinds.	Code	O		Yes No Unknown
LEA134	Liquids stored in metal, pewter, or crystal containers as risk factor	Patient Risk Assessment: Indicate whether any of the food containers were metal, soldered, or glazed.	Code	O		Yes No Unknown
LEA109	Non-paint lead source – pottery, imported or improperly fired	Indicates whether there is a non-paint lead source that is imported or improperly fired pottery.	Code	O		Yes No Unknown
LEA106	Non-paint lead source – traditional medicines	Indicates whether there is a non-paint lead source from traditional home remedies, like azarcon or surma, present in the household.	Code	O		Yes No Unknown
LEA107	Non-paint lead source – occupation of household member	Indicates whether there is a non-paint lead source from the occupation(s) of household member.	Code	O	Y	<see download in PHIN-VADS>

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values
LEA108	Non-paint lead source – hobby of household member	Indicates whether there is a non-paint lead source from one or more hobbies of household member.	Code	O	Y	Jewelry/Crafts Ceramics/Pottery Hunting Fishing Stained Glass Making Firing Range/Target Shooter/Re-loader Remodel/Restore/Renovate Making/Casting Fishing Sinkers Making/Casting Bullets Furniture Refinishing Radiator Repair Painting
LEA110	Non-paint lead source – patient occupation	Indicates whether there is a non-paint lead source from the occupation(s) of the patient.	Code	O	Y	<see download in PHIN-VADS>
LEA111	Non-paint lead source – patient hobbies	Indicates whether there is a non-paint lead source from one or more hobbies of the patient.	Code	O	Y	Jewelry/Crafts Ceramics/Pottery Hunting Fishing Stained Glass Making Firing Range/Target Shooter/Re-loader Remodel/Restore/Renovate Making/Casting Fishing Sinkers Making/Casting Bullets Furniture Refinishing Radiator Repair Painting

LEAD LABORATORY REPORT NOTIFICATION DATA ELEMENTS

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values
CORE DEMOGRAPHIC DATA ELEMENTS						
DEM197	Local patient ID	The local ID of the patient/entity.	Alphanumeric	R		
DEM147	State patient ID	Patient ID value assigned by the state	Alphanumeric	O		
DEM115	Birth Date	Date of birth in YYYYMMDD format	Date	O		
DEM114	Patient's birth sex	Patient's birth sex	Code	O		Male Female Unknown

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values
DEM152	Race Category	Field containing one or more codes that broadly refer to the patient's race(s).	Code	O	Y	American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White; Other Race
DEM165	Patient Address County	County of residence of the subject.	Code	O	Y	FIPS county codes
DEM162	Patient Address State	Patient's address state.	Code	O	Y	FIPS state codes
DEM163	Patient Address Zip Code	Patient's address Zip code.	Alphanumeric	O	Y	
DEM155	Ethnic Group Code	Ethnic origin or ethnicity is based on the individual's self-identity of the patient as Hispanic or Latino; choose one value from the list.	Code	O		Hispanic Non-hispanic
EXTENDED DEMOGRAPHIC DATA ELEMENTS						
DEM153	Detailed Race	A patient record may have zero, one, or multiple detailed race categories assigned. This variable is not passed unless specified for the particular condition.	Code	O	Y	<see vocab download>
DEM156	Detailed Ethnicity	If the value specified in Ethnicity is Hispanic or Latino, choose detailed ethnicity value(s) that better define the patient's Latino ethnicity; values may include Cuban, Mexican, etc.; choose one or multiple values from this list. This variable is not passed unless specified for the particular condition.	Code	O	Y	<see vocab download>
DEM2010	Address ID	The system-assigned unique address ID	Alphanumeric	O	Y	
DEM161	Patient Address City	Patient's address city as text	Alphanumeric	O	Y	

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values
DEM168	Census Tract	Census tract where the address is located is a unique identifier associated with a small statistical subdivision of a county. Census tract data allows a user to find population and housing statistics about a specific part of an urban area. A single community may be composed of several census tracts.	Alphanumeric	O	Y	
DEM169	Residence From Date	Residence *From* date.	Date	O	Y	
DEM170	Residence To Date	Residence *To* date.	Date	O	Y	
LEAD LAB REPORT DATA ELEMENTS						
INV178	Pregnancy Status	Indicates whether the patient was pregnant during the event.	Code	O		Yes No Unknown
NOT109	Reporting State	State reporting the investigation/case	Code	R		
LEA105	Previous country of residence	Previous country of residence - send the 3 most recent countries.	Code	O	Y	
LEA137	Travel outside of US	Travel outside of US <Future Functionality>	Code	O		Yes No Unknown
LAB202	Test ID	System-assigned local test instance identifier.	Text	R		
LAB165	Specimen Source	The medium from which the specimen originated. Examples include whole blood, saliva, urine, etc.	Code	R		Hair Semen Blood Urine Blood Venous Saliva Blood Cord Unknown Substance Blood Unknown Tissue Culture Scab Blood Capillary Macular Scraping Buccal Swab Vesicular Swab

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values
LAB168	Laboratory Result Jurisdiction	The geographic area responsible for managing public health activities including intervention, prevention and surveillance for health event associated with a particular geographic area such as county or city, associated with an event.	Code	R		state-assigned
LAB180	Age at time of laboratory test	Age of subject at time of specimen collection	Numeric	O		
LAB181	Age units at time of laboratory test	Age units of subject at time of specimen collection.	Code	O		Days Months Weeks Years
LAB163	Date of specimen Collection	The date the specimen was collected.	Date	R		
LAB108	Sample Analyzed Date	The date and time the sample was analyzed by the laboratory.	Date	O		
LAB197	Result Sent from Lab Date	Date result sent from reporting laboratory.	Date	O		
LAB113	Numeric Result Descriptor	Lab quantitative result operator.	Coded	O		= > = < = null
LAB114	Numeric result value	The first numeric value in the quantitative result.	Numeric	O		

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values
LAB115	Result units	The unit of measure for a numeric result value.	Code	O		percent gperdL mmolmol ugperL ugperh umolmol mgperL ugpermL ugpersp mL mIUmL IUperL mgperd umold umolL ugperdL mgperh ugperd umol{ZPP}/mol{heme} ngpermL ugperg mgperdL [ppb] [ppm]
LAB504	Result Notes	Explanation for missing result, (e.g., clotted, quantity not sufficient, etc.)	Code	O		Unduplicated Wrong Tube Pending Quantity Not Sufficient Test Not Done Clotted Lab Error Contaminated
LAB143	Lab Name	Name of Laboratory that reported test result.	Text	O		
LAB144	CLIA Lab ID	CLIA (Clinical Laboratory Improvement Act) identifier for the laboratory that performed the test.	Text	O		
LAB120	Limit of detection	Reference range to/limit of detection. The *reference range to* value allows the user to enter the value on the high end of a valid range of results for the test.	Numeric	O		
LAB500	Ordering Provider Address - State	Ordering provider address—state.	Code	O		
LAB501	Ordering Provider Address - City	Ordering provider address—city.	Text	O		

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values
LAB502	Ordering Provider Address - County	Ordering provider address—county.	Code	O		
DEM2007	Patient Employer SIC Code	Employer Standard Industrial Classification (SIC) code for the employer associated with the occupation This field may repeat with multiple values.	Code	O		
DEM2008	Patient Employer NAICS Code	Employer North American Industry Classification System (NAICS) code for the employer associated with the occupation This field may repeat with multiple values.	Code	O		
DEM139	Census Occupation Code	Patient's Occupation(s). Multiple occupations may be selected.	Code	O		

LEAD ENVIRONMENTAL INVESTIGATION NOTIFICATION DATA ELEMENTS

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values
LEAD ENVIRONMENTAL INVESTIGATION NOTIFICATION DATA ELEMENTS						
LOC001	Local Address ID	Identifier for subject location (entity ID).	Alphanumeric	R		
LOC005	Location City	City name associated with the address for a subject location.	Code	O		
LOC008	Location County	County associated with the address for a subject location.	Code	O		
LOC006	Location State	State associated with the address for a subject location.	Code	O		
LOC007	Location Postal Code	Zip or Postal code associated with the address for a subject location.	Alphanumeric	O		
LOC025	Location Census Tract	Census tract associated with the address for a subject location.	Alphanumeric	O		

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values
LOC026	Location Dwelling Type	Dwelling type associated with the address for a subject location. Dwelling type is used to classify the building and may include office, duplex, single family, etc.	Code	O		Mobile Home Office Duplex Single Family Multi-unit Dwelling
NOT109	Reporting State	State reporting the notification.	Coded	R		Standard 2-digit State FIPS code
INV169	Condition Code	Condition or event that constitutes the reason the notification is being sent.	Coded	R		32010 Lead Poisoning
INV168	Record ID	Sending system-assigned local ID of the case investigation with which the subject is associated.	Text	R		
INV107	Jurisdiction Code	Identifier for the physical site from which the report is being submitted. Jurisdictions are defined by the reporting entity.	Code	R		state-assigned
INV2006	Investigation Close Date	Investigation Close Date	Date	O		
INV111	Referral Date for Investigation	Date the event or illness was first reported by the reporting source.	Date	R		
INV154	State of Exposure	If the disease or condition was imported, indicate the state in which the disease was likely acquired.	Code	O		State
INV156	County of Exposure	If the disease or condition was imported, this field will contain the county of origin of the disease or condition.	Code	O		County
LEA113	Risk Assessment Completed Date	Date of risk assessment/inspection completion.	Date	O		

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values
LEA114	Investigation Reason Code	Reason for opening the environmental investigation, such as a citizen request or a complaint response	Code	O		Primary Prevention Citizen Request Physician Order Complaint Response Relocation Address Meets Persistently EBLL Criteria Safe Work Practice Complaint Community Development Block Grant (CDBG) Meets Standard Investigation Criteria HUD
LEA115	No hazard identified indicator	Check this box to indicate that no hazard was identified at the property that is the focus of the investigation, but a new (alternate) location was identified for which an environmental investigation was opened or will be opened.	Boolean	O		T or F
LEA116	No Hazard/ Alternate Location Identified Indicator	Indicate whether a hazard was identified in the environmental investigation; check this box if no hazard was identified in the alternate location	Boolean	O		T or F
LEA117	Lead paint source identified indicator	Indicate whether lead paint was identified as a hazard during the environmental investigation; *No* if no lead paint hazard was found at the property; *Yes* if a lead paint hazard was found at the property; *Unknown* if it is not known whether lead paint was a hazard at the property.	Code	O		

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values
LEA118	Interior Lead Paint Hazard Indicator	Indicator of *interior lead paint hazard*. This is a derived field: if any Risk Assessment interior room/component combination has COMPONENT_HAZARD_IDENTIFIED_INDICATOR checked, then code as "true", otherwise leave blank.	Boolean	O		T or F
LEA119	Exterior Lead Paint Hazard Indicator	Indicator of *exterior lead paint hazard*. This is a derived field: if any Risk Assessment exterior site/component combo has COMPONENT_HAZARD_IDENTIFIED_INDICATOR checked, then code as "true", otherwise leave blank.	Boolean	O		T or F
LEA120	Occupational Exposure	Investigation findings of sources - Occupational Exposure.	Code	O		Yes No Unknown
LEA121	Lead sources other than paint	Investigation findings of sources - *lead sources other than paint.* This field may repeat.	Code	O	Y	Traditional Medicines Hobbies Occupations Jewelry Food Toys Industrial Hazard Cosmetics
LEA122	Occupational Exposure of other household member	Occupational exposure of other household member. This is a derived field: Code as "True" if PATIENT_OR_OTHER_HOUSEHOLD_MEMBER (under Occupation on Other Risk Factors Tab) = “Other Household Member”, otherwise leave blank.	Boolean	O		T or F
LEA123	Soil hazard indicator	Indicator of *soil hazard*. This is a derived field: Code as "true" if any SOIL_SITE_HAZARD_IDENTIFIED_INDICATOR checked, otherwise leave blank.	Boolean	O		T or F

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values
LEA124	Water hazard indicator	Indicator of *water hazard*. This is a derived field: Code as "true" if any WATER_SITE_HAZARD_IDENTIFIED_INDICATOR checked, otherwise leave blank.	Boolean	O		T or F
LEA101	Case Investigation Closure Reason	If the value specified in Case Status is *Closed*, choose the reason why the case was closed.	Code	O		Case Opened in Error False Positive Moved Out of Compliance Lost to Follow-Up/Unable to Locate Uncooperative or refused Closure Criteria Met Moved Out of Jurisdiction/State Remediation Complete No Hazard Found House Demolished Inspection Refused No Longer Rental Unit Permanent Injunction Insufficient Funds - Remediation Not Complete Administratively Closed
LEA125	Date remediation due	Due date of remediation.	Date	O		
LEA126	Date address hazard remediation or abatement completed	Date address hazard remediation or abatement completed.	Date	O		
LEA127	Date clearance testing completed	Date clearance testing completed.	Date	O		

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values
LEA128	Clearance testing performed indicator	Indicator of *clearance testing performed*. This is a derived field: if CLEARANCE_TESTING_COMPLETE_INDICATOR = "Yes" then code as "True". If CLEARANCE_TESTING_COMPLETE_INDICATOR = "No" or is blank, AND any sample is entered for clearance testing, then code as "True". Otherwise code as blank.	Boolean	O		T or F
LEA129	Clearance testing performed date	Date clearance testing performed. This is a field derived from the Earliest Date Sample Obtained for Clearance Testing.	Date	O		
LEA130	Clearance testing result	Result of clearance testing. This is a derived field: if CLEARANCE_TESTING_COMPLETE_INDICATOR = "Yes" then code as "Passed". If "no" then code as "Failed"; if blank, and any sample is entered for clearance testing, then code as "Unknown". If blank and no samples are entered, then leave blank.	Code	O		Passed Failed Unknown

LYME DISEASE DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
CORE DEMOGRAPHIC DATA ELEMENTS						
DEM115	Birth Date	Date of birth in YYYYMMDD format	Date	O		
DEM114	Patient's birth sex	Patient's birth sex	Code	O		Male Female Unknown
DEM152	Race Category	Field containing one or more codes that broadly refer to the patient's race(s).	Code	O	Y	American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White; Other Race
DEM165	Patient Address County	County of residence of the subject.	Code	O		FIPS county codes
DEM162	Patient Address State	Patient's address state.	Code	O		FIPS state codes
DEM163	Patient Address Zip Code	Patient's address Zip code.	Alphanumeric	O		
DEM155	Ethnic Group Code	Ethnic origin or ethnicity is based on the individual's self-identity of the patient as Hispanic or Latino; choose one value from the list.	Code	O		Hispanic Non-hispanic
GENERIC NOTIFICATION DATA ELEMENTS						
NOT109	Reporting State	State reporting the notification.	Coded	R		Standard 2-digit State FIPS code
INV169	Condition Code	Condition or event that constitutes the reason the notification is being sent.	Coded	R		10370 Rubella Congenital Syndrome (CRS) 10140 Measles 10180 Mumps 10190 Pertussis 10200 Rubella 10210 Tetanus 11080 Lyme Disease
INV168	Local record ID	Sending system-assigned local ID of the case investigation with which the subject is associated.	Alphanumeric	R		
INV173	State Case ID	States use this field to link NEDSS (NETSS) investigations back to their own state investigations.	Alphanumeric	R		
INV107	Jurisdiction Code	Identifier for the physical site from which the notification is being submitted.	Code	R		state-assigned

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
INV108	Case Program Area Code	The organizational ownership of the investigation. Program areas (*e.g.*, Immunization, STD) are defined at the state level by the conditions for which they provide primary prevention and control.	Code	R		state-assigned
INV109	Case Investigation Status Code	Status of the investigation. For example, *open* or *closed*.	Code	O		Open Closed
INV110	Investigation Date Assigned	Date the investigator was assigned to this investigation.	Date	O		
INV111	Date of Report	Date the event or illness was first reported by the reporting source	Date	O		
INV112	Reporting Source Type Code	Type of facility or provider associated with the source of information sent to Public Health.	Code	O		Blood Bank Correctional Facilities Dentist Other Federal Agencies Hospital Indian Health Service Laboratory Managed Care/HMOs Military Other Treatment Center Pharmacy Public Health Clinic Private Physician Office Data Registries Rural Health Clinic School Clinic Other State and Local Agencies Tribal Government Vital Statistics Veterinary Sources Daycare Facility Drug Treatment Facility Emergency Room/Emergency Department Family Planning Facility National Job Training Program Prenatal/Obstetrics Facility Public Health Clinic – STD Public Health Clinic – TB Public Health Clinic - HIV
INV118	Reporting Source Zip Code	Zip Code of the reporting source for this case.	Alphanumeric	O		

LYME DISEASE DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
INV120	Earliest Date Reported to County	Earliest date reported to county public health system	Date	O		
INV121	Earliest Date Reported to State	Earliest date reported to state public health system	Date	O		
INV128	Hospitalized	Was patient hospitalized because of this event?	Code	O		Yes No Unknown
INV132	Admission Date	Subject's admission date to the hospital for the condition covered by the investigation.	Date	O		
INV133	Discharge Date	Subject's discharge date from the hospital for the condition covered by the investigation.	Date	O		
INV134	Duration of hospital stay in days	Subject's duration of stay at the hospital for the condition covered by the investigation.	Numeric	O		
INV136	Diagnosis Date	Date of diagnosis of condition being reported to public health system	Date	O		
INV137	Date of Illness Onset	Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system	Date	O		
INV138	Illness End Date	Time at which the disease or condition ends.	Date	O		
INV139	Illness Duration	Length of time this person had this disease or condition.	Numeric	O		
INV140	Illness Duration Units	Unit of time used to describe the length of the illness or condition.	Code	O		
INV145	Did the patient die from this illness	Did the patient die from this illness or complications of this illness?	Code	O		Yes No Unknown
INV147	Investigation Start Date	The date the case investigation was initiated.	Date	O		
INV150	Case outbreak indicator	Denotes whether the reported case was associated with an identified outbreak.	Code	O		Yes No Unknown
INV151	Case Outbreak Name	A state-assigned name for an indentified outbreak.	Code	O		state-assigned code
INV152	Case Disease Imported Code	Indication of where the disease/condition was likely acquired.	Code			Indigenous Out of country Out of jurisdiction Out of state Unknown

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
INV153	Imported Country	If the disease or condition was imported, indicates the country in which the disease was likely acquired.	Code	O		ISO Country Codes
INV154	Imported State	If the disease or condition was imported, indicates the state in which the disease was likely acquired.	Code	O		FIPS state codes
INV155	Imported City	If the disease or condition was imported, indicates the city in which the disease was likely acquired.	Code	O		GNIS City Codes
INV156	Imported County	If the disease or condition was imported, contains the county of origin of the disease or condition.	Code	O		FIPS county codes
INV157	Transmission Mode	Code for the mechanism by which disease or condition was acquired by the subject of the investigation. Includes sexually transmitted, airborne, bloodborne, vectorborne, foodborne, zoonotic, nosocomial, mechanical, dermal, congenital, environmental exposure, indeterminate.	Code	O		Airborne Blood borne Dermal Food borne Indeterminate Mechanical Nosocomial Other Sexually Transmitted Vector borne Water borne Zoonotic
INV159	Detection Method	Code for the method by which the public health department was made aware of the case. Includes provider report, patient self-referral, laboratory report, case or outbreak investigation, contact investigation, active surveillance, routine physical, prenatal testing, perinatal testing, prison entry screening, occupational disease surveillance, medical record review, etc.	Code	O		Provider reported Prison entry screening Prenatal testing Routine Physical Patient self-referral Other

LYME DISEASE DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
INV161	Confirmation Method	Code for the mechanism by which the case was classified, providing information about how the case classification status was derived. More than one confirmation method may be indicated.	Code	O	Y	Clinical Diagnosis Epidemiologically linked Lab confirmed Case/outbreak investigation Lab Report Medical Record Review Occup. Disease Surveillance Active Surveillance Provider Certified Local/state specified Other
INV162	Confirmation Date	If an investigation is confirmed as a case, the confirmation date is entered.	Date	O		
INV163	Case Class Status Code	Status of the case/event as suspect, probable, confirmed, or "not a case" per CSTE/CDC/ surveillance case definitions.	Code	R		Confirmed Not a Case Probable Suspect
INV165	MMWR Week	MMWR Week for which case information is to be counted for MMWR publication.	Numeric	R		
INV166	MMWR Year	MMWR Year (YYYY) for which case information is to be counted for MMWR publication.	Date	R		4-digit year (####)
INV176	Date of First Report to CDC	Date the case was first reported to the CDC.	Date	O		
INV177	Date First Reported PHD	Earliest date the case was reported to a public health department.	Date	O		
INV178	Pregnancy status	Indicates whether the patient was pregnant at the time of the event.	Code			Yes No Unknown
INV2001	Age at case investigation	Patient age at time of case investigation	Numeric	R		
INV2002	Age units at case investigation	Patient age units at time of case investigation	Code	O		Days Months Weeks Years
ADDITIONAL LYME DISEASE DATA ELEMENTS						
LYM100	Erythema Migrans	Indicates whether the patient had erythema migrans (physician diagnosed EM at least 5 cm in diameter).	Coded	O		Yes; No; Unknown
LYM101	Swelling	Indicates whether the patient had arthritis characterized by brief attacks of joint swelling.	Coded	O		Yes; No; Unknown
LYM102	Bell’s Palsy or other cranial neuritis	Indicates whether the patient had Bell's palsy or other cranial neuritis.	Coded	O		Yes; No; Unknown

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
LYM103	Radiculoneuropathy	Indicates whether the patient had radiculoneuropathy.	Coded	O		Yes; No; Unknown
LYM104	Lymphocytic meningitis	Indicates whether the patient had lymphocytic meningitis.	Coded	O		Yes; No; Unknown
LYM105	Encephalitis/ Encephalomyelitis	Indicates whether the patient had encephalitis/encephalomyelitis.	Coded	O		Yes; No; Unknown
LYM106	CSF tested for antibodies to B. burgdorferi	Indicates whether the patient was CSF tested for antibodies to B. burgdorferi.	Coded	O		Yes; No; Unknown
LYM107	Antibody to B. burgdorferi higher in CSF than in serum	Indicates whether Antibody to B. burgdorferi was higher in CSF than in serum.	Coded	O		Yes; No; Unknown
LYM108	2nd or 3rd degree atrioventricular block	Indicates whether the patient had 2nd or 3rd degree atrioventricular block.	Coded	O		Yes; No; Unknown
LYM109	Other Clinical	Other clinical comments entered for the case.	Alphanumeric	O		

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
CORE DEMOGRAPHIC DATA ELEMENTS						
DEM115	Birth Date	Date of birth in YYYYMMDD format	Date	O		
DEM114	Patient's birth sex	Patient's birth sex	Code	O		Male Female Unknown
DEM152	Race Category	Field containing one or more codes that broadly refer to the patient's race(s).	Code	O	Y	American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White; Other Race
DEM165	Patient Address County	County of residence of the subject.	Code	O		FIPS county codes
DEM162	Patient Address State	Patient's address state.	Code	O		FIPS state codes
DEM163	Patient Address Zip Code	Patient's address Zip code.	Text	O		
DEM155	Ethnic Group Code	Ethnic origin or ethnicity is based on the individual's self-identity of the patient as Hispanic or Latino; choose one value from the list.	Code	O		Hispanic Non-hispanic
GENERIC NOTIFICATION DATA ELEMENTS						
NOT109	Reporting State	State reporting the notification.	Coded	R		Standard 2-digit State FIPS code
INV169	Condition Code	Condition or event that constitutes the reason the notification is being sent.	Coded	R		10370 Rubella Congenital Syndrome (CRS) 10140 Measles 10180 Mumps 10190 Pertussis 10200 Rubella 10210 Tetanus 11080 Lyme Disease
INV168	Local record ID	Sending system-assigned local ID of the case investigation with which the subject is associated.	Alphanumeric	R		
INV173	State Case ID	States use this field to link NEDSS (NETSS) investigations back to their own state investigations.	Text	R		
INV107	Jurisdiction Code	Identifier for the physical site from which the notification is being submitted.	Code	R		state-assigned

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
INV108	Case Program Area Code	The organizational ownership of the investigation. Program areas (*e.g.*, Immunization, STD) are defined at the state level by the conditions for which they provide primary prevention and control.	Code	R		state-assigned
INV109	Case Investigation Status Code	Status of the investigation. For example, *open* or *closed*.	Code	O		Open Closed
INV110	Investigation Date Assigned	Date the investigator was assigned to this investigation.	Date	O		
INV111	Date of Report	Date the event or illness was first reported by the reporting source	Date	O		
INV112	Reporting Source Type Code	Type of facility or provider associated with the source of information sent to Public Health.	Code	O		Blood Bank Correctional Facilities Dentist Other Federal Agencies Hospital Indian Health Service Laboratory Managed Care/HMOs Military Other Treatment Center Pharmacy Public Health Clinic Private Physician Office Data Registries Rural Health Clinic School Clinic Other State and Local Agencies Tribal Government Vital Statistics Veterinary Sources Daycare Facility Drug Treatment Facility Emergency Room/Emergency Department Family Planning Facility National Job Training Program Prenatal/Obstetrics Facility Public Health Clinic – STD Public Health Clinic – TB Public Health Clinic - HIV

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
INV118	Reporting Source Zip Code	Zip Code of the reporting source for this case.	Alphanumeric	O		
INV120	Earliest Date Reported to County	Earliest date reported to county public health system	Date	O		
INV121	Earliest Date Reported to State	Earliest date reported to state public health system	Date	O		
INV128	Hospitalized	Was patient hospitalized because of this event?	Code	O		Yes No Unknown
INV132	Admission Date	Subject's admission date to the hospital for the condition covered by the investigation.	Date	O		
INV133	Discharge Date	Subject's discharge date from the hospital for the condition covered by the investigation.	Date	O		
INV134	Duration of hospital stay in days	Subject's duration of stay at the hospital for the condition covered by the investigation.	Numeric	O		
INV136	Diagnosis Date	Date of diagnosis of condition being reported to public health system	Date	O		
INV137	Date of Illness Onset	Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system	Date	O		
INV138	Illness End Date	Time at which the disease or condition ends.	Date	O		
INV139	Illness Duration	Length of time this person had this disease or condition.	Numeric	O		
INV140	Illness Duration Units	Unit of time used to describe the length of the illness or condition.	Code	O		
INV145	Did the patient die from this illness	Did the patient die from this illness or complications of this illness?	Code	O		Yes No Unknown
INV147	Investigation Start Date	The date the case investigation was initiated.	Date	O		
INV150	Case outbreak indicator	Denotes whether the reported case was associated with an identified outbreak.	Code	O		Yes No Unknown
INV151	Case Outbreak Name	A state-assigned name for an indentified outbreak.	Code	O		state-assigned code
INV152	Case Disease Imported Code	Indication of where the disease/condition was likely acquired.	Code			Indigenous Out of country Out of jurisdiction Out of state Unknown

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
INV153	Imported Country	If the disease or condition was imported, indicates the country in which the disease was likely acquired.	Code	O		ISO Country Codes
INV154	Imported State	If the disease or condition was imported, indicates the state in which the disease was likely acquired.	Code	O		FIPS state codes
INV155	Imported City	If the disease or condition was imported, indicates the city in which the disease was likely acquired.	Code	O		GNIS City Codes
INV156	Imported County	If the disease or condition was imported, contains the county of origin of the disease or condition.	Code	O		FIPS county codes
INV157	Transmission Mode	Code for the mechanism by which disease or condition was acquired by the subject of the investigation. Includes sexually transmitted, airborne, bloodborne, vectorborne, foodborne, zoonotic, nosocomial, mechanical, dermal, congenital, environmental exposure, indeterminate.	Code	O		Airborne Blood borne Dermal Food borne Indeterminate Mechanical Nosocomial Other Sexually Transmitted Vector borne Water borne Zoonotic
INV159	Detection Method	Code for the method by which the public health department was made aware of the case. Includes provider report, patient self-referral, laboratory report, case or outbreak investigation, contact investigation, active surveillance, routine physical, prenatal testing, perinatal testing, prison entry screening, occupational disease surveillance, medical record review, etc.	Code	O		Provider reported Prison entry screening Prenatal testing Routine Physical Patient self-referral Other

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
INV161	Confirmation Method	Code for the mechanism by which the case was classified, providing information about how the case classification status was derived. More than one confirmation method may be indicated.	Code	O	Y	Clinical Diagnosis Epidemiologically linked Lab confirmed Case/outbreak investigation Lab Report Medical Record Review Occup. Disease Surveillance Active Surveillance Provider Certified Local/state specified Other
INV162	Confirmation Date	If an investigation is confirmed as a case, the confirmation date is entered.	Date	O		
INV163	Case Class Status Code	Status of the case/event as suspect, probable, confirmed, or "not a case" per CSTE/CDC/ surveillance case definitions.	Code	R		Confirmed Not a Case Probable Suspect
INV165	MMWR Week	MMWR Week for which case information is to be counted for MMWR publication.	Numeric	R		
INV166	MMWR Year	MMWR Year (YYYY) for which case information is to be counted for MMWR publication.	Date	R		4-digit year (####)
INV176	Date of First Report to CDC	Date the case was first reported to the CDC.	Date	O		
INV177	Date First Reported PHD	Earliest date the case was reported to a public health department.	Date	O		
INV178	Pregnancy status	Indicates whether the patient was pregnant at the time of the event.	Code			Yes No Unknown
INV2001	Age at case investigation	Patient age at time of case investigation	Numeric	R		
INV2002	Age units at case investigation	Patient age units at time of case investigation	Code	O		Days Months Weeks Years
ADDITIONAL CONGENTIAL RUBELLA DATA ELEMENTS						
CRS002	Date of Last Evaluation by a Healthcare Provider	The date the patient was last evaluated by a healthcare provider	Date	O		

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
CRS005	Primary cause of death from death certificate	The primary cause of death, as noted on the death certificate	Alphanumeric	O		
CRS006	Secondary cause of death from death certificate	The secondary cause of death, as noted on the death certificate.	Alphanumeric	O		
CRS007	Was an autopsy performed?	Was an autopsy performed on the body?	Coded	O		Yes No Unknown
CRS008	Final Anatomical Diagnosis of Death from autopsy report	The final anatomical cause of death	Alphanumeric	O		
CRS009	Infant's Birth State	State where the patient was born	Coded	O		2 alpha state codes
CRS010	Infant's Gestational Age at Birth (in weeks)	The patient's gestational age (in weeks) ate birth.	Numeric	O		
CRS011	Infant's Age at Diagnosis	The infant's age at the time of CRS diagnosis.	Numeric	O		
CRS011a	Infant's Age (unit) at Diagnosis	The age units at the time of CRS diagnosis.	Coded	O		Days Hours Minutes Months Unknown Weeks Years
CRS013	Infant's Birth Weight	The infant's birth weight	Numeric	O		
CRS014	Infant's Birth Weight (unit)	The infant's birth weight units	Coded	O		pound ounce gram kilogram
CRS015	Cataracts	Did/does the infant have cataracts? (Group A)	Coded	O		Yes No Unknown
CRS016	Hearing Impairment (loss)	Did/does the infant have hearing impairment (loss)? (Group A)	Coded	O		Yes No Unknown
CRS017	Congenital Heart Disease	Did the infant have a congenital heart disease? (Group A)	Coded	O		Yes No Unknown
CRS018	Patent Ductus Arteriosus	Did the infant have patent ductus arteriosus? (Group A)	Coded	O		Yes No Unknown
CRS019	Peripheral Pulmonic Stenosis	Did the infant have peripheral pulmonic stenosis? (Group A)	Coded			Yes No Unknown

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
CRS020	Other type of congenital heart disease?	Did the infant have another congenital heart disease? (Group A)	Coded			Yes No Unknown
CRS021	Specify other type of congenital heart disease	If the infant had another congenital heart diesase, what was it? (Group A)	Alphanumeric	O		
CRS022	Did the mother have a rash?	Did the mother have a maculopapular rash?	Coded	O		Yes No Unknown
CRS022a	What was the mother's rash onset date?	What was the rash onset date?	Date	O		
CRS024	Did the mother have a fever?	Did the mother have a fever?	Coded	O		Yes No Unknown
CRS027	Did the mother have arthralgia/arthritis?	Did the mother have arthralgia/arthritis?	Coded	O		Yes No Unknown
CRS028	Did the mother have lymphadenopathy?	Did the mother have lymphadenopathy?	Coded	O		Yes No Unknown
CRS030	Congenital Glaucoma	Did the infant have congenital glaucoma? (Group A)	Coded	O		Yes No Unknown
CRS031	Pigmentary Retinopathy	Did the infant have pigmentary retinopathy? (Group A)	Coded	O		Yes No Unknown
CRS032	Developmental Delay or Mental Retardation	Did/does the infant have developmental delay or mental retardation? (Group B)	Coded	O		Yes No Unknown
CRS033	Meningoencephalitis	Did the infant have meningoencephalitis? (Group B)	Coded	O		Yes No Unknown
CRS034	Microencephaly	Did the infant have microencephaly? (Group B)	Coded	O		Yes No Unknown
CRS035	Purpura	Did the infant have purpura? (Group B)	Coded	O		Yes No Unknown
CRS036	Enlarged Spleen	Did/does the infant have an enlarged spleen? (Group B)	Coded	O		Yes No Unknown
CRS037	Enlarged Liver	Did/does the infant have an enlarged liver? (Group B)	Coded	O		Yes No Unknown
CRS038	Radiolucent Bone Disease	Did the infant have radiolucent bone disease? (Group B)	Coded	O		Yes No Unknown

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
CRS039	Neonatal Jaundice	Did the infant have jaundice? (Group B)	Coded	O		Yes No Unknown
CRS040	Low Platelets	Did the infant have low platelets? (Group B)	Coded	O		Yes No Unknown
CRS041	Dermal Erythropoieses (Blueberry Muffin Syndrome)	Did infant have dermal erythropoisesis? (Group B)	Coded	O		Yes No Unknown
CRS042	Other Abnormalities?	Did the infant have any other abnormalities? (Group B)	Coded	O		Yes No Unknown
CRS043	Specify other abnormalities 1	If the infant had other abnormalities, what was the first other abnormality?	Alphanumeric	O		
CRS044	Specify other abnormalities 2	If the infant had other abnormalities, what was the second other abnormality?	Alphanumeric	O		
CRS045	Specify other abnormalities 3	If the infant had other abnormalities, what was the third other abnormality?	Alphanumeric	O		
CRS046	Specify other abnormalities 4	If the infant had other abnormalities, what was the fourth other abnormality?	Alphanumeric	O		
CRS049	Was laboratory testing done for rubella on this infant?	Was laboratory testing done for rubella on this infant?	Coded	O		Yes No Unknown
CRS050	Was Rubella IgM EIA performed?	Was a rubella IgM EIA test done?	Coded	O		Yes No Unknown
CRS051	Date of Rubella IgM EIA Test (non-capture)	Date of the rubella IgM EIA test (non-capture)	Date	O		
CRS052	Result of Rubella IgM EIA Test (non-capture)	Result of rubella IgM EID test (non-capture)	Coded	O		Indeterminate Negative Not Done Positive Pending Unknown
CRS053	Rubella IgM EIA capture?	Was a rubella IgM EIA capture test done?	Coded	O		Yes No Unknown
CRS054	Date of Rubella IgM EIA capture	Date of rubella IgM EIA capture test?	Date	O		

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
CRS055	Result of Rubella IgM EIA capture	Result of rubella IgM EIA capture test?	Coded	O		Indeterminate Negative Not Done Positive Pending Unknown
CRS056	Rubella IgM other performed?	Was another rubella IgM test done?	Coded	O		Yes No Unknown
CRS057	Specify other Rubella IgM	Specify the other IgM test	Alphanumeric	O		
CRS058	Date of Rubella IgM other	Date of other rubella IgM test	Date	O		
CRS059	Result of Rubella IgM other	Result of other rubella IgM test	Coded	O		Indeterminate Negative Not Done Positive Pending Unknown
CRS060	Rubella IgG Test #1 performed?	Was rubella IgG test #1 done?	Coded	O		Yes No Unknown
CRS061	Date of Rubella IgG Test #1	Date of rubella IgG test #1	Date	O		
CRS062	Rubella IgG Test #2 performed?	Was rubella IgG test #2 done?	Coded	O		Yes No Unknown
CRS063	Date of Rubella IgG Test #2	Date of rubella IgG test #2	Date	O		
CRS064	Difference between Test #1 and Test #2	Difference between IgG test #1 and test #2	Coded	O		Indeterminate No significant rise in IgG Pending Significant rise in IgG Unknown
CRS065	Virus Isolation performed?	Was a virus isolation done?	Coded	O		Yes No Unknown
CRS066	Date of Virus Isolation	Date of virus isolation	Date	O		
CRS067	Source of Virus Isolation specimen	Source of virus isolation specimen	Coded	O		Blood Cataract CSF Nasopharyngeal Other Throat Urine
CRS068	Specify other Virus Isolation specimen source	If another source, specify the other source	Alphanumeric	O		

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
CRS069	Result of Virus Isolation	Result of the virus isolation	Coded	O		Indeterminate Rubella virus not detected Not done Pending Unknown Rubella virus detected
CRS070	RT-PCR performed?	Was a RT-PCR test done?	Coded	O		Yes No Unknown
CRS071	Date of RT-PCR	Date of RT-PCR test	Date	O		
CRS072	Source of RT-PCR specimen	Source of RT-PCR specimen	Coded	O		Blood Cataract CSF Nasopharyngeal Other Throat Urine
CRS073	Result of RT-PCR	Result of RT-PCR test	Coded	O		Indeterminate Rubella virus not detected Not done Pending Unknown Rubella virus detected
CRS074	Other laboratory testing for Rubella performed?	Was other laboratory testing done for rubella?	Coded	O		Yes No Unknown
CRS075	Specify other Rubella lab test	Specify the other rubella lab test	Alphanumeric	O		
CRS076	Result of other Rubella lab test	Result of the other rubella lab test	Alphanumeric	O		
CRS077	Were clinical specimens sent to CDC for genotyping (molecular typing)?	Were clinical specimens sent to CDC for genotyping (molecular typing)?	Coded	O		Yes No Unknown
CRS080	Mother's birth country	The mother's country of birth	Coded	O		2 char alpha ISO country codes
CRS081	Mother's age at delivery	The age of the mother when this infant was delivered	Numeric	O		
CRS082	Mother's occupation at time of conception	The mother's occupation at time of this conception	Alphanumeric	O		

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
CRS083	Length of time mother has been in the US	Length of time (in years) the mother has been in the US	Numeric	O		
CRS084	Number of children less than 18 years of age living in household during this pregnancy?	The number of children less then 18 years of age living in household during this pregnancy	Numeric	O		
CRS085	Were any of the children living in the household immunized with rubella-containing vaccine?	Were any of the children less than 18 years of age immunized with the rubella vaccine?	Coded	O		Yes No Unknown
CRS086	If yes, how many children in household were immunized with rubella-containing vaccine?	The number of children less than 18 years of age immunized with the rubella vaccine	Numeric	O		
CRS087	Did the mother attend a family planning clinic prior to conception of this infant?	Did the mother attend a family planning clinic prior to conception of this infant?	Coded	O		Yes No Unknown
CRS088	Was prenatal care obtained for this pregnancy?	Was prenatal care obtained for this pregnancy?	Coded	O		Yes No Unknown
CRS089	Date of first prenatal visit for this pregnancy	Date of the first prenatal visit for this pregnancy	Date	O		
CRS090	Where was prenatal care for this pregnancy obtained?	Where was the prenatal care for this pregnancy obtained?	Coded	O	Y	Private Sector Public Sector Unknown
CRS091	Was there a rubella-like illness during this pregnancy?	Was there a rubella-like illness during this pregnancy?	Coded	O		Yes No Unknown

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
CRS092	Month of pregnancy in which symptoms first occurred	The month of pregnancy that rubella-like symptoms appeared	Numeric	O		
CRS093	Was rubella diagnosed by a physician at time of illness?	Was rubella diagnosed by a physician at time of illness?	Coded	O		Yes No Unknown
CRS094	If rubella was not diagnosed by a physician, diagnosed by whom?	If rubella was not diagnosed by a physician, then diagnosed by whom?	Alphanumeric	O		
CRS095	Was rubella serologically confirmed at time of illness?	Was rubella serologically confirmed at time of illness?	Coded	O		Yes No Unknown
CRS096	Does the mother know where she might have been exposed to rubella?	Did the mother know where she might have been exposed to rubella?	Coded	O		Yes No Unknown
CRS097	Where was the disease acquired?	General location of where the mother acquired rubella	Coded	O		IND-Indigenous OOC-Out of Country OOJ-Out of Jurisdiction OOS-Out of State UNK-Unknown
CRS098	Imported Country	The country in which the mother acquired rubella	Coded	O		2 char ISO country codes
CRS099	Imported City	The city in which the mother acquired rubella	Alphanumeric	O		
CRS100	If location of exposure is unknown, did the mother travel outside the US during the 1st trimester of	If the rubella exposure is unknown, did the mother travel outside the US during the 1st trimester of pregnancy?	Coded	O		Yes No Unknown
CRS101	Date mother left US for travel (1)	The date the mother left US for travel (first trip)	Date	O		
CRS102	Date mother returned to US from travel (1)	The date the mother returned to US from travel (first trip)	Date	O		
CRS103	Date mother left US for travel (2)	The date the mother left the US for travel (second trip)	Date	O		

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
CRS104	Date mother returned to US from travel (2)	The date the mother returned to US from travel (second trip)	Date	O		
CRS105	Was the mother directly exposed to a confirmed rubella case?	Was the mother directly exposed to a confirmed rubella case?	Coded	O		Yes No Unknown
CRS106	If mother directly exposed to a confirmed rubella case, specify the relationship	The mother's relationship to the confirmed rubella case	Coded	O		Brother Father Friend Grandparent Mother Neighbor Other Spouse Sister Unknown
CRS107	Mother's date of exposure to a confirmed rubella case	The mother's exposure date to the confirmed rubella case	Date	O		
CRS139	Result of Rubella IgG Test #1	Result rubella IgG test #1	Coded	O		Indeterminate Negative Not Done Positive Pending Unknown
CRS140	Result of Rubella IgG Test #2	Result of rubella IgG test #2	Coded	O		Indeterminate Negative Not Done Positive Pending Unknown
CRS141	Date of other Rubella lab test	Date of other rubella lab test	Date	O		
CRS142	If not a case of CRS, select reason	The reason this was not a case of CRS. Note: This is a follow-up question if user enters "Not a Case" for Case Status	Coded	O		Infection Only Not CRS Stillbirth Unknown
CRS143	Date sent for genotyping	Date the specimen was sent to the CDC for genotyping	Date	O		
CRS144	Rubella IgG Test #1 result value	Result value of test #1	Alphanumeric	O		
CRS145	Rubella IgG Test #2 result value	Result value of test #2	Alphanumeric	O		

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
CRS147	Mother immunized with rubella-containing vaccine?	Was the mother immunized with rubella vaccine?	Coded	O		Yes No Unknown
CRS148	Date mother was vaccinated with rubella-containing vaccine	Date the mother was immunized with rubella vaccine	Date	O		
CRS149	Source of mother's rubella-containing vaccine information	Source of mother's rubella immunization information	Coded	O		Mother only Other Physician School
CRS150	Other source of mother's rubella-containing vaccine information	Other source of mother's rubella immunization information	Alphanumeric	O		
CRS151	Source of mother's rubella-containing vaccine	Source of mother's rubella vaccine	Coded	O		Private Sector Public Sector Unknown
CRS152	Other clinical features of maternal illness	Mother's other clinical features of maternal illness	Alphanumeric	O		
CRS153	Has mother given birth in the US previously?	Has mother given birth in the US previously?	Coded	O		Yes No Unknown
CRS154	If mother has given birth in US, list dates (years)	List years in which mother has given birth in US previously	Alphanumeric	O	Y	
CRS157	Specify other RT-PCR specimen source	Specify other specimen source of RT-PCR	Alphanumeric	O		
CRS158	Number of previous pregnancies	Mother's number of previous pregnancies	Numeric	O		
CRS159	Number of live births (total)	Mother's total number of live births	Numeric	O		

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
CRS160	If mother has given birth in US, number of births delivered in US	Mother's number of births delivered in US	Numeric	O		
CRS161	Did the mother have serological testing prior to this pregnancy?	Did the mother have serological testing prior to this pregnancy?	Coded	O		Yes No Unknown
CRS162	Imported State	The state in which the mother acquired rubella	Coded	O		2 alpha state codes
CRS163	Imported County	The county in which the mother acquired rubella	Coded	O		FIPS county codes
CRS164	Mother's country of travel (1)	The country in which the mother traveled (first trip)	Coded	O		2 alpha ISO country codes
CRS165	Mother's country of travel (2)	The country in which the mother traveled (second trip)	Coded	O		2 alpha ISO country codes
CRS166	If mother directly exposed to a confirmed rubella case, specify the relationship (Other)	Specify mother's other relationship to confirmed rubella case	Alphanumeric	O		
CRS167	IgM EIA (1st) Test Result Value	The test result value for IgM EIA (1st) test.	Alphanumeric	O		
CRS168	IgM EIA (2nd) Test Result Value	The test result value for IgM EIA (2nd) test.	Alphanumeric	O		
CRS169	ImG Other Test Result Value	The test result value for IgM, other test.	Alphanumeric	O		
CRS170	RT_PCR Test Result Value	The test result value for RT-PCR test.	Alphanumeric	O		
CRS171	Other Rubella Test Result Value	The test result value for other rubella test	Alphanumeric	O		
CRS172	Rubella Specimen Type	The specimen type that was sent to the CDC for genotyping.	Coded	O		Blood Cataract CSF Nasopharyngeal Other Throat Urine

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
CRS173	Other Rubella Specimen Type	The specimen type (other) that was sent to the CDC for genotyping.	Alphanumeric	O		
CRS174	Serologically Confirmed Date	The date rubella was serologically confirmed.	Date	O		
CRS175	Serologically Confirmed Result	The result of the rubella serological confirmation.	Coded	O		Indeterminate Negative Not Done Positive Pending Unknown
CRS176	Rubella Lab Testing Mother	Was rubella lab testing performed for the mother in conjunction with this pregnancy?	Coded	O		Yes No Unknown
CRS177	Mother Reported Rubella Case	Has the mother ever been reported as a rubella case?	Coded	O		Yes No Unknown
CRS178	IgM EIA (1st) Method Used	The method used for the IgM EIA test (1st).	Coded	O		Capture Indirect Other Unknown
CRS179	IgM EIA (2nd) Method Used	The method used for the IgM EIA test (2nd).	Coded	O		Capture Indirect Other Unknown
CRS182	Was CRS virus genotype sequenced	Identifies whether the CRS virus was genotype sequenced.	Coded	O		Yes No Unknown
CRS183	Type of Genotype Sequence	Identifies the genotype sequence of the CRS virus.	Coded	O		not available yet
CRS184	Other Genotype Sequence	Identifies the other genotype sequence of the CRS virus (if a value is not found in the drop-down).	Alphanumeric	O		
CRS184	Other Genotype Sequence	Identifies the other genotype sequence of the CRS virus (if a value is not found in the drop-down).	Alphanumeric	O		
ADDITIONAL MEASLES DATA ELEMENTS						
MEA001	Did the patient have a rash?	Did the person being reported in this investigation have a rash?	Coded	O		Yes No Unknown
MEA002	Rash onset date	What was the onset date of the person's rash?	Date	O		
MEA003	Rash Duration	How many days did the rash being reported in this investigation last?	Numeric	O		

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
MEA004	Was the rash generalized?	Was the rash generalized? (Ocurring on more than one or two parts of the body?)	Coded	O		Yes No Unknown
MEA005	Did the patient have a fever?	Did the person have a fever? I.E., a measured temperature >2 degrees above normal	Coded	O		Yes No Unknown
MEA006	Highest Measured Temperature	What was the person's highest measured temperature during this illness?	Numeric	O		
MEA007	Temperature units	The units of measure of the highest measured temperature. This would be either Fahrenheit or Celsius.	Coded	O		Fahrenheit Celsius
MEA008	Cough	Did the person develop a cough during this illness?	Coded	O		Yes No Unknown
MEA009	Croup	Did the person develop croup as a complication of measles?	Coded	O		Yes No Unknown
MEA010	Coryza (runny nose)	Did the person develop corysa(runny nose) during this illness?	Coded	O		Yes No Unknown
MEA011	Hepatitis	Did the person develop hepatitis after contracting measles?	Coded	O		Yes No Unknown
MEA012	Conjunctivitis	Did the person develop conjunctivitis during this illness?	Coded	O		Yes No Unknown
MEA013	Otitis Media	Did the person develop otitis media as a complication of this illness?	Coded	O		Yes No Unknown
MEA014	Diarrhea	Did the person develop diarrhea as a complication of this illness?	Coded	O		Yes No Unknown
MEA015	Pneumonia	Did the person develop pneumonia as a complication of this illness?	Coded	O		Yes No Unknown
MEA016	Encephalitis	Did the person develop encephalitis as a complication of this illness?	Coded	O		Yes No Unknown
MEA017	Thrombocytopenia	Did the person develop thrombocytopenia as a complication of this illness?	Coded	O		Yes No Unknown
MEA018	Other Complication	Did the person develop an other conditions as a complication of this illness?	Coded	O		Yes No Unknown
MEA019	Specify Other Complication	Please specify the other complication the person developed, during or as a result of this illness.	Alphanumeric	O		

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
MEA027	Was laboratory testing done for measles?	Was laboratory testing done to confirm a diagnosis of measles?	Coded	O		Yes No Unknown
MEA028	Date IgM Specimen Taken	Date the IgM specimen was taken	Date	O		
MEA029	Result of IgM Test	Result of the IgM test	Coded	O		Indeterminate Negative Not Done Positive Pending Unknown
MEA030	Date IgG Acute Specimen Taken	Date the acute IgG specimen was taken	Date	O		
MEA031	Date IgG Convalescent Specimen Taken	Date the convalescent IgG specimen was taken	Date	O		
MEA032	Result of Acute/Convalescent IgG Tests	The interpretative result of the difference between the values for the acute and convalescent IgG tests.	Coded	O		Indeterminate No significant rise in IgG Pending Significant rise in IgG Unknown
MEA033	Was other laboratory testing done?	Was other laboratory testing done to confirm a diagnosis of measles?	Coded	O		Yes No Unknown
MEA034	Specify Other Testing	Specify the other test that was performed to confirm a diagnosis of measles.	Alphanumeric	O		
MEA035	Date of Other Testing	Date other testing was done to confirm a diagnosis of measles.	Date	O		
MEA036	Other Laboratory Results	Laboratory test results for other testing that was done to confirm a diagnosis of measles.	Alphanumeric	O		
MEA038	Were the specimens sent to CDC for genotyping (molecular typing)?	Were clinical specimens sent to CDC laboratories for genotyping (molecular typing)?	Coded	O		Yes No Unknown
MEA039	Did the patient receive a measles-containing vaccine?	Did the person receive a measles-containing vaccine?	Coded	O		Yes No Unknown

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
MEA040	If no, reason patient did not receive a measles-containing vaccine	If the person did not receive a measles-containing vaccine, what was the reason?	Coded	O		Under age for vaccination Lab evidence of previous disease MD diagnosis of previous disease Medical Contraindication Born outside of U.S. Never offered vaccine Philosophical objection Other Parent/Patient report of disease Parent/Patient forgot to vaccinate Parent/Patient refusal Religious exemption Unknown
MEA042	Number of doses received BEFORE first birthday	The number of doses of measles-containing vaccine the person received before their first birthday.	Numeric	O		
MEA043	Number of doses received ON or AFTER first birthday	The number of measles-containing vaccine doses the patient received on or after their first birthday.	Numeric	O		
MEA044	Reason for vaccinating before birthday but not after	If the person was vaccinated with measles-containing vaccine before the first birthday, but did not receive a vaccine dose after their first birthday, state the reason.	Coded	O		Under age for vaccination Lab evidence of previous disease MD diagnosis of previous disease Medical Contraindication Born outside of U.S. Never offered vaccine Philosophical objection Other Parent/Patient report of disease Parent/Patient forgot to vaccinate Parent/Patient refusal Religious exemption Unknown

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
MEA045	If patient received one dose ON or AFTER first birthday, but never received a second dose after the	If the person received one dose of measles-containing vaccine ON or AFTER their first birthday, but did not receive a second dose after the first birthday, what was the reason?	Coded	O		Under age for vaccination Lab evidence of previous disease MD diagnosis of previous disease Medical Contraindication Born outside of U.S. Never offered vaccine Philosophical objection Other Parent/Patient report of disease Parent/Patient forgot to vaccinate Parent/Patient refusal Religious exemption Unknown
MEA057	Transmission Setting	What was the transmission setting where the measles was acquired?	Coded	O		Athletics Place of Worship College Community Correctional Facility Daycare Doctor's Office Hospital ER Home Military Hospital outpatient clinic Other School International Travel Unknown Hospital Ward Work
MEA059	Were age and setting verified?	Does the age of the case match or make sense for the transmission setting listed (i.e. a person aged 80 probably would not have a transmission setting of child day care center.)?	Coded	O		
MEA060	Does this patient reside in the USA?	Does the person currently reside in the USA?	Coded	O		

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
MEA067	Is this case Epi-linked to another confirmed or probable case?	Specify if this case is Epidemiologically-linked to another confirmed or probable case of measles?	Coded	O		
MEA068	Is this case traceable (linked) to an international case?	A yes answer to this questions denotes that the person in this case knows that they acquired measles from another person who acquired the disease internationally. It does not denote that the person in this case traveled or lived internationally.	Coded	O		
MEA069	Confirmation Method	What method was used to classify the case status?	Coded	O		Clinical Diagnosis (non-laboratory confirmed) Epidemiologically linked Laboratory confirmed
MEA071	Date of fever onset	Date of fever onset.	Date	O		
MEA072	Date sent for genotyping	The date the specimens were sent to the CDC laboratories for genotyping.	Date	O		
MEA073	Was IgM testing performed?	Was IgM testing performed to confirm a diagnosis of measles?	Coded	O		Yes No Unknown
MEA074	Was IgG Acute/Convalescent testing performed?	This is a series test. The first test is called the acute test; the second, the convalescent test. An interpretive analysis is made for the difference between the values resulting from the two tests.	Coded	O		Yes No Unknown
MEA075	Rash onset occur within 18 days of entering USA	Did rash onset occur within 18 days of entering the USA, following any travel or living outside the USA?	Coded	O		Yes No Unknown
MEA076	Source of Infection	What was the source of the measles infection?	Alphanumeric	O		
MEA077	Measles Specimen Type	Measles specimen type	Alphanumeric	O		
MEA079	Was Measles virus genotype sequenced	Identifies whether the Measles virus was genotype sequenced.	Coded	O		Yes No Unknown
MEA080	Type of Genotype Sequence	Identifies the genotype sequence of the Measles virus.	Coded	O		pending

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
MEA081	Other Genotype Sequence	Identifies the other genotype sequence of the Measles virus (if a value is not found in the drop-down).	Alphanumeric	O		
ADDITIONAL MUMPS DATA ELEMENTS						
MUM100	Parotitis	This field indicates whether the patient had parotitis.	Coded	O		Yes No Unknown
MUM101	Meningitis	This field indicates whether the patient had meningitis.	Coded	O		Yes No Unknown
MUM102	Deafness	This field indicates whether the patient became deaf as a result of mumps.	Coded	O		Yes No Unknown
MUM103	Orchitis	Indicates whether the patient had orchitis (complication).	Coded	O		Yes No Unknown
MUM104	Encephalitis	Indicates whether the patient had encephalitis (complication).	Coded	O		Yes No Unknown
MUM105	Other complications	Indicates whether the patient had any other complications.	Coded	O		Yes No Unknown
MUM106	Specify Other complication	Specifies the other complication the patient had.	Alphanumeric	O		
MUM108	Laboratory testing done	Indicates whether the patient had testing done for mumps.	Coded	O		Yes No Unknown
MUM109	IgM Testing	Indicates whether an IgM test was peformed for the patient.	Coded	O		Yes No Unknown
MUM110	IgM Specimen Date	Specifies the date the IgM test was performed.	Date	O		
MUM111	IgM Specimen Result	Specifies the result of the IgM test.	Coded	O		Indeterminate Negative Not Done Positive Pending Unknown
MUM112	IgG Acute/Convalescent Testing	Indicates whether IgG Acute/Convalescent testing was performed for this patient.	Coded	O		Yes No Unknown
MUM113	IgG Acute Specimen Date	Specifies the date the IgG Acute specimen was taken.	Date	O		
MUM114	IgG Convalescent Specimen Date	Specifies the date the IgG Convalescent specimen was taken.	Date	O		

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
MUM115	IgG Acute/Convalescent Test Result	Specifies the result of the Acute/Convalescent IgG tests.	Coded	O		Indeterminate No significant rise in IgG Pending Significant rise in IgG Unknown
MUM116	Other Lab Testing	Indicates whether other laboratory testing was done.	Coded	O		Yes No Unknown
MUM117	Other Test	Specifies the other test that was done.	Alphanumeric	O		
MUM118	Other Test Date	Specifies the date that the other testing was done.	Date	O		
MUM119	Other Test Results	Specifies the other laboratory test results.	Alphanumeric	O		
MUM120	Genotyping Specimens Sent	Indicates whether the clinical specimens were sent to the CDC for genotyping (molecular typing).	Coded	O		Yes No Unknown
MUM121	Genotyping Date	Specifies the date that the clinical specimens were sent for genotyping.	Date	O		
MUM122	Receive mumps vaccine	Indicates whether not the patient received a mumps-containing vaccine.	Coded	O		Yes No Unknown
MUM123	Reason for no vaccine	Specifies reason the patient did not receive a mumps-containing vaccine.	Coded	O		Under age for vaccination Lab evidence of previous disease MD diagnosis of previous disease Medical Contraindication Born outside of U.S. Never offered vaccine Philosophical objection Other Parent/Patient report of disease Parent/Patient forgot to vaccinate Parent/Patient refusal Religious exemption Unknown
MUM124	Number of doses received	Specifies the number of doses the patient received.	Numeric	O		
MUM125	Length of time in the U.S	Indicates the length of time the patient has lived in the US.	Numeric	O		

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
MUM126	Country of Birth	Indicates the patient's country of birth.	Coded	O		2 char alpha ISO country codes
MUM127	Transmission Setting	Specifies the transmission setting of where the patient acquired mumps.	Coded	O		Athletics Place of Worship College Community Correctional Facility Daycare Doctor's Office Hospital ER Home Military Hospital outpatient clinic Other School International Travel Unknown Hospital Ward Work
MUM128	Age, setting verified	Indicates whether or not the age and setting were verified.	Coded	O		Yes No Unknown
MUM129	Source of Infection	Indicates the source of the mumps infection.	Alphanumeric	O		
MUM130	Epi-linked to another case	Indicates whether or not the case was epi-linked to another confirmed mumps case.	Coded	O		Yes No Unknown
ADDITIONAL RUBELLA DATA ELEMENTS						
RUB001	Length of time in US	Length of time the patient has been in the US	Numeric	O		
RUB002	Length of time in US units	Length of time in US units	Coded	O		Days Months Unknown Weeks Years
RUB003	Maculopapular rash	Did the patient have a maculopapular rash?	Coded	O		Yes No Unknown
RUB004	Rash onset date	Maculopapular rash onset date	Date/time	O		
RUB005	Duration of rash	How many days did the maculopapular rash last?	Numeric	O		
RUB006	Did the patient have a fever?	Did the patient have a fever?	Coded	O		Yes No Unknown
RUB007	Highest measured temperature	Highest measured temperature of the patient	Numeric	O		

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
RUB008	Highest measured temperature (units)	Highest measured temperature (unit)	Coded	O		Fahrenheit Celsius
RUB009	Arthralgia/ arthritis (symptom)	Did the patient have arthralgia/arthritis (symptom)?	Coded	O		Yes No Unknown
RUB010	Lymphadenopathy (symptom)	Did the patient have lymphadenopathy (symptom)?	Coded	O		Yes No Unknown
RUB011	Conjunctivitis (symptom)	Did the patient have conjunctivitis (symptom)?	Coded	O		Yes No Unknown
RUB019	Encephalitis (complication)	Did the patient have encephalitis (complication)?	Coded	O		Yes No Unknown
RUB020	Thrombocytopenia (complication)	Did the patient have thrombocytopenia (complication)?	Coded	O		Yes No Unknown
RUB021	Did the patient have other complications?	Did the patient have other complications?	Coded	O		Yes No Unknown
RUB022	Specify other complications	Did the patient have other complications (Other)?	Alphanumeric	O		
RUB028	Cause of death	Cause of patient's death	Alphanumeric	O		
RUB033	Was laboratory testing done for rubella?	Was laboratory testing done for rubella?	Coded	O		Yes No Unknown
RUB034	Rubella IgM EIA?	Rubella IgM EIA test?	Coded	O		Yes No Unknown
RUB035	Date of Rubella IgM EIA test	Date of rubella IgM EIA test	Date/time	O		
RUB036	Rubella IgM EIA test result	Result of rubella IgM EIA test	Coded	O		Indeterminate Negative Not Done Positive Pending Unknown
RUB037	Rubella IgM EIA Capture?	Rubella Igm EIA capture?	Coded	O		Yes No Unknown
RUB038	Date of Rubella IgM EIA Capture	Date of rubella IgM EIA capture	Date/time	O		

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
RUB039	Rubella IgM EIA Capture result	Result of rubella IgM EIA capture	Coded	O		Indeterminate Negative Not Done Positive Pending Unknown
RUB040	Other Rubella IgM test?	Other rubella IgM test done?	Coded	O		Yes No Unknown
RUB041	Specify other Rubella IgM test	Specify other rubella IgM test done	Alphanumeric	O		
RUB042	Date of other Rubella IgM test	Date of other rubella IgM test	Date/time	O		
RUB043	Other Rubella IgM Test result	Result of other rubella IgM test	Coded	O		Indeterminate Negative Not Done Positive Pending Unknown
RUB044	Rubella IgG, EIA - Acute?	Rubella IgG, EIA - acute?	Coded	O		Yes No Unknown
RUB045	Date of Rubella IgG, EIA - Acute	Date of rubella IgG, EIA - acute	Date/time	O		
RUB046	Rubella IgG, EIA - Convalescent?	Rubella IgG, EIA - convalescent?	Coded	O		Yes No Unknown
RUB047	Date of Rubella IgG, EIA - Convalescent	Date of rubella IgG, EIA – convalescent	Date/time	O		
RUB048	Difference between Acute/Convalescent IgG EIA tests	Difference between acute/convalescent IgG EIA tests	Coded	O		Indeterminate No significant rise in IgG Pending Significant rise in IgG Unknown
RUB049	Hemagglutination Inhibition test - Acute?	Hemagglutination inhibition test-acute?	Coded	O		Yes No Unknown
RUB050	Date of Hemagglutination Inhibition test - Acute	Date of hemagglutination inhibition test- acute	Date/time	O		
RUB051	Hemagglutination Inhibition test - Convalescent?	Hemagglutination inhibition test - convalescent?	Coded	O		Yes No Unknown

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
RUB052	Date of Hemagglutination Inhibition test - Convalescent	Date hemagglutination inhibition test-convalescent	Alphanumeric	O		
RUB053	Difference between Acute/Convalescent Hemagglutination Inhibition tests	Difference between acute/convalescent hemagglutination inhibition tests	Coded	O		Indeterminate No significant rise in IgG Pending Significant rise in IgG Unknown
RUB054	Complement Fixation test - Acute?	Complement fixation test- acute?	Coded	O		Yes No Unknown
RUB055	Date of Complement Fixation test - Acute	Date of complement fixation test – acute	Date/time	O		
RUB056	Complement Fixation test - Convalescent?	Complement fixation test – convalescent?	Coded	O		Yes No Unknown
RUB057	Date of Complement Fixation test - Convalescent	Date of complement fixation test – convalescent	Date/time	O		
RUB058	Difference between Acute/Convalescent Complement Fixation tests	Difference between acute/complement fixation tests	Coded	O		Indeterminate No significant rise in IgG Pending Significant rise in IgG Unknown
RUB059	Other Rubella IgG test? (1)	Other Rubella IgG test? (#1)	Coded	O		Yes No Unknown
RUB060	Specify other Rubella IgG test (1)	Specify other Rubella IgG test (#1)	Alphanumeric	O		
RUB061	Date of other Rubella IgG test (1)	Date of other Rubella IgG test (#1)	Date/time	O		
RUB062	Other Rubella IgG test result (1)	Result of other Rubella IgG test (#1)	Coded	O		Indeterminate Negative Not Done Positive Pending Unknown
RUB063	Other Rubella IgG test? (2)	Other Rubella IgG test? (#2)	Coded	O		Yes No Unknown

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
RUB064	Specify other Rubella IgG test (2)	Specify other Rubella IgG test (#2)	Alphanumeric	O		
RUB065	Date of other Rubella IgG test (2)	Date of other Rubella IgG test (#2)	Date/time	O		
RUB066	Other Rubella IgG test result (2)	Result of other Rubella IgG test (#2)	Coded	O		Indeterminate Negative Not Done Positive Pending Unknown
RUB067	Other Rubella IgG test? (3)	Other Rubella IgG test? (#3)	Coded	O		Yes No Unknown
RUB068	Specify other Rubella IgG test (3)	Specify other Rubella IgG test (#3)	Alphanumeric	O		
RUB069	Date of other Rubella IgG test (3)	Date of other Rubella IgG test (#3)	Date/time	O		
RUB070	Other Rubella IgG test result (3)	Result of other Rubella IgG test (#3)	Coded	O		Indeterminate Negative Not Done Positive Pending Unknown
RUB071	Virus Isolation performed?	Virus Isolation performed?	Coded	O		Yes No Unknown
RUB072	Date of Virus Isolation	Date of Virus Isolation	Date/time	O		
RUB073	Source of Virus Isolation specimen	Source of Virus Isolation specimen	Coded	O		Blood CSF Nasopharyngeal Other Throat Urine
RUB074	Other source of virus isolation specimen	If other Virus Isolation specimen source, please specify	Alphanumeric	O		
RUB075	Virus Isolation result	Virus Isolation result	Coded	O		Indeterminate Rubella virus not detected Not done Pending Unknown Rubella virus detected
RUB076	RT-PCR performed?	RT-PCR performed?	Coded	O		Yes No Unknown

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
RUB077	Date of RT-PCR	Date of RT-PCR	Date/time	O		
RUB078	Source of RT-PCR	Source of RT-PCR	Coded	O		Blood CSF Nasopharyngeal Other Throat Urine
RUB078a	Other source of RT-PCR	Other source of RT-PCR	Alphanumeric	O		
RUB079	RT-PCR result	Result of RT-PCR	Coded	O		Indeterminate Rubella virus not detected Not done Pending Unknown Rubella virus detected
RUB080	Latex Agglutination test performed?	Latex Agglutination test performed?	Coded	O		Yes No Unknown
RUB081	Date of Latex Agglutination test	Date of Latex Agglutination test	Date/time	O		
RUB083	Latex Agglutination test result	Result of latex agglutination test	Coded	O		Indeterminate Negative Not Done Positive Pending Unknown
RUB084	Immunofluorescent Antibody Assays performed?	Immunofluorescent Antibody Assay performed?	Coded	O		Yes No Unknown
RUB085	Date of Immunofluorescent Antibody Assays	Date of immunofluorescent Antibody Assay	Date/time	O		
RUB086	Source of Immunofluorescent Antibody Assays	Source of Immunofluorescent Antibody Assay	Coded	O		Blood CSF Nasopharyngeal Other Throat Urine
RUB086a	Other source of Immunofluorescent Antibody Assays	Other source of Immunofluorescent Antibody Assay	Alphanumeric	O		

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
RUB087	Immunofluorescent Antibody Assays result	Result of Immunofluorescent Antibody Assay	Coded	O		Indeterminate Negative Not Done Positive Pending Unknown
RUB088	Other laboratory testing done for Rubella?	Other laboratory testing done for rubella?	Coded	O		Yes No Unknown
RUB089	Specify other Rubella test	Specify other rubella laboratory test	Alphanumeric	O		
RUB089a	Date of other Rubella test	Date of other rubella laboratory test	Date/time	O		
RUB089b	Result of other Rubella test	Result of other rubella laboratory test	Alphanumeric	O		
RUB091	Were clinical specimens sent to CDC for genotyping (molecular typing)?	Were clinical specimens sent to CDC for genotyping (molecular typing)?	Coded	O		Yes No Unknown
RUB091a	Specimen type sent to CDC for genotyping	Specimen type sent to CDC for genotyping	Coded	O		Blood CSF Nasopharyngeal Other Throat Urine
RUB092	Other specimen type sent to CDC for genotyping	Other specimen type sent to CDC for genotyping	Alphanumeric	O		
RUB093	Did the patient receive rubella-containing vaccine?	Did the patient receive rubella-containing vaccine?	Coded	O		Yes No Unknown

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
RUB094	Reason patient did not receive rubella-containing vaccine	If patient was never vaccinated, what was the reason?	Coded	O		Under age for vaccination Lab evidence of previous disease MD diagnosis of previous disease Medical Contraindication Born outside of U.S. Never offered vaccine Philosophical objection Other Parent/Patient report of disease Parent/Patient forgot to vaccinate Parent/Patient refusal Religious exemption Unknown
RUB096	Number of doses patient received ON or AFTER first birthday	Number of rubella-containing vaccine doses patient received ON or AFTER first birthday	Numeric	O		
RUB108	Transmission Setting	What was the transmission setting?	Coded	O		Athletics Place of Worship College Community Correctional Facility Daycare Doctor's Office Hospital ER Home Military Hospital outpatient clinic Other School International Travel Unknown Hospital Ward Work
RUB110	Is this case part of an outbreak of 3 or more cases?	Is this case a part of an outbreak of three or more cases?	Coded	O		

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
RUB112	Is this case ep-linked to another laboratory confirmed case?	Is this case epi-linked to another laboratory confirmed case?	Coded	O		Yes No Unknown
RUB117	If this is a female, is she pregnant?	If this is a female, is she pregnant?	Coded	O		Yes No Unknown
RUB118	What is the expected delivery date of this pregnancy?	What is the expected delivery date of this pregnancy?	Date/time	O		
RUB119	Expected place of delivery	Expected place of delivery	Alphanumeric	O		
RUB120	Number of weeks gestation at time of rubella disease	Number of weeks gestation at time of rubella disease	Numeric	O		
RUB121	Trimester of gestation at time of rubella disease	Trimester of gestation at time of rubella disease	Coded	O		First trimester Second trimester Third trimester
RUB122	Is there documentation of previous rubella immunity testing?	Is there documentation of previous rubella immunity testing?	Coded	O		Yes No Unknown
RUB123	Result of immunity testing	Result of immunity testing	Coded	O		Indeterminate Negative Not Done Positive Pending
RUB124	Year of immunity testing	Year (YYYY) of immunity testing	Date/time	O		
RUB125	Age of woman at time of immunity testing (in years)	Age of woman at time of immunity testing	Numeric	O		
RUB126	Did the woman ever have rubella disease prior to this pregnancy?	Did the woman ever have rubella disease prior to this pregnancy?	Coded	O		Yes No Unknown

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
RUB127	Was previous rubella disease serologically confirmed by a physician?	Was previous rubella disease serologically confirmed by physician?	Coded	O		Yes No Unknown
RUB128	Year of previous disease	What was the year of the previous disease?	Date/time	O		
RUB129	Age of the woman at time of previous disease (in years)	Age of the woman at time of previous disease?	Numeric	O		
RUB130	What was the outcome of the current pregnancy?	What was the outcome of the current pregnancy?	Coded	O		Live Birth Not a Live Birth Other Unknown
RUB132	If "Live birth" is outcome of the current pregnancy, choose type	If the outcome of the current pregnancy is "Live birth" choose the type	Coded	O		Live birth with CRS Live birth with infection only Live birth without CRS or infection
RUB133	If "Not a live birth" is outcome of the current pregnancy, choose type	If the outcome of the current pregnancy is "Not a live birth" choose the type	Coded	O		Fetal Death Spontaneous abortion Stillbirth Elective termination
RUB134	At the time of cessation of pregnancy, what was the age of the fetus (in weeks)?	At the time of cessation of pregnancy what was the age of the fetus (in weeks)?	Numeric	O		
RUB135	If "Not a live birth" is outcome of the current pregnancy, was autopysy/pathology study conducted?	If the outcome of the current pregnancy is "Not a live birth", was an autopsy/pathology study conducted?	Coded	O		Yes No Unknown
RUB136	Result of autopsy/pathology study	Result of the autopsy/pathology study	Alphanumeric	O		
RUB137	Confimation Method	Gives the method for confirming the case of Rubella.	Coded	O		Clinical Diagnosis (non-laboratory confirmed) Epidemiologically linked Laboratory confirmed

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
RUB139	Date clinical specimens sent to CDC for genotyping	Date clinical specimen sent to CDC for genotyping	Date/time	O		
RUB140	Rubella IgG, EIA - Acute result value	EIA - Acute Test Result Value	Alphanumeric	O		
RUB141	Rubella IgG, EIA - Convalescent result value	EIA - Convalescent Test Result Value	Alphanumeric	O		
RUB142	Hemagglutination Inhibition test - Acute result value	Hemagglutination Inhibition - Acute Test Result Value	Alphanumeric	O		
RUB143	Hemagglutination Inhibition test - Convalescent result value	Hemagglutination Inhibition - Convalescent Test Result Value	Alphanumeric	O		
RUB144	Complement Fixation test - Acute result value	Complement Fixation - Acute Test Result Value	Alphanumeric	O		
RUB145	Complement Fixation test - Convalescent result value	Complement Fixation - Convalescent Test Result Value	Alphanumeric	O		
RUB146	Country of Birth	Patient's country of birth	Coded	O		2 char alpha ISO country codes
RUB147	Arthralgia/ arthritis (complication)	Did patient have arthralgia/arthritis (complication)?	Coded	O		Yes No Unknown
RUB148	IgM EIA (1st) Test Result Value	The test result value for IgM EIA (1st).	Alphanumeric	O		
RUB149	IgM EIA (2nd) Test Result Value	The test result value for IgM EIA (2nd).	Alphanumeric	O		
RUB150	Other IgM Test Result Value	The test result value for IgM test, other.	Alphanumeric	O		
RUB151	IgG, Other (#1) Test Result Value	The test result value for IgG, other (#1).	Alphanumeric	O		
RUB152	IgG, Other (#2) Test Result Value	The test result value for IgG, other (#2).	Alphanumeric	O		
RUB153	IgG, Other (#3) Test Result Value	The test result value for IgG, other (#3).	Alphanumeric	O		

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
RUB154	RT-PCR Test Result Value	The test result value for the RT-PCR test.	Alphanumeric	O		
RUB155	Latex Agg. Test Result Value	The test result value for the latex aggluntination test.	Alphanumeric	O		
RUB156	Assay Test Result Value	The test result value for the Immunofluorescent Antibody Assay test.	Alphanumeric	O		
RUB157	Other Rubella Test Result Value	The test result value for rubella lab test, other.	Alphanumeric	O		
RUB158	Source of Infection	The source of the rubella infection (i.e. person ID, country, etc)	Alphanumeric	O		
RUB159	Rash Onset Entering USA	Did rash onset occur 14-23 days after entering USA, following any travel or living outside the USA?	Coded	O		Yes No Unknown
RUB160	IgM EIA (1st) Method Used	The method used for IgM EIA (#1).	Coded	O		Capture Indirect Other Unknown
RUB161	IgM EIA (2nd) Method Used	The method used for IgM EIA (#2).	Coded	O		Capture Indirect Other Unknown
RUB163	Traceable to International Case	Identifies whether the Rubella case was traceable (linked) to an international case.	Coded	O		Yes No Unknown
RUB164	Was Rubella genotype sequenced	Identifies whether the Rubella virus was genotype sequenced.	Coded	O		Yes No Unknown
RUB165	Type of Genotype Sequence	Identifies the genotype sequence of the Rubella virus.	Coded	O		pending
RUB166	Other Genotype Sequence	Identifies the other genotype sequence of the Rubella virus (if a value is not found in the drop-down).	Alphanumeric	O		

PERTUSSIS DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
CORE DEMOGRAPHIC DATA ELEMENTS						
DEM115	Birth Date	Date of birth in YYYYMMDD format	Date	O		
DEM114	Patient's birth sex	Patient's birth sex	Code	O		Male Female Unknown
DEM152	Race Category	Field containing one or more codes that broadly refer to the patient's race(s).	Code	O	Y	American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White; Other Race
DEM165	Patient Address County	County of residence of the subject.	Code	O		FIPS county codes
DEM162	Patient Address State	Patient's address state.	Code	O		FIPS state codes
DEM163	Patient Address Zip Code	Patient's address Zip code.	Text	O		
DEM155	Ethnic Group Code	Ethnic origin or ethnicity is based on the individual's self-identity of the patient as Hispanic or Latino; choose one value from the list.	Code	O		Hispanic Non-hispanic
GENERIC NOTIFICATION DATA ELEMENTS						
NOT109	Reporting State	State reporting the notification.	Coded	R		Standard 2-digit State FIPS code
INV169	Condition Code	Condition or event that constitutes the reason the notification is being sent.	Coded	R		10370 Rubella Congenital Syndrome (CRS) 10140 Measles 10180 Mumps 10190 Pertussis 10200 Rubella 10210 Tetanus 11080 Lyme Disease
INV168	Local record ID	Sending system-assigned local ID of the case investigation with which the subject is associated.	Alphanumeric	R		
INV173	State Case ID	States use this field to link NEDSS (NETSS) investigations back to their own state investigations.	Text	R		
INV107	Jurisdiction Code	Identifier for the physical site from which the notification is being submitted.	Code	R		state-assigned

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
INV108	Case Program Area Code	The organizational ownership of the investigation. Program areas (*e.g.*, Immunization, STD) are defined at the state level by the conditions for which they provide primary prevention and control.	Code	R		state-assigned
INV109	Case Investigation Status Code	Status of the investigation. For example, *open* or *closed*.	Code	O		Open Closed
INV110	Investigation Date Assigned	Date the investigator was assigned to this investigation.	Date	O		
INV111	Date of Report	Date the event or illness was first reported by the reporting source	Date	O		

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
INV112	Reporting Source Type Code	Type of facility or provider associated with the source of information sent to Public Health.	Code	O		Blood Bank Correctional Facilities Dentist Other Federal Agencies Hospital Indian Health Service Laboratory Managed Care/HMOs Military Other Treatment Center Pharmacy Public Health Clinic Private Physician Office Data Registries Rural Health Clinic School Clinic Other State and Local Agencies Tribal Government Vital Statistics Veterinary Sources Daycare Facility Drug Treatment Facility Emergency Room/Emergency Department Family Planning Facility National Job Training Program Prenatal/Obstetrics Facility Public Health Clinic – STD Public Health Clinic – TB Public Health Clinic - HIV
INV118	Reporting Source Zip Code	Zip Code of the reporting source for this case.	Alphanumeric	O		
INV120	Earliest Date Reported to County	Earliest date reported to county public health system	Date	O		
INV121	Earliest Date Reported to State	Earliest date reported to state public health system	Date	O		
INV128	Hospitalized	Was patient hospitalized because of this event?	Code	O		Yes No Unknown
INV132	Admission Date	Subject’s admission date to the hospital for the condition covered by the investigation.	Date	O		

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
INV133	Discharge Date	Subject's discharge date from the hospital for the condition covered by the investigation.	Date	O		
INV134	Duration of hospital stay in days	Subject's duration of stay at the hospital for the condition covered by the investigation.	Numeric	O		
INV136	Diagnosis Date	Date of diagnosis of condition being reported to public health system	Date	O		
INV137	Date of Illness Onset	Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system	Date	O		
INV138	Illness End Date	Time at which the disease or condition ends.	Date	O		
INV139	Illness Duration	Length of time this person had this disease or condition.	Numeric	O		
INV140	Illness Duration Units	Unit of time used to describe the length of the illness or condition.	Code	O		
INV145	Did the patient die from this illness	Did the patient die from this illness or complications of this illness?	Code	O		Yes No Unknown
INV147	Investigation Start Date	The date the case investigation was initiated.	Date	O		
INV150	Case outbreak indicator	Denotes whether the reported case was associated with an identified outbreak.	Code	O		Yes No Unknown
INV151	Case Outbreak Name	A state-assigned name for an indentified outbreak.	Code	O		state-assigned code
INV152	Case Disease Imported Code	Indication of where the disease/condition was likely acquired.	Code			Indigenous Out of country Out of jurisdiction Out of state Unknown
INV153	Imported Country	If the disease or condition was imported, indicates the country in which the disease was likely acquired.	Code	O		ISO Country Codes

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
INV154	Imported State	If the disease or condition was imported, indicates the state in which the disease was likely acquired.	Code	O		FIPS state codes
INV155	Imported City	If the disease or condition was imported, indicates the city in which the disease was likely acquired.	Code	O		GNIS City Codes
INV156	Imported County	If the disease or condition was imported, contains the county of origin of the disease or condition.	Code	O		FIPS county codes
INV157	Transmission Mode	Code for the mechanism by which disease or condition was acquired by the subject of the investigation. Includes sexually transmitted, airborne, bloodborne, vectorborne, foodborne, zoonotic, nosocomial, mechanical, dermal, congenital, environmental exposure, indeterminate.	Code	O		Airborne Blood borne Dermal Food borne Indeterminate Mechanical Nosocomial Other Sexually Transmitted Vector borne Water borne Zoonotic
INV159	Detection Method	Code for the method by which the public health department was made aware of the case. Includes provider report, patient self-referral, laboratory report, case or outbreak investigation, contact investigation, active surveillance, routine physical, prenatal testing, perinatal testing, prison entry screening, occupational disease surveillance, medical record review, etc.	Code	O		Provider reported Prison entry screening Prenatal testing Routine Physical Patient self-referral Other

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
INV161	Confirmation Method	Code for the mechanism by which the case was classified, providing information about how the case classification status was derived. More than one confirmation method may be indicated.	Code	O	Y	Clinical Diagnosis Epidemiologically linked Lab confirmed Case/outbreak investigation Lab Report Medical Record Review Occup. Disease Surveillance Active Surveillance Provider Certified Local/state specified Other
INV162	Confirmation Date	If an investigation is confirmed as a case, the confirmation date is entered.	Date	O		
INV163	Case Class Status Code	Status of the case/event as suspect, probable, confirmed, or "not a case" per CSTE/CDC/ surveillance case definitions.	Code	R		Confirmed Not a Case Probable Suspect
INV165	MMWR Week	MMWR Week for which case information is to be counted for MMWR publication.	Numeric	R		
INV166	MMWR Year	MMWR Year (YYYY) for which case information is to be counted for MMWR publication.	Date	R		4-digit year (####)
INV176	Date of First Report to CDC	Date the case was first reported to the CDC.	Date	O		
INV177	Date First Reported PHD	Earliest date the case was reported to a public health department.	Date	O		
INV178	Pregnancy status	Indicates whether the patient was pregnant at the time of the event.	Code			Yes No Unknown
INV2001	Age at case investigation	Patient age at time of case investigation	Numeric	R		
INV2002	Age units at case investigation	Patient age units at time of case investigation	Code	O		Days Months Weeks Years
ADDITIONAL PERTUSSIS DATA ELEMENTS						
PRT001	Did the patient have a cough?	Did the patient's illness include the symptom of cough?	Coded	O		Yes No Unknown
PRT002	Cough Onset Date	Cough onset date	Date	O		

PERTUSSIS DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
PRT003	Paroxysmal Cough	Did the patient's illness include the symptom of paroxysmal cough?	Coded	O		Yes No Unknown
PRT004	Whoop	Did the patient's illness include the symptom of whoop?	Coded	O		Yes No Unknown
PRT005	Post-tussive Vomiting	Did the patient's illness include the symptom of post-tussive vomiting?	Coded	O		Yes No Unknown
PRT006	Apnea	Did the patient's illness include the symptom of apnea?	Coded	O		Yes No Unknown
PRT007	Date of Final Interview	Date of the patient's final interview	Date	O		
PRT008	Did the patient have a cough at final interview?	Was there a cough at the patient's final interview?	Coded	O		Yes No Unknown
PRT009	Total Cough Duration	What was the duration (in days) of the patient's cough?	Numeric	O		
PRT011	Result of chest X-ray for pneumonia	Result of chest x-ray for pneumonia	Coded	O		Negative Not Done Positive Unknown
PRT012	Did the patient have generalized or focal seizures due to pertussis?	Did the patient have generalized or focal seizures due to pertussis?	Coded	O		Yes No Unknown
PRT013	Did the patient have acute encephalopathy due to pertussis?	Did the patient have acute encephalopathy due to pertussis?	Coded	O		Yes No Unknown
PRT020	Were antibiotics given?	Were antibiotics given to the patient?	Coded	O		Yes No Unknown
Start of repeating antibiotics section						

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
PRT021	Antibiotic Name	What antibiotic did the patient receive?	Coded	O		AMOXICILLIN AMPICILLIN CEFUROXIME CIPROFLOXACIN DOXYCYCLINE ERYTHROMYCIN TETRACYCLINE TRIMETHOPRIM+SULFAM ETHOXAZOLE AZITHROMYCIN AMOXICILLIN+CLAVULANA TE CLARITHROMYCIN OTHER PENICILLIN UNKNOWN
PRT023	Antibiotic Start Date	Date the patient first started taking the antibiotic	Date	O		
PRT024	Number of days antibiotic actually taken.	Number of days the patient actually took the antibiotic referenced	Numeric	O		
End of repeating antibiotics section						
PRT029	Was laboratory testing done for pertussis?	Was laboratory testing done for pertussis?	Coded	O		Yes No Unknown
PRT030	Bordetella Pertussis Culture Date	Date that the bordetella pertussis culture was taken	Date	O		
PRT031	Bordetella Pertussis Culture Result	Bordetella pertussis culture result	Coded	O		Bordetella Parapertussis Indeterminate Negative Not Done Other Bordetella spp. Positive Pending Unknown
PRT033	Bordetella Pertussis Serology #1 Date	Bordetella pertussis serology #1 date	Date	O		
PRT034	Bordetella Pertussis Serology #1 Result	Bordetella pertussis serology #1 result	Coded	O		Bordetella Parapertussis Indeterminate Negative Not Done Other Bordetella spp. Positive Pending Unknown
PRT037	Bordetella Pertussis Serology #2 Date	Bordetella pertussis serology #2 date	Date	O		

PERTUSSIS DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
PRT038	Bordetella Pertussis Serology #2 Result	Bordetella pertussis serology #2 result	Coded	O		Bordetella Parapertussis Indeterminate Negative Not Done Other Bordetella spp. Positive Pending Unknown
PRT040	Bordetella Pertussis PCR Specimen Date	Bordetella pertussis PCR specimen date	Date	O		
PRT041	Bordetella Pertussis PCR Result	Bordetella pertussis PCR result	Coded	O		Bordetella Parapertussis Indeterminate Negative Not Done Other Bordetella spp. Positive Pending Unknown
PRT044	Did the patient receive a pertussis-containing vaccine?	Did the patient ever receive a pertussis-containing vaccine?	Coded	O		Yes No Unknown
PRT045	Date of last pertussis-containing vaccine before illness	Date of last pertussis-containing vaccine before illness	Date	O		
PRT046	Number of doses of pertussis-containing vaccine given 2 weeks or more before illness	Number of doses of pertussis-containing vaccine given	Coded	O		0 1 2 3 4 5 6 Unknown

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
PRT047	Give reason if not vaccinated with 3 or more doses	Give reason if not vaccinated with 3 or more doses of pertussis-containing vaccine	Coded	O		Under age for vaccination Lab evidence of previous disease MD diagnosis of previous disease Medical Contraindication Born outside of U.S. Never offered vaccine Philosophical objection Other Parent/Patient report of disease Parent/Patient forgot to vaccinate Parent/Patient refusal Religious exemption Unknown
PRT060	Is this case epi-linked to a laboratory-confirmed case?	Is this case epi-linked to a laboratory-confirmed case?	Coded	O		
PRT062	Is this case part of a cluster or outbreak (e.g. total is 2 or more cases)?	Is this case part of a cluster or outbreak (e.g. total is 2 or more cases)?	Coded	O		
PRT065	Transmission Setting (Where did this case acquire pertussis?)	Transmission setting (Where did this case acquire pertussis?)	Coded	O		Athletics Place of Worship College Community Correctional Facility Daycare Doctor's Office Hospital ER Home Military Hospital outpatient clinic Other School International Travel Unknown Hospital Ward Work
PRT067	Was there documented transmission from this case of pertussis to a new setting? (not in household)	Was there documented transmission (outside of the household) for transmission from this case?	Coded	O		Yes No Unknown

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
PRT068	What was the new setting (outside of the household) for transmission of pertussis from this case?	What is the setting for spread of this case outside the household?	Coded	O		Athletics Place of Worship College Community Correctional Facility Daycare Doctor's Office Hospital ER Home Military Hospital outpatient clinic Other School International Travel Unknown Hospital Ward Work
PRT069	Other setting for spread of this case	Other setting for spread of this case outside the household	Alphanumeric	O		
PRT070	Was there one or more suspected sources of infection?	Were there one or more suspected sources of infection? A suspected source is another person with a cough who was in contact with the case 7-20 days before the case's cough.	Coded	O		Yes No Unknown
PRT071	Number of suspected sources of infection	Number of suspected sources of infection	Numeric	O		
Start of repeating case contact section						
PRT074	Suspected Source of Infection Age	Suspected source of infection age	Numeric	O		
PRT075	Suspected Source of Infection Age (type)	Suspected source of infection age type	Coded	O		Days Hours Minutes Months Unknown Weeks Years
PRT076	Suspected Source of Infection Sex	Suspected source of infection sex	Coded	O		Male Female Unknown

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
PRT077	Suspected Source of Infection Relationship to Case	Suspected source of infection relationship to case	Coded	O		Brother Father Friend Grandparent Mother Neighbor Other Spouse Sister Unknown
PRT078	Suspected Source of Infection Relation to Case (Other)	Suspected source of infection relationship to case (Other)	Alphanumeric	O		
End of repeating case contact section						
PRT080	Number of contacts of this case recommended to receive antibiotic prophylaxis	Number of contacts of this case recommended to receive antibiotic prophylaxis	Numeric	O		
PRT081	Was other laboratory testing done?	Was other laboratory testing done?	Coded	O		Yes No Unknown
PRT082	Specify Other Test	Specify other laboratory test	Alphanumeric	O		
PRT083	Date of Other Test	Date of other laboratory test	Date	O		
PRT084	Other Laboratory Test Results	Other laboratory test results	Alphanumeric	O		
PRT085	Confimation Method	Method of confiming a case of pertussis	Coded	O	Y	Clinical Diagnosis (non-laboratory confirmed) Epidemiologically linked Laboratory confirmed
PRT087	How many doses of pertussis-containing vaccine has this suspected source received?	How many doses of pertussis-containing vaccine has the suspected source received?	Coded	O		0 1 2 3 4 5 6 Unknown
PRT088	Estimated cough onset date of this source	Estimated cough onset date of suspected source of infection	Date	O		
PRT089	Bordetella Pertussis Culture?	Was Bordetella Pertussis culture taken?	Coded	O		Yes No Unknown
PRT090	Bordetella Pertussis Serology #1?	Was Bordetella Pertussis Serology #1 done?	Coded	O		Yes No Unknown

PERTUSSIS DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
PRT091	Bordetella Pertussis Serology #2?	Was Bordetella Pertussis Serology #2 done?	Coded	O		Yes No Unknown
PRT092	Bordetella Pertussis PCR Specimen?	Was Bordetella Pertussis PCR specimen taken?	Coded	O		Yes No Unknown
PRT093	Were clinical specimens sent to CDC for genotyping (molecular typing)?	Were clinical specimens sent to CDC for genotyping (molecular typing)?	Coded	O		Yes No Unknown
PRT094	Date specimens sent for genotyping	Date clinical specimens sent to CDC for genotyping	Date	O		
PRT096	Serology #1 Lab Where Performed	The lab where serology #1 was performed.	Coded	O		CDC lab Massachusetts State Laboratory Institute Private lab State lab
PRT097	Serology #1 Lab Name	The name of the lab where serology #1 was performed.	Alphanumeric	O		
PRT098	Serology #2 Lab Where Performed	The lab where serology #2 was performed.	Coded	O		CDC lab Massachusetts State Laboratory Institute Private lab State lab
PRT099	Serology #2 Lab Name	The name of the lab where serology #2 was performed.	Alphanumeric	O		
PRT100	PCR Lab Where Performed	The lab where PCR was performed.	Coded	O		CDC Lab Private Lab State Lab University Lab
PRT101	PCR Lab Name	The name of the lab where PCR was performed.	Alphanumeric	O		
PRT102	Genotyping Specimen Type	The type of specimen that was sent to the CDC for genotyping.	Alphanumeric	O		

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
PRT104	Not Vaccinated Reason	If the patient was not vaccinated with pertussis-vaccine, give reason.	Coded	O		Under age for vaccination Lab evidence of previous disease MD diagnosis of previous disease Medical Contraindication Born outside of U.S. Never offered vaccine Philosophical objection Other Parent/Patient report of disease Parent/Patient forgot to vaccinate Parent/Patient refusal Religious exemption Unknown
PRT105	Doses Pertussis Vaccine 2 Weeks Before Illness	How many doses of pertussis-containing vaccine were given 2 weeks or more before illness onset?	Coded	O		0 1 2 3 4 5 6 Unknown
PRT107	Patient < 12 Months	Indicates whether the patient is less than 12 months old.	Coded	O		Yes No Unknown
PRT108	Mother's Age at Infant Birth	Specifies the age of the mother at the time that the infant was born.	Numeric	O		
PRT109	Infant Birth Weight (in pounds)	Specifies the birth weight (in Pounds) of the infant.	Numeric	O		
PRT110	Infant Birth Weight (in ounces)	Specifies the birth weight (in Ounces) of the infant.	Numeric	O		
PRT111	Infant Birth Weight (in grams)	Specifies the birth weight (in Grams) of the infant.	Numeric	O		
PRT112	Infant Birth Weight (Unknown)	Specifies that the birth weight of the infant was unknown.	Boolean	O		True False

SUMMARY NOTIFICATION DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
GENERIC NOTIFICATION DATA ELEMENTS						
NOT109	Reporting State	State reporting the notification.	Coded	R		Standard 2-digit State FIPS code
NOT103	Date First Submitted	Date the notification was first sent to CDC. This value does not change after the original notification.	Date/time	R		
NOT106	Date of Report	Date/time this version of the notification was sent. It will be the same value as NOT103 for the original notification. For updates, this is the update/send date/time.	Date/time	R		
INV169	Condition Code	Condition or event that constitutes the reason the notification is being sent.	Coded	R		
INV107	Jurisdiction Code	Identifier for the physical site from which the notification is being submitted.	Code	R		
INV108	Case Program Area Code	The organizational ownership of the investigation. Program areas (*e.g.*, Immunization, STD) are defined at the state level by the conditions for which they provide primary prevention and control.	Code	O		
INV165	MMWR Week	MMWR Week for which case information is to be counted for MMWR publication.	Numeric	R		
INV166	MMWR Year	MMWR Year (YYYY) for which case information is to be counted for MMWR publication.	Date	R		4-digit year (####)
SUMMARY NOTIFICATION SPECIFIC DATA ELEMENTS						
SUM107	Total Count	Summary Report Total Count across all reporting sources	Numeric	R		
Repeating block for each data source within the county						
SUM103	Source	Summary Report Source	Code	R	Y	
SUM104	Count	Summary Report Count	Code	R	Y	
SUM105	Comments	Summary Report Comments	Alphanumeric	O	Y	

TETANUS DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
CORE DEMOGRAPHIC DATA ELEMENTS						
DEM115	Birth Date	Date of birth in YYYYMMDD format	Date	O		
DEM114	Patient's birth sex	Patient's birth sex	Code	O		Male Female Unknown
DEM152	Race Category	Field containing one or more codes that broadly refer to the patient's race(s).	Code	O	Y	American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White; Other Race
DEM165	Patient Address County	County of residence of the subject.	Code	O		FIPS county codes
DEM162	Patient Address State	Patient's address state.	Code	O		FIPS state codes
DEM163	Patient Address Zip Code	Patient's address Zip code.	Alphanumeric	O		
DEM155	Ethnic Group Code	Ethnic origin or ethnicity is based on the individual's self-identity of the patient as Hispanic or Latino; choose one value from the list.	Code	O		Hispanic Non-hispanic
GENERIC NOTIFICATION DATA ELEMENTS						
NOT109	Reporting State	State reporting the notification.	Coded	R		Standard 2-digit State FIPS code
INV169	Condition Code	Condition or event that constitutes the reason the notification is being sent.	Coded	R		10370 Rubella Congenital Syndrome (CRS) 10140 Measles 10180 Mumps 10190 Pertussis 10200 Rubella 10210 Tetanus 11080 Lyme Disease
INV168	Local record ID	Sending system-assigned local ID of the case investigation with which the subject is associated.	Alphanumeric	R		
INV173	State Case ID	States use this field to link NEDSS (NETSS) investigations back to their own state investigations.	Alphanumeric	R		
INV107	Jurisdiction Code	Identifier for the physical site from which the notification is being submitted.	Code	R		state-assigned

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
INV108	Case Program Area Code	The organizational ownership of the investigation. Program areas (*e.g.*, Immunization, STD) are defined at the state level by the conditions for which they provide primary prevention and control.	Code	R		state-assigned
INV109	Case Investigation Status Code	Status of the investigation. For example, *open* or *closed*.	Code	O		Open Closed
INV110	Investigation Date Assigned	Date the investigator was assigned to this investigation.	Date	O		
INV111	Date of Report	Date the event or illness was first reported by the reporting source	Date	O		
INV112	Reporting Source Type Code	Type of facility or provider associated with the source of information sent to Public Health.	Code	O		Blood Bank Correctional Facilities Dentist Other Federal Agencies Hospital Indian Health Service Laboratory Managed Care/HMOs Military Other Treatment Center Pharmacy Public Health Clinic Private Physician Office Data Registries Rural Health Clinic School Clinic Other State and Local Agencies Tribal Government Vital Statistics Veterinary Sources Daycare Facility Drug Treatment Facility Emergency Room/Emergency Department Family Planning Facility National Job Training Program Prenatal/Obstetrics Facility Public Health Clinic – STD Public Health Clinic – TB Public Health Clinic - HIV
INV118	Reporting Source Zip Code	Zip Code of the reporting source for this case.	Alphanumeric	O		

TETANUS DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
INV120	Earliest Date Reported to County	Earliest date reported to county public health system	Date	O		
INV121	Earliest Date Reported to State	Earliest date reported to state public health system	Date	O		
INV128	Hospitalized	Was patient hospitalized because of this event?	Code	O		Yes No Unknown
INV132	Admission Date	Subject's admission date to the hospital for the condition covered by the investigation.	Date	O		
INV133	Discharge Date	Subject's discharge date from the hospital for the condition covered by the investigation.	Date	O		
INV134	Duration of hospital stay in days	Subject's duration of stay at the hospital for the condition covered by the investigation.	Numeric	O		
INV136	Diagnosis Date	Date of diagnosis of condition being reported to public health system	Date	O		
INV137	Date of Illness Onset	Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system	Date	O		
INV138	Illness End Date	Time at which the disease or condition ends.	Date	O		
INV139	Illness Duration	Length of time this person had this disease or condition.	Numeric	O		
INV140	Illness Duration Units	Unit of time used to describe the length of the illness or condition.	Code	O		
INV145	Did the patient die from this illness	Did the patient die from this illness or complications of this illness?	Code	O		Yes No Unknown
INV147	Investigation Start Date	The date the case investigation was initiated.	Date	O		
INV150	Case outbreak indicator	Denotes whether the reported case was associated with an identified outbreak.	Code	O		Yes No Unknown
INV151	Case Outbreak Name	A state-assigned name for an indentified outbreak.	Code	O		state-assigned code
INV152	Case Disease Imported Code	Indication of where the disease/condition was likely acquired.	Code			Indigenous Out of country Out of jurisdiction Out of state Unknown
INV153	Imported Country	If the disease or condition was imported, indicates the country in which the disease was likely acquired.	Code	O		ISO Country Codes

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
INV154	Imported State	If the disease or condition was imported, indicates the state in which the disease was likely acquired.	Code	O		FIPS state codes
INV155	Imported City	If the disease or condition was imported, indicates the city in which the disease was likely acquired.	Code	O		GNIS City Codes
INV156	Imported County	If the disease or condition was imported, contains the county of origin of the disease or condition.	Code	O		FIPS county codes
INV157	Transmission Mode	Code for the mechanism by which disease or condition was acquired by the subject of the investigation. Includes sexually transmitted, airborne, bloodborne, vectorborne, foodborne, zoonotic, nosocomial, mechanical, dermal, congenital, environmental exposure, indeterminate.	Code	O		Airborne Blood borne Dermal Food borne Indeterminate Mechanical Nosocomial Other Sexually Transmitted Vector borne Water borne Zoonotic
INV159	Detection Method	Code for the method by which the public health department was made aware of the case. Includes provider report, patient self-referral, laboratory report, case or outbreak investigation, contact investigation, active surveillance, routine physical, prenatal testing, perinatal testing, prison entry screening, occupational disease surveillance, medical record review, etc.	Code	O		Provider reported Prison entry screening Prenatal testing Routine Physical Patient self-referral Other

TETANUS DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
INV161	Confirmation Method	Code for the mechanism by which the case was classified, providing information about how the case classification status was derived. More than one confirmation method may be indicated.	Code	O	Y	Clinical Diagnosis Epidemiologically linked Lab confirmed Case/outbreak investigation Lab Report Medical Record Review Occup. Disease Surveillance Active Surveillance Provider Certified Local/state specified Other
INV162	Confirmation Date	If an investigation is confirmed as a case, the confirmation date is entered.	Date	O		
INV163	Case Class Status Code	Status of the case/event as suspect, probable, confirmed, or "not a case" per CSTE/CDC/ surveillance case definitions.	Code	R		Confirmed Not a Case Probable Suspect
INV165	MMWR Week	MMWR Week for which case information is to be counted for MMWR publication.	Numeric	R		
INV166	MMWR Year	MMWR Year (YYYY) for which case information is to be counted for MMWR publication.	Date	R		4-digit year (####)
INV176	Date of First Report to CDC	Date the case was first reported to the CDC.	Date	O		
INV177	Date First Reported PHD	Earliest date the case was reported to a public health department.	Date	O		
INV178	Pregnancy status	Indicates whether the patient was pregnant at the time of the event.	Code			Yes No Unknown
INV2001	Age at case investigation	Patient age at time of case investigation	Numeric	R		
INV2002	Age units at case investigation	Patient age units at time of case investigation	Code	O		Days Months Weeks Years
ADDITIONAL TETANUS DATA ELEMENTS						
TET100	Intensive Care Unit	Was the patient in the Intensive Care Unit (ICU)?	Coded	O		Yes No Unknown
TET101	Intensive Care Unit days	Number of days in the ICU.	Numeric	O		
TET102	Mechanical Ventilation	Was the patient mechanically ventilated?	Coded	O		Yes No Unknown

TETANUS DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TET103	Mechanical Ventilation Days	Number of days the patient received mechanically ventilation.	Numeric	O		
TET104	Tetanus symptom onset date	Date of tetanus symptom onset.	Date	O		
TET105	Tetanus type	Type of tetanus.	Coded	O		Cephalic tetanus (disorder) Generalized tetanus (disorder) Localized tetanus (disorder) Unknown
TET106	Acute wound	Did the patient have an acute wound or injury?	Coded	O		Yes No Unknown
TET107	Acute wound date	This field indicates the date an acute wound or injury occurred.	Date/time	O		
TET108	Acute wound work related	If there was an acute wound or injury, was it work related?	Coded	O		Yes No Unknown
TET109	Acute wound environment	Specifies the environment where the acute wound or injury was work related.	Coded	O		Construction site Farm/Yard/Garden Indoors Other outdoors Unknown
TET110	Acute wound circumstances	Specifies the circumstances under which the acute wound or injury occurred.	Alphanumeric	O		
TET111	Acute wound anatomic site	Specifies the anatomic site of acute wound or injury.	Coded	O		Head Lower extremity More than 1 site Trunk Upper extremity More than 1 site

TETANUS DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TET112	Acute wound type	Specifies the principle acute wound or injury type.	Coded	O		Abrasion Burn Laceration Puncture Animal bite Crush/Blunt injury Fracture Frostbite Human bite Insect bite/Sting More than 1 wound type Other Body piercing Surgery Tattoo Tramatic amputation Unknown
TET114	Acute wound medical care	Did the patient obtain medical care for the acute wound or injury before tetanus symptom onset?	Coded	O		Yes No Unknown
TET115	Acute wound medical care date	Specifies the date medical care was obtained for this acute wound or injury.	Date	O		
TET116	Acute wound tetanus toxiod administered	Was patient administered tetanus toxiod (Td, TT, DT, DTaP) for the acute wound or injury before tetanus symptom onset?	Coded	O		Yes No Unknown
TET117	Acute wound tetanus toxiod administered date	Specifies the date the tetanus toxiod (Td, TT, DT, DTaP) was administered for the acute wound or injury before tetanus symptom onset.	Date/time	O		
TET118	TIG given before symptom onset	Indicates whether tetanus immune globulin (TIG) prophylaxis was given as a part of the wound care before tetanus symptom onset.	Coded	O		Yes No Unknown
TET119	TIG given before symptom onset date	Specifies the date the tetanus immune globulin (TIG) prophylaxis was given as a part of the wound care before tetanus symptom onset.	Date	O		
TET120	TIG given before symptom onset dosage	Specifies the date the tetanus immune globulin (TIG) prophylaxis units given.	Numeric	O		
TET121	Acute wound signs of infection	Were there signs of infection at the time of care for the acute wound or injury?	Coded	O		Yes No Unknown

TETANUS DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TET122	Non-acute condition associated with tetanus	Were there non-acute conditions associated with the tetanus illness?	Coded	O		Yes No Unknown
TET123	Abcess/Cellulitus	Was abcess/cellulitus associated with the tetanus illness?	Coded	O		Yes No Unknown
TET124	Ulcer	Was ulcer associated with the tetanus illness?	Coded	O		Yes No Unknown
TET125	Blister	Was blister associated with the tetanus illness?	Coded	O		Yes No Unknown
TET126	Gangrene	Was gangrene associated with the tetanus illness?	Coded	O		Yes No Unknown
TET127	Cancer	Was cancer associated with the tetanus illness?	Coded	O		Yes No Unknown
TET128	Dental Infection/Gingivitis	Was dental infection/gingivitis associated with the tetanus illness?	Coded	O		Yes No Unknown
TET129	Ear infection	Was ear infection associated with the tetanus illness?	Coded	O		Yes No Unknown
TET130	Injection drug use	Was injection drug use associated with the tetanus illness?	Coded	O		Yes No Unknown
TET131	Other non-acute condition associated with tetanus	Was other non-acute condition associated with the tetanus illness?	Coded	O		Yes No Unknown
TET132	Specify other non-acute condition	Indicates other condition(s), specified by the user, associated with the tetanus illness.	Alphanumeric	O		
TET133	Non-acute condition medical care	Indicates whether medical care was obtained for the non-acute condition before tetanus symptom onset.	Coded	O		Yes No Unknown
TET134	Non-acute condition medical care date	Specifies the date the medical care was obtained for the non-acute condition before tetanus symptom onset.	Date	O		
TET135	Non-acute condition tetanus toxoid	Indicates whether tetanus toxiod (Td, TT, DT, DTaP) was administered for the non-acute condition before tetanus symptom onset.	Coded	O		Yes No Unknown

TETANUS DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TET136	Non-acute condition tetanus toxid date	Specifies the date the tetanus toxiod (Td, TT, DT, DTaP) was administered for the non-acute condition before tetanus symptom onset.	Date	O		
TET137	Infected wound	Indicates whether the wound was infected at the time of tetanus diagnosis.	Coded	O		Yes No Unknown
TET138	TIG given after symptom onset	Indicates whether the tetanus immune globulin (TIG) therapy was given after symptom onset.	Coded	O		Yes No Unknown
TET139	TIG given after symptom onset date	Specifies the date the tetanus immune globulin (TIG) therapy was given.	Date	O		
TET140	TIG given after symptom onset dosage	Specifies the total therapeutic TIG dosage.	Numeric	O		
TET141	Final outcome	Final outcome (e.g. Recovered, Died, Unknown)	Coded	O		Died Recovered Unknown
TET143	Tetanus antibody test	Indicates whether a tetanus antibody test was performed.	Coded	O		Yes No Unknown
TET144	Tetanus antibody test date	Specifies the date the tetanus antibody test was performed.	Date	O		
TET145	Tetanus antibody test result	Specifies the result of the tetanus antibody test.	Numeric	O		
TET146	Tetanus toxid received	Indicates whether the patient ever received tetanus toxid (Td, TT, DT, DTaP).	Coded	O		Yes No Unknown
TET147	Total number of tetanus toxid doses received	Specifies the total number of tetanus toxid doses received.	Coded	O		4 More than 4 doses 1 3 2 Number unknown
TET148	Number of years since last tetanus dose	Specifies the number of years since the patient's last tetanus dose.	Numeric	O		
TET149	Date of last tetanus dose	Specifies the date of patients' last tetanus dose.	Date	O		
TET150	Year of last tetanus dose	Specifies the year of patients' last tetanus dose.	Date	O		
TET151	Immunizations in childhood	If the patient is unsure about his/her tetanus vaccination history, this field indicates whether the patient had immunizations in childhood.	Boolean	O		True False

TETANUS DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TET152	Immunizations for school	If the patient is unsure about his/her tetanus vaccination history, this field indicates whether the patient had immunizations in school.	Boolean	O		True False
TET153	Immunizations for work	If the patient is unsure about his/her tetanus vaccination history, this field indicates whether the patient had immunizations for work.	Boolean	O		True False
TET154	Immunizations for military	If the patient is unsure about his/her tetanus vaccination history, this field indicates whether the patient had immunizations for military.	Boolean	O		True False
TET155	Immunizations for travel	If the patient is unsure about his/her tetanus vaccination history, this field indicates whether the patient had immunizations for travel.	Boolean	O		True False
TET156	Immunizations for immigration	If the patient is unsure about his/her tetanus vaccination history, this field indicates whether the patient had immunizations for immigration.	Boolean	O		True False
TET157	Immunizations for other reasons	If the patient is unsure about his/her tetanus vaccination history, this field indicates whether the patient had immunizations for other reasons.	Boolean	O		True False
TET158	Never received tetanus vaccination reason	Reason for never receiving tetanus vaccination (e.g. Born outside the U.S., Medical contraindication, Never offered vaccine, Parent/Patient forgot to vaccinate, Parent/Patient refusal, Philosophical objection, Religious exemption, Under age for vaccination)	Coded	O		Under age for vaccination Medical contraindication Born outside the U.S. Never offered vaccine Philosophical objection Other Parent/Patient forgot to vaccinate Parent/Patient refusal Religious exemption Unknown
TET159	Primary occupation	Specifies patient's primary occupation.	Alphanumeric	O		
TET160	Diabetes	Indicates whether patient have diabetes.	Coded	O		Yes No Unknown

TETANUS DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TET161	Insulin dependents	Indicates whether the patient is insulin dependent.	Coded	O		Yes No Unknown
TET162	History of injection drug use	History of injection drug use.	Coded	O		Yes No Unknown
TET163	Born in the U.S.	Indicates whether the patient was born in the U.S.	Coded	O		Yes No Unknown
TET164	Birth country	Specifies the country where the patient was born, if different than US.	Coded	O		2 char alpha ISO country codes
TET165	Patient less than 2 months at time of tetanus	Indicates whether the patient was less than 2 months old at time of tetanus illness.	Coded	O		Yes No Unknown
TET166	Mother's age	Specifies mothers age.	Numeric	O		
TET167	Mother's DOB	Specifies mothers DOB.	Date	O		
TET168	Mother's primary occupation	Specifies mother's primary occupation.	Alphanumeric	O		
TET169	Mother born in the U.S.	Specifies whether mother was bornin the US.	Coded	O		Yes No Unknown
TET170	Mother's birth country	Specifies the country where the mother was born, if different than US.	Coded	O		2 char alpha ISO country codes
TET171	Date mother first resided in the U.S.	Date mother first resided in the U.S.	Date	O		
TET172	Year mother first resided in the U.S.	Year mother first resided in the U.S.	Date	O		
TET173	Years mother has been in US	Specifies number of years mother has been in the U.S..	Numeric	O		
TET174	Mother tetanus vacc prior to infant's birth	Indicates whether the the mother received tetanus vaccination prior to the infant's (case's) birth.	Coded	O		Yes No Unknown
TET175	Mother tetanus vacc number of known doses	Specifies number of known tetanus vaccination doses mother received prior to the infant's (case's) birth.	Coded	O		4 More than 4 doses 1 3 2 Number unknown
TET176	Last time mother received tetanus vacc	Specifies number of years or months since mother received last tetanus vaccination.	Numeric	O		
TET177	Last time mother received tetanus vacc unit	Specifies number of years or months since mother received last tetanus vaccination (Units).	Coded	O		Months Years

TETANUS DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TET178	Mother never received tetanus vaccination reason	Specifies reason mother never received tetanus vaccination (e.g. Born outside the U.S., Medical contraindication, Never offered vaccine, Parent/Patient forgot to vaccinate, Parent/Patient refusal, Philosophical objection, Religious exemption, Under age for vaccination).	Coded	O		Under age for vaccination Medical contraindication Born outside the U.S. Never offered vaccine Philosophical objection Other Parent/Patient forgot to vaccinate Parent/Patient refusal Religious exemption Unknown
TET179	Number of previous pregnancies	Specifies number of previous pregnancies.	Numeric	O		
TET180	Total number of live births	Specifies total number of live births.	Numeric	O		
TET181	Mother given birth previously in US	Indicates whether the mother has given birth previously in the US.	Coded	O		Yes No Unknown
TET182	Dates of previous births in US	Specifies dates of the births previously given in the US.	Date	O	Y	
TET183	Prenatal care	Indicates whether the prenatal care was obtained during the pregnancy with the neonatal tetanus case.	Coded	O		Yes No Unknown
TET184	Number of prenatal visits	Specifies number of prenatal visits.	Numeric	O		
TET185	Infant's birth place location	Specifies infant's (case) birth place location (e.g. Hospital, Home, Other, Unknown).	Coded	O		Hospital Home Other Unknown
TET186	Specify other birth place	Specifies infant's birth place location.	Alphanumeric	O		
TET187	Birth attendees	Specifies birth attendees (e.g. Physician, Nurse, Licensed midwife, Unlicensed midwife, Family, EMS technician(s)).	Coded	O		Family Member EMS technician(s) Licensed midwife Nurse Other Physician Unlicensed midwife Unknown
TET188	Number of births delivered in the US	Number of births delivered in the US.	Numeric	O		

TUBERCULOSIS DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
CORE DEMOGRAPHIC DATA ELEMENTS						
DEM115	Birth Date	Date of birth in YYYYMMDD format	Date	O		
DEM114	Patient's birth sex	Patient's birth sex	Code	O		Male Female Unknown
DEM152	Race Category	Field containing one or more codes that broadly refer to the patient's race(s).	Code	O	Y	American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White; Other Race
DEM155	Ethnic Group Code	Ethnic origin or ethnicity is based on the individual's self-identity of the patient as Hispanic or Latino; choose one value from the list.	Code	O		Hispanic Non-hispanic
ADDITIONAL TB DEMOGRAPHIC DATA ELEMENTS						
DEM153	Detailed Race	A patient record may have zero, one, or multiple detailed race categories assigned.	Code	O	Y	
DEM156	Detailed Ethnicity	If the value specified in Ethnicity is Hispanic or Latino, choose detailed ethnicity value(s) that better define the patient's Latino ethnicity; values may include Cuban, Mexican, etc.; choose one or multiple values from this list.	Code	O	Y	
DEM2003	US Citizen	Is the patient a US citizen?	Boolean	O		True False
DEM2004	Nationality	What is the patients country of origin?	Code	O		ISO country codes
DEM2005	Date of Entry into US	Date arrived in U.S. from another country.	Date	O		
GENERIC NOTIFICATION DATA ELEMENTS USED FOR TB						
NOT109	Reporting State	State reporting the notification.	Coded	R		Standard 2-digit State FIPS code
INV169	Condition Code	Condition or event that constitutes the reason the notification is being sent.	Coded	R		

TUBERCULOSIS DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
INV168	Local record ID	Sending system-assigned local ID of the case investigation with which the subject is associated.	Alphanumeric	R		10220 Tuberculosis
INV173	State Case ID	States use this field to link NEDSS (NETSS) investigations back to their own state investigations.	Alphanumeric	R		
INV111	Date of Report	Date the event or illness was first reported by the reporting source	Date	O		
INV147	Investigation Start Date	The date the case investigation was initiated.	Date	O		
INV165	MMWR Week	MMWR Week for which case information is to be counted for MMWR publication.	Numeric	R		
INV166	MMWR Year	MMWR Year (YYYY) for which case information is to be counted for MMWR publication.	Date	R		4-digit year (####)
TUBERCULOSIS SPECIFIC DATA ELEMENTS						
TB098	Investigation Submitted By	Name of the person who should be contacted if there are questions regarding the data in the report (typically the person submitting the report).	Text	O		

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB203	RVCT Status	Indicate the current status of the RVCT (such as open, rejected, or closed); possible values: **Approved** - indicates the RVCT was reviewed by a reviewer and approved; the record appears as an alert in the worklist of a supervisor to be forwarded to the CDC and/or closed; **Closed** - indicates the RVCT is complete and no longer active; **Deleted** - deletes the record; users with the delete privilege granted by security template make this status setting to delete the RVCT record; **Notified** - indicates that the RVCT record was submitted to the CDC; supervisor users with the appropriate security privilege make this setting, which causes the record to be transmitted to the CDC; **Opened** - initial state of an RVCT record; the RVCT has been created, but not yet completed; **Ready for Review** - indicates the RVCT is ready for review by a reviewer; changing status to this value causes the record to appear as an alert in the worklist of a reviewer; **Rejected** - indicates the RVCT was reviewed by a reviewer and found to be incomplete	Code	R		Approved Notified Closed Deleted Opened Ready for Review
TB080	Reporting Address City	City name associated with the address, zip code, and state values.	Text	O		
TB099	Inside City Limits	Indicate whether or not the address is within city limits; choose **Unknown** if it is not known for sure whether it is.	Code	O		Yes No Unknown
TB081	Reporting Address County	Reporting address county.	Code	O		county FIPS codes
TB082	Reporting Address Zip Code	Reporting address Zip Code.	Text	O		

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB100	Date Counted	If a value of **Yes** is specified for **Do you want to count this patient at the CDC as a verified case of TB?**, then enter the month and year for which the case is to be counted.	Date	R		
TB199	Legacy Client ID	Legacy Client ID. This field may be used to pass a patient identifier from a legacy system being converted to the new TB format.	Text	O		
TB200	Legacy RVCT ID	Legacy RVCT ID. This field may be used to pass a TB Case identifier from a legacy system being converted to the new TB format.	Text	O		
TB202	Estimated US Entry Date Indicator	Date the patient entered the US if the patient was not US-born or not born overseas to US parents (e.g., born on a military base); outlying US areas (e.g., Puerto Rico, Guam, Virgin Islands) are not considered part of the United States and they should be listed as separate countries.	Boolean	O		
TB101	Status at Diagnosis of TB	Status of the patient at the time tuberculosis was diagnosed (alive, dead, or unknown).	Code	O		Alive Dead Unknown
TB102	Previous Diagnosis of TB	Indicates whether the patient had a previous diagnosis of tuberculosis; choose **Yes** if the patient had a verified case of the disease in the past, had been discharged (completed therapy), or was lost to supervision for more than 12 consecutive months, and has the disease again.	Code	O		Yes No Unknown

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB103	Year of Previous Diagnosis	If a value of *Yes* was specified for **Previous Diagnosis of TB**, indicate the year in which the previous episode was diagnosed (use the format YYYY); if there were multiple previous episodes, then this is the year for the last such episode.	Date	O		
TB104	More than One Previous Episode	More than one previous episode.	Boolean	O		
TB105	Major Site of Disease	Major site of disease; choose one item from the list.	Code	O		Lymphatic Other Lymphatic Unknown Eye and ear appendages Miliary Site not Stated Fetus and embryo Liver structure Bone and joint Epiglottis and larynx Jejunum and ileum Middle ear AND mastoid cells Placenta, umbilical cord and implantation site Paranasal sinus part Meninges structure Brain structure Bone marrow structure Pancreatic structure Extrahepatic duct structure Cardiac valve structure Entire duodenum Entire mouth region Urogenital structure Tongue structure Adrenal structure Nervous system structure Spinal cord structure Intrathoracic lymphatic structure Gallbladder structure

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB106	Additional Site of Disease	Additional sites affected; do not make choices in this list if Miliary was specified in **Major Site of Disease.**	Code	O	Y	Lymphatic Other Lymphatic Unknown Eye and ear appendages Miliary Fetus and embryo Liver structure Bone and joint, CS Epiglottis and larynx, CS Jejunum and ileum, CS Middle ear AND mastoid cells Placenta, umbilical cord and implantation site Paranasal sinus part Meninges structure Brain structure Bone marrow structure Pancreatic structure Extrahepatic duct structure Cardiac valve structure Entire duodenum Entire mouth region Urogenital structure Tongue structure Adrenal structure Nervous system structure Spinal cord structure Intrathoracic lymphatic structure Gallbladder structure
TB107	More than One Additional Site	More than one additional site indicator. This is a derived field: If **Additional Site of Disease** has a value, set = TRUE.	Boolean	O		

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB108	Sputum Smear	Results of a sputum smear; choose **Positive** if any one examination is positive for acid-fast organisms; choose **Negative** if the results of all or the only examination were negative; choose **Not Done** if a sputum smear is known to have not been done; choose **Unknown** if it is not known whether a sputum smear was performed (or if the results are not known for reasons other than the results are pending).	Code	O		Positive Negative Not Done Unknown
TB109	Sputum Culture	Results of a sputum culture; choose **Positive** if any one examination is positive for *M. tuberculosis* complex (if the culture grows organisms other than *M. tuberculosis*, *M. bovis*, or *M. africanum*, then choose **Negative**); choose **Negative** if the results were negative for *M. tuberculosis* complex; choose **Not Done** if a sputum culture is known to have not been done; choose **Unknown** if it is not known whether a sputum culture was performed (or if the results are not known for reasons other than the results are pending).	Code	O		Positive Negative Not Done Unknown

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB110	Microscopic Exam of Tissue and Other Body Fluids	Results of a microscopic exam (non-sputum); choose **Positive** if any tissue or fluid other than sputum was positive for acid-fast organisms; choose **Negative** if all microscopic exams were negative for acid-fast organisms; choose **Not Done** if exams were known to have not been performed; choose **Unknown** if it is not known whether microscopic exams were performed (or if the results are not known for reasons other than the results are pending).	Code	O		Positive Negative Not Done Unknown

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB111	Microscopic Exam Site 1	If a value of **Positive** is specified for **Microscopic Exam of Tissue and Other Body Fluids**, choose the appropriate site; the values that appear in this list may vary from one case to the next as they are determined by values entered earlier for the patient's sex (in the patient record), **major site of the disease** and **additional site(s) of the disease**.	Code	O		Eye and ear appendages Skeletal system (bones of head, rib cage, and vertebral column) Meninges, dural sinus, choroid plexus Skeletal system (bones of shoulder, girdle, pelvis, and extremities Other Soft tissue (muscles of head, neck, mouth and upper extremity Soft tissue (muscles of trunk, perineum, and lower extremity Multiple Sites Omentum and peritoneum CSF (cerebrospinal fluid) Fallopian tube, broad ligament, parametrium, and paraovarian region Ovary Female genital fluids Placenta, umbilical cord, and implantation site Pituitary gland Adrenal gland Ear and mastoid cells Thymus Pus

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB112	Microscopic Exam Site 2	If a value of **Positive** is specified for **Microscopic Exam of Tissue and Other Body Fluids**, choose the appropriate site if a second site is applicable; the values that appear in this list may vary from one case to the next as they are determined by values entered earlier for the patient's sex (in the patient record), **major site of the disease** and **additional site(s) of the disease.**	Code	O		<see TB111>
TB113	Culture of Tissue and Other Body Fluids	Results of a culture of tissue or bodily fluid (non-sputum); choose **Positive** if any tissue or fluid other than sputum was positive for *M. tuberculosis* complex; choose **Negative** if all cultures were negative; choose **Not Done** if the cultures were known to have not been performed; choose **Unknown** if it is not known whether the cultures were performed (or if the results are not known for reasons other than the results are pending).	Code	O		Positive Negative Not Done Unknown

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB114	Culture Site 1	If a value of **Positive** is specified for **Culture of Tissue and Other Body Fluids**, choose the appropriate site; the values that appear in this list may vary from one case to the next as they are determined by values entered earlier for the patient's sex (in the patient record), **major site of the disease**, and **additional site(s) of the disease**.	Code	O		<see TB111>
TB115	Culture Site 2	If a value of **Positive** is specified for **Culture of Tissue and Other Body Fluids**, choose the appropriate site if a second site is applicable. The values that appear in this list may vary from one case to the next as they are determined by values entered earlier for the patient's sex (in the patient record), **major site of the disease**, and **additional site(s) of the disease**.	Code	O		<see TB111>
TB116	Chest X-ray Results	Results of a chest x-ray; choose **Abnormal** if the results indicate; choose **Not Done** if the x-rays were known to have not been done; choose **Unknown** if it is not known whether the x-rays were done (or if the results are unknown).	Code	O		Abnormal Normal Unknown Not done

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB117	Abnormal Chest X-ray Cavitary Status	If a value of **Abnormal** is specified in **Chest X-Ray**, then indicate whether any of the x-rays done at any time during this episode of tuberculosis showed a cavity or cavities, was noncavitary consistent with tuberculosis, or was noncavitary inconsistent with tuberculosis.	Code	O		Cavity Noncavitary consistent w TB Noncavitary not consistent w TB Unknown
TB118	Abnormal Chest X-ray Condition Status	If a value of **Abnormal** is specified in **Chest X-Ray**, then indicate if a series of x-rays show the disease to be stable, worsening, or improving (do not update this information through the course of the patient's follow-up; use the indication at the time of the report).	Code	O		Improving Stable Unknown Worsening
TB119	Skin Test at Diagnosis	Results of a skin test (Mantoux - tuberculin, PPD, STU); choose **Positive** if the patient is probably infected with *M. tuberculosis*; choose **Negative** if the skin test did not meet the current criteria for a positive test; choose **Not Done** if the skin test was known to have not been performed; choose **Unknown** if it is not known whether the skin test was performed (or if the results are not known).	Code	O		Positive Negative Not Done Unknown

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB120	Millimeters of Induration	If a value of **Positive** is specified in **Skin Test at Diagnosis**, indicate the millimeters of induration (if the result only indicates that the result was positive but does not specify induration, specify 99 here);	Numeric	O		
TB121	Was Patient Anergic	If a value of **Negative** is specified in **Skin Test at Diagnosis**, indicate whether or not the patient was known to be anergic (i.e., the patient shows no immune response due to being immunocompromised)	Code	O		Yes No Unknown

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB122	HIV Status	Indicate the patient's HIV status; choose **Indeterminate** if the patient has had a documented indeterminate HIV antibody test within the past year before the tuberculosis diagnosis; choose **Negative** if the patient has had a documented negative HIV antibody test within the past year before the tuberculosis diagnosis; choose **Not Offered** if the patient was not offered an HIV test at the time of the tuberculosis diagnostic evaluation; choose **Positive** if the patient was tested for HIV and the laboratory result is interpreted as positive; choose **Refused** if the patient was offered an HIV test at the time of the tuberculosis diagnostic evaluation, but declined to be tested; choose **Test Done/Results Unknown** if the patient has been tested and the results are not known; choose **Unknown** if it is not known if the patient has had an HIV antibody test or was offered a test.	Code	O		Unknown Test Done, Results Unknown Positive Procedure refused Negative Not offered Indeterminate
TB123	HIV Based On	If a value of **Positive** is specified for **HIV Status**, indicate the basis for the value entered (patient history, medical documentation, or unknown).	Code	O		Chart evaluation, medical records perspective History taking Unknown
TB124	CDC AIDS Patient Number	If a value of **Positive** is specified for **HIV Status**, enter the CDC AIDS patient number (if AIDS is reported prior to 1993).	Text	O		

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB125	State AIDS Patient Number	If a value of **Positive** is specified for **HIV Status**, enter the state HIV/AIDS patient number (if AIDS is reported in 1993 or later).	Text	O		
TB126	City County AIDS Patient Number	If a value of **Positive** is specified for **HIV Status**, enter the city or county HIV/AIDS patient number (if AIDS is reported in 1993 or later).	Text	O		
TB127	Homeless Within Past Year	Indicate whether the patient was homeless at any time during the 12 months preceding the tuberculosis diagnostic evaluation.	Code	O		Yes No Unknown
TB128	Resident of Correctional Facility at Time of Diagnosis	Indicate whether the patient was a resident of a correctional facility at the time the tuberculosis diagnostic evaluation was performed.	Code	O		Yes No Unknown
TB129	Type of Correctional Facility	If a value of **Yes** is specified for **Resident of Correctional Facility at Time of Diagnosis**, indicate the type of correctional facility.	Code	O		Unknown State Prison Juvenile Correctional Facility Federal Prison Local Jail Other Correctional Facility
TB130	Resident of Long Term Care Facility at Time of Diagnosis	Indicate whether the patient was a resident of a long term care facility at the time the tuberculosis diagnostic evaluation was performed.	Code	O		Yes No Unknown

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB131	Type of Long Term Care Facility	If a value of **Yes** is specified for **Resident of Long Term Care Facility at time of Diagnosis**, indicate the type of long term care facility	Code	O		Alcohol or Drug Treatment Facility Hospital-Based Facility Residential Facility Long term care hospital Nursing home Psychiatric hospital
TB132	Isoniazid therapy	Isoniazid therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks: choose **No** if the drug is known to not be part of the initial regimen; choose **Unknown** if it is not known whether the drug is part of the initial regimen; choose **Yes** if it is known that the drug is part of the initial regimen.	Code	O		Yes No Unknown
TB133	Rifampin therapy	Rifampin therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks: choose **No** if the drug is known to not be part of the initial regimen; choose **Unknown** if it is not known whether the drug is part of the initial regimen; choose **Yes** if it is known that the drug is part of the initial regimen.	Code	O		Yes No Unknown

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB134	Pyrazinamide therapy	Pyrazinamide therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks: choose **No** if the drug is known to not be part of the initial regimen; choose **Unknown** if it is not known whether the drug is part of the initial regimen; choose **Yes** if it is known that the drug is part of the initial regimen.	Code	O		Yes No Unknown
TB135	Ethambutol therapy	Ethambutol therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks: choose **No** if the drug is known to not be part of the initial regimen; choose **Unknown** if it is not known whether the drug is part of the initial regimen; choose **Yes** if it is known that the drug is part of the initial regimen.	Code	O		Yes No Unknown
TB136	Streptomycin therapy	Streptomycin therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks: choose **No** if the drug is known to not be part of the initial regimen; choose **Unknown** if it is not known whether the drug is part of the initial regimen; choose **Yes** if it is known that the drug is part of the initial regimen.	Code	O		Yes No Unknown

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB137	Ethionamide therapy	Ethionamide therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks: choose **No** if the drug is known to not be part of the initial regimen; choose **Unknown** if it is not known whether the drug is part of the initial regimen; choose **Yes** if it is known that the drug is part of the initial regimen.	Code	O		Yes No Unknown
TB138	Kanamycin therapy	Kanamycin therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks: choose **No** if the drug is known to not be part of the initial regimen; choose **Unknown** if it is not known whether the drug is part of the initial regimen; choose **Yes** if it is known that the drug is part of the initial regimen.	Code	O		Yes No Unknown
TB139	Cycloserine therapy	Cycloserine therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks: choose **No** if the drug is known to not be part of the initial regimen; choose **Unknown** if it is not known whether the drug is part of the initial regimen; choose **Yes** if it is known that the drug is part of the initial regimen.	Code	O		Yes No Unknown

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB140	Capreomycin therapy	Capreomycin therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks: choose **No** if the drug is known to not be part of the initial regimen; choose **Unknown** if it is not known whether the drug is part of the initial regimen; choose **Yes** if it is known that the drug is part of the initial regimen.	Code	O		Yes No Unknown
TB141	Para-Amino Salicylic Acid therapy	Para-Amino Salicylic Acid therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks: choose **No** if the drug is known to not be part of the initial regimen; choose **Unknown** if it is not known whether the drug is part of the initial regimen; choose **Yes** if it is known that the drug is part of the initial regimen.	Code	O		Yes No Unknown
TB142	Amikacin therapy	Amikacin therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks: choose **No** if the drug is known to not be part of the initial regimen; choose **Unknown** if it is not known whether the drug is part of the initial regimen; choose **Yes** if it is known that the drug is part of the initial regimen.	Code	O		Yes No Unknown

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB143	Rifabutin therapy	Rifabutin therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks: choose **No** if the drug is known to not be part of the initial regimen; choose **Unknown** if it is not known whether the drug is part of the initial regimen; choose **Yes** if it is known that the drug is part of the initial regimen.	Code	O		Yes No Unknown
TB144	Ciprofloxacin therapy	Ciprofloxacin therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks: choose **No** if the drug is known to not be part of the initial regimen; choose **Unknown** if it is not known whether the drug is part of the initial regimen; choose **Yes** if it is known that the drug is part of the initial regimen.	Code	O		Yes No Unknown
TB145	Ofloxacin therapy	Ofloxacin therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks: choose **No** if the drug is known to not be part of the initial regimen; choose **Unknown** if it is not known whether the drug is part of the initial regimen; choose **Yes** if it is known that the drug is part of the initial regimen.	Code	O		Yes No Unknown

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB146	Other initial regimen	Other initial regimen: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks: choose **No** if there is no other drug known to be part of the initial regimen; choose **Unknown** if it is not known whether another drug is part of the initial regimen; choose **Yes** if it is known that an drug not already listed is part of the initial regimen.	Code	O		Yes No Unknown
TB147	Date Therapy Started	Date on which the patient began therapy for tuberculosis (or suspected tuberculosis). This date may be derived from: the date the patient first ingested medication (if documented in a medical record or directly observed therapy record); the date medication was first dispensed to the patient (as documented in a medical or pharmacy record); the date medication was first prescribed to patient by a health care provider (documented in a medical record or prescription given to the patient)	Date	O		

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB148	Injecting Drug Use Within Past Year	Indicate whether the patient has injected drugs within the past year (use of a syringe for injecting drugs not prescribed by a physician); **No** if it is known that the patient has not injected drugs within the past 12 months; **Unknown** if it is not known whether or not the patient has injected drugs within the past 12 months; **Yes** if it is known that the patient has injected drugs within the past 12 months.	Code	O		Yes No Unknown
TB149	Non-Injecting Drug Use Within Past Year	Indicate whether the patient has used non-injected drugs within the past year (drugs not prescribed by a physician); **No** if it is known that the patient has not used non-injected drugs within the past 12 months; **Unknown** if it is not known whether or not the patient has used non-injected drugs within the past 12 months; **Yes** if it is known that the patient has used non-injected drugs within the past 12 months.	Code	O		Yes No Unknown

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB150	Excess Alcohol Use Within Past Year	Indicate whether the patient engaged in excessive use of alcohol within the past year; **No** if it is known that the patient did not use alcohol to excess within the past 12 months; **Unknown** if it is not known whether the patient used alcohol to excess within the past 12 months; choose **Yes** if it is known that the patient used alcohol to excess within the past 12 months	Code	O		Yes No Unknown
TB151	Employment Status	Patient's Employment Status: **Unknown** if the employment history of the patient during the 24 months preceding the tuberculosis diagnostic evaluation is not known; **Not Employed** if the patient was not employed during the entire 24 months preceding the tuberculosis diagnostic evaluation; **Employed** if the patient was employed for some part of the 24 months preceding the tuberculosis diagnostic evaluation.	Code	O		Employed Unemployed Unknown

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB152	Occupation Risk Category	Occupation Risk Category. This is a derived field: If OCCUPATION_HEALTH_CARE_INDICATOR (FC783) = TRUE, then set to **'Health Care Worker'**. If OCCUPATION_MIGRATORY_AG_INDICATOR (FC785) = TRUE, then set to **'Migratory Agricultural Worker'**. If OCCUPATION_CORRECTIONAL_INDICATOR (FC784) = TRUE, then set to **'Correctional Employee'**. If OCCUPATION_OTHER_INDICATOR (FC786) = TRUE, then set to **'Other Occupation'**.	Code	O	Y	Health Care Worker Migratory Agricultural Worker Correctional Facility Employee Other Occupation
TB153	Count at CDC as verified	**Yes** if the case is to be counted as verified at CDC.	Code	R		True False

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB154	Case Verification	Initially, the value selected in this list is based on data entered earlier across the course of the case and the default value is the most applicable case verification result based on the data supplied; the default value may be overridden as appropriate; the values that appear in this list can vary from one case to the next as the list is dynamically composed based on the factors: culture results, smear results, major and additional sites of the disease, x-ray results, TST, IDR, reason therapy was stopped. The values for this field include: • 0 - Not a Verified Case: choose if the case is not a verified case of tuberculosis; • 1 - Positive Culture: choose if the case is a verified case, based on a positive sputum culture result; • 2 - Positive Smear/Tissue: choose if the case is a verified case, based on a positive sputum smear result and/or tissue (or fluid) exam; • 3A - Clinical Case Definition - PULM: choose if the case is a verified case, based on pulmonary conditions; • 3B - Clinical Case Definition - Extra-PULM: choose if the case	Code	R		0 - Not a Verified Case 1 – Positive Culture 5 – Suspect 3B – Clinical Case Definition – Extra-PULM 3A – Clinical Case Definition – PULM 4 - Verified by Provider Diagnosis 2 – Positive Smear/Tissue
TB156	Was Drug Susceptibility Testing Done	Indicate whether a drug susceptibility test was performed; **No** if no drug susceptibility test was performed; **Unknown** whether drug susceptibility testing was performed; **Yes** if the patient has any isolate upon which drug susceptibility testing was performed	Code	O		Yes No Unknown

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB157	Date First Isolate Collected	If a value of **Yes** is specified for **Was Drug Susceptibility Testing Done**, collection date of the first isolate on which drug susceptibility was performed.	Date	O		
TB158	Isoniazid initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Isoniazid: **Not Done** if susceptibility testing was not performed for the drug; **Resistant** if there was any degree of resistance (even partial or resistance at a low concentration of the drug); **Susceptible** if (and only if) completely susceptible; **Unknown** if it is not known whether the test was performed or the results are unavailable.	Code	O		Resistant Susceptible
TB159	Rifampin initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Rifampin: **Not Done** if susceptibility testing was not performed for the drug; **Resistant** if there was any degree of resistance (even partial or resistance at a low concentration of the drug); **Susceptible** if (and only if) completely susceptible; **Unknown** if it is not known whether the test was performed or the results are unavailable.	Code	O		Resistant Susceptible

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB160	Pyrazinamide initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Pyrazinamide: **Not Done** if susceptibility testing was not performed for the drug; **Resistant** if there was any degree of resistance (even partial or resistance at a low concentration of the drug); **Susceptible** if (and only if) completely susceptible; **Unknown** if it is not known whether the test was performed or the results are unavailable.	Code	O		Resistant Susceptible
TB161	Ethambutol initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Ethambutol: **Not Done** if susceptibility testing was not performed for the drug; **Resistant** if there was any degree of resistance (even partial or resistance at a low concentration of the drug); **Susceptible** if (and only if) completely susceptible; **Unknown** if it is not known whether the test was performed or the results are unavailable.	Code	O		Resistant Susceptible

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB162	Streptomycin initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Streptomycin: **Not Done** if susceptibility testing was not performed for the drug; **Resistant** if there was any degree of resistance (even partial or resistance at a low concentration of the drug); **Susceptible** if (and only if) completely susceptible; **Unknown** if it is not known whether the test was performed or the results are unavailable.	Code	O		Resistant Susceptible
TB163	Ethionamide initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed forEthionamide: **Not Done** if susceptibility testing was not performed for the drug; **Resistant** if there was any degree of resistance (even partial or resistance at a low concentration of the drug); **Susceptible** if (and only if) completely susceptible; **Unknown** if it is not known whether the test was performed or the results are unavailable.	Code	O		Resistant Susceptible

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB164	Kanamycin initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Kanamycin: **Not Done** if susceptibility testing was not performed for the drug; **Resistant** if there was any degree of resistance (even partial or resistance at a low concentration of the drug); **Susceptible** if (and only if) completely susceptible; **Unknown** if it is not known whether the test was performed or the results are unavailable.	Code	O		Resistant Susceptible
TB165	Cycloserine initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Cycloserine: **Not Done** if susceptibility testing was not performed for the drug; **Resistant** if there was any degree of resistance (even partial or resistance at a low concentration of the drug); **Susceptible** if (and only if) completely susceptible; **Unknown** if it is not known whether the test was performed or the results are unavailable.	Code	O		Resistant Susceptible

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB166	Capreomycin initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Capreomycin: **Not Done** if susceptibility testing was not performed for the drug; **Resistant** if there was any degree of resistance (even partial or resistance at a low concentration of the drug); **Susceptible** if (and only if) completely susceptible; **Unknown** if it is not known whether the test was performed or the results are unavailable.	Code	O		Resistant Susceptible
TB167	Para-Amino Salicylic Acid initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Para-Amino Salicylic Acid: **Not Done** if susceptibility testing was not performed for the drug; **Resistant** if there was any degree of resistance (even partial or resistance at a low concentration of the drug); **Susceptible** if (and only if) completely susceptible; **Unknown** if it is not known whether the test was performed or the results are unavailable.	Code	O		Resistant Susceptible

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB168	Amikacin initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Amikacin: **Not Done** if susceptibility testing was not performed for the drug; **Resistant** if there was any degree of resistance (even partial or resistance at a low concentration of the drug); **Susceptible** if (and only if) completely susceptible; **Unknown** if it is not known whether the test was performed or the results are unavailable.	Code	O		Resistant Susceptible
TB169	Rifabutin initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Rifabutin: **Not Done** if susceptibility testing was not performed for the drug; **Resistant** if there was any degree of resistance (even partial or resistance at a low concentration of the drug); **Susceptible** if (and only if) completely susceptible; **Unknown** if it is not known whether the test was performed or the results are unavailable.	Code	O		Resistant Susceptible

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB170	Ciprofloxacin initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Ciprofloxacin: **Not Done** if susceptibility testing was not performed for the drug; **Resistant** if there was any degree of resistance (even partial or resistance at a low concentration of the drug); **Susceptible** if (and only if) completely susceptible; **Unknown** if it is not known whether the test was performed or the results are unavailable.	Code	O		Resistant Susceptible
TB171	Ofloxacin initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Ofloxacin: **Not Done** if susceptibility testing was not performed for the drug; **Resistant** if there was any degree of resistance (even partial or resistance at a low concentration of the drug); **Susceptible** if (and only if) completely susceptible; **Unknown** if it is not known whether the test was performed or the results are unavailable.	Code	O		Resistant Susceptible

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB172	Other initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for the other initial therapy drug: **Not Done** if susceptibility testing was not performed for the drug; **Resistant** if there was any degree of resistance (even partial or resistance at a low concentration of the drug); **Susceptible** if (and only if) completely susceptible; **Unknown** if it is not known whether the test was performed or the results are unavailable.	Code	O		Resistant Susceptible
TB173	Culture Conversion Documented	Indicate whether the sputum culture conversion was documented; **No** if the patient had an initially positive sputum culture and no subsequent consistently negative cultures; **Unknown** if the results of all follow-up cultures are unknown or if it is not known whether follow-up cultures were obtained; **Yes** if the patient had an initially positive sputum culture followed by one or more consistently negative cultures	Code	O		Yes No Unknown
TB174	Date of Initial Positive Culture	Date the initially positive sputum culture was collected.	Date	O		
TB175	Date of First Consistently Negative Culture	Date the first consistently negative sputum culture was collected.	Date	O		

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB176	Date Therapy Stopped	Date the patient stopped taking therapy for verified or suspected tuberculosis; this date is one of the following (in order of preference): • Date that the patient last ingested medication; • Date the medication dispensed to the patient would have run out, if the patient had taken all of the medication; • Date the medication prescribed to the patient would have run out, if the patient had taken all of the medication from the date of prescription.	Date	O		

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB177	Reason Therapy Stopped	Primary reason that therapy was ended; specify this data when the case is closed; **Completed therapy** if the patient successfully completed the prescribed therapy; **Moved** if the patient moved to another jurisdiction before the treatment was completed; **Lost** if the patient cannot be located prior to the completion of treatment; **Uncooperative or refused** if the patient refused to complete therapy (update if the patient resumes therapy); **Not TB** if the completed diagnostic therapy determined that the diagnosis of tuberculosis was not substantiated; **Died** if the patient expired before therapy was completed; **Other** if therapy was discontinued for some other reason; **Unknown** if the reason for ending therapy is not known.	Code	O		Lost to Follow-Up/Unable to Locate Moved Uncooperative or refused
TB178	Type of Health Care Provider	Type of health care provider involved in the care for the patient; **Health Department**, **Private Practice**, **Both Health Dept and Private/Other**, or **Unknown** are valid concepts.	Code	O		Both Health Dept and Private/Other Private Practice Health Department

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB179	Directly Observed Therapy	Choose the therapy that was directly observed by the health care provider (directly observed therapy, or DOT): **No, Totally Self-Administered** if no doses of medication were given under supervision; **Unknown** if it is not known whether any doses of medication were given under supervision; **Yes, Both DOT and Self-Administered** if one or more doses of medication were given under supervision and one or more were not; **Yes, Totally Directly Supervised** if all doses of medication were given under supervision.	Code	O		No, Totally Self-Administered Yes, Totally Directly Observed Yes, Both DOT and Self-Administered

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB180	Sites of Directly Observed Therapy	If any medication was administered under DOT conditions, select the site(s) where this occurred; may select one or multiple sites; use Ctrl+Click to select multiple sites; **Both in facility and in the field** if both were used (for example, the patient received medicine under DOT at a clinic and outside the clinic when the patient did not show up at the clinic); **In clinic or other facility** if the patient received medicine DOT at a health department or private provider facility; **In the field** if the patient received medicine under DOT solely outside any facility (for example, at the patient's home or workplace); **Unknown** if the DOT sites are not known	Code	O		Both in facility and in the field In clinic or other facility In the field

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB181	Number Weeks Directly Observed Therapy	Number of weeks of directly observed therapy (DOT); enter the total number of calendar weeks (Sunday through Saturday) that the patient received the minimum amounts of medication under DOT conditions; the number of weeks entered must be less than the number of weeks between **28. Date Therapy Started** and **36. Date Therapy Stopped**; If the patient was on a twice-weekly regimen: count a week only if both of the week's doses were given under DOT; If the patient was on a three-times-weekly regimen: count a week only if all three of the week's doses were given under DOT; If the patient was on a daily regimen: count a week only if five or more of the week's doses were given under DOT; If the patient was on a daily regimen: count a week only if five or more of the week's doses were given under DOT; If the patient did not receive the minimum number of doses under DOT, do not count the week.	Numeric	O		
TB182	Follow-Up Susceptibility Testing	Indicate whether final drug susceptibility was performed; **No** if no final drug susceptibility testing was performed; **Yes** if drug susceptibility testing was performed on an isolate that was collected ³30 days after the isolate for which the initial drug susceptibility testing was done; **Unknown** if it is not known whether follow-up drug susceptibility testing was done	Code	O		Yes No Unknown

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB183	Follow-Up Susceptibility Testing Date	If a value of **Yes** is specified for **Was Follow-up Susceptibility Testing Done**, indicate the date on which this testing was done	Date	O		
TB184	Isoniazid final susceptibility	If follow-up susceptibility testing was done, results of the testing for **Isoniazid**: **Resistant** if there was any degree of resistance (even partial or resistance at a low concentration of the drug; **Susceptible** if completely susceptible; **Not Done** if susceptibility testing was not performed for the drug; **Unknown** if it is not known whether drug susceptibility testing was performed for the drug.	Code	O		Resistant Susceptible
TB185	Rifampin final susceptibility	If follow-up susceptibility testing was done, results of the testing for **Rifampin**: **Resistant** if there was any degree of resistance (even partial or resistance at a low concentration of the drug; **Susceptible** if completely susceptible; **Not Done** if susceptibility testing was not performed for the drug; **Unknown** if it is not known whether drug susceptibility testing was performed for the drug.	Code	O		Resistant Susceptible

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB186	Pyrazinamide final susceptibility	If follow-up susceptibility testing was done, results of the testing for **Pyrazinamide**: **Resistant** if there was any degree of resistance (even partial or resistance at a low concentration of the drug; **Susceptible** if completely susceptible; **Not Done** if susceptibility testing was not performed for the drug; **Unknown** if it is not known whether drug susceptibility testing was performed for the drug.	Code	O		Resistant Susceptible
TB187	Ethambutol final susceptibility	If follow-up susceptibility testing was done, results of the testing for **Ethambutol**: **Resistant** if there was any degree of resistance (even partial or resistance at a low concentration of the drug; **Susceptible** if completely susceptible; **Not Done** if susceptibility testing was not performed for the drug; **Unknown** if it is not known whether drug susceptibility testing was performed for the drug.	Code	O		Resistant Susceptible

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB188	Streptomycin final susceptibility	If follow-up susceptibility testing was done, results of the testing for **Streptomycin: Resistant** if there was any degree of resistance (even partial or resistance at a low concentration of the drug; **Susceptible** if completely susceptible; **Not Done** if susceptibility testing was not performed for the drug; **Unknown** if it is not known whether drug susceptibility testing was performed for the drug.	Code	O		Resistant Susceptible
TB189	Ethionamide final susceptibility	If follow-up susceptibility testing was done, results of the testing for **Ethionamide**: **Resistant** if there was any degree of resistance (even partial or resistance at a low concentration of the drug; **Susceptible** if completely susceptible; **Not Done** if susceptibility testing was not performed for the drug; **Unknown** if it is not known whether drug susceptibility testing was performed for the drug.	Code	O		Resistant Susceptible

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB190	Kanamycin final susceptibility	If follow-up susceptibility testing was done, results of the testing for **Kanamycin: Resistant** if there was any degree of resistance (even partial or resistance at a low concentration of the drug; **Susceptible** if completely susceptible; **Not Done** if susceptibility testing was not performed for the drug; **Unknown** if it is not known whether drug susceptibility testing was performed for the drug.	Code	O		Resistant Susceptible
TB191	Cycloserine final susceptibility	If follow-up susceptibility testing was done, results of the testing for **Cycloserine: Resistant** if there was any degree of resistance (even partial or resistance at a low concentration of the drug; **Susceptible** if completely susceptible; **Not Done** if susceptibility testing was not performed for the drug; **Unknown** if it is not known whether drug susceptibility testing was performed for the drug.	Code	O		Resistant Susceptible

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB192	Capreomycin final susceptibility	If follow-up susceptibility testing was done, results of the testing for **Capreomycin**: **Resistant** if there was any degree of resistance (even partial or resistance at a low concentration of the drug; **Susceptible** if completely susceptible; **Not Done** if susceptibility testing was not performed for the drug; **Unknown** if it is not known whether drug susceptibility testing was performed for the drug.	Code	O		Resistant Susceptible
TB193	Para-Amino Salicylic Acid final susceptibility	If follow-up susceptibility testing was done, results of the testing for **Para-Amino Salicylic Acid**: **Resistant** if there was any degree of resistance (even partial or resistance at a low concentration of the drug; **Susceptible** if completely susceptible; **Not Done** if susceptibility testing was not performed for the drug; **Unknown** if it is not known whether drug susceptibility testing was performed for the drug.	Code	O		Resistant Susceptible

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB194	Amikacin final susceptibility	If follow-up susceptibility testing was done, results of the testing for **Amikacin**: **Resistant** if there was any degree of resistance (even partial or resistance at a low concentration of the drug; **Susceptible** if completely susceptible; **Not Done** if susceptibility testing was not performed for the drug; **Unknown** if it is not known whether drug susceptibility testing was performed for the drug.	Code	O		Resistant Susceptible
TB195	Rifabutin final susceptibility	If follow-up susceptibility testing was done, results of the testing for **Rifabutin**: **Resistant** if there was any degree of resistance (even partial or resistance at a low concentration of the drug; **Susceptible** if completely susceptible; **Not Done** if susceptibility testing was not performed for the drug; **Unknown** if it is not known whether drug susceptibility testing was performed for the drug.	Code	O		Resistant Susceptible

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB196	Ciprofloxacin final susceptibility	If follow-up susceptibility testing was done, results of the testing for **Ciprofloxacin**: **Resistant** if there was any degree of resistance (even partial or resistance at a low concentration of the drug; **Susceptible** if completely susceptible; **Not Done** if susceptibility testing was not performed for the drug; **Unknown** if it is not known whether drug susceptibility testing was performed for the drug.	Code	O		Resistant Susceptible
TB197	Ofloxacin final susceptibility	If follow-up susceptibility testing was done, results of the testing for **Ofloxacin**: **Resistant** if there was any degree of resistance (even partial or resistance at a low concentration of the drug; **Susceptible** if completely susceptible; **Not Done** if susceptibility testing was not performed for the drug; **Unknown** if it is not known whether drug susceptibility testing was performed for the drug.	Code	O		Resistant Susceptible

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
TB198	Other final susceptibility	If follow-up susceptibility testing was done, results of the testing for **Other Drugs**: **Resistant** if there was any degree of resistance (even partial or resistance at a low concentration of the drug; **Susceptible** if completely susceptible; **Not Done** if susceptibility testing was not performed for the drug; **Unknown** if it is not known whether drug susceptibility testing was performed for the drug.	Code	O		Resistant Susceptible

VARICELLA DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
CORE DEMOGRAPHIC DATA ELEMENTS						
DEM115	Birth Date	Date of birth in YYYYMMDD format	Date	O		
DEM114	Patient's birth sex	Patient's birth sex	Code	O		Male Female Unknown
DEM152	Race Category	Field containing one or more codes that broadly refer to the patient's race(s).	Code	O	Y	American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White; Other Race
DEM165	Patient Address County	County of residence of the subject.	Code	O		FIPS county codes
DEM162	Patient Address State	Patient's address state.	Code	O		FIPS state codes
DEM163	Patient Address Zip Code	Patient's address Zip code.	Alphanumeric	O		
DEM155	Ethnic Group Code	Ethnic origin or ethnicity is based on the individual's self-identity of the patient as Hispanic or Latino; choose one value from the list.	Code	O		Hispanic Non-hispanic
ADDITIONAL DEMOGRAPHIC DATA ELEMENTS REQUESTED FOR VARICELLA						
DEM126	Birth Country	Patient's country of birth.	Code	O		
GENERIC NOTIFICATION DATA ELEMENTS						
NOT109	Reporting State	State reporting the notification.	Code	R		Standard 2-digit State FIPS code
INV169	Condition Code	Condition or event that constitutes the reason the notification is being sent.	Code	R		
INV168	Local record ID	Sending system-assigned local ID of the case investigation with which the subject is associated.	Alphanumeric	R		10030 Varicella (Chickenpox)
INV173	State Case ID	States use this field to link NEDSS (NETSS) investigations back to their own state investigations.	Alphanumeric	R		
INV107	Jurisdiction Code	Identifier for the physical site from which the notification is being submitted.	Code	R		state-assigned

VARICELLA DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
INV111	Date of Report	Date the event or illness was first reported by the reporting source	Date	O		
INV118	Reporting Source Zip Code	Zip Code of the reporting source for this case.	Alphanumeric	O		
INV120	Earliest Date Reported to County	Earliest date reported to county public health system	Date	O		
INV121	Earliest Date Reported to State	Earliest date reported to state public health system	Date	O		
INV128	Hospitalized	Was patient hospitalized because of this event?	Code	O		Yes No Unknown
INV132	Admission Date	Subject’s admission date to the hospital for the condition covered by the investigation.	Date	O		
INV133	Discharge Date	Subject's discharge date from the hospital for the condition covered by the investigation.	Date	O		
INV134	Duration of hospital stay in days	Subject's duration of stay at the hospital for the condition covered by the investigation.	Numeric	O		
INV136	Diagnosis Date	Date of diagnosis of condition being reported to public health system	Date	O		
INV137	Date of Illness Onset	Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system.	Date	O		
INV143	Illness Onset Age	Age at onset of illness	Numeric	O		
INV144	Illness Onset Age Units	Age units at onset of illness	Code	O		Days Months Weeks Years
INV145	Did the patient die from this illness	Did the patient die from this illness or complications of this illness?	Code	O		Yes No Unknown
INV146	Date of death	The date and time the subject’s death occurred.	Date	O		

VARICELLA DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
INV147	Investigation Start Date	The date the case investigation was initiated.	Date	O		
INV150	Case outbreak indicator	Denotes whether the reported case was associated with an identified outbreak.	Code	O		Yes No Unknown
INV151	Case Outbreak Name	A state-assigned name for an indentified outbreak.	Code	O		state-assigned code
INV165	MMWR Week	MMWR Week for which case information is to be counted for MMWR publication.	Numeric	R		
INV166	MMWR Year	MMWR Year (YYYY) for which case information is to be counted for MMWR publication.	Date	R		4-digit year (####)
INV176	Date of First Report to CDC	Date the case was first reported to the CDC.	Date	O		
INV177	Date First Reported PHD	Earliest date the case was reported to a public health department.	Date	O		
INV178	Pregnancy status	Indicates whether the patient was pregnant at the time of the event.	Code			Yes No Unknown
INV2001	Age at case investigation	Patient age at time of case investigation	Numeric	R		
INV2002	Age units at case investigation	Patient age units at time of case investigation	Code	O		Days Months Weeks Years
ADDITIONAL INVESTIGATION DATA ELEMENTS REQUESTED FOR VARICELLA						
DEM126	Birth Country	Patient's country of birth.	Code	O		
INV129	Hospital Name	Name of the healthcare faciility in which the subject was hospitalized.	Alphanumeric	O		
INV114	Reporting Source Name	Name of the provider reporting the case (typically the patient's primary care provider)	Alphanumeric	O		
INV115a	Reporting Source Address Line 1	Reporting source street address Line 1	Alphanumeric	O		
INV115b	Reporting Source Address Line 2	Reporting source street address Line 2	Alphanumeric	O		
INV116	Reporting Source Address City	Reporting source address city	Code	O		
INV117	Reporting Source Address State	Reporting source address state	Code	O		

VARICELLA DATA ELEMENTS

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
INV119	Reporting Source Address County	Reporting source address county	Code	O		
INV122	Reporting Source Telephone Number	Reporting source telephone number	Alphanumeric	O		
NOT113	Reporting County	County reporting the notification.	Code	R		
INV2006	Case Close Date	Date the case investigation status was marked as Closed.	Date	O		
VARICELLA SPECIFIC DATA ELEMENTS						
VAR100	Number of lesions in total	Choose the numeric range within which a count of the patient's lesions falls.	Code	R		< 50 50 - 249 250 - 499 > 500
VAR101	Did the patient receive Varicella-containing vaccine	Indicate whether the patient received varicella-containing vaccine; a value of Yes or No enables other fields in this section, allowing for answers to their questions.	Code	R		Yes No Unknown
VAR102	Rash Onset Date	Date on which the physical manifestations of the illness—the rash—appeared	Date	O		
VAR103	Rash Location	The anatomical location where the rash was located	Code	O		Generalized Focal Unknown
VAR104	Dermatome	If a value of *Focal* is specified in the Rash Location field, enter the nerve where the rash occurred (lumbar or thoracic, with a number)	Alphanumeric	O		
VAR105	Location First Noted	If a value of *Generalized* is specified for the Rash Location field, choose location where rash was first noted (if any); if none of the specific choices in the list apply, choose Other.	Code	O		Inside Mouth Legs Arms Truck Face/Head Other

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
VAR106	Other Generalized rash location	If a value of *Other* is specified in the Location First Noted, enter the location (i.e., the location where the rash was first noted is other than one of the values provided in the Location First Noted list)	Alphanumeric	O		
VAR107	Macules Present	If the value specified in Total Number of Lesions is *< 50*, indicate whether macules were present.	Code	O		Yes No Unknown
VAR108	Number of Macules	If the value specified in Macules Present is *Yes*, indicate how many macules were present.	Numeric	O		
VAR109	Papules Present	If the value specified in Total Number of Lesions is *< 50*, indicate whether papules were present.	Code	O		Yes No Unknown
VAR110	Number of Papules	If the value specified in Papules Present is *Yes*, indicate how many papules were present.	Numeric	O		
VAR111	Vesicles Present	If the value specified in Total Number of Lesions is *< 50*, indicate whether vesicles were present.	Code	O		Yes No Unknown
VAR112	Number of Vesicles	If the value specified in Vesicles Present is *Yes*, indicate how many vesicles were present.	Numeric	O		
VAR113	Mostly macular/papular	Indicate whether the lesions were mostly macular/papular.	Code	O		Yes No Unknown
VAR114	Mostly vesicular	Indicate whether the lesions were mostly vesicular.	Code	O		Yes No Unknown
VAR115	Hemorrhagic	Indicate whether the rash was hemorrhagic.	Code	O		Yes No Unknown
VAR116	Itchy	Indicate whether the patient complained of itchiness.	Code	O		Yes No Unknown
VAR117	Scabs	Indicate whether there were scabs.	Code	O		Yes No Unknown

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
VAR118	Crops/Waves	Indicate whether the lesions appeared in crops or waves.	Code	O		Yes No Unknown
VAR119	Did rash crust	Indicate whether the rash crusted.	Code	O		Yes No Unknown
VAR120	Number of Days until lesions crusted over	If the value specified in Did the rash crust? is *Yes*, enter the number of days that transpired for all of the lesions to crust over.	Numeric	O		
VAR121	Number of Days rash lasted	If the value specified in Did the rash crust? is *No*, enter the number of days that the rash was present.	Numeric	O		
VAR122	Fever	Indicate whether the patient had a fever during the course of the illness.	Code	O		Yes No Unknown
VAR123	Fever Onset Date	If the value specified in Did patient have fever? is *Yes*, indicate the date when the fever began.	Date	O		
VAR124	Highest measured temperature	If the value specified in Did patient have fever? is *Yes*, indicate the highest temperature that was measured.	Numeric	O		
INV2003	Temperature Units	Temperature Units (Fahrenheit or Celsius).	Code	O		Fahrenheit Celsius
VAR125	Fever Duration in Days	If the value specified in Did patient have fever? is *Yes*, indicate the number of days for which the patient had a fever.	Numeric	O		
VAR126	Is patient immunocompromised due to medical condition or treatment	Indicate whether the patient was immunocompromised (anergic).	Code	O		Yes No Unknown

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
VAR127	Medical Condition or Treatment	If the value specified in Is patient immunocompromised due to medical condition or treatment? is *Yes*, indicate the medical condition or treatment associated with the patient being anergic.	Alphanumeric	O		
VAR128	Did patient visit a healthcare provider during this illness	Indicate whether the patient visited a healthcare provider during the course of this illness.	Code	O		Yes No Unknown
VAR129	Did patient develop any complications that were diagnosed by a healthcare provider?	If the value specified in Did patient visit a healthcare provider during this illness? is *Yes*, indicate whether the patient developed complications (as described).	Code	O		Yes No Unknown
VAR130	Skin/soft tissue infection	If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is *Yes*, indicate whether there was skin or soft tissue infection.	Code	O		Yes No Unknown
VAR131	Cerebellitis/ ataxia	If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is *Yes*, indicate whether there was cerebellitis/ataxia.	Code	O		
VAR132	Encephalitis	If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is *Yes*, indicate whether there was encephalitis.	Code	O		

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
VAR133	Dehydration	If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is *Yes*, indicate whether the patient was diagnosed as being dehydrated.	Code	O		
VAR134	Hemorrhagic condition	If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is *Yes*, indicate whether there was hemorrhagic condition.	Code	O		
VAR135	Pneumonia	If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is *Yes*, indicate whether pneumonia was a complication.	Code	O		Yes No Unknown
VAR136	How was pneumonia diagnosed	If the value in Pneumonia? is *Yes*, indicate how the pneumonia was diagnosed.	Code	O		Medical Doctor Radiographic imaging procedure Unknown
VAR137	Other complications	If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is *Yes*, indicate whether there were other complications not cited here.	Code	O		Yes No Unknown
VAR138	Other complication details	If the value specified in Other Complications? is true, list the other complication(s).	Alphanumeric	O		
VAR139	Antiviral treatment	Indicate whether the patient was treated with acyclovir, famvir, or any licensed antiviral.	Code	O		Yes No Unknown
VAR140	Name of medication	If the value specified in Antiviral? is yes, list the name of the medication.	Alphanumeric	O		

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
VAR141	Start Date of Medication	Start date of medication.	Date	O		
VAR142	Stop Date of medication	Stop date of medication.	Date	O		
VAR143	Autopsy performed	If a value of *Yes* is specified in Did the patient die from this illness or complications associated with this illness?, indicate whether an autopsy was performed for the death.	Code	O		Yes No Unknown
VAR144	Cause of death	If a value of *Yes* is specified in Did the patient die from this illness or complications associated with this illness?, indicate the official cause of death.	Alphanumeric	O		
VAR145	Reason why patient did not receive Varicella-containing vaccine	If the value in Did the patient receive varicella-containing vaccine? is *No*, choose the reason why the patient did not receive the vaccine; if none of the specific choices in the list apply, choose Other.	Code	O		Under age for vaccination Lab evidence of previous disease MD diagnosis of previous disease Medical Contraindication Born outside of U.S. Never offered vaccine Philosophical objection Other Parent/Patient report of disease Parent/Patient forgot to vaccinate Parent/Patient refusal Religious exemption Unknown
VAR146	Other reason why patient did not receive Varicella-containing vaccine	If the value specified in Reason why patient did not receive varicella-containing vaccine is *Other*, indicate the reason (a reason other than those provided in the list).	Alphanumeric	O		

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
VAR147	Number of doses received on or after first birthday	If the value in Did the patient receive varicella-containing vaccine? is *Yes*, indicate the number of doses received (before the patient's first birthday).	Numeric	O		
VAR148	Reason patient is >= 13 years old and received one dose on or after 13th birthday but never received second dose	Reason patient is >= 13 years old and received one dose on or after 13th birthday, but never received second dose.	Code	O		Under age for vaccination Lab evidence of previous disease MD diagnosis of previous disease Medical Contraindication Born outside of U.S. Never offered vaccine Philosophical objection Other Parent/Patient report of disease Parent/Patient forgot to vaccinate Parent/Patient refusal Religious exemption Unknown
VAR149	Other reason patient did not receive second dose	If the value specified in Number of doses received on or after first birthday is *1* (one), choose from the list the reason the patient never received the second dose; if none of the specific choices in the list apply, choose *Other*.	Alphanumeric	O		
VAR150	Diagnosed with Varicella before	Indicate whether the patient has a prior diagnosis of varicella.	Code	O		Yes No Unknown
VAR151	Age at diagnosis	Age at diagnosis	Numeric	O		
INV2072	Age at diagnosis units	Age units of patient	Code	O		Days Months Weeks Years

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
VAR152	Diagnosed by	Indicate who diagnosed the illness; if none of the choices apply choose *Other*.	Code	O		Other Parent/Friend Physician/Health Care Provider
VAR154	Is this case epi-linked to another confirmed or probable case	Indicate whether this case is epi-linked to another case (confirmed or probable).	Code	O		Yes No Unknown
VAR155	Type of case this case is epi-linked to	If the value specified in Is this case epi-linked to another confirmed or probable case? is *Yes*, indicate the kind of case with which the current case is epi-linked.	Code	O		Confirmed Varicella Case Herpes Zoster Case Probable Varicella Case
VAR156	Transmission setting (setting of exposure)	Location where the patient was exposed to the illness; if none of the specific choices in the list apply, choose *Other*.	Code	O		Athletics Place of Worship College Community Correctional Facility Daycare Doctor's Office Hospital ER Home Military Hospital outpatient clinic Other School International Travel Unknown Hospital Ward Work
VAR157	Other transmission setting	If the value specified in Transmission Setting? is *Other*, describe the other transmission setting.	Alphanumeric	O		
VAR158	Is this case a healthcare worker	Indicate whether the patient who is the subject of the current case is a healthcare worker.	Code	O		Yes No Unknown
VAR159	Number of weeks gestation	If the patient was pregnant during the illness, indicate the number of weeks of gestation at the onset of the illness.	Numeric	O		

Variable ID	Label	Description	Data Type	Req/Opt	May Repeat	Valid Values
VAR160	Trimester	If the patient was pregnant during the illness, indicate the trimester at the onset of the illness.	Code	O		First trimester Second trimester Third trimester