

Attachment 8

NEDSS Data Elements 11-4-05

Optional Fields.xls

**Case Notification
Generic Data Elements**

UID	AppVer	Label	Description	Fmt	Min	Max	VSName
DEM113	NEDSS 1.1.3	SubjectAdministrativeGender	Subjects current administrative gender. Gender is a complex physiological, genetic and sociological concept that requires multiple observations in order to be comprehensively described. The purpose of this attribute is to provide a high level classification	CE	0	1	PHVS_AdministrativeGender_CDC
DEM115	NEDSS 1.1.3	SubjectBirthTime	Reported date of birth of the subject.	TS	0	1	
DEM128	NEDSS 1.1.3	SubjectDeathTime	The date and time the subject's death occurred.	TS	0	1	
DEM152	NEDSS 1.1.3	SubjectRaceCategory	Reported race; supports collection of multiple race categories. This field could repeat.	CE	0	N	PHVS_Race_CDC
DEM155	NEDSS 1.1.3	SubjectHispanicIndicator	Subject Hispanic Indicator	CE	0	1	PHVS_EthnicityGroup_CDC
DEM156	NEDSS 1.1.3	SubjectEthnicGroup	Reported ethnicity of the subject.	CE	0	N	PHVS_Ethnicity_CDC
DEM163	NEDSS 1.1.3	SubjectResidencePostalCode	The zip code of the residence of the subject. If the zipcode isn't coded, then use originalText attribute.	CE	0	1	
DEM165	NEDSS 1.1.3	SubjectResidenceCountyCode	The county of residence of the subject. If the county isn't coded, then use originalText attribute.	CE	0	1	PHVS_County_FIPS_6-4
INV110	NEDSS 1.1.3	Investigation Date Assigned	Date the investigator was assigned to this investigation.	DATE	0	1	
INV111	NEDSS 1.1.3	ReportDate	Date first reported by reporting source.	DATE	0	1	
INV112	NEDSS 1.1.3	Reporting Source Type Code	Type of facility or provider associated with the source of information sent to Public Health.	CE	0	1	PHVS_PHC_RPT_SRC_T
INV118	NEDSS 1.1.3	Reporting Source PostalCode	Zip Code of the reporting source for this case.	ST	0	1	
INV120	NEDSS 1.1.3	Earliest Date Reported County	Earliest date reported to county public health system.	DATE	0	1	
INV121	NEDSS 1.1.3	Earliest Date Reported State	Earliest date reported to state public health system.	DATE	0	1	
INV128	NEDSS 1.1.3	Patient Hospitalized	Was the patient hospitalized as a result of this event?	CE	0	1	PHVS_YNU
INV129	NEDSS 1.1.3	Hospital Name	Name of the hospital in which the subject was hospitalized.	ST	0	1	
INV130	NEDSS 1.1.3	Hospital ID	The hospital ID of the hospital in which the subject is hospitalized.	ID	0	1	
INV132	NEDSS 1.1.3	Admission Date	Subject's admission date to the hospital for the condition covered by the investigation.	DATE	0	0	
INV133	NEDSS 1.1.3	Discharge Date	Subject's discharge date from the hospital for the condition covered by the investigation.	DATE	0	1	
INV134	NEDSS 1.1.3	Total Duration Hospital Stay	Subject's duration of stay at the hospital for the condition covered by the investigation.(include units)	PQ	0	1	PHVS_DurationUnit_UCUM
INV136	NEDSS 1.1.3	Diagnosis Date	Date of diagnosis of condition being reported to public health system.	DATE	0	1	
INV137	NEDSS 1.1.3	Date Onset Illness	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	0	1	

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UID	AppVer	Label	Description	Fmt	Min	Max	VSName
INV138	NEDSS 1.1.3	Illness End Date	The time at which the disease or condition ended.	DATE	0	1	
INV139	NEDSS 1.1.3	Illness Duration	The length of time this person had this disease or condition.(Include time units)	PQ	0	1	PHVS_DurationUnit_UCUM
INV145	NEDSS 1.1.3	Patient Death	Did the patient die as a result of this condition?	CE	0	1	PHVS_YNU
INV147	NEDSS 1.1.3	Investigation Start Date	The date the investigation was started or initiated.	DATE	0	1	
INV148	NEDSS 1.1.3	Associated With Daycare	Generic investigation element that may be used to indicate whether the patient is associated with daycare.	CE	0	1	PHVS_YNU
INV149	NEDSS 1.1.3	Food Handler	Generic investigation element that may be used to indicate whether patient was a food handler.	CE	0	1	PHVS_YNU
INV150	NEDSS 1.1.3	Case Outbreak Indicator	Denotes whether the reported case was associated with an identified outbreak.	CE	0	1	PHVS_YNU
INV151	NEDSS 1.1.3	Case Outbreak Name	A name assigned to an individual outbreak. State assigned in SRT. Should show only those outbreaks for the program area of the investigation.	ST	0	1	
INV152	NEDSS 1.1.3	Case Disease Imported Code	Indication of where the disease/condition was likely acquired.	CE	0	1	PHVS_PHC_IMPRT
INV153	NEDSS 1.1.3	Imported Country	If the disease or condition was imported, may be used to indicate the country in which the disease was likely acquired.	CE	0	1	PHVS_Country_ISO_3166-1
INV154	NEDSS 1.1.3	Imported State	If the disease or condition was imported, may be used to indicate the state in which the disease was likely acquired.	CE	0	1	PHVS_State_FIPS_5-2
INV155	NEDSS 1.1.3	Imported City	If the disease or condition was imported, may be used to type in the city in which the disease was likely acquired.	ST	0	1	
INV156	NEDSS 1.1.3	Imported County	If the disease or condition was imported, this field will contain the county of origin of the disease or condition.	CE	0	1	PHVS_County_FIPS_6-4
INV157	NEDSS 1.1.3	Transmission Mode	Indicates how the condition was transmitted to the patient.	CE	0	1	PHVS_PHC_TRAN_M
INV159	NEDSS 1.1.3	Detection Method	Indicates how the condition was detected or recognized.	CE	0	N	PHVS_PHC_DET_MT
INV161	NEDSS 1.1.3	Confirmation Method	Mechanism by which the case was classified. This attribute is intended to provide information about how the case classification status was derived.	CE	0	N	PHVS_PHC_CONF_M
INV162	NEDSS 1.1.3	Confirmation Date	Confirmation Date	DATE	0	1	
INV163	NEDSS 1.1.3	Case Class Status Code	Indication of the level of certainty regarding whether a person has a disease/condition. Where applicable, is defined by CSTE/CDC Standard Case Definition. For example: Confirmed, Probable or Suspect case. This is a required field.	CE	0	1	PHC_CLASS

**Case Notification
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UID	AppVer	Label	Description	Fmt	Min	Max	VSName
INV168	NEDSS 1.1.3	Investigation Local ID	System-assigned local ID of the investigation that the case subject/entity is associated with. This is a required field.	ID	0	1	
INV170	NEDSS 1.1.3	Condition Code Desc Text	Textual description of the condition or disease for which the investigation is based. Such as HIV infection, Tuberculosis or Acute Hepatitis B.	ST	0	1	
INV173	NEDSS 1.1.3	State Case ID	States may use this field to report the Case ID assigned at the state level. This is probably a manually input Case ID as opposed to the "InvestigationLocalId". W	ID	0	1	
INV176	NEDSS 1.1.3	Date First Report CDC	The date the case was first reported to the CDC.	DATE	0	1	
INV177	NEDSS 1.1.3	Date First Reported PHD	The earliest date the case was reported to a public health department.	DATE	0	1	
INV178	NEDSS 1.1.3	Pregnancy Status	Generic investigation element that may be used to indicate whether the patient is pregnant. Though only valid for female patients, there will be no edit restricting this.	CE	0	1	PHVS_YNU
INV179	NEDSS 1.1.3	Pelvic Inflammatory Disease	May be used to indicate whether or not the patient has pelvic inflammatory disease (PID). Though only valid for female patients, there will be no edit restricting this.	CE	0	1	PHVS_YNU
INV2001	NEDSS 1.1.3	Patient Reported Age	The patient's reported age at time of event (include units)	PQ	0	1	PHVS_AgeUnit_UCUM
LAB102	NEDSS 1.1.3	Text Test Result	This field conveys the test result for textual results.	ST	0	1	
LAB108	NEDSS 1.1.3	Lab Result Date	The date and time the test result was released by the laboratory.	DATE	0	1	
LAB114	NEDSS 1.1.3	Number Test Result	This field conveys the test result when the result is numeric.	REAL	0	1	
LAB125	NEDSS 1.1.3	Accession Number	Lab Accession Number	ID	0	1	
LAB143	NEDSS 1.1.3	Clia Lab Name	CLIA Laboratory Name	ST	0	1	
LAB144	NEDSS 1.1.3	Clia Lab ID	Laboratory CLIA Number	ID	0	1	
LAB163	NEDSS 1.1.3	Date Specimen Collection	The date the specimen was collected.	DATE	0	1	
LAB165	NEDSS 1.1.3	Specimen Type	This is the medium from which the specimen originated. Examples include whole blood, saliva, urine, etc.	CE	0	1	PHVS_SpecimenSource_HL7
LAB166	NEDSS 1.1.3	Specimen Site-Source	This indicates the body site where the specimen originated. Examples include: Right Internal Jugular, Left Arm, Buttock, Right Eye, etc.	CE	0	1	PHVS_BodySite_HL7_2x
LAB180	NEDSS 1.1.3	Age Reported	The age of the subject when the lab specimen was collected.(include units)	PQ	0	1	PHVS_AgeUnit_UCUM
LAB192	NEDSS 1.1.3	Coded Test Result	Stores the test result when the result is coded	CE	0	1	
LAB200	NEDSS 1.1.3	Ratio Test Result	Test result as a ratio of real numbers	RTO_REA L_REAL	0	1	

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UID	AppVer	Label	Description	Fmt	Min	Max	VSName
LAB201	NEDSS 1.1.3	Interval Test Result	Test result as an interval of real numbers	IVL_REAL	0	1	
LAB202	NEDSS 1.1.3	Filler Number	Filler Result Number	ID	0	1	
NOT106	NEDSS 1.1.3	Date Sent	Date the report is sent to an entity outside the case jurisdiction of occurrence.	DATE	0	1	
VAC102	NEDSS 1.1.3	Vaccination Record ID	A system generated ID for a vaccination record.	ID	0	1	
VAC103	NEDSS 1.1.3	Vaccination Administered Date	The date that the vaccination was administered.	DATE	0	1	
VAC104	NEDSS 1.1.3	Vaccination Anatomical Site	The anatomical site where the vaccination was given.	CE	0	1	PHVS_NIP_ANATOMIC_ST
VAC105	NEDSS 1.1.3	Age At Vaccination	The person's age at the time the vaccination was given (include age units)	PQ	0	1	PHVS_AgeUnit_UCUM
VAC107	NEDSS 1.1.3	Manufacturer	The manufacturer of the vaccination administered	CE	0	1	PHVS_ManufacturersOfVaccinesMVX_CDC_NIP
VAC108	NEDSS 1.1.3	Lot Number	The lot number of the vaccination administered	ST	0	1	
VAC109	NEDSS 1.1.3	Expiration Date	The expiration date of the vaccination administered.	DATE	0	1	
VAC112	NEDSS 1.1.3	Organization Name	The name of the organization that was responsible for administering the vaccination to the person.	ST	0	1	
VAC117	NEDSS 1.1.3	Organization ID	System-assigned Local ID for the organization who gave this vaccination.	ID	0	1	
VAC118	NEDSS 1.1.3	Organization ID Manufacturer	System-assigned Local ID for the Vaccination manufacturer of this vaccination.	ID	0	1	

**Case Notification
Generic BMIRD**

Attachment 8

UID	AppVer	Label	Description	Fmt	Min	Max	VSName
BMD100	NEDSS 1.1.3	ABCsCase	Does the investigation fit the case definition for an ABCs case?	CE	0	1	PHVS_YN
BMD101	NEDSS 1.1.3	StateID-ABCs	The state ABCS case ID.	ID	0	1	
BMD102	NEDSS 1.1.3	CultHospID	The hospital or lab ID number where the culture was identified.	ID	0	1	
BMD103	NEDSS 1.1.3	Transfer	Was the patient transferred from another hospital?	CE	0	1	PHVS_YNU
BMD104	NEDSS 1.1.3	TransID	The ID of the initial hospital, if the patient was transferred from another hospital.	ID	0	1	
BMD105	NEDSS 1.1.3	Daycare	If <6 years of age is the patient in daycare?	CE	0	1	PHVS_YNU
BMD106	NEDSS 1.1.3	DaycareFacname	The name of the daycare facility.	ST	0	1	
BMD107	NEDSS 1.1.3	Nurshome	Does the patient reside in a nursing home or other chronic care facility?	CE	0	1	PHVS_YNU
BMD108	NEDSS 1.1.3	NHName	The name of the nursing home or chronic care facility.	ST	0	1	
BMD112	NEDSS 1.1.3	Foutcome	The outcome of the fetus if the patient was pregnant or post-partum at the time of first positive culture.	CE	0	1	PHVS_OUTCOME_L_BIRTH
BMD113	NEDSS 1.1.3	Under1Mnth	Is the patient less than one month of age?	CE	0	1	PHVS_YNU
BMD114	NEDSS 1.1.3	Gestage	The gestational age of the infant. (include units)	PQ	0	1	PHVS_AGE_UNIT
BMD115	NEDSS 1.1.3	BWght	The birth weight of the infant (include units)	PQ	0	1	PHVS_WeightUnit_UCUM
BMD118	NEDSS 1.1.3	Syndrm	The types of infection that are caused by the organism. This is a multi-select field.	CE	0	N	PHVS_BM_INFEC_TYPE
BMD119	NEDSS 1.1.3	SpecSyn	Other infection that is caused by the organism. (free text)	ST	0	N	
BMD120	NEDSS 1.1.3	Species	The bacterial species that was isolated from any normally sterile site.	CE	0	1	PHVS_BM_SPEC_ISOL
BMD121	NEDSS 1.1.3	OthBug1	Other bacterial species that was isolated from any normally sterile site.	CE	0	1	PHVS_BM_OTHER_BAC_SP
BMD122	NEDSS 1.1.3	SterSite	The sterile sites from which the organism was isolated. This is a multi-select field.	CE	0	N	PHVS_BM_ORG_ISO_S1
BMD123	NEDSS 1.1.3	OthSter	Other sterile site from which the organism was isolated. (free text)	ST	0	1	
BMD124	NEDSS 1.1.3	FirstPosCultDate	The date the first positive culture was obtained. (Diagnosis date)	DATE	0	1	
BMD124a	NEDSS 1.1.3	POSITIVECULTURE	Was there a positive culture?	CE	0	1	PHVS_YNU
BMD125	NEDSS 1.1.3	NonSter	The nonsterile sites from which the organism was isolated. This is a multi-select field.	CE	0	N	PHVS_BM_ORG_ISO_S2
BMD126	NEDSS 1.1.3	UnderCond	Did the patient have any underlying conditions?	CE	0	1	PHVS_YNU
BMD127	NEDSS 1.1.3	Cond	The underlying conditions that the subject has. This is a multi-select field.	CE	0	N	PHVS_BM_UNDERL_CAUSE

**Case Notification
Generic BMIRD**

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UID	AppVer	Label	Description	Fmt	Min	Max	VSName
BMD128	NEDSS 1.1.3	OthMalig	Other malignancy that the subject had as an underlying condition. (free text)	ST	0	1	
BMD129	NEDSS 1.1.3	OthOrgan	Detail of the organ transplant that the subject had as an underlying condition. (free text)	ST	0	1	
BMD130	NEDSS 1.1.3	OthIll	Other prior illness that the subject had as an underlying condition. (free text)	ST	0	1	
BMD150	NEDSS 1.1.3	AUDIT	Was the case first identified through audit?	CE	0	1	PHVS_YNU
BMD151	NEDSS 1.1.3	RELAPSE	Does this case have recurrent disease with the same pathogen?	CE	0	1	PHVS_YNU
BMD152	NEDSS 1.1.3	PREVID	The state ID of the previous ABCS case.	ID	0	1	
BMD267	NEDSS 1.1.3	BIRTHTIME	The baby's time of birth.	TS	0	1	
BMD268	NEDSS 1.1.3	OTHOTHSPC	Another Bacterial Species not listed in the Other Bacterial Species drop-down list.	ST	0	1	
BMD269	NEDSS 1.1.3	STATUS	The status of the case report.	CE	0	1	PHVS_BM_CRF_STS
BMD277	NEDSS 1.1.3	TransferHospital Name	The name of the initial hospital, if the patient was transferred from another hospital.	ST	0	1	
BMD279	NEDSS 1.1.3	Hospital Name Culture	The hospital or lab name where the culture was identified.	ST	0	1	
BMD292	NEDSS 1.1.3	Other Non-ABCS Bacterial Species	If polymicrobial ABCS case, select other non-ABCS bacterial species isolated from any normally sterile site. This is a multi-select field.	CE	0	N	PHVS_BM_OTHER_BAC_SP
BMD293	NEDSS 1.1.3	Other Bacterial Species 1	Allows text entry of a bacterial species not included in the other non-ABCS multi-select list.	ST	0	1	
BMD294	NEDSS 1.1.3	Other Bacterial Species 2	Allows text entry of another bacterial species not included in the other non-ABCS multi-select list.	ST	0	1	
BMD295	NEDSS 1.1.3	Internal Body Site	Specifies the Internal Body Site where the organism was located.	CE	0	1	PHVS_BM_ORG_ISO_S3
BMD296	NEDSS 1.1.3	Other Prior Illness 2	Other prior illness as an underlying subject condition. (free text)	ST	0	1	
BMD297	NEDSS 1.1.3	Other Prior Illness 3	Other prior illness as an underlying subject condition. (free text)	ST	0	1	
BMD298	NEDSS 1.1.3	Other Nonsterile Site	Other nonsterile site from which the organism was isolated (free text).	ST	0	1	

**Case Notification
Streptococcus Group A Data Elements**

Attachment 8

UID	AppVer	Label	Description	Fmt	Min	Max	VSName
BMD145	NEDSS 1.1.3	SURGERY	Did the patient have surgery?	CE	0	1	PHVS_YNU
BMD146	NEDSS 1.1.3	SURGDATE	The date of the surgery.	DATE	0	1	
BMD147	NEDSS 1.1.3	DELIVERY	Did the patient have a baby (vaginal or C-section)?	CE	0	1	PHVS_YNU
BMD148	NEDSS 1.1.3	BABYDATE	The date of the baby's delivery.	DATE	0	1	
BMD149	NEDSS 1.1.3	GASCOND	Did the patient have other prior conditions? This is a multi-select field.	CE	0	N	PHVS_BM_GAS_COND

**Case Notification
Haemophilus influenzae Data Elements**

Attachment 8

UID	AppVer	Label	Description	Fmt	Min	Max	VSName
BMD131	NEDSS 1.1.3	Serotype	The serotype of the culture.	CE	0	1	PHVS_BM_SERO_TYPE
BMD132	NEDSS 1.1.3	HIBVacc	If <15 years of age and serotype is 'b' or 'unk', did the patient receive Haemophilus Influenzae b vaccine?	CE	0	1	PHVS_YNU
BMD171	NEDSS 1.1.3	MEDINS	The type of medical insurance that the family has.	CE	0	1	PHVS_MED_INS_TYPE
BMD172	NEDSS 1.1.3	OTHINS	Other medical insurance type.	ST	0	1	
BMD175	NEDSS 1.1.3	HIBCON	Is there a known previous contact with Hib disease within the preceding two months?	CE	0	1	PHVS_YNU
BMD176	NEDSS 1.1.3	CONTYPE	Type of previous contact with Hib disease within the preceding two months.	ST	0	1	
BMD177	NEDSS 1.1.3	SIGHIST	The patient's significant past medical history.	CE	0	N	PHVS_BM_MED_HIST
BMD178	NEDSS 1.1.3	PREWEEKS	The number of weeks of a preterm birth (less than 37 weeks).	PQ	0	1	PHVS_AGE_UNIT
BMD179	NEDSS 1.1.3	SPECHIV	Specify immunosuppression/HIV.	ST	0	1	
BMD180	NEDSS 1.1.3	OTHSIGHIST	Specify other prior condition.	ST	0	1	
BMD208	NEDSS 1.1.3	ACUTESER	Is acute serum available?	CE	0	1	PHVS_YNU
BMD209	NEDSS 1.1.3	ACUTESERDT	Date of acute serum availability.	DATE	0	1	
BMD210	NEDSS 1.1.3	CONVSER	Is convalescent serum available?	CE	0	1	PHVS_YNU
BMD211	NEDSS 1.1.3	CONVSERDT	Date of convalescent serum availability.	DATE	0	1	
BMD276	NEDSS 1.1.3	BIRTHCTRY	The person's country of birth.	CE	0	1	PHVS_Country_ISO_3166-1
BMD299	NEDSS 1.1.3	Other Serotype	Allows free text entry of a serotype not included in the serotype dropdown list.	ST	0	1	
BMD300	NEDSS 1.1.3	LT 15 Years	Indicates if the patient was less than 15 years of age at the time of first positive culture.	CE	0	1	PHVS_YNU

**Case Notification
Neisseria Meningitidis Data Elements**

Attachment 8

UID	AppVer	Label	Description	Fmt	Min	Max	VSName
BMD133	NEDSS 1.1.3	Serogroup	The serogroup of the culture.	CE	0	1	PHVS_BM_SERO_GRP
BMD134	NEDSS 1.1.3	OthSero	Other serogroup of the culture.	ST	0	1	
BMD135	NEDSS 1.1.3	College	Is patient currently attending college? This question is only applicable if the patient is 15-24 years of age.	CE	0	1	PHVS_YNU
BMD161	NEDSS 1.1.3	CASEID	How was the case identified?	CE	0	1	PHVS_BM_CASE_DET_M
BMD162	NEDSS 1.1.3	OTHSTRST	Other sterile site from which species was isolated. (text)	ST	0	1	
BMD163	NEDSS 1.1.3	OTHID	Other case identification method.	ST	0	1	
BMD164	NEDSS 1.1.3	SCHOOLYR	The patient's year in college. (Freshman, Sophomore, etc.)	CE	0	1	PHVS_YR_IN_SCHOOL
BMD165	NEDSS 1.1.3	STUDTYPE	The patient's status in college as defined by the university.	CE	0	1	PHVS_STUDENT_TYPE
BMD166	NEDSS 1.1.3	HOUSE	The patient's current living situation.	CE	0	1	PHVS_HOUSING_TYPE
BMD167	NEDSS 1.1.3	OTHHOUSE	Other housing option.	ST	0	1	
BMD168	NEDSS 1.1.3	SCHOOLNM	The full name of the college or university the patient is currently attending.	ST	0	1	
BMD169	NEDSS 1.1.3	POLYVAC	Has patient received the polysaccharide meningococcal vaccine?	CE	0	1	PHVS_YNU
BMD271	NEDSS 1.1.3	SECCASE	Is this case of Neisseria meningitidis a secondary case.	CE	0	1	PHVS_YNU
BMD272	NEDSS 1.1.3	SECCASETY	Type of secondary contact for a case of Neisseria meningitidis.	CE	0	1	PHVS_BM_SEC_CASE_TY
BMD273	NEDSS 1.1.3	OTHSECCASE	Other field available if the secondary case type selected is other.	ST	0	1	
BMD274	NEDSS 1.1.3	NMSULFRES	Neisseria meningitidis resistance to Sulfa.	CE	0	1	PHVS_YNU
BMD275	NEDSS 1.1.3	NMRIFARES	Neisseria meningitidis resistance to Rifampin.	CE	0	1	PHVS_YNU

**Case Notification
Streptococcus Pneumoniae Data Elements**

Attachment 8

UID	AppVer	Label	Description	Fmt	Min	Max	VSName
BMD136	NEDSS 1.1.3	Oxazone	The oxacillin zone size for cases of Streptococcus pneumoniae.	PQ	0	1	PHVS_UnitsOfMeasure_UCUM
BMD137	NEDSS 1.1.3	OxaScrn	The oxacillin interpretation for cases of Streptococcus pneumoniae.	CE	0	1	PHVS_BM_OXA_RSLT
BMD138	NEDSS 1.1.3	PNEUVACC	Has patient received 23-valent pneumococcal polysaccharide vaccine?	CE	0	1	PHVS_YNU
BMD139	NEDSS 1.1.3	PNEUCONJ	If less than fifteen years of age, did the patient receive pneumococcal conjugate vaccine?	CE	0	1	PHVS_YNU
BMD140	NEDSS 1.1.3	PERSIST	Does the patient have persistent disease as defined by positive sterile site isolates 2-7 days after the first positive isolate?	CE	0	1	PHVS_YNU
BMD141	NEDSS 1.1.3	SPCULT1	The date the first additional specimen was collected.	DATE	0	1	
BMD142	NEDSS 1.1.3	SPSITE1	The sites from which the first Streptococcus pneumoniae culture was isolated. This is a multi-select field.	CE	0	N	PHVS_BM_ORG_ISO_S1
BMD143	NEDSS 1.1.3	SPCULT2	The date the second additional specimen was collected.	DATE	0	1	
BMD144	NEDSS 1.1.3	SPSITE2	The sites from which the second Streptococcus pneumoniae culture was isolated. This is a multi-select field.	CE	0	N	PHVS_BM_ORG_ISO_S1

Case Notification
Animal Rabies Data Elements

Attachment 8

UID	AppVer	Label	Description	Fmt	Min	Max	VSName
ARI100	NEDSS 1.1.3	Species	Species of animal that transmitted rabies.	CE	0	1	PHVS_SPECIES_RABIES
ARI101	NEDSS 1.1.3	Other Species	Other species of animal that transmitted rabies (free text)	ST	0	1	

**Case Notification
Congenital Rubella Syndrome Data Elements**

Attachment 8

UID	AppVer	Label	Description	Fmt	Min	Max	VSName
CRS002	NEDSS 1.1.3	Last Evaluation Date	The date the patient was last evaluated by a healthcare provider.	DATE	0	1	
CRS005	NEDSS 1.1.3	Primary Death Cause	The primary cause of death, as noted on the death certificate.	ST	0	1	
CRS006	NEDSS 1.1.3	Secondary Death Cause	The secondary cause of death, as noted on the death certificate.	ST	0	1	
CRS007	NEDSS 1.1.3	AutopsyPerformed	Was an autopsy performed on the body?	CE	0	1	PHVS_YNU
CRS008	NEDSS 1.1.3	Final Diagnosis Death	The final anatomical cause of death	ST	0	1	
CRS009	NEDSS 1.1.3	Infant Birth State	Allows selection of the state where the patient was born	CE	0	1	PHVS_State_FIPS_5-2
CRS010	NEDSS 1.1.3	Infant Gestational Age Birth - Weeks	The patient's gestational age at birth. (include age units)	PQ	0	1	PHVS_AgeUnit_UCUM
CRS011	NEDSS 1.1.3	Infant Age Diagnosis	The infant's age at the time of CRS diagnosis. (include units)	PQ	0	1	PHVS_AgeUnit_UCUM
CRS013	NEDSS 1.1.3	Infant Birth Weight	The infant's birth weight (include units)	PQ	0	1	PHVS_WeightUnit_UCUM
CRS015	NEDSS 1.1.3	Cataracts	Did/does the infant have cataracts? (Group A)	CE	0	1	PHVS_YNU
CRS016	NEDSS 1.1.3	Hearing Impairment	Did/does the infant have hearing impairment (loss)? (Group A)	CE	0	1	PHVS_YNU
CRS017	NEDSS 1.1.3	Congenital Heart Disease	Did the infant have a congenital heart disease? (Group A)	CE	0	1	PHVS_YNU
CRS018	NEDSS 1.1.3	Patent Ductus Arteriosus	Did the infant have patent ductus arteriosus? (Group A)	CE	0	1	PHVS_YNU
CRS019	NEDSS 1.1.3	Peripheral Pulmonic Stenosis	Did the infant have peripheral pulmonic stenosis? (Group A)	CE	0	1	PHVS_YNU
CRS020	NEDSS 1.1.3	Other Congenital Heart Disease	Did the infant have another congenital heart disease? (Group A)	CE	0	1	PHVS_YNU
CRS021	NEDSS 1.1.3	Other Type	If the infant had another congenital heart disease, what was it? (Group A)	ST	0	1	
CRS022	NEDSS 1.1.3	Mother Rash	Did the mother have a maculopapular rash?	CE	0	1	PHVS_YNU
CRS022a	NEDSS 1.1.3	Mothers Rash Onset Date	What was the rash onset date?	DATE	0	1	
CRS024	NEDSS 1.1.3	Mother Fever	Did the mother have a fever?	CE	0	1	PHVS_YNU
CRS027	NEDSS 1.1.3	Mother ArthralgiaArthritis	Did the mother have arthralgia/arthritis?	CE	0	1	PHVS_YNU
CRS028	NEDSS 1.1.3	Mother Lymphadenopathy	Did the mother have lymphadenopathy?	CE	0	1	PHVS_YNU
CRS030	NEDSS 1.1.3	Congenital Glaucoma	Did the infant have congenital glaucoma? (Group A)	CE	0	1	PHVS_YNU
CRS031	NEDSS 1.1.3	Pigmentary Retinopathy	Did the infant have pigmentary retinopathy? (Group A)	CE	0	1	PHVS_YNU
CRS032	NEDSS 1.1.3	Developmental Delay	Did/does the infant have developmental delay or mental retardation? (Group B)	CE	0	1	PHVS_YNU
CRS033	NEDSS 1.1.3	Meningoencephalitis	Did the infant have meningoencephalitis? (Group B)	CE	0	1	PHVS_YNU
CRS034	NEDSS 1.1.3	Microencephaly	Did the infant have microencephaly? (Group B)	CE	0	1	PHVS_YNU
CRS035	NEDSS 1.1.3	Purpura	Did the infant have purpura? (Group B)	CE	0	1	PHVS_YNU

**Case Notification
Congenital Rubella Syndrome Data Elements**

Attachment 8

UID	AppVer	Label	Description	Fmt	Min	Max	VSName
CRS036	NEDSS 1.1.3	Enlarged Spleen	Did/does the infant have an enlarged spleen? (Group B)	CE	0	1	PHVS_YNU
CRS037	NEDSS 1.1.3	Enlarged Liver	Did/does the infant have an enlarged liver? (Group B)	CE	0	1	PHVS_YNU
CRS038	NEDSS 1.1.3	Radiolucent Bone Disease	Did the infant have radiolucent bone disease? (Group B)	CE	0	1	PHVS_YNU
CRS039	NEDSS 1.1.3	Neonatal Jaundice	Did the infant have jaundice? (Group B)	CE	0	1	PHVS_YNU
CRS040	NEDSS 1.1.3	Low Platelets	Did the infant have low platelets? (Group B)	CE	0	1	PHVS_YNU
CRS041	NEDSS 1.1.3	Dermal Erythroipoeses	Did infant have dermal erythroipoesis? (Group B)	CE	0	1	PHVS_YNU
CRS042	NEDSS 1.1.3	Other Abnormalities	Did the infant have any other abnormalities? (Group B)	CE	0	1	PHVS_YNU
CRS043	NEDSS 1.1.3	Other Abnormalities 1	If the infant had other abnormalities, what was the first other abnormality?	ST	0	1	
CRS044	NEDSS 1.1.3	Other Abnormalities 2	If the infant had other abnormalities, what was the second other abnormality?	ST	0	1	
CRS045	NEDSS 1.1.3	Other Abnormalities 3	If the infant had other abnormalities, what was the third other abnormality?	ST	0	1	
CRS046	NEDSS 1.1.3	Other Abnormalities 4	If the infant had other abnormalities, what was the fourth other abnormality?	ST	0	1	
CRS049	NEDSS 1.1.3	Laboratory Testing	Was laboratory testing done for rubella on this infant?	CE	0	1	PHVS_YNU
CRS050	NEDSS 1.1.3	Rubella IgM EIA Test	Was a rubella IgM EIA test done?	CE	0	1	PHVS_YNU
CRS051	NEDSS 1.1.3	Date Rubella IgM EIA Test	Date of the rubella IgM EIA test (non-capture)	DATE	0	1	
CRS052	NEDSS 1.1.3	Result Rubella IgM EIA Test	Result of rubella IgM EIA test (non-capture)	CE	0	1	PHVS_NIP_RSLT_QUAL
CRS053	NEDSS 1.1.3	Rubella IgM EIA Capture	Was a rubella IgM EIA capture test done?	CE	0	1	PHVS_YNU
CRS054	NEDSS 1.1.3	Date Rubella IgM EIA capture	Date of rubella IgM EIA capture test?	DATE	0	1	
CRS055	NEDSS 1.1.3	Result of Rubella IgM EIA capture	Result of rubella IgM EIA capture test?	CE	0	1	PHVS_NIP_RSLT_QUAL
CRS056	NEDSS 1.1.3	Rubella IgM other Test	Was another rubella IgM test done?	CE	0	1	PHVS_YNU
CRS057	NEDSS 1.1.3	Other Rubella IgM	Specify the other IgM test	ST	0	1	
CRS058	NEDSS 1.1.3	Date Rubella IgM other	Date of other rubella IgM test	DATE	0	1	
CRS059	NEDSS 1.1.3	Result Rubella IgM other	Result of other rubella IgM test	CE	0	1	PHVS_NIP_RSLT_QUAL
CRS060	NEDSS 1.1.3	Rubella IgG Test-1	Was rubella IgG test #1 done?	CE	0	1	PHVS_YNU
CRS061	NEDSS 1.1.3	Date Rubella IgG Test -1	Date of rubella IgG test #1	DATE	0	1	
CRS062	NEDSS 1.1.3	Rubella IgG Test -2	Was rubella IgG test #2 done?	CE	0	1	PHVS_YNU
CRS063	NEDSS 1.1.3	Date Rubella IgG Test-2	Date of rubella IgG test #2	DATE	0	1	
CRS064	NEDSS 1.1.3	Test Difference	Difference between IgG test #1 and test #2	CE	0	1	PHVS_NIP_IGG_DIFF
CRS065	NEDSS 1.1.3	Virus Isolation	Was a virus isolation done?	CE	0	1	PHVS_YNU
CRS066	NEDSS 1.1.3	Date Virus Isolation	Date of virus isolation	DATE	0	1	
CRS067	NEDSS 1.1.3	Source Virus Isolation	Source of virus isolation specimen	CE	0	1	PHVS_CRG_SPECMN_SRC
CRS068	NEDSS 1.1.3	Other Virus Isolation source	If another source, specify the other source	ST	0	1	
CRS069	NEDSS 1.1.3	Result Virus Isolation	Result of the virus isolation	CE	0	1	PHVS_RUB_VIR_RSLT

**Case Notification
Congenital Rubella Syndrome Data Elements**

Attachment 8

UID	AppVer	Label	Description	Fmt	Min	Max	VSName
CRS070	NEDSS 1.1.3	RT-PCR Test	Was a RT-PCR test done?	CE	0	1	PHVS_YNU
CRS071	NEDSS 1.1.3	Date RT-PCR	Date of RT-PCR test	DATE	0	1	
CRS072	NEDSS 1.1.3	Source RT-PCR	Source of RT-PCR specimen	CE	0	1	PHVS_CRS_SPECMN_SRC
CRS073	NEDSS 1.1.3	Result RT-PCR	Result of RT-PCR test	CE	0	1	PHVS_RUB_VIR_RSLT
CRS074	NEDSS 1.1.3	Other laboratory Test	Was other laboratory testing done for rubella?	CE	0	1	PHVS_YNU
CRS075	NEDSS 1.1.3	Other Rubella Lab Test	Specify the other rubella lab test	ST	0	1	
CRS076	NEDSS 1.1.3	Result Other Rubella Lab Test	Result of the other rubella lab test	ST	0	1	
CRS077	NEDSS 1.1.3	CDC Genotyping	Were clinical specimens sent to CDC for genotyping (molecular typing)?	CE	0	1	PHVS_YNU
CRS080	NEDSS 1.1.3	Mother Birth Country	The mother's country of birth	CE	0	1	PHVS_Country_ISO_3166-1
CRS081	NEDSS 1.1.3	Mother Delivery Age	The age of the mother when this infant was delivered	PQ	0	1	PHVS_AgeUnit_UCUM
CRS082	NEDSS 1.1.3	Mother Occupation	The mother's occupation at time of this conception	ST	0	1	
CRS083	NEDSS 1.1.3	Time Mother In US	Length of time (in years) the mother has been in the US	PQ	0	1	PHVS_DurationUnit_UCUM
CRS084	NEDSS 1.1.3	Children LT 18 In Household	The number of children less than 18 years of age living in household during this pregnancy	INT	0	1	
CRS085	NEDSS 1.1.3	Children Household Immunized	Were any of the children less than 18 years of age immunized with the rubella vaccine?	CE	0	1	PHVS_YNU
CRS086	NEDSS 1.1.3	Number Children Household Immunized	The number of children less than 18 years of age immunized with the rubella vaccine	INT	0	1	
CRS087	NEDSS 1.1.3	Attend Family Planning	Did the mother attend a family planning clinic prior to conception of this infant?	CE	0	1	PHVS_YNU
CRS088	NEDSS 1.1.3	Prenatal Care	Was prenatal care obtained for this pregnancy?	CE	0	1	PHVS_YNU
CRS089	NEDSS 1.1.3	Date First Prenatal Visit	Date of the first prenatal visit for this pregnancy	DATE	0	1	
CRS090	NEDSS 1.1.3	Prenatal Care Location	Where was the prenatal care for this pregnancy obtained?	CE	0	1	PHVS_RUB_PRE_CARE_T
CRS091	NEDSS 1.1.3	Rubella-Like Illness	Was there a rubella-like illness during this pregnancy?	CE	0	1	PHVS_YNU
CRS092	NEDSS 1.1.3	Month Pregnancy First symptoms	The month of pregnancy that rubella-like symptoms appeared	INT	0	1	
CRS093	NEDSS 1.1.3	Rubella Diagnosed By MD	Was rubella diagnosed by a physician at time of illness?	CE	0	1	PHVS_YNU
CRS094	NEDSS 1.1.3	Non-MD Dx	If rubella was not diagnosed by a physician, then diagnosed by whom?	ST	0	1	
CRS095	NEDSS 1.1.3	Serologically Confirmed	Was rubella serologically confirmed at time of illness?	CE	0	1	PHVS_YNU
CRS096	NEDSS 1.1.3	Known Exposure	Did the mother know where she might have been exposed to rubella?	CE	0	1	PHVS_YNU

**Case Notification
Congenital Rubella Syndrome Data Elements**

Attachment 8

UID	AppVer	Label	Description	Fmt	Min	Max	VSName
CRS097	NEDSS 1.1.3	Where Acquired	General location of where the mother acquired rubella	CE	0	1	PHVS_PHC_IMPRT
CRS098	NEDSS 1.1.3	Imported Country	The country in which the mother acquired rubella	CE	0	1	PHVS_Country_ISO_3166-1
CRS099	NEDSS 1.1.3	Imported City	The city in which the mother acquired rubella	ST	0	1	
CRS100	NEDSS 1.1.3	Mother Travel Outside US	If the rubella exposure is unknown, did the mother travel outside the US during the 1st trimester of pregnancy?	CE	0	1	PHVS_YNU
CRS101	NEDSS 1.1.3	Date Mother Left US Travel-1	The date the mother left US for travel (first trip)	DATE	0	1	
CRS102	NEDSS 1.1.3	Date Mother Returned US Travel-1	The date the mother returned to US from travel (first trip)	DATE	0	1	
CRS103	NEDSS 1.1.3	Date Mother Left US Travel-2	The date the mother left the US for travel (second trip)	DATE	0	1	
CRS104	NEDSS 1.1.3	Date Mother Returned US Travel-2	The date the mother returned to US from travel (second trip)	DATE	0	1	
CRS105	NEDSS 1.1.3	Mother Directly Exposed	Was the mother directly exposed to a confirmed rubella case?	CE	0	1	PHVS_YNU
CRS106	NEDSS 1.1.3	Direct Exposure Relationship	The mother's relationship to the confirmed rubella case	CE	0	1	PHVS_PER_REL_TY
CRS107	NEDSS 1.1.3	Date Direct Exposure	The mother's exposure date to the confirmed rubella case	DATE	0	1	
CRS139	NEDSS 1.1.3	Result Rubella IgG Test-1	Result rubella IgG test #1	CE	0	1	PHVS_NIP_RSLT_QUAL
CRS140	NEDSS 1.1.3	Result Rubella IgG Test-2	Result of rubella IgG test #2	CE	0	1	PHVS_NIP_RSLT_QUAL
CRS141	NEDSS 1.1.3	Date Other Rubella Test	Date of other rubella lab test	DATE	0	1	
CRS142	NEDSS 1.1.3	Non-CRS 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	CE	0	1	PHVS_CRS_NO_CASE_RSN
CRS143	NEDSS 1.1.3	Date Sent Genotyping	Date the specimen was sent to the CDC for genotyping	DATE	0	1	
CRS144	NEDSS 1.1.3	Rubella IgG Test-1 Result	Result value of test #1	ST	0	1	
CRS145	NEDSS 1.1.3	Rubella IgG Test -2 Result	Result value of test #2	ST	0	1	
CRS147	NEDSS 1.1.3	Mother Immunized	Was the mother immunized with rubella vaccine?	CE	0	1	PHVS_YNU
CRS148	NEDSS 1.1.3	Date Mother Vaccinated	Date the mother was immunized with rubella vaccine	DATE	0	1	
CRS149	NEDSS 1.1.3	Source Mother Vaccine Information	Source of mother's rubella immunization information R	CE	0	1	PHVS_CRS_VAC_INFO
CRS150	NEDSS 1.1.3	Other Source Mother Vaccine Information	Other source of mother's rubella immunization information	ST	0	1	
CRS151	NEDSS 1.1.3	Source Mother Vaccine	Source of mother's rubella vaccine	CE	0	1	PHVS_RUB_PRE_CARE_T
CRS152	NEDSS 1.1.3	Other Clinical Features	Mother's other clinical features of maternal illness	ST	0	1	
CRS153	NEDSS 1.1.3	Previous US Birth	Has mother given birth in the US previously?	CE	0	1	PHVS_YNU

**Case Notification
Congenital Rubella Syndrome Data Elements**

Attachment 8

UID	AppVer	Label	Description	Fmt	Min	Max	VSName
CRS154	NEDSS 1.1.3	Dates Previous Births	List years in which mother has given birth in US previously	ST	0	1	
CRS157	NEDSS 1.1.3	Specify Other RT-PCR Specimen Source	Specify other specimen source of RT-PCR	ST	0	1	
CRS158	NEDSS 1.1.3	Number Previous Pregnancies	Mother's number of previous pregnancies	INT	0	1	
CRS159	NEDSS 1.1.3	Number Live Births-Total	Mother's total number of live births	INT	0	1	
CRS160	NEDSS 1.1.3	Number US Births	Mother's number of births delivered in US	INT	0	1	
CRS161	NEDSS 1.1.3	Mother Serological Testing	Did the mother have serological testing prior to this pregnancy?	CE	0	1	PHVS_YNU
CRS162	NEDSS 1.1.3	Imported State	The state in which the mother acquired rubella	CE	0	1	PHVS_State_FIPS_5-2
CRS163	NEDSS 1.1.3	Imported County	The county in which the mother acquired rubella	CE	0	1	PHVS_County_FIPS_6-4
CRS164	NEDSS 1.1.3	Mother Country Travel-1	The country in which the mother traveled (first trip)	CE	0	1	PHVS_Country_ISO_3166-1
CRS165	NEDSS 1.1.3	Mother Country Travel-2	The country in which the mother traveled (second trip)	CE	0	1	PHVS_Country_ISO_3166-1
CRS166	NEDSS 1.1.3	Exposure Relationship	Specify mother's other relationship to confirmed rubella case	ST	0	1	
CRS167	NEDSS 1.1.3	IgM EIA-1st Test Value	The test result value for IgM EIA (1st) test.	ST	0	1	
CRS168	NEDSS 1.1.3	IgM EIA-2nd Test Value	The test result value for IgM EIA (2nd) test.	ST	0	1	
CRS169	NEDSS 1.1.3	ImG Other Test Value	The test result value for IgM, other test.	ST	0	1	
CRS170	NEDSS 1.1.3	RT PCR Test Value	The test result value for RT-PCR test.	ST	0	1	
CRS171	NEDSS 1.1.3	Other Rubella Test Value	The test result value for other rubella test.	ST	0	1	
CRS172	NEDSS 1.1.3	Rubella Specimen Type	The specimen type that was sent to the CDC for genotyping.	CE	0	1	PHVS_CRS_SPECMN_SRC
CRS173	NEDSS 1.1.3	Other Rubella Specimen Type	The specimen type (other) that was sent to the CDC for genotyping.	ST	0	1	
CRS174	NEDSS 1.1.3	Serologically Confirmed Date	The date rubella was serologically confirmed.	DATE	0	1	
CRS175	NEDSS 1.1.3	Serologically Confirmed Result	The result of the rubella serological confirmation.	CE	0	1	PHVS_NIP_RSLT_QUAL
CRS176	NEDSS 1.1.3	Rubella Lab Testing Mother	Was rubella lab testing performed for the mother in conjunction with this pregnancy?	CE	0	1	PHVS_YNU
CRS177	NEDSS 1.1.3	Mother Reported Rubella Case	Has the mother ever been reported as a rubella case?	CE	0	1	PHVS_YNU
CRS178	NEDSS 1.1.3	IgM EIA-1st Method Used	The method used for the IgM EIA test (1st).	CE	0	1	PHVS_CRS_TEST_METHOD
CRS179	NEDSS 1.1.3	IgM EIA-2nd Method Used	The method used for the IgM EIA test (2nd).	CE	0	1	PHVS_CRS_TEST_METHOD
CRS180	NEDSS 1.1.3	Infant Death From CRS	Did the infant die from CRS or complications associated with CRS?	CE	0	1	PHVS_YNU

**Case Notification
Measles Data Elements**

Attachment 8

UID	AppVer	Label	Description	Fmt	Min	Max	VSName
MEA001	NEDSS 1.1.3	Rash	Did the person being reported in this investigation have a rash?	CE	0	1	PHVS_YNU
MEA002	NEDSS 1.1.3	Rash Onset Date	What was the onset date of the person's rash?	DATE	0	1	
MEA003	NEDSS 1.1.3	Rash Duration	How many days did the rash being reported in this investigation last?	PQ	0	1	PHVS_DurationUnit_UCUM
MEA004	NEDSS 1.1.3	Generalized Rash	Was the rash generalized? (Occurring on more than one or two parts of the body?)	CE	0	1	PHVS_YNU
MEA005	NEDSS 1.1.3	Fever	Did the person have a fever? (i.e., a measured temperature >2 degrees above normal)	CE	0	1	PHVS_YNU
MEA006	NEDSS 1.1.3	Highest Measured Temperature	What was the person's highest measured temperature during this illness? (Include units)	PQ	0	1	PHVS_TemperatureUnits_UCUM
MEA008	NEDSS 1.1.3	Cough	Did the person develop a cough during this illness?	CE	0	1	PHVS_YNU
MEA009	NEDSS 1.1.3	Croup	Did the person develop croup as a complication of measles?	CE	0	1	PHVS_YNU
MEA010	NEDSS 1.1.3	Coryza	Did the person develop coryza (runny nose) during this illness?	CE	0	1	PHVS_YNU
MEA011	NEDSS 1.1.3	Hepatitis	Did the person develop hepatitis after contracting measles?	CE	0	1	PHVS_YNU
MEA012	NEDSS 1.1.3	Conjunctivitis	Did the person develop conjunctivitis during this illness?	CE	0	1	PHVS_YNU
MEA013	NEDSS 1.1.3	Otitis Media	Did the person develop otitis media as a complication of this illness?	CE	0	1	PHVS_YNU
MEA014	NEDSS 1.1.3	Diarrhea	Did the person develop diarrhea as a complication of this illness?	CE	0	1	PHVS_YNU
MEA015	NEDSS 1.1.3	Pneumonia	Did the person develop pneumonia as a complication of this illness?	CE	0	1	PHVS_YNU
MEA016	NEDSS 1.1.3	Encephalitis	Did the person develop encephalitis as a complication of this illness?	CE	0	1	PHVS_YNU
MEA017	NEDSS 1.1.3	Thrombocytopenia	Did the person develop thrombocytopenia as a complication of this illness?	CE	0	1	PHVS_YNU
MEA018	NEDSS 1.1.3	Other Complications	Did the person develop an other conditions as a complication of this illness?	CE	0	1	PHVS_YNU
MEA019	NEDSS 1.1.3	Specified Other Complication	Please specify the other complication the person developed, during or as a result of this illness.	ST	0	1	
MEA027	NEDSS 1.1.3	Lab Test Performed	Was laboratory testing done to confirm a diagnosis of measles?	CE	0	1	PHVS_YNU
MEA028	NEDSS 1.1.3	Date IgM Specimen	Date the IgM specimen was taken	DATE	0	1	
MEA029	NEDSS 1.1.3	IgM Test Result	Result of the IgM test	CE	0	1	PHVS_NIP_RSLT_QUAL
MEA030	NEDSS 1.1.3	Date IgG Acute Specimen	Date the acute IgG specimen was taken	DATE	0	1	
MEA031	NEDSS 1.1.3	Date IgG Convalescent Specimen	Date the convalescent IgG specimen was taken	DATE	0	1	

**Case Notification
Measles Data Elements**

Attachment 8

UID	AppVer	Label	Description	Fmt	Min	Max	VSName
MEA032	NEDSS 1.1.3	Acute-Convalescent IgG Test Result	The interpretative result of the difference between the values for the acute and convalescent IgG tests.	CE	0	1	PHVS_NIP_IGG_DIFF
MEA033	NEDSS 1.1.3	Other Laboratory Tests	Was other laboratory testing done to confirm a diagnosis of measles?	CE	0	1	PHVS_YNU
MEA034	NEDSS 1.1.3	Specific Other Testing	Specify the other test that was performed to confirm a diagnosis of measles.	ST	0	1	
MEA035	NEDSS 1.1.3	Date Other Testing	Date other testing was done to confirm a diagnosis of measles.	DATE	0	1	
MEA036	NEDSS 1.1.3	Other Laboratory Results	Laboratory test results for other testing that was done to confirm a diagnosis of measles.	ST	0	1	
MEA038	NEDSS 1.1.3	CDC Genotyping	Were clinical specimens sent to CDC laboratories for genotyping (molecular typing)?	CE	0	1	PHVS_YNU
MEA039	NEDSS 1.1.3	MeaslesContainingVaccine	Did the person receive a measles-containing vaccine?	CE	0	1	PHVS_YNU
MEA040	NEDSS 1.1.3	ReasonNoMeaslesContainingVaccine	If the person did not receive a measles-containing vaccine, what was the reason?	CE	0	1	PHVS_VAC_NOTG_RSN
MEA042	NEDSS 1.1.3	Number of Doses Before 1st Birthday	The number of doses of measles-containing vaccine the person received before their first birthday.	INT	0	1	
MEA043	NEDSS 1.1.3	Number of Doses From 1st Birthday	The number of measles-containing vaccine doses the patient received on or after their first birthday.	INT	0	1	
MEA044	NEDSS 1.1.3	Reason Vaccinating Before Birthday	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.	CE	0	1	PHVS_VAC_NOTG_RSN
MEA045	NEDSS 1.1.3	Reason Never Received 2nd Dose	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?	CE	0	1	PHVS_VAC_NOTG_RSN
MEA059	NEDSS 1.1.3	Age 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.)?	CE	0	1	PHVS_YNU
MEA060	NEDSS 1.1.3	USA Resident	Does the person currently reside in the USA?	CE	0	1	PHVS_YNU
MEA067	NEDSS 1.1.3	Epi-linked	Specify if this case is epidemiologically-linked to another confirmed or probable case of measles?	CE	0	1	PHVS_YNU

**Case Notification
Measles Data Elements**

Attachment 8

UID	AppVer	Label	Description	Fmt	Min	Max	VSName
MEA068	NEDSS 1.1.3	Traceable Internationally	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.	CE	0	1	PHVS_YNU
MEA069	NEDSS 1.1.3	Confirmation Method	What method was used to classify the case status?	CE	0	1	PHVS_NIP_CONF_M
MEA071	NEDSS 1.1.3	Date Fever Onset	Date of fever onset.	DATE	0	1	
MEA072	NEDSS 1.1.3	Date Sent Genotyping	The date the specimens were sent to the CDC laboratories for genotyping.	DATE	0	1	
MEA073	NEDSS 1.1.3	IgM Testing Performed	Was IgM testing performed to confirm a diagnosis of measles?	CE	0	1	PHVS_YNU
MEA074	NEDSS 1.1.3	IgG Acute-Convalescent Testing	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.	CE	0	1	PHVS_YNU
MEA075	NEDSS 1.1.3	Rash Onset Within 18 Days	Did rash onset occur within 18 days of entering the USA, following any travel or living outside the USA?	CE	0	1	PHVS_YNU
MEA076	NEDSS 1.1.3	Infection Source	What was the source of the measles infection?	ST	0	1	
MEA077	NEDSS 1.1.3	Measles Specimen Type	Measles testing specimen type.	ST	0	1	

**Case Notification
Mumps Data Elements**

Attachment 8

UID	AppVer	Label	Description	Fmt	Min	Max	VSName
MUM100	NEDSS 1.1.3	Parotitis	Indicates whether the patient had parotitis.	CE	0	1	PHVS_YNU
MUM101	NEDSS 1.1.3	Meningitis	Indicates whether the patient had meningitis.	CE	0	1	PHVS_YNU
MUM102	NEDSS 1.1.3	Deafness	Indicates whether the patient had deafness as a result of the condition.	CE	0	1	PHVS_YNU
MUM103	NEDSS 1.1.3	Orchitis	Indicates whether the patient had orchitis (complication).	CE	0	1	PHVS_YNU
MUM104	NEDSS 1.1.3	Encephalitis	Indicates whether the patient had encephalitis (complication).	CE	0	1	PHVS_YNU
MUM105	NEDSS 1.1.3	Other complications	Indicates whether the patient had any other complications.	CE	0	1	PHVS_YNU
MUM106	NEDSS 1.1.3	Specific Other Complication	Free text field to specify other complications from Mumps.	ST	0	1	
MUM108	NEDSS 1.1.3	Laboratory Testing Done	Indicates whether the patient had testing done for mumps.	CE	0	1	PHVS_YNU
MUM109	NEDSS 1.1.3	IgM Testing	Indicates whether an IgM test was performed for the patient.	CE	0	1	PHVS_YNU
MUM110	NEDSS 1.1.3	IgM Specimen Date	Specifies the date the IgM test was performed.	DATE	0	1	
MUM111	NEDSS 1.1.3	IgM Specimen Result	Specifies the result of the IgM test.	CE	0	1	PHVS_NIP_RSLT_QUAL
MUM112	NEDSS 1.1.3	IgG AcuteConvalescent Testing	Indicates whether IgG Acute/Convalescent testing was performed for this patient.	CE	0	1	PHVS_YNU
MUM113	NEDSS 1.1.3	IgG Acute Specimen Date	Specifies the date the IgG Acute specimen was taken.	DATE	0	1	
MUM114	NEDSS 1.1.3	IgG Convalescent Specimen Date	Specifies the date the IgG Convalescent specimen was taken.	DATE	0	1	
MUM115	NEDSS 1.1.3	IgG AcuteConvalescent Test Result	Specifies the result of the Acute/Convalescent IgG tests.	CE	0	1	PHVS_NIP_IGG_DIFF
MUM116	NEDSS 1.1.3	Other Lab Testing	Indicates whether other laboratory testing was done.	CE	0	1	PHVS_YNU
MUM117	NEDSS 1.1.3	Other Test	Specifies the other test that was done.	ST	0	1	
MUM118	NEDSS 1.1.3	Other Test Date	Specifies the date that the other testing was done.	DATE	0	1	
MUM119	NEDSS 1.1.3	Other Test Results	Specifies the other laboratory test results.	ST	0	1	
MUM120	NEDSS 1.1.3	Genotyping Specimens Sent	Indicates whether the clinical specimens were sent to the CDC for genotyping (molecular typing).	CE	0	1	PHVS_YNU
MUM121	NEDSS 1.1.3	Genotyping Date	Specifies the date that the clinical specimens were sent for genotyping.	DATE	0	1	
MUM122	NEDSS 1.1.3	Receive Mumps Vaccine	Did the patient receive mumps-containing vaccine?	CE	0	1	PHVS_YNU
MUM123	NEDSS 1.1.3	Reason No Vaccine	If no mumps-containing vaccine, select reason.	CE	0	1	PHVS_VAC_NOTG_RSN
MUM124	NEDSS 1.1.3	Number Doses Received	Number of doses received ON or AFTER first birthday	INT	0	1	
MUM125	NEDSS 1.1.3	Time In US	Length of time in the U.S (years)	PQ	0	1	PHVS_DurationUnit_UCUM
MUM126	NEDSS 1.1.3	Birth Country	Country of Birth	CE	0	1	PHVS_Country_ISO_3166-1

UID	AppVer	Label	Description	Fmt	Min	Max	VSName
MUM127	NEDSS 1.1.3	Transmission Setting	Transmission Setting	CE	0	1	PHVS_PHC_TRAN_SETNG
MUM128	NEDSS 1.1.3	Age Setting Verified	Were age and setting verified?	CE	0	1	PHVS_YNU
MUM129	NEDSS 1.1.3	Infection Source	Source of Infection (i.e. person ID, country,)	ST	0	1	
MUM130	NEDSS 1.1.3	Epi-linked To Another Case	Is this case epi-linked to another confirmed or probable case?	CE	0	1	PHVS_YNU

**Case Notification
Pertussis Data Elements**

Attachment 8

UID	AppVer	Label	Description	Fmt	Min	Max	VSName
PRT001	NEDSS 1.1.3	Cough	Did the patient's illness include the symptom of	CE	0	1	PHVS_YNU
PRT002	NEDSS 1.1.3	Cough Onset Date	Cough onset date	DATE	0	1	
PRT003	NEDSS 1.1.3	Paroxysmal Cough	Did the patient's illness include the symptom of	CE	0	1	PHVS_YNU
PRT004	NEDSS 1.1.3	Whoop	Did the patient's illness include the symptom of	CE	0	1	PHVS_YNU
PRT005	NEDSS 1.1.3	Post-Tussive Vomiting	Did the patient's illness include the symptom of	CE	0	1	PHVS_YNU
PRT006	NEDSS 1.1.3	Apnea	Did the patient's illness include the symptom of	CE	0	1	PHVS_YNU
PRT007	NEDSS 1.1.3	Date Final Interview	Date of the patient's final interview	DATE	0	1	
PRT008	NEDSS 1.1.3	Cough At Final Interview	Was there a cough at the patient's final	CE	0	1	PHVS_YNU
PRT009	NEDSS 1.1.3	Total Cough Duration	What was the duration (in days) of the patient's	PQ	0	1	PHVS_DurationUnit_UCUM
PRT011	NEDSS 1.1.3	Result Chest X-Ray For	Result of chest x-ray for pneumonia	CE	0	1	PHVS_PER_CHEST_XRAY
PRT012	NEDSS 1.1.3	Pertussis Seizures	Did the patient have generalized or focal	CE	0	1	PHVS_YNU
PRT013	NEDSS 1.1.3	Pertussis Encephalopathy	Did the patient have acute encephalopathy due	CE	0	1	PHVS_YNU
PRT020	NEDSS 1.1.3	Antibiotics Given	Were antibiotics given to the patient?	CE	0	1	PHVS_YNU
PRT021	NEDSS 1.1.3	Antibiotic Name	What antibiotic did the patient receive?	CE	0	1	PHVS_PER_ANTIBIOTIC
PRT023	NEDSS 1.1.3	Antibiotic Start Date	Date the patient first started taking the antibiotic	DATE	0	1	
PRT024	NEDSS 1.1.3	Days Antibiotic Taken	Number of days the patient actually took the	PQ	0	1	PHVS_DurationUnit_UCUM
PRT029	NEDSS 1.1.3	Pertussis Testing	Was laboratory testing done for pertussis?	CE	0	1	PHVS_YNU
PRT030	NEDSS 1.1.3	Bordetella Pertussis Culture	Date that the bordetella pertussis culture was	DATE	0	1	
PRT031	NEDSS 1.1.3	Bordetella Pertussis Culture	Bordetella pertussis culture result	CE	0	1	PHVS_PER_LAB_RSLT
PRT033	NEDSS 1.1.3	Bordetella Pertussis Serology-1	Bordetella pertussis serology #1 date	DATE	0	1	
PRT034	NEDSS 1.1.3	Bordetella Pertussis Serology-1	Bordetella pertussis serology #1 result	CE	0	1	PHVS_PER_LAB_RSLT
PRT037	NEDSS 1.1.3	Bordetella Pertussis Serology-2	Bordetella pertussis serology #2 date	DATE	0	1	
PRT038	NEDSS 1.1.3	Bordetella Pertussis Serology-2	Bordetella pertussis serology #2 result	CE	0	1	PHVS_PER_LAB_RSLT
PRT040	NEDSS 1.1.3	Bordetella Pertussis PCR	Bordetella pertussis PCR specimen date	DATE	0	1	
PRT041	NEDSS 1.1.3	Bordetella Pertussis PCR	Bordetella pertussis PCR result	CE	0	1	PHVS_PER_LAB_RSLT
PRT044	NEDSS 1.1.3	Pertussis-Containing Vaccine	Did the patient ever receive a pertussis-	CE	0	1	PHVS_YNU
PRT045	NEDSS 1.1.3	Pertussis-Containing Vaccine	Date of last pertussis-containing vaccine before	DATE	0	1	
PRT046	NEDSS 1.1.3	Doses Pertussis-Containing	Number of doses of pertussis-containing	CE	0	1	PHVS_P_VAC_DOSE_NUM
PRT047	NEDSS 1.1.3	Reason Not Vaccinated 3	Give reason if not vaccinated with 3 or more	CE	0	1	PHVS_VAC_NOTG_RSN
PRT060	NEDSS 1.1.3	Epi-Linked Confirmed Case	Is this case epi-linked to a laboratory-confirmed	CE	0	1	PHVS_YNU
PRT067	NEDSS 1.1.3	Documented Transmission	Was there documented transmission (outside	CE	0	1	PHVS_YNU
PRT068	NEDSS 1.1.3	New Setting	What is the setting for spread of this case	CE	0	1	PHC_TRAN_SETNG
PRT069	NEDSS 1.1.3	Other Setting	Other setting for spread of this case outside the	ST	0	1	
PRT070	NEDSS 1.1.3	One Or More Suspected	Were there one or more suspected sources of	CE	0	1	PHVS_YNU
PRT071	NEDSS 1.1.3	Number Suspected Sources	Number of suspected sources of infection	INT	0	1	
PRT074	NEDSS 1.1.3	Suspected Source Age	Suspected source of infection's age (include	PQ	0	1	PHVS_AgeUnit_UCUM
PRT076	NEDSS 1.1.3	Suspected Source Sex	Suspected source of infection's sex	CE	0	1	PHVS_AdministrativeGender_CDC
PRT077	NEDSS 1.1.3	Suspected Source Relationship	Suspected source of infection's relationship to	CE	0	1	PHVS_PER_REL_TY
PRT078	NEDSS 1.1.3	Suspected Source Relation To	Suspected source of infection's relationship to	ST	0	1	
PRT080	NEDSS 1.1.3	Contacts To Receive	Number of contacts of this case recommended	INT	0	1	
PRT081	NEDSS 1.1.3	Other Laboratory Testing	Was other laboratory testing done?	CE	0	1	PHVS_YNU
PRT082	NEDSS 1.1.3	Specific Other Test	Specify other laboratory test	ST	0	1	
PRT083	NEDSS 1.1.3	Other Test Date	Date of other laboratory test	TS	0	1	

**Case Notification
Pertussis Data Elements**

Attachment 8

UID	AppVer	Label	Description	Fmt	Min	Max	VSName
PRT084	NEDSS 1.1.3	Other Laboratory Results	Other laboratory test results	ST	0	1	
PRT085	NEDSS 1.1.3	Confirmation Method	Method of confirming a case of pertussis.	CE	0	N	PHVS_NIP_CONF_M
PRT087	NEDSS 1.1.3	Number Doses Pertussis-	How many doses of pertussis-containing	CE	0	1	PHVS_P_VAC_DOSE_NUM
PRT088	NEDSS 1.1.3	Estimated Cough Onset Date	Estimated cough onset date of suspected	DATE	0	1	
PRT089	NEDSS 1.1.3	Bordetella Pertussis Culture	Was Bordetella Pertussis culture taken?	CE	0	1	PHVS_YNU
PRT090	NEDSS 1.1.3	Bordetella Pertussis Serology-1	Was Bordetella Pertussis Serology #1 done?	CE	0	1	PHVS_YNU
PRT091	NEDSS 1.1.3	Bordetella Pertussis Serology-2	Was Bordetella Pertussis Serology #2 done?	CE	0	1	PHVS_YNU
PRT092	NEDSS 1.1.3	Bordetella Pertussis PCR	Was Bordetella Pertussis PCR specimen	CE	0	1	PHVS_YNU
PRT093	NEDSS 1.1.3	CDC Genotyping	Were clinical specimens sent to CDC for	CE	0	1	PHVS_YNU
PRT094	NEDSS 1.1.3	Date Specimens Sent	Date clinical specimens sent to CDC for	DATE	0	1	
PRT096	NEDSS 1.1.3	Serology-1 Lab Where	The lab where serology #1 was performed.	CE	0	1	PHVS_PER_LAB_LOC
PRT097	NEDSS 1.1.3	Serology-1 Lab Name	The name of the lab where serology #1 was	ST	0	1	
PRT098	NEDSS 1.1.3	Serology-2 Lab Where	The lab where serology #2 was performed.	CE	0	1	PHVS_PER_LAB_LOC
PRT099	NEDSS 1.1.3	Serology -2 Lab Name	The name of the lab where serology #2 was	ST	0	1	
PRT100	NEDSS 1.1.3	PCR Lab Where Performed	The lab where PCR was performed.	CE	0	1	PHVS_PER_LAB_LOC
PRT101	NEDSS 1.1.3	PCR Lab Name	The name of the lab where PCR was	ST	0	1	
PRT102	NEDSS 1.1.3	Genotyping Specimen Type	The type of specimen that was sent to the CDC	ST	0	1	
PRT104	NEDSS 1.1.3	Not Vaccinated Reason	If the patient was not vaccinated with pertussis-	CE	0	1	PHVS_VAC_NOTG_RSN
PRT105	NEDSS 1.1.3	Doses Pertussis Vaccine 2	How many doses of pertussis-containing	CE	0	1	PHVS_P_VAC_DOSE_NUM

**Case Notification
Rubella Data Elements**

Attachment 8

UID	AppVer	Label	Description	Fmt	Min	Max	VSName
RUB001	NEDSS 1.1.3	Time In US	Length of time the patient has been in the US	PQ	0	1	PHVS_DurationUnit_UCUM
RUB003	NEDSS 1.1.3	Maculopapular Rash	Did the patient have a maculopapular rash?	CE	0	1	PHVS_YNU
RUB004	NEDSS 1.1.3	Rash Onset Date	Maculopapular rash onset date	DATE	0	1	
RUB005	NEDSS 1.1.3	Rash Duration	How many days did the maculopapular rash	PQ	0	1	PHVS_DurationUnit_UCUM
RUB006	NEDSS 1.1.3	Patient Fever	Did the patient have a fever?	CE	0	1	PHVS_YNU
RUB007	NEDSS 1.1.3	Highest Temperature	Highest measured temperature of the patient	PQ	0	1	PHVS_TemperatureUnits_UCUM
RUB009	NEDSS 1.1.3	Arthralgia-Arthritis	Did the patient have arthralgia/arthritis	CE	0	1	PHVS_YNU
RUB010	NEDSS 1.1.3	Lymphadenopathy	Did the patient have lymphadenopathy	CE	0	1	PHVS_YNU
RUB011	NEDSS 1.1.3	Conjunctivitis	Did the patient have conjunctivitis (symptom)?	CE	0	1	PHVS_YNU
RUB019	NEDSS 1.1.3	Encephalitis	Did the patient have encephalitis	CE	0	1	PHVS_YNU
RUB020	NEDSS 1.1.3	Thrombocytopenia	Did the patient have thrombocytopenia	CE	0	1	PHVS_YNU
RUB021	NEDSS 1.1.3	Other Complications	Did the patient have other complications?	CE	0	1	PHVS_YNU
RUB022	NEDSS 1.1.3	Specific Other Complications	Did the patient have other complications	ST	0	1	
RUB028	NEDSS 1.1.3	Cause Death	Cause of patient's death	ST	0	1	
RUB033	NEDSS 1.1.3	Rubella Testing	Was laboratory testing done for rubella?	CE	0	1	PHVS_YNU
RUB034	NEDSS 1.1.3	Rubella IgM EIA	Rubella IgM EIA test?	CE	0	1	PHVS_YNU
RUB035	NEDSS 1.1.3	Date Rubella IgM EIA	Date of rubella IgM EIA test	DATE	0	1	
RUB036	NEDSS 1.1.3	Rubella IgM EIA Result	Result of rubella IgM EIA test	CE	0	1	PHVS_NIP_RSLT_QUAL
RUB037	NEDSS 1.1.3	Rubella IgM EIA Capture	Rubella Igm EIA capture?	CE	0	1	PHVS_YNU
RUB038	NEDSS 1.1.3	Date Rubella IgM EIA Capture	Date of rubella IgM EIA capture	DATE	0	1	
RUB039	NEDSS 1.1.3	Rubella IgM EIA Capture Result	Result of rubella IgM EIA capture	CE	0	1	PHVS_NIP_RSLT_QUAL
RUB040	NEDSS 1.1.3	Other Rubella IgM Test	Other rubella IgM test done?	CE	0	1	PHVS_YNU
RUB041	NEDSS 1.1.3	Specific Other Rubella IgM Test	Specify other rubella IgM test done	ST	0	1	
RUB042	NEDSS 1.1.3	Date Other Rubella IgM Test	Date of other rubella IgM test	DATE	0	1	
RUB043	NEDSS 1.1.3	Other Rubella IgM Result	Result of other rubella IgM test	CE	0	1	PHVS_NIP_RSLT_QUAL
RUB044	NEDSS 1.1.3	Rubella IgG EIA-Acute	Rubella IgG, EIA - acute?	CE	0	1	PHVS_YNU
RUB045	NEDSS 1.1.3	Date Rubella IgG EIA-Acute	Date of rubella IgG, EIA - acute	DATE	0	1	
RUB046	NEDSS 1.1.3	Rubella IgG EIA-Convalescent	Rubella IgG, EIA - convalescent?	CE	0	1	PHVS_YNU
RUB047	NEDSS 1.1.3	Date Rubella IgG EIA-	Date of rubella IgG, EIA - convalescent	DATE	0	1	
RUB048	NEDSS 1.1.3	Difference Acute-Convalescent	Difference between acute/convalescent IgG	CE	0	1	PHVS_NIP_IGG_DIFF
RUB049	NEDSS 1.1.3	Hemagglutination Inhibition	Hemagglutination inhibition test- acute?	CE	0	1	PHVS_YNU
RUB050	NEDSS 1.1.3	Date Hemagglutination	Date of hemagglutination inhibition test- acute	DATE	0	1	
RUB051	NEDSS 1.1.3	Hemagglutination Inhibition	Hemagglutination inhibition test - convalescent?	CE	0	1	PHVS_YNU
RUB052	NEDSS 1.1.3	Date Hemagglutination	Date hemagglutination inhibition test-	DATE	0	1	
RUB053	NEDSS 1.1.3	Difference Acute-Convalescent	Difference between acute/convalescent	CE	0	1	PHVS_NIP_IGG_DIFF
RUB054	NEDSS 1.1.3	Complement Fixation Test-	Complement fixation test- acute?	CE	0	1	PHVS_YNU
RUB055	NEDSS 1.1.3	Date Complement Fixation	Date of complement fixation test - acute	DATE	0	1	
RUB056	NEDSS 1.1.3	Complement Fixation Test-	Complement fixation test - convalescent?	CE	0	1	PHVS_YNU
RUB057	NEDSS 1.1.3	Date Complement Fixation	Date of complement fixation test - convalescent	DATE	0	1	
RUB058	NEDSS 1.1.3	Difference Acute-Convalescent	Difference between acute/complement fixation	CE	0	1	PHVS_NIP_IGG_DIFF
RUB059	NEDSS 1.1.3	Other Rubella IgG Test-1	Other Rubella IgG test? (#1)	CE	0	1	PHVS_YNU
RUB060	NEDSS 1.1.3	Specific Other Rubella IgG	Specify other Rubella IgG test (#1)	ST	0	1	
RUB061	NEDSS 1.1.3	Date Other Rubella IgG Test-1	Date of other Rubella IgG test (#1)	DATE	0	1	

**Case Notification
Rubella Data Elements**

Attachment 8

UID	AppVer	Label	Description	Fmt	Min	Max	VSName
RUB062	NEDSS 1.1.3	Other Rubella IgG Result-1	Result of other Rubella IgG test (#1)	CE	0	1	PHVS_NIP_RSLT_QUAL
RUB063	NEDSS 1.1.3	Other Rubella IgG Test-2	Other Rubella IgG test? (#2)	CE	0	1	PHVS_YNU
RUB064	NEDSS 1.1.3	Specific Other Rubella IgG	Specify other Rubella IgG test (#2)	ST	0	1	
RUB065	NEDSS 1.1.3	Date Other Rubella IgG Test-2	Date of other Rubella IgG test (#2)	DATE	0	1	
RUB066	NEDSS 1.1.3	Other Rubella IgG Result-2	Result of other Rubella IgG test (#2)	CE	0	1	PHVS_NIP_RSLT_QUAL
RUB067	NEDSS 1.1.3	Other Rubella IgG Test-3	Other Rubella IgG test? (#3)	CE	0	1	PHVS_YNU
RUB068	NEDSS 1.1.3	Specific Other Rubella IgG	Specify other Rubella IgG test (#3)	ST	0	1	
RUB069	NEDSS 1.1.3	Date Other Rubella IgG Test-3	Date of other Rubella IgG test (#3)	DATE	0	1	
RUB070	NEDSS 1.1.3	Other Rubella IgG Result-3	Result of other Rubella IgG test (#3)	CE	0	1	PHVS_NIP_RSLT_QUAL
RUB071	NEDSS 1.1.3	Virus Isolation Performed	Virus Isolation performed?	CE	0	1	PHVS_YNU
RUB072	NEDSS 1.1.3	Date Virus Isolation	Date of Virus Isolation	DATE	0	1	
RUB073	NEDSS 1.1.3	Source Virus Isolation	Source of Virus Isolation specimen	CE	0	1	PHVS_NIP_SPECMN_SRC
RUB074	NEDSS 1.1.3	Other source Virus Isolation	If other Virus Isolation specimen source, please	ST	0	1	
RUB075	NEDSS 1.1.3	Virus Isolation Result	Virus Isolation result	CE	0	1	PHVS_RUB_VIR_RSLT
RUB076	NEDSS 1.1.3	RT-PCR Performed	RT-PCR performed?	CE	0	1	PHVS_YNU
RUB077	NEDSS 1.1.3	Date RT-PCR	Date of RT-PCR	DATE	0	1	
RUB078	NEDSS 1.1.3	Source RT-PCR	Source of RT-PCR	CE	0	1	PHVS_NIP_SPECMN_SRC
RUB078a	NEDSS 1.1.3	Other Source RT-PCR	Other source of RT-PCR	ST	0	1	
RUB079	NEDSS 1.1.3	RT-PCR Result	Result of RT-PCR	CE	0	1	PHVS_RUB_VIR_RSLT
RUB080	NEDSS 1.1.3	Latex Agglutination Test	Latex Agglutination test performed?	CE	0	1	PHVS_YNU
RUB081	NEDSS 1.1.3	Date Latex Agglutination Test	Date of Latex Agglutination test	DATE	0	1	
RUB083	NEDSS 1.1.3	Latex Agglutination Result	Result of latex agglutination test	CE	0	1	PHVS_NIP_RSLT_QUAL
RUB084	NEDSS 1.1.3	Immunofluorescent Antibody	Immunofluorescent Antibody Assay performed?	CE	0	1	PHVS_YNU
RUB085	NEDSS 1.1.3	Date Immunofluorescent	Date of immunofluorescent Antibody Assay	DATE	0	1	
RUB086	NEDSS 1.1.3	Source Immunofluorescent	Source of Immunofluorescent Antibody Assay	CE	0	1	PHVS_NIP_SPECMN_SRC
RUB086a	NEDSS 1.1.3	Other Source	Other source of Immunofluorescent Antibody	ST	0	1	
RUB087	NEDSS 1.1.3	Immunofluorescent Antibody	Result of Immunofluorescent Antibody Assay	CE	0	1	PHVS_NIP_RSLT_QUAL
RUB088	NEDSS 1.1.3	Other Laboratory Rubella Tests	Other laboratory testing done for rubella?	CE	0	1	PHVS_YNU
RUB089	NEDSS 1.1.3	Specific Other Rubella Test	Specify other rubella laboratory test	ST	0	1	
RUB089a	NEDSS 1.1.3	Date Other Rubella Test	Date of other rubella laboratory test	DATE	0	1	
RUB089b	NEDSS 1.1.3	Result Other Rubella Test	Result of other rubella laboratory test	ST	0	1	
RUB091	NEDSS 1.1.3	CDC Genotyping	Were clinical specimens sent to CDC for	CE	0	1	PHVS_YNU
RUB091a	NEDSS 1.1.3	Specimen Type CDC	Specimen type sent to CDC for genotyping	CE	0	1	PHVS_NIP_SPECMN_SRC
RUB092	NEDSS 1.1.3	Other Specimen Type CDC	Other specimen type sent to CDC for	ST	0	1	
RUB093	NEDSS 1.1.3	Patient Rubella-Containing	Did the patient receive rubella-containing	CE	0	1	PHVS_YNU
RUB094	NEDSS 1.1.3	Reason No Rubella-Containing	If patient was never vaccinated, what was the	CE	0	1	PHVS_VAC_NOTG_RSN
RUB096	NEDSS 1.1.3	Doses patient Received From	Number of rubella-containing vaccine doses	INT	0	1	
RUB112	NEDSS 1.1.3	Epi-Linked	Is this case epi-linked to another laboratory	CE	0	1	PHVS_YNU
RUB118	NEDSS 1.1.3	Expected Delivery Date	What is the expected delivery date of this	DATE	0	1	
RUB119	NEDSS 1.1.3	Expected Delivery Place	Expected place of delivery	ST	0	1	
RUB120	NEDSS 1.1.3	Weeks Gestation	Number of weeks gestation at time of rubella	PQ	0	1	PHVS_DurationUnit_UCUM
RUB121	NEDSS 1.1.3	Trimester	Trimester of gestation at time of rubella disease	CE	0	1	PHVS_PREG_TRIMESTER
RUB122	NEDSS 1.1.3	Previous Rubella Immunity	Is there documentation of previous rubella	CE	0	1	PHVS_YNU

**Case Notification
Rubella Data Elements**

Attachment 8

UID	AppVer	Label	Description	Fmt	Min	Max	VSName
RUB123	NEDSS 1.1.3	Result Immunity Testing	Result of immunity testing	CE	0	1	PHVS_NIP_RSLT_QUAL
RUB124	NEDSS 1.1.3	Year Immunity Testing	Year (YYYY) of immunity testing	DATE	0	1	
RUB125	NEDSS 1.1.3	Age Immunity Testing	Age of woman at time of immunity testing	PQ	0	1	PHVS_AgeUnit_UCUM
RUB126	NEDSS 1.1.3	Prior Rubella Disease	Did the woman ever have rubella disease prior	CE	0	1	PHVS_YNU
RUB127	NEDSS 1.1.3	Serological Confirmation Prior	Was previous rubella disease serologically	CE	0	1	PHVS_YNU
RUB128	NEDSS 1.1.3	Year Previous Disease	What was the year of the previous disease?	DATE	0	1	
RUB129	NEDSS 1.1.3	Age Previous Disease	Age of the woman at time of previous disease?	PQ	0	1	PHVS_AgeUnit_UCUM
RUB130	NEDSS 1.1.3	Outcome Current Pregnancy	What was the outcome of the current	CE	0	1	PHVS_OUTCOME_PREG
RUB132	NEDSS 1.1.3	Live Birth Outcome Type	If the outcome of the current pregnancy is "Live	CE	0	1	PHVS_RUB_BIRTH_OUTCM
RUB133	NEDSS 1.1.3	Non-Live Birth Outcome Type	If the outcome of the current pregnancy is "Not	CE	0	1	PHVS_OUTCOME_NLB
RUB134	NEDSS 1.1.3	Age Fetus Cessation	At the time of cessation of pregnancy what was	PQ	0	1	PHVS_AgeUnit_UCUM
RUB135	NEDSS 1.1.3	Autopsy-Pathology Conducted	If the outcome of the current pregnancy is "Not	CE	0	1	PHVS_YNU
RUB136	NEDSS 1.1.3	Autopsy-Pathology Result	Result of the autopsy/pathology study	ST	0	1	
RUB137	NEDSS 1.1.3	Confirmation Method	Gives the method for confirming the case of	CE	0	1	PHVS_NIP_CONF_M
RUB139	NEDSS 1.1.3	Date CDC Genotyping	Date clinical specimen sent to CDC for	DATE	0	1	
RUB140	NEDSS 1.1.3	Rubella IgG EIA-Acute Value	EIA - Acute Test Result Value	ST	0	1	
RUB141	NEDSS 1.1.3	Rubella IgG EIA-Convaescent	EIA - Convaescent Test Result Value	ST	0	1	
RUB142	NEDSS 1.1.3	Hemagglutination Inhibition	Hemagglutination Inhibition - Acute Test Result	ST	0	1	
RUB143	NEDSS 1.1.3	Hemagglutination Inhibition	Hemagglutination Inhibition - Convaescent	ST	0	1	
RUB144	NEDSS 1.1.3	Complement Fixation Test-	Complement Fixation - Acute Test Result Value	ST	0	1	
RUB145	NEDSS 1.1.3	Complement Fixation Test-	Complement Fixation - Convaescent Test	ST	0	1	
RUB146	NEDSS 1.1.3	Birth Country	Patient's country of birth	CE	0	1	PHVS_Country_ISO_3166-1
RUB147	NEDSS 1.1.3	Arthralgia-Arthritis Complication	Did patient have arthralgia/arthritis	CE	0	1	PHVS_YNU
RUB148	NEDSS 1.1.3	IgM EIA-1st Test Value	The test result value for IgM EIA (1st).	ST	0	1	
RUB149	NEDSS 1.1.3	IgM EIA-2nd Test Value	The test result value for IgM EIA (2nd).	ST	0	1	
RUB150	NEDSS 1.1.3	Other IgM Test Value	The test result value for IgM test, other.	ST	0	1	
RUB151	NEDSS 1.1.3	IgG Other-1 Test Value	The test result value for IgG, other (#1).	ST	0	1	
RUB152	NEDSS 1.1.3	IgG Other-2 Test Value	The test result value for IgG, other (#2).	ST	0	1	
RUB153	NEDSS 1.1.3	IgG Other-3Test Value	The test result value for IgG, other (#3).	ST	0	1	
RUB154	NEDSS 1.1.3	RT-PCR Test Value	The test result value for the RT-PCR test.	ST	0	1	
RUB155	NEDSS 1.1.3	Latex Agg Test Value	The test result value for the latex agglutination	ST	0	1	
RUB156	NEDSS 1.1.3	Assay Test Value	The test result value for the Immunofluorescent	ST	0	1	
RUB157	NEDSS 1.1.3	Other Rubella Test Value	The test result value for rubella lab test, other.	ST	0	1	
RUB158	NEDSS 1.1.3	Infection Source	The source of the rubella infection (i.e. person	ST	0	1	
RUB159	NEDSS 1.1.3	Rash Onset Entering USA	Did rash onset occur 14-23 days after entering	CE	0	1	PHVS_YNU
RUB160	NEDSS 1.1.3	IgM EIA-1st Method Used	The method used for IgM EIA (#1).	CE	0	1	PHVS_CRS_TEST_METHOD
RUB161	NEDSS 1.1.3	IgM EIA-2nd Method Used	The method used for IgM EIA (#2).	CE	0	1	PHVS_CRS_TEST_METHOD

**Case Notification
Tetanus Data Elements**

Attachment 8

UID	AppVer	Label	Description	Fmt	Min	Max	VSName
TET100	NEDSS 1.1.3	Intensive Care Unit	Was this patient in the Intensive Care Unit	CE	0	1	PHVS_YNU
TET101	NEDSS 1.1.3	Intensive Care Unit Days	Number of days patient was in ICU	PQ	0	1	PHVS_DurationUnit_UCUM
TET102	NEDSS 1.1.3	Mechanical Ventilation	Was this case mechanically ventilated?	CE	0	1	PHVS_YNU
TET103	NEDSS 1.1.3	Mechanical Ventilation Days	Number of days patient received mechanical	PQ	0	1	PHVS_DurationUnit_UCUM
TET104	NEDSS 1.1.3	Tetanus symptom Onset Date	Date of tetanus symptom onset	DATE	0	1	
TET105	NEDSS 1.1.3	Tetanus Type	Type of tetanus	CE	0	1	PHVS_NIP_TET_TYPE
TET106	NEDSS 1.1.3	Acute Wound	Was there an acute wound or injury?	CE	0	1	PHVS_YNU
TET107	NEDSS 1.1.3	Acute Wound Date	Date acute wound or injury occurred	DATE	0	1	
TET108	NEDSS 1.1.3	Acute Wound Work Related	Was the acute wound or injury work related?	CE	0	1	PHVS_YNU
TET109	NEDSS 1.1.3	Acute Wound Environment	What was the environment where acute wound	CE	0	1	PHVS_NIP_TET_ENV
TET110	NEDSS 1.1.3	Acute Wound Circumstances	Circumstances of acute wound or injury (e.g.,	ST	0	1	
TET111	NEDSS 1.1.3	Acute Wound Anatomic Site	Principle anatomic site of acute wound or injury	CE	0	1	PHVS_NIP_TET_SITE
TET112	NEDSS 1.1.3	Acute Wound Type	Principle acute wound or injury type	CE	0	1	PHVS_NIP_TET_INJURY
TET114	NEDSS 1.1.3	Acute Wound Medical Care	Was medical care obtained for this acute	CE	0	1	PHVS_YNU
TET115	NEDSS 1.1.3	Acute Wound Medical Care	Date of wound care	DATE	0	1	
TET116	NEDSS 1.1.3	Acute Wound Tetanus Toxoid	Was tetanus toxoid (Td, TT, DT, DTaP)	CE	0	1	PHVS_YNU
TET117	NEDSS 1.1.3	Acute Wound Tetanus Toxoid	Date patient received tetanus toxoid (Td, TT,	DATE	0	1	
TET118	NEDSS 1.1.3	TIG Given Before Symptom	Was tetanus immune globulin (TIG) prophylaxis	CE	0	1	PHVS_YNU
TET119	NEDSS 1.1.3	TIG Given Before Symptom	Date patient received TIG prophylaxis	DATE	0	1	
TET120	NEDSS 1.1.3	TIG Given Before Symptom	Prophylactic TIG dosage (include units)	PQ	0	1	
TET121	NEDSS 1.1.3	Acute Wound Infection Signs	Were there signs of infection at the time of care	CE	0	1	PHVS_YNU
TET122	NEDSS 1.1.3	Non-Acute Condition	If there was no acute wound or injury, was	CE	0	1	PHVS_YNU
TET123	NEDSS 1.1.3	Abcess-Cellulitis	Abcess/Cellulitis	CE	0	1	PHVS_YNU
TET124	NEDSS 1.1.3	Ulcer	Ulcer	CE	0	1	PHVS_YNU
TET125	NEDSS 1.1.3	Blister	Blister	CE	0	1	PHVS_YNU
TET126	NEDSS 1.1.3	Gangrene	Gangrene	CE	0	1	PHVS_YNU
TET127	NEDSS 1.1.3	Cancer	Cancer	CE	0	1	PHVS_YNU
TET128	NEDSS 1.1.3	Dental Infection-Gingivitis	Dental Infection/Gingivitis	CE	0	1	PHVS_YNU
TET129	NEDSS 1.1.3	Ear Infection	Ear infection	CE	0	1	PHVS_YNU
TET130	NEDSS 1.1.3	Injection Drug Use	Injection drug use	CE	0	1	PHVS_YNU
TET131	NEDSS 1.1.3	Other Non-Acute Condition	Other Non-Acute Condition Present?	CE	0	1	PHVS_YNU
TET132	NEDSS 1.1.3	Specific Other Non-Acute	Specify other	ST	0	1	
TET133	NEDSS 1.1.3	Non-Acute Condition Medical	Was medical care obtained for the non-acute	CE	0	1	PHVS_YNU
TET134	NEDSS 1.1.3	Non-Acute Condition Medical	Date of medical care	DATE	0	1	
TET135	NEDSS 1.1.3	Non-Acute Condition Tetanus	Was tetanus toxoid (Td, TT, DT, DTaP)	CE	0	1	PHVS_YNU
TET136	NEDSS 1.1.3	Non-Acute Condition Tetanus	Date patient received tetanus toxoid (Td, TT,	DATE	0	1	
TET137	NEDSS 1.1.3	Infected Wound	Was the wound infected at the time of tetanus	CE	0	1	PHVS_YNU
TET138	NEDSS 1.1.3	TIG Given After Symptom	Was tetanus immune globulin (TIG) therapy	CE	0	1	PHVS_YNU
TET139	NEDSS 1.1.3	TIG Given After Symptom	Date of TIG therapy	DATE	0	1	
TET140	NEDSS 1.1.3	TIG Given After Symptom	Total therapeutic TIG dosage (units)	PQ	0	1	
TET141	NEDSS 1.1.3	Final Outcome	Final outcome	CE	0	1	PHVS_NIP_TET_RXOUTCOME
TET143	NEDSS 1.1.3	Tetanus Antibody Test	Was a tetanus antibody test performed?	CE	0	1	PHVS_YNU
TET144	NEDSS 1.1.3	Tetanus Antibody Test Date	Date of tetanus antibody test	DATE	0	1	

**Case Notification
Tetanus Data Elements**

Attachment 8

UID	AppVer	Label	Description	Fmt	Min	Max	VSName
TET145	NEDSS 1.1.3	Tetanus Antibody Test Result	Result of tetanus antibody test: (IU/mL)	PQ	0	1	UCUM
TET146	NEDSS 1.1.3	Tetanus Toxoid Received	Has the patient ever received tetanus toxoid (Td,	CE	0	1	PHVS_YNU
TET147	NEDSS 1.1.3	Total Number Tetanus Toxoid	Total # doses:	CE	0	1	PHVS_NIP_TET_NUMDOSE
TET148	NEDSS 1.1.3	Years Since Last Tetanus Dose	Number of years since the patient's last tetanus	INT	0	1	
TET149	NEDSS 1.1.3	Date Last Tetanus Dose	Date of patient's last tetanus dose	DATE	0	1	
TET150	NEDSS 1.1.3	Year Last Tetanus Dose	Year of patient's last tetanus dose	DATE	0	1	
TET151	NEDSS 1.1.3	Childhood Immunizations	Immunizations in childhood	CE	0	1	PHVS_TF
TET152	NEDSS 1.1.3	School Immunizations	Immunizations for school	CE	0	1	PHVS_TF
TET153	NEDSS 1.1.3	Work Immunizations	Immunizations for work	CE	0	1	PHVS_TF
TET154	NEDSS 1.1.3	Military Immunizations	Immunizations for military	CE	0	1	PHVS_TF
TET155	NEDSS 1.1.3	Travel Immunizations	Immunizations for travel	CE	0	1	PHVS_TF
TET156	NEDSS 1.1.3	Immigration Immunizations	Immunizations for immigration	CE	0	1	PHVS_TF
TET157	NEDSS 1.1.3	Other Reasons Immunizations	Immunizations for other reasons	CE	0	1	PHVS_TF
TET158	NEDSS 1.1.3	Never Received Tetanus	If patient never received tetanus vaccination,	CE	0	1	PHVS_NIP_TET_VAC_NOTG_RSN
TET159	NEDSS 1.1.3	Primary Occupation	Patient's primary occupation	ST	0	1	
TET160	NEDSS 1.1.3	Diabetes	Does the patient have diabetes?	CE	0	1	PHVS_YNU
TET161	NEDSS 1.1.3	Insulin Dependence	Is the diabetic insulin dependent?	CE	0	1	PHVS_YNU
TET162	NEDSS 1.1.3	Injection Drug Use History	Is there a history of injection drug use?	CE	0	1	PHVS_YNU
TET163	NEDSS 1.1.3	Born In US	Was the patient born in the U.S.?	CE	0	1	PHVS_YNU
TET164	NEDSS 1.1.3	Birth Country	Patient's birth country	ST	0	1	
TET165	NEDSS 1.1.3	Patient LT 2 Months At Time	Was this patient less than 2 months old at time	CE	0	1	PHVS_YNU
TET166	NEDSS 1.1.3	Mother Age	Mother's age in years	PQ	0	1	AGE_UNIT
TET167	NEDSS 1.1.3	Mother DOB	Mother's date of birth	DATE	0	1	
TET168	NEDSS 1.1.3	Mother Primary Occupation	Mother's primary occupation	ST	0	1	
TET169	NEDSS 1.1.3	Mother Born In US	Was the mother born in the U.S.	CE	0	1	PHVS_YNU
TET170	NEDSS 1.1.3	Mother Birth Country	Mother's birth country	ST	0	1	
TET171	NEDSS 1.1.3	Date Mother First US Resident	Date mother first resided in the U.S.	DATE	0	1	
TET172	NEDSS 1.1.3	Year Mother First US Resident	Year mother first resided in the U.S.	DATE	0	1	
TET173	NEDSS 1.1.3	Years Mother Has Been In US	Length of time mother has been in the US:	PQ	0	1	DUR_UNIT
TET174	NEDSS 1.1.3	Mother Tetanus Vacc Prior To	Had the mother ever received tetanus	CE	0	1	PHVS_YNU
TET175	NEDSS 1.1.3	Mother Tetanus Vacc Number	If Yes, then give the number of known doses.	CE	0	1	PHVS_NIP_TET_NUMDOSE
TET176	NEDSS 1.1.3	Last Mother Received Tetanus	How long has it been since mother received her	PQ	0	1	PHVS_NIP_TET_DUR_UNIT
TET178	NEDSS 1.1.3	Reason Mother Never Received	If never vaccinated, select a reason.	CE	0	1	PHVS_NIP_TET_VAC_NOTG_RSN
TET179	NEDSS 1.1.3	Number Previous Pregnancies	Number of previous pregnancies	INT	0	1	
TET180	NEDSS 1.1.3	Total Number Live Births	Number of live births (total)	INT	0	1	
TET181	NEDSS 1.1.3	Mother Given Birth Previously	Has mother given birth previously in the US?	CE	0	1	PHVS_YNU
TET182	NEDSS 1.1.3	Dates Previous Births In US	If Yes, list the dates (years)	ST	0	1	
TET183	NEDSS 1.1.3	Prenatal Care	Was prenatal care obtained during the	CE	0	1	PHVS_YNU
TET184	NEDSS 1.1.3	Number Prenatal Visits	Number of prenatal visits	INT	0	1	
TET185	NEDSS 1.1.3	Infants Birth Place Location	Infant's (case) birth place location	CE	0	1	PHVS_NIP_TET_BIRTH_LOC
TET186	NEDSS 1.1.3	Specific Other Birth Place	Specify other birth place	ST	0	1	
TET187	NEDSS 1.1.3	Birth Attendees	Birth attendees	CE	0	1	PHVS_NIP_TET_BIRTH_ROLE
TET188	NEDSS 1.1.3	Number Births Delivered In US	Number of births delivered in the US	INT	0	1	

**Case Notification
Hepatitis Generic Data Elements**

UID	AppVer	Label	Description	Fmt	Min	Max	VSName
HEP100	NEDSS 1.1.3	TESTRX	The reason the patient was tested for hepatitis. This is a multi-select field.	CE	0	N	PHVS_H_RSN_FOR_TEST
HEP101	NEDSS 1.1.3	OTHREASON	Other reason the patient was tested for hepatitis.	ST	0	1	
HEP102	NEDSS 1.1.3	SYMPTOM	Is the patient symptomatic?	CE	0	1	PHVS_YNU
HEP103	NEDSS 1.1.3	SYMTDT	The onset date of symptoms.	DATE	0	1	
HEP104	NEDSS 1.1.3	JAUNDICED	Was the patient jaundiced?	CE	0	1	PHVS_YNU
HEP107	NEDSS 1.1.3	DUEDT	The patient's pregnancy due date.	DATE	0	1	
HEP110	NEDSS 1.1.3	TOTANTIHAV	Total antibody to hepatitis A virus [total anti-HAV]	CE	0	1	PHVS_PNU
HEP111	NEDSS 1.1.3	IGMHAV	IgM antibody to hepatitis A virus [IgM anti-HAV]	CE	0	1	PHVS_PNU
HEP112	NEDSS 1.1.3	HBSAG	Hepatitis B surface antigen [HBsAg]	CE	0	1	PHVS_PNU
HEP113	NEDSS 1.1.3	TOTANTIHBC	Total antibody to hepatitis B core antigen [Total anti-HBc]	CE	0	1	PHVS_PNU
HEP114	NEDSS 1.1.3	IGMHBC	IgM antibody to hepatitis B core antigen [IgM anti-HBc]	CE	0	1	PHVS_PNU
HEP115	NEDSS 1.1.3	ANTIHCV	Antibody to hepatitis C virus [anti-HCV]	CE	0	1	PHVS_PNU
HEP116	NEDSS 1.1.3	ANTIHCVSIG	anti-HCV signal to cut-off ratio	ST	0	1	
HEP117	NEDSS 1.1.3	SUPANTIHCV	Supplemental anti-HCV assay [e.g. RIBA]	CE	0	1	PHVS_PNU
HEP118	NEDSS 1.1.3	HCVRNA	HCV RNA [e.g. PCR]	CE	0	1	PHVS_PNU
HEP119	NEDSS 1.1.3	ANTIHDV	Antibody to hepatitis D virus [anti-HDV]	CE	0	1	PHVS_PNU
HEP120	NEDSS 1.1.3	ANTIHEV	Antibody to hepatitis E virus [anti-HEV]	CE	0	1	PHVS_PNU
HEP121	NEDSS 1.1.3	ALTSGPT	ALT (SGPT) Result (include units)	PQ	0	1	
HEP122	NEDSS 1.1.3	ALTSGPTUP	ALT (SGPT) Result Upper Limit Normal (include units)	PQ	0	1	
HEP123	NEDSS 1.1.3	ASTSGOT	AST (SGOT) Result (include units)	PQ	0	1	
HEP124	NEDSS 1.1.3	ASTSGOTUP	AST (SGOT) Result Upper Limit Normal (include units)	PQ	0	1	
HEP125	NEDSS 1.1.3	ALTDT	The date of the ALT result.	DATE	0	1	
HEP126	NEDSS 1.1.3	ASTDT	The date of the AST result	DATE	0	1	
HEP127	NEDSS 1.1.3	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?	CE	0	1	PHVS_YNU
HEP128	NEDSS 1.1.3	DX	The disease diagnosis.	CE	0	1	PHVS_PHC_TYPE
HEP255	NEDSS 1.1.3	BIRTHPLACE	The patient's country of birth.	CE	0	1	PHVS_Country_ISO_3166-1

**Case Notification
Hepatitis A Acute Data Elements**

Attachment 8

UID	AppVer	Label	Description	Fmt	Min	Max	VSName
HEP129	NEDSS 1.1.3	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?	CE	0	1	PHVS_YNU
HEP130	NEDSS 1.1.3	ATYPE	The 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.	CE	0	1	PHVS_H_CONTACT_TY
HEP131	NEDSS 1.1.3	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.	ST	0	1	
HEP132	NEDSS 1.1.3	ADAYCARE1	Was the patient a child or employee in day care center, nursery, or preschool?	CE	0	1	PHVS_YNU
HEP133	NEDSS 1.1.3	ADAYCARE2	Was the patient a household contact of a child or employee in a day care center, nursery, or preschool?	CE	0	1	PHVS_YNU
HEP134	NEDSS 1.1.3	ADAYCAREAID	Was there an identified hepatitis A case in the child care facility?	CE	0	1	PHVS_YNU
HEP135	NEDSS 1.1.3	ASEXMALE	The number of male sex partners the person had in the two to six weeks before symptom onset.	CE	0	1	PHVS_H_NUM_SEX_PART
HEP136	NEDSS 1.1.3	ASEXFEMALE	The number of female sex partners the person had in the two to six weeks before symptom onset.	CE	0	1	PHVS_H_NUM_SEX_PART
HEP137	NEDSS 1.1.3	AIVDRUGS	Did the patient inject street drugs in the two to six weeks before symptom onset?	CE	0	1	PHVS_YNU
HEP138	NEDSS 1.1.3	ADRUGS	Did the patient use street drugs but not inject in the two to six weeks before symptom onset?	CE	0	1	PHVS_YNU
HEP139	NEDSS 1.1.3	ATRAVEL	Did the patient travel outside of the U.S.A. or Canada in the two to six weeks before symptom onset?	CE	0	1	PHVS_YNU
HEP140	NEDSS 1.1.3	AWHERE	The countries to which the patient traveled (outside of the U.S.A. or Canada) in the two to six weeks before symptom onset?	CE	0	N	PHVS_Country_ISO_3166-1
HEP141	NEDSS 1.1.3	AHHTRAVEL	Did anyone in the patient's household travel outside of the U.S.A. or Canada in the three months before symptom onset?	CE	0	1	PHVS_YNU
HEP142	NEDSS 1.1.3	AHHWHERE	The countries to which anyone in the patient's household traveled (outside of the U.S.A. or Canada) in the three months before symptom onset?	CE	0	N	PHVS_Country_ISO_3166-1
HEP145	NEDSS 1.1.3	AFOODITEM	The food item with which the foodborne outbreak is associated.	ST	0	1	
HEP146	NEDSS 1.1.3	AHANDLER	Was the patient employed as a food handler during the two weeks prior to onset of symptoms or while ill?	CE	0	1	PHVS_YNU
HEP147	NEDSS 1.1.3	HEPAVAC	Has patient ever received the hepatitis A vaccine?	CE	0	1	PHVS_YNU

**Case Notification
Hepatitis A Acute Data Elements**

Attachment 8

UID	AppVer	Label	Description	Fmt	Min	Max	VSName
HEP148	NEDSS 1.1.3	HEPAVACDOS	The number of doses of hepatitis A vaccine the patient received.	CE	0	1	PHVS_H_VAC_DOSE_NUM
HEP149	NEDSS 1.1.3	HEPAVACYR	The year that the patient received the last dose of hepatitis A vaccine.	DATE	0	1	
HEP150	NEDSS 1.1.3	IMMUGLOB	Has the patient ever received immune globulin?	CE	0	1	PHVS_YNU
HEP151	NEDSS 1.1.3	IMMUGLOBYR	The date that the patient received the last dose of immune globulin.	DATE	0	1	

**Case Notification
Hepatitis B Acute Data Elements**

UID	AppVer	Label	Description	Fmt	Min	Max	VSName
HEP152	NEDSS 1.1.3	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? Required Attribute: No	CE	0	1	PHVS_YNU
HEP153	NEDSS 1.1.3	BTYPE	The 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. Required Attribute: No	CE	0	N	PHVS_H_CONTACT_TY
HEP154	NEDSS 1.1.3	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. Required Attribute: No	ST	0	1	
HEP155	NEDSS 1.1.3	BMALESEX	The number of male sex partners the person had in the six months before symptom onset.	CE	0	1	PHVS_H_NUM_SEX_PART
HEP156	NEDSS 1.1.3	BFEMALESEX	The number of female sex partners the person had in the six months before symptom onset.	CE	0	1	PHVS_H_NUM_SEX_PART
HEP157	NEDSS 1.1.3	BSTD	Was patient ever treated for a sexually-transmitted disease?	CE	0	1	PHVS_YNU
HEP158	NEDSS 1.1.3	BSTDYR	The year that the patient received the most recent treatment for a sexually-transmitted disease.	DATE	0	1	
HEP159	NEDSS 1.1.3	BIVDRUGS	Did the patient inject street drugs not prescribed by a doctor in the six weeks to six months before symptom onset?	CE	0	1	PHVS_YNU
HEP160	NEDSS 1.1.3	BDRUGS	Did the patient use street drugs but not inject in the six weeks to six months before symptom onset?	CE	0	1	PHVS_YNU
HEP161	NEDSS 1.1.3	BDIALYSIS	Did the patient undergo hemodialysis in the six weeks to six months before symptom onset?	CE	0	1	PHVS_YNU
HEP162	NEDSS 1.1.3	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?	CE	0	1	PHVS_YNU
HEP163	NEDSS 1.1.3	BTRANS	Did the patient receive blood or blood products (transfusion) in the six weeks to six months before symptom onset?	CE	0	1	PHVS_YNU
HEP164	NEDSS 1.1.3	BTRANSDT	The date the patient received blood or blood products (transfusion) in the six weeks to six months before symptom onset.	DATE	0	1	
HEP165	NEDSS 1.1.3	BBLOOD	Did the patient have other exposure to someone else's blood in the six weeks to six months before symptom onset?	CE	0	1	PHVS_YNU

**Case Notification
Hepatitis B Acute Data Elements**

Attachment 8

UID	AppVer	Label	Description	Fmt	Min	Max	VSName
HEP166	NEDSS 1.1.3	BBLOODTYPE	The patient's blood exposure in the six weeks to six months before symptom onset other than through transfusion or an accidental stick or puncture.	ST	0	1	
HEP167	NEDSS 1.1.3	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?	CE	0	1	PHVS_YNU
HEP168	NEDSS 1.1.3	BFREQ1	The 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.	CE	0	1	PHVS_H_BLDNCNTC_FREQ
HEP169	NEDSS 1.1.3	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?	CE	0	1	PHVS_YNU
HEP170	NEDSS 1.1.3	BFREQ2	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 six weeks to six months before symptom onset.	CE	0	1	PHVS_H_BLDNCNTC_FREQ
HEP171	NEDSS 1.1.3	BTATTOO	Did the patient receive a tattoo in the six weeks to six months before symptom onset?	CE	0	1	PHVS_YNU
HEP172	NEDSS 1.1.3	BTATTOOLOC	The location where the patient received a tattoo in the six weeks to six months before symptom onset.	CE	0	N	PHVS_H_PIERC_LOC_TY
HEP173	NEDSS 1.1.3	BTATTOOOTH	Other location where the patient received a tattoo in the six weeks to six months before symptom onset.	ST	0	1	
HEP174	NEDSS 1.1.3	BPIERCE	Did the patient have any part of their body pierced (other than ear) in the six weeks to six months before symptom onset?	CE	0	1	PHVS_YNU
HEP175	NEDSS 1.1.3	BPIERCELOC	The location where the patient received a piercing in the six weeks to six months before symptom onset.	CE	0	N	PHVS_H_PIERC_LOC_TY
HEP176	NEDSS 1.1.3	BPEIRCEOTH	Other location where the patient received a piercing in the six weeks to six months before symptom onset.	ST	0	1	
HEP177	NEDSS 1.1.3	BDENTAL	Did the patient have dental work or oral surgery in the six weeks to six months before symptom onset?	CE	0	1	PHVS_YNU
HEP178	NEDSS 1.1.3	BSURGERY	Did the patient have surgery (other than oral surgery) in the six weeks to six months before symptom onset?	CE	0	1	PHVS_YNU
HEP179	NEDSS 1.1.3	BHOSP	Was the patient hospitalized in the six weeks to six months before symptom onset?	CE	0	1	PHVS_YNU
HEP180	NEDSS 1.1.3	BNURSHOME	Was the patient a resident of a long term care facility in the six weeks to six months before symptom onset?	CE	0	1	PHVS_YNU

**Case Notification
Hepatitis B Acute Data Elements**

Attachment 8

UID	AppVer	Label	Description	Fmt	Min	Max	VSName
HEP181	NEDSS 1.1.3	BINCAR	Was the patient incarcerated for longer than 24 hours in the six weeks to six months before symptom onset?	CE	0	1	PHVS_YNU
HEP182	NEDSS 1.1.3	BINCARTYPE	The type of facility where the patient was incarcerated for longer than 24 hours in the six weeks to six months before symptom onset.	CE	0	N	PHVS_H_INCAR_TY
HEP183	NEDSS 1.1.3	BEVERINCAR	Was the patient ever incarcerated for longer than 6 six months during his or her lifetime?	CE	0	1	PHVS_YNU
HEP184	NEDSS 1.1.3	INCARYR	The year that the patient was most recently incarcerated for longer than six months.	DATE	0	1	
HEP185	NEDSS 1.1.3	INCARDUR	The length of time that the patient was most recently incarcerated for longer than six months. (include units)	PQ	0	1	PHVS_DUR_UNIT
HEP187	NEDSS 1.1.3	BVACCINE	Did the patient ever receive hepatitis B vaccine?	CE	0	1	PHVS_YNU
HEP188	NEDSS 1.1.3	BVACCINENO	The number of shots of hepatitis B vaccine that the patient received.	CE	0	1	PHVS_H_VAC_DOSE_NUM
HEP189	NEDSS 1.1.3	BVACCINEYR	The year in which the patient received the last shot of hepatitis B vaccine.	DATE	0	1	
HEP190	NEDSS 1.1.3	BANTIBODY	Was the patient tested for antibody to HBsAg (anti-HBs) within 1-2 months after the last dose?	CE	0	1	PHVS_YNU
HEP191	NEDSS 1.1.3	BRESULT	Was the serum anti-HBs >= 10ml U/ml? (Answer 'yes' if lab result reported as positive or reactive)	CE	0	1	PHVS_YNU
HEP252	NEDSS 1.1.3	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.	CE	0	1	PHVS_YNU

**Case Notification
Hepatitis C Acute Data Elements**

Attachment 8

UID	AppVer	Label	Description	Fmt	Min	Max	VSName
HEP192	NEDSS 1.1.3	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?	CE	0	1	PHVS_YNU
HEP193	NEDSS 1.1.3	CTYPE	The 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.	CE	0	1	PHVS_H_CONTACT_TY
HEP194	NEDSS 1.1.3	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.	ST	0	1	
HEP195	NEDSS 1.1.3	CMALESEC	The number of male sex partners the person had in the six months before symptom onset.	CE	0	1	PHVS_H_NUM_SEX_PART
HEP196	NEDSS 1.1.3	CFEMALESEX	The number of female sex partners the person had in the six months before symptom onset.	CE	0	1	PHVS_H_NUM_SEX_PART
HEP197	NEDSS 1.1.3	CSTD	Was patient ever treated for a sexually-transmitted disease?	CE	0	1	PHVS_YNU
HEP198	NEDSS 1.1.3	CSTDYR	The year that the patient received the most recent treatment for a sexually-transmitted disease.	DATE	0	1	
HEP199	NEDSS 1.1.3	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?	CE	0	1	PHVS_YNU
HEP200	NEDSS 1.1.3	CFREQ1	The 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.	CE	0	1	PHVS_H_BLDCNTC_FREQ
HEP201	NEDSS 1.1.3	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?	CE	0	1	PHVS_YNU
HEP202	NEDSS 1.1.3	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.	CE	0	1	PHVS_H_BLDCNTC_FREQ
HEP203	NEDSS 1.1.3	CTATTOO	Did the patient receive a tattoo in the two weeks to six months before symptom onset?	CE	0	1	PHVS_YNU

**Case Notification
Hepatitis C Acute Data Elements**

Attachment 8

UID	AppVer	Label	Description	Fmt	Min	Max	VSName
HEP204	NEDSS 1.1.3	CTATTOOLOC	The location where the patient received a tattoo in the two weeks to six months before symptom onset.	CE	0	1	PHVS_H_PIERC_LOC_TY
HEP205	NEDSS 1.1.3	CTATTOOOTH	Other location where the patient received a tattoo in the two weeks to six months before symptom onset.	ST	0	1	
HEP206	NEDSS 1.1.3	CPIERCE	Did the patient have any part of their body pierced (other than ear) in the two weeks to six months before symptom onset?	CE	0	1	PHVS_YNU
HEP207	NEDSS 1.1.3	CPIERCELOC	The location where the patient received a piercing in the two weeks to six months before symptom onset.	CE	0	1	PHVS_H_PIERC_LOC_TY
HEP208	NEDSS 1.1.3	CPIERCEOTH	Other location where the patient received a piercing in the two weeks to six months before symptom onset.	ST	0	1	
HEP209	NEDSS 1.1.3	CIVDRUGS	Did the patient inject street drugs not prescribed by a doctor in the two weeks to six months before symptom onset?	CE	0	1	PHVS_YNU
HEP210	NEDSS 1.1.3	CDRUGS	Did the patient use street drugs but not inject in the two weeks to six months before symptom onset?	CE	0	1	PHVS_YNU
HEP211	NEDSS 1.1.3	CDIALYSIS	Did the patient undergo hemodialysis in the two weeks to six months before symptom onset?	CE	0	1	PHVS_YNU
HEP212	NEDSS 1.1.3	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?	CE	0	1	PHVS_YNU
HEP213	NEDSS 1.1.3	CTRANSF	Did the patient receive blood or blood products (transfusion) in the two weeks to six months before symptom onset?	CE	0	1	PHVS_YNU
HEP214	NEDSS 1.1.3	CTRANSDT	The date the patient received blood or blood products (transfusion) in the two weeks to six months before symptom onset.	DATE	0	1	
HEP215	NEDSS 1.1.3	CBLOOD	Did the patient have other exposure to someone else's blood in the two weeks to six months before symptom onset?	CE	0	1	PHVS_YNU
HEP216	NEDSS 1.1.3	CBLOODEX	The patient's blood exposure in the two weeks to six months before symptom onset other than through transfusion or an accidental stick or puncture.	ST	0	1	
HEP217	NEDSS 1.1.3	CDENTAL	Did the patient have dental work or oral surgery in the two weeks to six months before symptom onset?	CE	0	1	PHVS_YNU

**Case Notification
Hepatitis C Acute Data Elements**

Attachment 8

UID	AppVer	Label	Description	Fmt	Min	Max	VSName
HEP218	NEDSS 1.1.3	CSURGEY	Did the patient have surgery (other than oral surgery) in the two weeks to six months before symptom onset?	CE	0	1	PHVS_YNU
HEP219	NEDSS 1.1.3	CHOSP	Was the patient hospitalized in the two weeks to six months before symptom onset?	CE	0	1	PHVS_YNU
HEP220	NEDSS 1.1.3	CNURSHOME	Was the patient a resident of a long term care facility in the two weeks to six months before symptom onset?	CE	0	1	PHVS_YNU
HEP221	NEDSS 1.1.3	CINCAR	Was the patient incarcerated for longer than 24 hours in the two weeks to six months before symptom onset?	CE	0	1	PHVS_YNU
HEP222	NEDSS 1.1.3	CINCARTYPE	The type of facility where the patient was incarcerated for longer than 24 hours in the two weeks to six months before symptom onset.	CE	0	1	PHVS_H_INCAR_TY
HEP223	NEDSS 1.1.3	CEVERINCAR	Was the patient ever incarcerated for longer than 6 six months during his or her lifetime?	CE	0	1	PHVS_YNU
HEP224	NEDSS 1.1.3	CINCARYR	The year that the patient was most recently incarcerated for longer than six months.	DATE	0	1	
HEP225	NEDSS 1.1.3	CINCARDUR	The length of time that the patient was most recently incarcerated for longer than six months. (Include units)	PQ	0	1	PHVS_DUR_UNIT
HEP253	NEDSS 1.1.3	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.	CE	0	1	PHVS_YNU

**Case Notification
Hepatitis C Virus Infection Chronic or Resolved Data Elements**

Attachment 8

UID	AppVer	Label	Description	Fmt	Min	Max	VSName
HEP227	NEDSS 1.1.3	HAVTRANSF	Did the patient receive a blood transfusion prior to 1992?	CE	0	1	PHVS_YNU
HEP228	NEDSS 1.1.3	HACTRANSP	Did the patient receive an organ transplant prior to 1992?	CE	0	1	PHVS_YNU
HEP229	NEDSS 1.1.3	HCVCLLOT	Did the patient receive clotting factor concentrates prior to 1987?	CE	0	1	PHVS_YNU
HEP230	NEDSS 1.1.3	HCVDIAL	Was the patient ever on long term hemodialysis?	CE	0	1	PHVS_YNU
HEP231	NEDSS 1.1.3	HCVIVDRUGS	Has the patient ever injected drugs not prescribed by doctor even if only once or a few times?	CE	0	1	PHVS_YNU
HEP232	NEDSS 1.1.3	HCVNUMPART	How many sex partners has patient had (approximate lifetime)?	ST	0	1	
HEP233	NEDSS 1.1.3	HCVINCAR	Was the patient ever incarcerated?	CE	0	1	PHVS_YNU
HEP234	NEDSS 1.1.3	HCVSTD	Was the patient ever treated for a sexually-transmitted disease?	CE	0	1	PHVS_YNU
HEP235	NEDSS 1.1.3	HCVCONTACT	Was the patient ever a contact of person who had hepatitis?	CE	0	1	PHVS_YNU
HEP236	NEDSS 1.1.3	HCVTYPE	The type of contact the patient had with a person with hepatitis.	CE	0	1	PHVS_H_CONTACT_TY
HEP237	NEDSS 1.1.3	HCVOTHCON	Other type of contact the patient had with a person with hepatitis.	ST	0	1	
HEP238	NEDSS 1.1.3	HCVMEDEMP	Was the patient ever employed in a medical or dental field involving direct contact with human blood?	CE	0	1	PHVS_YNU

**Case Notification
Perinatal Hepatitis B Data Elements**

Attachment 8

UID	AppVer	Label	Description	Fmt	Min	Max	VSName
HEP239	NEDSS 1.1.3	HBVMOMRACE	The race of the patient's mother.	CE	0	N	PHVS_Race_CDC_CAT
HEP240	NEDSS 1.1.3	HBVMOMETH	The ethnicity of the patient's mother.	CE	0	1	PHVS_Ethnicity_CDC_GRP
HEP241	NEDSS 1.1.3	HBVMOMBORN	Was mother born outside of the U.S.A.?	CE	0	1	PHVS_YNU
HEP242	NEDSS 1.1.3	HBVMOMCTRY	The mother's birth country (other than the US).	CE	0	1	PHVS_Country_ISO_3166-1
HEP243	NEDSS 1.1.3	HBVCONF	Was the mother confirmed HBsAg positive prior to or at time of delivery?	CE	0	1	PHVS_YNU
HEP244	NEDSS 1.1.3	HBVCONFDEL	Was the mother confirmed HBsAg positive after delivery?	CE	0	1	PHVS_YNU
HEP245	NEDSS 1.1.3	HBVCONFDT	The date of HBsAg positive test result.	DATE	0	1	
HEP246	NEDSS 1.1.3	HBVVACDOSE	How many doses of hepatitis B vaccine did the child receive?	CE	0	1	PHVS_VAC_DOSE_NUM
HEP247	NEDSS 1.1.3	HBVVACDT1	The date the child received the first dose of hepatitis B vaccine.	DATE	0	1	
HEP248	NEDSS 1.1.3	HBVVACDT2	The date the child received the second dose of hepatitis B vaccine.	DATE	0	1	
HEP249	NEDSS 1.1.3	HBVVACDT3	The date the child received the third dose of hepatitis B vaccine.	DATE	0	1	
HEP250	NEDSS 1.1.3	HBIG	Did the child receive hepatitis B immune globulin (HBIG)?	CE	0	1	PHVS_YNU
HEP251	NEDSS 1.1.3	HBIGDT	The date the child received HBIG.	DATE	0	1	
HEP256	NEDSS 1.1.3	HBVMRACECD	The mother's detailed race category.	CE	0	N	PHVS_Race_CDC
HEP257	NEDSS 1.1.3	HBVMETHCD	The mother's detailed ethnicity category.	CE	0	N	PHVS_Ethnicity_CDC
HEP258	NEDSS 1.1.3	HBVMOMRDES	The mother race - if other than the provided race categories.	ST	0	1	

UID	AppVer	Label	Description	Fmt	Min	Max	VSName
FDD_Q_27	NBS 1.1.4	specimenTrackingInd	Is specimen tracking being captured?	CE	0	1	PHVS_YN
FDD_Q_71	NBS 1.1.4	patientStatusAtSpecimenCollectionCd	Patient's status at time of isolate collection?	CE	0	1	PHVSFB_SPCMNPTSTATUS
FDD_Q_29 1	NBS 1.1.4	isolateBeingTracked	Isolate being tracked START OF REPEATING BLOCK	CE	0	1	PHVS_YN
FDD_Q_66	NBS 1.1.4	isolateToPublicHealthLabInd	Was an isolate received at the state public health lab? REPEATING BLOCK	CE	0	1	PHVS_YNU
FDD_Q_67	NBS 1.1.4	specNotReceivedCd	If an isolate wasn't received at the state public health lab, what is the reason? REPEATING BLOCK	CE	0	1	PHVSFB_SPECFORW
FDD_Q_24 6	NBS 1.1.4	specNotReceivedOther	If "Other", please specify: REPEATING BLOCK	ST	0	1	
FDD_Q_68	NBS 1.1.4	specReceivedDate	If "Yes", please specify date received in state public health lab: REPEATING BLOCK	DATE	0	1	
FDD_Q_69	NBS 1.1.4	statePublicHHealthLabID	State public health lab isolate ID number: REPEATING BLOCK	II	0	1	
FDD_Q_70	NBS 1.1.4	statePublicHealthLabConfirmed	Was the case confirmed at the state public health lab? REPEATING BLOCK (LAST ELEMENT)	CE	0	1	PHVS_YNU
FDD_Q_28	NBS 1.1.4	PulseNet_ind	Are PulseNet Isolates being tracked?	CE	0	1	PHVS_YN
FDD_Q_36 6	NBS 1.1.4	pulsenetIsolateInd	PulseNet Isolate: START OF REPEATING BLOCK	CE	0	1	PHVS_YN
FDD_Q_49	NBS 1.1.4	pfgeToPulseNetInd	Has isolate PFGE pattern been sent to central PulseNet database? REPEATING BLOCK ELEMENT	CE	0	1	PHVS_YNU
FDD_Q_50	NBS 1.1.4	pulsenetPfgeEnzyme1	PulseNet PFGE Designation Enzyme 1: REPEATING BLOCK ELEMENT	ST	0	1	
FDD_Q_51	NBS 1.1.4	statePfgeEnzyme1	State Health Department Lab PFGE Designation Enzyme 1: REPEATING BLOCK ELEMENT	ST	0	1	
FDD_Q_52	NBS 1.1.4	pulsenetPfgeEnzyme2	PulseNet PFGE Designation Enzyme 2: REPEATING BLOCK ELEMENT	ST	0	1	
FDD_Q_53	NBS 1.1.4	statePfgeEnzyme2	State Health Department Lab PFGE Designation Enzyme 2: REPEATING BLOCK ELEMENT	ST	0	1	
FDD_Q_54	NBS 1.1.4	pulsenetPfgeEnzyme3	PulseNet PFGE Designation Enzyme 3: REPEATING BLOCK ELEMENT	ST	0	1	

UID	AppVer	Label	Description	Fmt	Min	Max	VSName
FDD_Q_55	NBS 1.1.4	statePfgeEnzyme3	State Health Department Lab PFGE Designation Enzyme 3: REPEATING BLOCK ELEMENT	ST	0	1	
FDD_Q_27	NBS 1.1.4	NARMSCaseInd	Is this a NARMS case?	CE	0	1	PHVS_YN
FDD_Q_47	NBS 1.1.4	isolateToNARMSInd	Has isolate been sent to NARMS? REPEATING BLOCK START	CE	0	1	PHVS_YNU
FDD_Q_29 8	NBS 1.1.4	stateNARMSId	State-assigned NARMS ID number: REPEATING BLOCK	II	0	1	
FDD_Q_29 9	NBS 1.1.4	NARMSExpectedShipDate	Expected Ship Date: REPEATING BLOCK ELEMENT	DATE	0	1	
FDD_Q_30 0	NBS 1.1.4	NARMSActualShipDate	Actual Ship Date: REPEATING BLOCK ELEMENT	DATE	0	1	
FDD_Q_30 2	NBS 1.1.4	noNARMSSpecReasonCd	If an isolate was not sent to NARMS, what is the reason? REPEATING BLOCK ELEMENT	CE	0	1	PHVSFB_ISOLATNO
FDD_Q_68	NBS 1.1.4	specReceivedDate	If "Yes", please specify date received in state public health lab: REPEATING BLOCK	DATE	0	1	
FDD_Q_69	NBS 1.1.4	statePublicHHealthLabID	State public health lab isolate ID number: REPEATING BLOCK ELEMENT	II	0	1	
FDD_Q_70	NBS 1.1.4	statePublicHealthLabConfirmed	Was the case confirmed at the state public health lab? REPEATING BLOCK (LAST ELEMENT)	CE	0	1	PHVS_YNU
FDD_Q_28 9	NBS 1.1.4	EIP_isolate_tracking_ind	If EIP Isolates are being tracked, then display the following questions:	CE	0	1	PHVS_YN
FDD_Q_36	NBS 1.1.4	EIPIsolateInd	EIP Isolate: START OF REPEATING BLOCK	CE	0	1	PHVS_YN
FDD_Q_24 7	NBS 1.1.4	EIPAvailableCd	Is this specimen available for further EIP testing? REPEATING BLOCK ELEMENT	CE	0	1	PHVSFB_ISOLATAV
FDD_Q_25 1	NBS 1.1.4	EIPNotAvailableCd	If a specimen is not available for further EIP testing, what is the reason? REPEATING BLOCK ELEMENT	CE	0	1	PHVSFB_SPECAVAL
FDD_Q_25 2	NBS 1.1.4	EIPNotAvailableOther	If "Other", please specify other reason why specimen is not available: REPEATING BLOCK ELEMENT	ST	0	1	PHVSFB_SPECFORW
FDD_Q_24	NBS 1.1.4	EIPShipToCd	If "Yes", where will the specimen the shipped?	CE	0	1	PHVSFB_CDCLABSH
FDD_Q_24 9	NBS 1.1.4	EIPExpectedShipDate	Expected Ship Date: REPEATING BLOCK ELEMENT	DATE	0	1	

UID	AppVer	Label	Description	Fmt	Min	Max	VSName
FDD_Q_25 0	NBS 1.1.4	EIPActualShipDate	Actual Ship Date: REPEATING BLOCK ELEMENT	DATE	0	1	
FDD_Q_29 0	NBS 1.1.4	EIPReshipRequestedInd	Was specimen requested for reshipment? REPEATING BLOCK ELEMENT	CE	0	1	PHVS_YN
FDD_Q_25 3	NBS 1.1.4	EIPReshipReasonCd	If a specimen was requested for reshipment for further EIP testing, what is the reason? REPEATING BLOCK ELEMENT	CE	0	1	PHVSFB_CONTAMIN
FDD_Q_25 4	NBS 1.1.4	EIPReshipReasonOther	If "Other", please specify other reason for reshipment: REPEATING BLOCK ELEMENT	ST	0	1	
FDD_Q_25 5	NBS 1.1.4	EIPExpectedReshipDate	Expected Reship Date: REPEATING BLOCK ELEMENT	DATE	0	1	
FDD_Q_25 6	NBS 1.1.4	EIPActualReshipDate	Actual Reship Date: REPEATING BLOCK ELEMENT	DATE	0	1	

**Case Notification
Foodborne and Diarrheal Disease Data Elements**

Attachment 8

UID	AppVer	Label	Description	Fmt	Min	Max
FDD_Q_31	NBS 1.1.4	animalContactInd	Did patient come in contact with an animal?	CE	0	1
FDD_Q_32	NBS 1.1.4	animalTypeCd	Type of animal: (MULTISELECT)	CE	0	N
FDD_Q_243	NBS 1.1.4	animalTypeOther	If "Other", please specify other type of animal:	ST	0	1
FDD_Q_295	NBS 1.1.4	animalAmphibianOther	If "Other Amphibian", please specify other type of amphibian:	ST	0	1
FDD_Q_296	NBS 1.1.4	animalReptileOther	If "Other Reptile", please specify other type of reptile:	ST	0	1
FDD_Q_374	NBS 1.1.4	animalMammalOther	If "Other Mammal", please specify other type of mammal:	ST	0	1
FDD_Q_33	NBS 1.1.4	animalContactLocation	Name or Location of Animal Contact:	ST	0	1
FDD_Q_34	NBS 1.1.4	acquireNewPet	Did the patient acquire a pet prior to onset of illness?	CE	0	1
FDD_Q_244	NBS 1.1.4	applicableIncubationPeriod	Applicable incubation period for this illness is (Incubation.PDF):	ST	0	1
FDD_Q_259	NBS 1.1.4	botulismFoodborneInd	Does the patient have Foodborne Botulism?	CE	0	1
FDD_Q_114	NBS 1.1.4	botulismLabConfirmedInd	Was botulism laboratory confirmed from patient specimen?	CE	0	1
FDD_Q_115	NBS 1.1.4	cBotulinumIsolatedInd	Was C. botulinum isolated in culture from patient specimen?	CE	0	1
FDD_Q_113	NBS 1.1.4	botulismFoodSourceCd	If food is known or thought to be the source, please specify food type:	CE	0	1
FDD_Q_112	NBS 1.1.4	botulismFoodSourceOther	If "Other", please specify other food type:	ST	0	1
FDD_Q_116	NBS 1.1.4	foodTestedInd	Was food tested?	CE	0	1
FDD_Q_117	NBS 1.1.4	foodBotulismPositiveInd	Was food positive for botulism?	CE	0	1
FDD_Q_118	NBS 1.1.4	foodToxinTypeCd	If food was positive, what was its toxin type?	CE	0	1
FDD_Q_119	NBS 1.1.4	foodToxinTypeOther	If "Other", please specify other toxin type:	ST	0	1
FDD_Q_263	NBS 1.1.4	botulismOtherInd	Did the patient have Other Clinical based Botulism?	CE	0	1
FDD_Q_286	NBS 1.1.4	botulismLabConfirmed	Was botulism laboratory confirmed from patient specimen?	CE	0	1
FDD_Q_287	NBS 1.1.4	cBotulinumIsolated	Was C. botulinum isolated in culture from patient specimen?	CE	0	1
FDD_Q_264	NBS 1.1.4	choleraInd	Did the patient have Cholera?	CE	0	1
FDD_Q_196	NBS 1.1.4	choleraOnsetTime	Time of onset of illness:	TS	0	1
FDD_Q_197	NBS 1.1.4	diarrheaInd	Did the patient have diarrhea?	CE	0	1
FDD_Q_198	NBS 1.1.4	maxStools24hrs	If "Yes", please specify maximum number of stools per 24 hours:	INT	0	1
FDD_Q_199	NBS 1.1.4	feverInd	Did patient have a fever?	CE	0	1

**Case Notification
Foodborne and Diarrheal Disease Data Elements**

Attachment 8

UID	AppVer	Label	Description	Fmt	Min	Max
FDD_Q_200	NBS 1.1.4	temperature	If "Yes", please specify temperature:	PQ	0	1
FDD_Q_202	NBS 1.1.4	cellulitisInd	Did the patient have Cellulitis?	CE	0	1
FDD_Q_203	NBS 1.1.4	cellulitisSourceCd	If "Yes", please specify the location:	CE	0	1
FDD_Q_204	NBS 1.1.4	cellulitisSourceOther	If "Other", please specify other type of location:	ST	0	1
FDD_Q_205	NBS 1.1.4	bullaeInd	Did the patient have Bullae?	CE	0	1
FDD_Q_206	NBS 1.1.4	bullaeLocationCd	If "Yes", please specify the location:	CE	0	1
FDD_Q_207	NBS 1.1.4	bullaeLocationOther	If "Other", please specify other type of location:	ST	0	1
FDD_Q_208	NBS 1.1.4	choleraSymptomCd	Did patient have any of the following signs or symptoms? MULTISELECT FIELD	CE	0	N
FDD_Q_209	NBS 1.1.4	choleraSymptomOther	If "Other", please specify other signs or symptoms:	ST	0	1
FDD_Q_210	NBS 1.1.4	choleraSequelaeCd	Did the patient have any sequelae? MULTISELECT FIELD	CE	0	N
FDD_Q_211	NBS 1.1.4	choleraSequelaeCd	If "Other", please specify other sequelae:	ST	0	1
FDD_Q_214	NBS 1.1.4	antibioticTreatmentInd	Did the patient take an antibiotic as treatment for this illness?	CE	0	1
FDD_Q_213	NBS 1.1.4	organismsOtherThanVibrioInd	Were other organisms isolated from the same specimen that yielded Vibrio?	CE	0	1
FDD_Q_212	NBS 1.1.4	treatmentPrevious30days	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 FIELD	CE	0	N
FDD_Q_215	NBS 1.1.4	skinExposurePrevious7days	In the 7 days before illness began, was patient's skin exposed to any of the following?	CE	0	1
FDD_Q_217	NBS 1.1.4	skinExposureDatetime	If patient's skin was exposed, please specify date patient's skin was exposed:	TS	0	1
FDD_Q_219	NBS 1.1.4	skinExposureActivityCd	In the 7 days prior to onset of illness, please specify the activity that resulted in patient's skin exposure:	CE	0	1
FDD_Q_220	NBS 1.1.4	skinExposureActivityOther	If "Other", please specify other activity:	ST	0	1
FDD_Q_221	NBS 1.1.4	bodyOfWaterTypeCd	If patient was exposed to a body of water, please specify body of water type	CE	0	1
FDD_Q_222	NBS 1.1.4	bodyOfWaterTypeOther	If "Other", please specify other body of water type:	ST	0	1
FDD_Q_216	NBS 1.1.4	bodyOfWaterLocation	If patient was exposed to a body of water, please specify body of water location:	ST	0	1

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UID	AppVer	Label	Description	Fmt	Min	Max
FDD_Q_224	NBS 1.1.4	woundDuringExposureCd	If skin was exposed, did the patient sustain a wound during this exposure or have a pre-existing wound?	CE	0	1
FDD_Q_225	NBS 1.1.4	woundDuringExposureDetails	If "Yes", please specify how wound occurred and site on patient's body:	ST	0	1
FDD_Q_226	NBS 1.1.4	choleraRiskFactorsCd	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? MULTISELECTION FIELD	CE	0	N
FDD_Q_227	NBS 1.1.4	choleraRiskFactorsOther	If "Other", please specify other V. Cholerae O1 or O139 risk:	ST	0	1
FDD_Q_228	NBS 1.1.4	foreignTravelEducationCd	If "Foreign Travel", had the patient been educated in Cholera prevention measure prior to travel?	CE	0	1
FDD_Q_229	NBS 1.1.4	foreignTravelEducationOther	If "Other", please specify other source of Cholera prevention education:	ST	0	1
FDD_Q_230	NBS 1.1.4	choleraVaccineInd	Has patient ever received a Cholera vaccine?	CE	0	1
FDD_Q_265	NBS 1.1.4	cyclosporiasisInd	Does the patient have Cyclosporiasis?	CE	0	1
FDD_Q_160	NBS 1.1.4	diarrheaInd	Did the patient have diarrhea?	CE	0	1
FDD_Q_161	NBS 1.1.4	maxStools24hrs	If "Yes", please specify maximum number of stools per 24 hours:	INT	0	1
FDD_Q_162	NBS 1.1.4	weightLossInd	Did patient experience weight loss?	CE	0	1
FDD_Q_163	NBS 1.1.4	baselineWeight	If "Yes", please specify baseline weight:	PQ	0	1
FDD_Q_164	NBS 1.1.4	weightLost	Specify how much weight was lost:	PQ	0	1
FDD_Q_167	NBS 1.1.4	feverInd	Did patient have a fever?	CE	0	1
FDD_Q_168	NBS 1.1.4	temperature	If "Yes", please specify temperature:	PQ	0	1
FDD_Q_170	NBS 1.1.4	cycloSymptomsCd	Did the patient have any of the following signs or symptoms of Cyclosporiasis? MULTISELECTION FIELD	CE	0	N
FDD_Q_171	NBS 1.1.4	cycloSymptomsOther	If "Other", please specify other signs or symptoms of Cyclosporiasis:	ST	0	1
FDD_Q_172	NBS 1.1.4	cycloConfirmedByCDCInd	Was the case confirmed at the CDC lab?	CE	0	1
FDD_Q_173	NBS 1.1.4	treatedForCycloInd	Was the patient treated for Cyclosporiasis?	CE	0	1
FDD_Q_174	NBS 1.1.4	sulfaAllergyInd	Does the patient have a sulfa allergy?	CE	0	1
FDD_Q_176	NBS 1.1.4	freshBerriesCd	What fresh berries were eaten in the 14 days prior to onset of illness? MULTISELECTION FIELD	CE	0	N
FDD_Q_177	NBS 1.1.4	freshBerriesOther	If "Other", please specify other type of fresh berries:	ST	0	1

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UID	AppVer	Label	Description	Fmt	Min	Max
FDD_Q_178	NBS 1.1.4	freshHerbsCd	What fresh herbs were eaten in the 14 days prior to onset of illness? MULTISELECTION FIELD	CE	0	N
FDD_Q_179	NBS 1.1.4	freshHerbsOther	If "Other", please specify other type of fresh herbs:	ST	0	1
FDD_Q_180	NBS 1.1.4	lettuceLast14DaysCd	What fresh lettuce was eaten in the 14 days prior to onset of illness? MULTISELECTION FIELD	CE	0	N
FDD_Q_181	NBS 1.1.4	lettuceLast14DaysOther	If "Other", please specify other type of fresh lettuce:	ST	0	1
FDD_Q_182	NBS 1.1.4	produceLast14DaysCd	What other types of fresh produce were eaten in the 14 days prior to onset of illness? MULTISELECTION FIELD	CE	0	N
FDD_Q_183	NBS 1.1.4	produceLast14DaysOther	If "Other", please specify other type of fresh produce:	ST	0	1
FDD_Q_373	NBS 1.1.4	fruitOtherThanBerriesSpecify	If "Fruit, other than berries", please specify type of fruit other than berries:	ST	0	1
FDD_Q_184	NBS 1.1.4	eventTast14DaysInd	Did patient attend any events in the 14 days prior to onset of illness?	CE	0	1
FDD_Q_185	NBS 1.1.4	eventSpecify	If "Yes", please specify the event:	ST	0	1
FDD_Q_186	NBS 1.1.4	eventDate	Date of event:	DATE	0	1
FDD_Q_187	NBS 1.1.4	restaurantInd	Did patient eat at restaurant(s) in the 14 days prior to onset of illness?	CE	0	1
FDD_Q_188	NBS 1.1.4	restaurantSpecify	If "Yes", please specify the name of the restaurant(s):	ST	0	1
FDD_Q_245	NBS 1.1.4	daycareInd	Is the Patient associated with a day care center?	CE	0	1
FDD_Q_1	NBS 1.1.4	dayCareAttendInd	Attend a day care center?	CE	0	1
FDD_Q_2	NBS 1.1.4	dayCareWorkInd	Work at a day care center?	CE	0	1
FDD_Q_3	NBS 1.1.4	dayCareLiveInd	Live with a day care center attendee?	CE	0	1
FDD_Q_4	NBS 1.1.4	dayCareTypeCd	What type of day care facility?	CE	0	1
FDD_Q_5	NBS 1.1.4	dayCareFacilityName	What is the name of the day care facility?	ST	0	1
FDD_Q_6	NBS 1.1.4	foodPrepInd	Is food prepared at this facility?	CE	0	1
FDD_Q_7	NBS 1.1.4	diaperedInfantsInd	Does this facility care for diapered persons?	CE	0	1
FDD_Q_266	NBS 1.1.4	drinkingWaterExposureInd	Does the patient have Drinking Water exposure?	CE	0	1
FDD_Q_21	NBS 1.1.4	homeWaterSourceCd	What is the source of tap water at home?	CE	0	1
FDD_Q_22	NBS 1.1.4	homeWellTreatCd	If "Private Well", how was the well water treated at home?	CE	0	1

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UID	AppVer	Label	Description	Fmt	Min	Max
FDD_Q_23	NBS 1.1.4	homeWaterSourceOther	If "Other", specify other source of tap water at home:	ST	0	1
FDD_Q_93	NBS 1.1.4	schoolWorkWaterSourceCd	What is the source of tap water at school/work?	CE	0	1
FDD_Q_94	NBS 1.1.4	schoolWorkWellTreatCd	If "Private Well", how was the well water treated at school/work?	CE	0	1
FDD_Q_92	NBS 1.1.4	schoolWorkWaterSourceOther	If "Other", specify other source of tap water at school/work:	ST	0	1
FDD_Q_24	NBS 1.1.4	drinkUntreatedWaterInd	Did patient drink untreated water 7 days prior to onset of illness?	CE	0	1
FDD_Q_267	NBS 1.1.4	ehecExposureInd	Does the patient have EHEC exposure?	CE	0	1
FDD_Q_128	NBS 1.1.4	eColiIsolatedInd	Was the isolate biochemically identified as E. coli?	CE	0	1
FDD_Q_129	NBS 1.1.4	shigaToxinPositiveInd	Was isolate Shiga toxin positive?	CE	0	1
FDD_Q_268	NBS 1.1.4	foodHandlerInd	Is the patient a Food Handler?	CE	0	1
FDD_Q_8	NBS 1.1.4	foodHandlerAfterOnsetInd	Did patient work as a food handler after onset of illness?	CE	0	1
FDD_Q_9	NBS 1.1.4	foodHandlerLastWorkedDate	What was last date worked as a food handler after onset of illness?	DATE	0	1
FDD_Q_10	NBS 1.1.4	foodHandlerLocation	Where was patient a food handler?	ST	0	1
FDD_Q_269	NBS 1.1.4	foodnetJurisdictionInd	Is the patient within a FoodNet jurisdiction?	CE	0	1
FDD_Q_257	NBS 1.1.4	foodnetCaseInd	FoodNet Case:	CE	0	1
FDD_Q_80	NBS 1.1.4	transferredInd	Was patient transferred from one hospital to another?	CE	0	1
FDD_Q_81	NBS 1.1.4	transferredFromHospName	If "Yes", specify name of the hospital to which the patient was transferred:	ST	0	1
FDD_Q_82	NBS 1.1.4	hospInfoSourceCd	How was the information about patient's hospitalization obtained?	CE	0	1
FDD_Q_83	NBS 1.1.4	hospInfoSourceOther	If "Other", specify other source of patient's hospitalization:	ST	0	1
FDD_Q_84	NBS 1.1.4	outcomeInfoSourceCd	How was the information about the patient's outcome obtained?	CE	0	1
FDD_Q_85	NBS 1.1.4	outcomeInfoSourceOther	If "Other", specify other source of patient's outcome:	ST	0	1
FDD_Q_90	NBS 1.1.4	internationalInterviewCd	Was the patient interviewed for international travel history?	CE	0	1
FDD_Q_86	NBS 1.1.4	caseStudyIndicator	In case-control study?	CE	0	1
FDD_Q_87	NBS 1.1.4	caseStudyIdNumber	If "Yes", case control study id number:	ST	0	1

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UID	AppVer	Label	Description	Fmt	Min	Max
FDD_Q_88	NBS 1.1.4	cdcEFORSNumber	If transmission mode is "Foodborne", what is the CDC EFORS Number?	ST	0	1
FDD_Q_89	NBS 1.1.4	caselIdentifiedByAuditInd	Was case found during an audit?	CE	0	1
FDD_Q_272	NBS 1.1.4	pregnancyQuestionInd	Is this a condition where the pregnancy questions should be answered?	CE	0	1
FDD_Q_97	NBS 1.1.4	pregnancyRelatedCaseInd	Is this a pregnancy related case?	CE	0	1
FDD_Q_98	NBS 1.1.4	pregnantInfectionTypeCd	Type of infection in mother:	CE	0	1
FDD_Q_99	NBS 1.1.4	pregnantInfectionTypeOther	If "Other", please specify other type of infection in mother:	ST	0	1
FDD_Q_100	NBS 1.1.4	pregnantInfectionComments	Comments on infection in mother:	ST	0	1
FDD_Q_101	NBS 1.1.4	pregnancyOutcomeCd	Outcome of pregnancy:	CE	0	1
FDD_Q_102	NBS 1.1.4	pregnancyOutcomeOther	If "Other", please specify other outcome of pregnancy:	ST	0	1
FDD_Q_103	NBS 1.1.4	deliveryDate	If delivered, date of delivery:	DATE	0	1
FDD_Q_104	NBS 1.1.4	pregnancyOutcomeComments	Comments on pregnancy outcome:	ST	0	1
FDD_Q_282	NBS 1.1.4	fetalListeriaConfirmed	Confirmed listeria in neonate or fetus:	CE	0	1
FDD_Q_106	NBS 1.1.4	fetalSpecimenSourceCd	Source of specimen collected from fetus/neonate:	CE	0	1
FDD_Q_107	NBS 1.1.4	fetalSpecimenSourceOther	If "Other", please specify other specimen collection source:	ST	0	1
FDD_Q_108	NBS 1.1.4	fetalSpecimenDate	Fetus/neonate specimen collection date:	DATE	0	1
FDD_Q_109	NBS 1.1.4	fetalInfectionTypeCd	Type of infection in fetus/neonate:	CE	0	1
FDD_Q_110	NBS 1.1.4	fetalInfectionTypeOther	If "Other", please specify other fetus/neonate infection type:	ST	0	1
FDD_Q_111	NBS 1.1.4	fetalInfectionComments	Comments on infection in fetus/neonate:	ST	0	1
FDD_Q_273	NBS 1.1.4	recreationalWaterInd	Did patient have recreational water exposure?	CE	0	1
FDD_Q_25	NBS 1.1.4	recwaterExposureInd	Was there recreational water exposure in the 7 days prior to illness?	CE	0	1
FDD_Q_26	NBS 1.1.4	recwaterExposureTypeCd	What was the recreational water exposure type? MULTISELECT FIELD	CE	0	N
FDD_Q_27	NBS 1.1.4	recwaterExposureOther	If "Other", please specify other recreational water exposure type:	ST	0	1
FDD_Q_28	NBS 1.1.4	swimmingPoolTypeCd	If "Swimming Pool", please specify swimming pool type: MULTISELECT FIELD	CE	0	N
FDD_Q_29	NBS 1.1.4	swimmingPoolTypeOther	If "Other", please specify other swimming pool type:	ST	0	1
FDD_Q_30	NBS 1.1.4	recwaterLocationName	Name or location of water exposure:	ST	0	1
FDD_Q_274	NBS 1.1.4	relatedCaseInd	Are there related cases associated to this case?	CE	0	1

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UID	AppVer	Label	Description	Fmt	Min	Max
FDD_Q_77	NBS 1.1.4	otherIllPersonsInd	Does the patient know of any similarly ill persons?	CE	0	1
FDD_Q_78	NBS 1.1.4	otherIllnessInfoCollectedInd	If "Yes", did the health department collect contact information about other similarly ill persons and investigate further?	CE	0	1
FDD_Q_79	NBS 1.1.4	otherRelatedCasesCd	Are there other cases related to this one?	CE	0	1
FDD_Q_275	NBS 1.1.4	seafoodExposureInd	Did patient have seafood exposure?	CE	0	1
FDD_Q_35	NBS 1.1.4	seafoodLast14DaysInd	Has the patient eaten seafood in the last 14 days?	CE	0	1
FDD_Q_36	NBS 1.1.4	seafoodUndercookedInd	Was the seafood eaten undercooked?	CE	0	1
FDD_Q_37	NBS 1.1.4	seafoodRawInd	Was the seafood eaten raw?	CE	0	1
FDD_Q_38	NBS 1.1.4	rawSeafoodTypeCd	If "Yes", type of raw seafood: MULTISELECTION FIELD	CE	0	N
FDD_Q_39	NBS 1.1.4	otherShellfishSpecify	If "Other Shellfish", specify type of other shellfish:	ST	0	1
FDD_Q_40	NBS 1.1.4	otherFishSpecify	if "Other Fish", specify type of other fish:	ST	0	1
FDD_Q_41	NBS 1.1.4	rawSeafoodConsumptionDatetime	Date and time raw seafood consumed:	TS	0	1
FDD_Q_43	NBS 1.1.4	rawSeafoodObtainedCd	Where was raw seafood obtained? MULTISELECTION FIELD	CE	0	N
FDD_Q_44	NBS 1.1.4	rawSeafoodObtainedOther	If "Other", specify other source where raw seafood was obtained:	ST	0	1
FDD_Q_45	NBS 1.1.4	rawOystersTagAvailableInd	If type of raw seafood was "Oysters", are shipping tags available from suspect lot?	CE	0	1
FDD_Q_46	NBS 1.1.4	rawOystersShipperSpecify	If shipping tags are available, name of shippers who handled suspected raw oysters:	ST	0	1
FDD_Q_277	NBS 1.1.4	toxoplasmosisInd	Does the patient have toxoplasmosis?	CE	0	1
FDD_Q_231	NBS 1.1.4	congenitalToxoplasmosisInd	Is this a case of congenital toxoplasmosis?	CE	0	1
FDD_Q_232	NBS 1.1.4	toxoplasmicEncephalitisInd	Is this a case of toxoplasmic encephalitis?	CE	0	1
FDD_Q_279	NBS 1.1.4	trichinellosisInd	Does the patient have trichinellosis?	CE	0	1
FDD_Q_131	NBS 1.1.4	eosinophiliaInd	Did patient have Eosinophilia?	CE	0	1
FDD_Q_132	NBS 1.1.4	eosinAbsolute	If "Yes", please specify absolute number or percentage:	PQ	0	1
FDD_Q_134	NBS 1.1.4	feverInd	Did patient have a fever?	CE	0	1
FDD_Q_135	NBS 1.1.4	temperature	If "Yes", please specify temperature:	PQ	0	1
FDD_Q_137	NBS 1.1.4	trichinellosisSxCd	Did patient have any of the following signs or symptoms of Trichinellosis?	CE	0	1
FDD_Q_138	NBS 1.1.4	trichinellosisSxOther	If "Other", please specify other signs or symptoms of Trichinellosis:	ST	0	1

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UID	AppVer	Label	Description	Fmt	Min	Max
FDD_Q_139	NBS 1.1.4	suspectedFoodCd	What suspect foods did the patient eat?	CE	0	1
FDD_Q_140	NBS 1.1.4	porkTypeCd	Please specify type of pork:	CE	0	1
FDD_Q_141	NBS 1.1.4	porkTypeOther	If "Other", please specify other type of pork:	ST	0	1
FDD_Q_142	NBS 1.1.4	porkConsumeDate	Date suspect food was consumed:	DATE	0	1
FDD_Q_143	NBS 1.1.4	porkLarvaeFoundCd	Was larvae found in suspect food?	CE	0	1
FDD_Q_144	NBS 1.1.4	porkSourceCd	Where was the suspect meat obtained?	CE	0	1
FDD_Q_145	NBS 1.1.4	porkSourceOther	If "Other", please specify where suspect meat was obtained:	ST	0	1
FDD_Q_146	NBS 1.1.4	porkPrepCd	How was suspect food prepared or further processed after purchase?	CE	0	1
FDD_Q_147	NBS 1.1.4	porkPrepOther	If "Other", please specify other type of processing:	ST	0	1
FDD_Q_148	NBS 1.1.4	porkCookMethodCd	What was the method of cooking the suspect food?	CE	0	1
FDD_Q_149	NBS 1.1.4	porkCookMethodOther	If "Other", please specify other type of cooking method:	ST	0	1
FDD_Q_150	NBS 1.1.4	nonporkTypeCd	Please specify type of non-pork:	CE	0	1
FDD_Q_151	NBS 1.1.4	nonporkTypeOther	If "Other", please specify other type of non-pork:	ST	0	1
FDD_Q_152	NBS 1.1.4	nonporkConsumeDate	Date suspect food was consumed:	DATE	0	1
FDD_Q_153	NBS 1.1.4	nonporkLarvaeFoundCd	Was larvae found in suspect food?	CE	0	1
FDD_Q_154	NBS 1.1.4	nonporkSourceCd	Where was the suspect meat obtained?	CE	0	1
FDD_Q_155	NBS 1.1.4	nonporkSourceOther	If "Other", please specify where suspect meat was obtained:	ST	0	1
FDD_Q_156	NBS 1.1.4	nonporkPrepCd	How was suspect food prepared or further processed after purchase?	CE	0	1
FDD_Q_157	NBS 1.1.4	nonporkPrepOther	If "Other", please specify other type of processing:	ST	0	1
FDD_Q_158	NBS 1.1.4	nonporkMethodCd	What was the method of cooking the suspect food?	CE	0	1
FDD_Q_159	NBS 1.1.4	nonporkMethodOther	If "Other", please specify other type of cooking method:	ST	0	1
FDD_Q_278	NBS 1.1.4	travelInd	Did the patient travel?	CE	0	1
FDD_Q_11	NBS 1.1.4	travelPriorToOnsetInd	Did patient travel prior to onset of illness?	CE	0	1
FDD_Q_12	NBS 1.1.4	incubationPeriod	Applicable incubation period for this illness is (Incubation PDF):	ST	0	1
FDD_Q_13	NBS 1.1.4	travelPurposeCd	What was the purpose of the travel? MUTISELECTION FIELD	CE	0	N

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UID	AppVer	Label	Description	Fmt	Min	Max
FDD_Q_14	NBS 1.1.4	travelPurposeOther	If "Other", please specify other purpose of travel:	ST	0	1
FDD_Q_15 FDD_Q_56 FDD_Q_61	NBS 1.1.4	destinationTypeCd	Destination 1 Type: Destination 2 Type: Destination 3 Type: (PROBABLY WILL TREAT THIS AS A REPEATING BLOCK AND USE ONLY THE FIRST ELEMENT)	CE	0	1
FDD_Q_16 FDD_Q_57 FDD_Q_62	NBS 1.1.4	domesticDestinationCd	(Domestic) Destination 1: (Domestic) Destination 2: (Domestic) Destination 3: (PROBABLY WILL TREAT THIS AS A REPEATING BLOCK AND USE ONLY THE FIRST ELEMENT)	CE	0	1
FDD_Q_292 FDD_Q_293 FDD_Q_294	NBS 1.1.4	internationalDestinationCd	(International) Destination 1: (International) Destination 2: (International) Destination 3: (PROBABLY WILL TREAT THIS AS A REPEATING BLOCK AND USE ONLY THE FIRST ELEMENT)	CE	0	1
FDD_Q_17 FDD_Q_58 FDD_Q_63	NBS 1.1.4	travelModeCd	Mode of Travel: (1) Mode of Travel: (2) Mode of Travel: (3) (PROBABLY WILL TREAT THIS AS A REPEATING BLOCK AND USE ONLY THE FIRST ELEMENT)	CE	0	1
FDD_Q_18 FDD_Q_59 FDD_Q_64	NBS 1.1.4	dateOfArrival	Date of Arrival: (1) Date of Arrival: (2) Date of Arrival: (3) (PROBABLY WILL TREAT THIS AS A REPEATING BLOCK AND USE ONLY THE FIRST ELEMENT)	DATE	0	1
FDD_Q_19 FDD_Q_60 FDD_Q_65	NBS 1.1.4	dateOfDeparture	Date of Departure (1): Date of Departure (2): Date of Departure (3): (PROBABLY WILL TREAT THIS AS A REPEATING BLOCK AND USE ONLY THE FIRST ELEMENT)	DATE	0	1
FDD_Q_20	NBS 1.1.4	otherDestinationTxt	If more than 3 destinations, specify details here:	ST	0	1
FDD_Q_280	NBS 1.1.4	typhoidInd	Does the patient have typhoid?	CE	0	1
FDD_Q_189	NBS 1.1.4	usCitizenInd	Is patient a U. S. Citizen?	CE	0	1
FDD_Q_190	NBS 1.1.4	typhoidSymptomInd	Was the patient symptomatic for Typhoid Fever?	CE	0	1
FDD_Q_191	NBS 1.1.4	typhoidSymptomCd	If "Yes", did the patient have any of the following signs or symptoms of Typhoid Fever?	CE	0	N

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UID	AppVer	Label	Description	Fmt	Min	Max
FDD_Q_192	NBS 1.1.4	typhoidSymptomOther	If "Other", please specify other signs or symptoms of Typhoid:	ST	0	1
FDD_Q_193	NBS 1.1.4	antibioticTestingInd	Was antibiotic sensitivity testing performed on the isolate?	CE	0	1
FDD_Q_194	NBS 1.1.4	typhoidVaccineInd	Did the patient receive Typhoid vaccination?	CE	0	1
FDD_Q_195	NBS 1.1.4	typhoidCarrierTracedInd	Was the case traced to a Typhoid carrier?	CE	0	1
FDD_Q_281	NBS 1.1.4	underlyingConditionsInd	Does the patient have underlying conditions?	CE	0	1
FDD_Q_233	NBS 1.1.4	underlyingConditionCd	Did patient have any of the following underlying conditions? MULTISELECT FIELD	CE	0	N
FDD_Q_234	NBS 1.1.4	otherPriorIllnessSpecify	If "Other Prior Illness", please specify:	INT	0	1
FDD_Q_235	NBS 1.1.4	insulinDependentInd	If "Diabetes Mellitus", specify whether on insulin:	CE	0	1
FDD_Q_236	NBS 1.1.4	organTransplantSpecify	If "Organ Transplant", please specify organ:	CE	0	1
FDD_Q_237	NBS 1.1.4	gastricSurgerySpecify	If "Gastric Surgery", please specify type:	INT	0	1
FDD_Q_238	NBS 1.1.4	hematologicDiseaseSpecify	If "Hematologic Disease", please specify type:	CE	0	1
FDD_Q_239	NBS 1.1.4	immunodeficiencySpecify	If "Immunodeficiency", please specify type:	CE	0	1
FDD_Q_240	NBS 1.1.4	otherLiverSpecify	If "Other Liver Disease", please specify type:	ST	0	1
FDD_Q_241	NBS 1.1.4	otherMalignancySpecify	If "Other Malignancy", please specify type:	CE	0	1
FDD_Q_242	NBS 1.1.4	otherRenalSpecify	If "Other Renal Disease", please specify type:	CE	0	1

VSName
YNU
PHVSFB_ANIMALST
YNU
YN
PHVS_YNU
PHVS_YNU
PHVSFB_COOKMETH
PHVS_YNU
PHVS_YNU
PHVSFB_BOTOXTYPE
YN
PHVS_YNU
PHVS_YNU
YN
PHVSFB_AMPMAMP
PHVS_YNU
PHVS_YNU

VSName
PHVS_TEMP_UNIT
PHVS_YNU
PHVSFB_ANATOMYS
PHVS_YNU
PHVSFB_ANATOMYS
PHVSFB_COLERASX
PHVSFB_COLERASQ
PHVS_YNU
PHVS_YNU
PHVSFB_MEDTREAT
PHVSFB_SEAFCONT
PHVSFB_AMPMAMPM
PHVSFB_SEAFACTN
PHVSFB_SALINITY

VSName
PHVSFB_WOUNDTYP
PHVSFB_CHOLERAR
PHVSFB_TRAVELRR
PHVS_YNU
PHVS_YN
PHVS_YNU
PHVS_YNU
PHVS_WEIGHT_UNIT
PHVS_WEIGHT_UNIT
PHVS_YNU
PHVS_TEMP_UNIT
PHVSFB_CYCLOSIX
PHVS_YNU
PHVS_YNU
PHVS_YNU
PHVSFB_BERRYTYP

VSName
PHVSFB_HERBTYPE
PHVSFB_LETTUCET
PHVSFB_PRODUCET
PHVS_YNU
PHVS_YNU
PHVS_YN
PHVS_YNU
PHVS_YNU
PHVS_YNU
PHVSFB_CAREGIVE
PHVS_YNU
PHVS_YNU
PHVS_YN
PHVSFB_WATERSRC
PHVSFB_WATERTRT

VSName
PHVSFB_WATERSRC
PHVSFB_WATERTRT
PHVS_YNU
PHVS_YN
PHVS_YNUNT
PHVS_YNU
PHVS_YN
PHVS_YNU
PHVS_YN
PHVS_YN
PHVS_YNU
PHVSFB_INFOSOURC E
PHVSFB_INFOSOURC E
PHVSFB_INTERVIEW
PHVS_YN

VSName
PHVS_YN
PHVS_YN
PHVS_YNU
PHVSFB_PREGINFTY
PHVSFB_PREGOUTC
PHVS_YNU
PHVSFB_NNSPECMN SRC
PHVSFB_NNINFTYPE
PHVS_YN
PHVS_YNU
PHVSFB_RECWATER
PHVSFB_POOLTYPE
PHVS_YN

VSName
PHVS_YNU
PHVS_YNU
PHVSFB_EPIDEMGY
PHVS_YN
PHVS_YNU
PHVS_YNU
PHVS_YNU
PHVSFB_SEAFDTYP
PHVSFB_AMPMAMP
PHVSFB_SEAFOODS
PHVS_YNU
PHVS_YN
PHVS_YNU
PHVS_YNU
PHVS_YN
PHVS_YNU
PHVSFB_PERCNUME
PHVS_YNU
PHVS_TEMP_UNIT
PHVSFB_TRICHSYX

VSName
PHVSFB_PORKONOT
PHVSFB_PORKTYPE
PHVSFB_ABPRSUNE
PHVSFB_SOURCEM
PHVSFB_FOODPROC
PHVSFB_FOODCOOK
PHVSFB_NONPORKT
PHVSFB_ABPRSUNE
PHVSFB_SOURCEM
PHVSFB_FOODPROC
PHVSFB_FOODCOOK
PHVS_YN
PHVS_YNU
PHVSFB_TRAVELTT

VSName
PHVSFB_DOMINTNL
PHVS_STATE_CCD_A LPH
PHVS_PSL_CNTRY
PHVSFB_TRANSPRT
PHVS_YN
PHVS_YNU
PHVS_YNU
PHVS_TBMAJSITE_2

VSName
PHVS_YNU
PHVS_YNU
PHVS_TBMAJSITE_1
PHVS_YN
PHVSFB_DISEASES
PHVS_YNU

**Case Notification
Lyme Disease Data Elements**

Attachment 8

UID	AppVer	Label	Description	Fmt	Min	Max	VSName
LYM100	NBS 1.1.4	ErythemaMigrans	ErythemaMigrans	CE	0	1	YNU
LYM101	NBS 1.1.4	Swelling	Swelling	CE	0	1	YNU
LYM102	NBS 1.1.4	BellsPalsy	BellsPalsy	CE	0	1	YNU
LYM103	NBS 1.1.4	Radiculoneuropathy	Radiculoneuropathy	CE	0	1	YNU
LYM104	NBS 1.1.4	LymphocyticMeningitis	LymphocyticMeningitis	CE	0	1	YNU
LYM105	NBS 1.1.4	Encephalitis	Encephalitis	CE	0	1	YNU
LYM106	NBS 1.1.4	CSFTestedForBBurgdorferi	CSFTestedForBBurgdorferi	CE	0	1	YNU
LYM107	NBS 1.1.4	AntibodyInCSFHigherThanSeru	AntibodyInCSFHigherThanSerum	CE	0	1	YNU
LYM108	NBS 1.1.4	2or3DegreeAVBlock	2or3DegreeAVBlock	CE	0	1	YNU
LYM109	NBS 1.1.4	OtherClinical	OtherClinical	ST	0	1	