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Hepatitis Notification Message

Mapping Guide 06202007.xls

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Hepatitis Notification Message Mapping Guide

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VERSION: The version of this Message Mapping Guide is Draft 0.5 dated 6/20/2007.

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

References

Version 1.0 of the *Message Specification Guide* is used to inform the mapping methodology for this guide NND Mapping Guide version for 1.1.5 sp1 of NEDSS Base System. Last updated 11/29/2006.

Understanding the Organization of the Mapping Guide

Revisions	This tab is intended to provide revision control for updates made to the document.
Data Element Index	This tab provides the complete list of data elements of interest requested by the program. The last column cross-references to the tab where the data element is fully specified for messaging.
Key	Key to columns in each Mapping Worksheet
Subject-related	This tab provides the mapping methodology for the demographic variables requested by the program.
Generic Obs.	This tab provides the content for the generic investigation questions. The ones that are not used for Hepatitis reporting are greyed out.
HEP GEN	Every Hepatitis condition is reported using the Generic Observations plus these Hepatitis Generic data elements. When the condition is one of those below, no further data elements are included: <ul style="list-style-type: none">• 10480—Hepatitis, non A, non B, acute• 10102—Hepatitis Delta co- or super-infection, acute (Hepatitis D)• 10103—Hepatitis E, acute• 10120—Hepatitis, viral unspecified
Hep A-Acute	10110 Hepatitis A, acute is reported using the generic data elements plus this set of condition-specific elements
Hep B-Acute	10100 Hepatitis B, acute is reported using the generic data elements plus this set of condition-specific elements
Hep C-Acute	10101 Hepatitis C, acute is reported using the generic data elements plus this set of condition-specific elements
Hep C-Infection	10106 Hepatitis C infection, past or present is reported using the generic data elements plus this set of condition-specific elements.
Hep B-Perinatal	10104 Hepatitis B, virus infection perinatal is reported using the generic data elements plus this set of condition-specific elements.
Associated Lab Report	This tab provides the content requested by the program for use with a Hepatitis associated laboratory report.
Notification Structure	This tab provides the structural elements for the Notification. These variables are not negotiable. Default values are provided for HL7 structural elements that are required but not part of the surveillance data requested.

Variables as Observations

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Other than the variables that map to the Patient Identifier segment (see Subject-Specific tab), all other variables are passed as a series of OBX-Observation/Result segments that are logically tied to the OBR-Observation Request “section header” segment that immediately precedes it. This content presents the real differences between the messages since all types of Notifications are handled in a standard manner up to this point.

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

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

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values	Data Validation	TAB REFERENCE
INV128	Hospitalized	Was patient hospitalized because of this event?	Code	O		Yes No Unknown	1) If the patient was hospitalized for this illness, then enable entry of admission date 2) If the patient was hospitalized for this illness, then enable entry of discharge date 3) If the patient was hospitalized for this illness, then enable entry of total duration of stay in the hospital in days	Generic Obs.
INV132	Admission Date	Subject's admission date to the hospital for the condition covered by the investigation.	Date	O				Generic Obs.
INV133	Discharge Date	Subject's discharge date from the hospital for the condition covered by the investigation.	Date	O			If the user enters the Discharge Date, then the date must be >= Admission Date	Generic Obs.
INV134	Duration of hospital stay in days	Subject's duration of stay at the hospital for the condition covered by the investigation.	Numeric	O				Generic Obs.
INV136	Diagnosis Date	Date of diagnosis of condition being reported to public health system	Date	O			If the user enters the Diagnosis Date, then the date must be >= Illness Onset Date	Generic Obs.
INV137	Date of Illness Onset	Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system	Date	O				Generic Obs.
INV138	Illness End Date	Time at which the disease or condition ends.	Date	O				Generic Obs.
INV139	Illness Duration	Length of time this person had this disease or condition.	Numeric	O			units required	Generic Obs.
INV140	Illness Duration Units	Unit of time used to describe the length of the illness or condition.	Code	O				Generic Obs.
INV145	Did the patient die from this illness	Did the patient die from this illness or complications of this illness?	Code	O		Yes No Unknown		Generic Obs.
INV147	Investigation Start Date	The date the case investigation was initiated.	Date	O				Generic Obs.
INV150	Case outbreak indicator	Denotes whether the reported case was associated with an identified outbreak.	Code	O		Yes No Unknown	If this case is part of an outbreak, then enable entry of outbreak name (INV151)	Generic Obs.
INV151	Case Outbreak Name	A state-assigned name for an identified outbreak.	Code	O		state-assigned code		Generic Obs.

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

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

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values	Data Validation	TAB REFERENCE
HEP100	TESTRX	The reason(s) the patient was tested for hepatitis. (MULTISELECT)	Code	O	Y	Symptoms of acute hepatitis Blood / Organ donor screening Evaluation of elevated liver enzymes Screening of asymptomatic patient w/o risk factors Other (specify) Prenatal screening Follow-up testing (prior viral hepatitis marker) Screening of asymptomatic patient w/ risk factors Unknown Symptoms of acute hepatitis		Hep Generic Obs.
HEP101	OTHREASON	Other reason the patient was tested for hepatitis.	Text	O				Hep Generic Obs.
HEP102	SYMPTOM	Is patient symptomatic?	Code	O		Yes No Unknown (YNU)		Hep Generic Obs.
HEP103	SYMTDT	Onset date of symptoms.	Date	O				Hep Generic Obs.
HEP104	JAUNDICED	Was the patient jaundiced?	Code	O		Yes No Unknown (YNU)		Hep Generic Obs.
HEP106	PREGNANT	Was the patient pregnant?	Code	O		Yes No Unknown (YNU)		Hep Generic Obs.
HEP107	DUEDT	Patient's pregnancy due date.	Date	O				Hep Generic Obs.
HEP110	TOTANTIHAV	Total antibody to hepatitis A virus [total anti-HAV].	Code	O		Positive Negative Unknown		Hep Generic Obs.
HEP111	IGMHAV	IgM antibody to hepatitis A virus [IgM anti-HAV].	Code	O		Positive Negative Unknown		Hep Generic Obs.
HEP112	HBSAG	Hepatitis B surface antigen [HBsAg].	Code	O		Positive Negative Unknown		Hep Generic Obs.
HEP113	TOTANTIHBC	Total antibody to hepatitis B core antigen [total anti-HBc].	Code	O		Positive Negative Unknown		Hep Generic Obs.
HEP114	IGMHBC	IgM antibody to hepatitis B core antigen [IgM anti-HBc].	Code	O		Positive Negative Unknown		Hep Generic Obs.
HEP115	ANTIHCV	Antibody to hepatitis C virus [anti-HCV].	Code	O		Positive Negative Unknown		Hep Generic Obs.
HEP116	ANTIHCVSIG	Anti-HCV signal to cut-off ratio.	Text	O				Hep Generic Obs.
HEP117	SUPANTIHCV	Supplemental anti-HCV assay [e.g., RIBA].	Code	O		Positive Negative Unknown		Hep Generic Obs.
HEP118	HCVRNA	HCV RNA [e.g., PCR].	Code	O		Positive Negative Unknown		Hep Generic Obs.
HEP119	ANTIHDV	Antibody to hepatitis D virus [anti-HDV].	Code	O		Positive Negative Unknown		Hep Generic Obs.
HEP120	ANTIHEV	Antibody to hepatitis E virus [anti-HEV].	Code	O		Positive Negative Unknown		Hep Generic Obs.
HEP121	ALTSGPT	ALT (SGPT) result (include units).	Numeric	O				Hep Generic Obs.
HEP122	ALTSGPTUP	ALT (SGPT) result upper limit normal (include units).	Numeric	O				Hep Generic Obs.
HEP123	ASTSGOT	AST (SGOT) result (include units).	Numeric	O				Hep Generic Obs.
HEP124	ASTSGOTUP	AST (SGOT) result upper limit normal (include units).	Numeric	O				Hep Generic Obs.
HEP125	ALTDT	Date of the ALT result.	Date	O				Hep Generic Obs.

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values	Data Validation	TAB REFERENCE
HEP126	ASTDT	Date of the AST result.	Date	O				Hep Generic Obs.
HEP127	EPILINK	If this case has a diagnosis of hepatitis A that has not been serologically confirmed, is there an epidemiologic link between this patient and a laboratory-confirmed hepatitis A case?	Code	O		Yes No Unknown (YNU)		Hep Generic Obs.
HEP128	DX	Disease diagnosis. This is a required field.	Code	R		10480-Hepatitis, non A, non B, acute 10102-Hepatitis Delta co- or super-infection, acute (Hepatitis D) 10103-Hepatitis E, acute 10110-Hepatitis A, acute 10100-Hepatitis B, acute 10101-Hepatitis C, acute 10106-Hepatitis C infection, past or present 10104-Hepatitis B, virus infection perinatal 10120-Hepatitis, viral unspecified	10480, 10102, 10120 and 10103 use generic only 10110 also uses Hep A Acute questions 10100 also uses Hep B Acute questions 10101 also uses Hep C Acute questions 10106 also uses Hep C infection, past or present 10104 also uses Hep B virus infection perinatal questions	Hep Generic Obs.
HEP255	BIRTHPLACE	Patient's country of birth.	Code	O		ISO Country Codes		Hep Generic Obs.
HEP263 <new>	Hepatitis B 'e' antigen [HBeAg]	Hepatitis B 'e' antigen [HBeAg] test result.	Code	O		Positive Negative Unknown		Hep Generic Obs.
HEP264 <new>	HBV DNA	HBV DNA test result.	Code	O		Positive Negative Unknown		Hep Generic Obs.
HEPATITIS A ACUTE ADDITIONAL QUESTIONS								Hep A, acute
HEP129	CONTACTA	During the two to six weeks prior to the onset of symptoms, was the patient a contact of a person with confirmed or suspected hepatitis A virus infection?	Code	O		Yes No Unknown		Hep A, acute
HEP130	ATYPE	Type of contact the patient had with a person with confirmed or suspected hepatitis A virus infection during the two to six weeks prior to symptom onset.	Code	O		Babysitter of this patient Child cared for by this patient Household member (non-sexual) Other (specify) Playmate Sex partner Unknown		Hep A, acute
HEP131	AOTHCON	Other type of contact the patient had with a person with confirmed or suspected hepatitis A virus infection during the two to six weeks prior to symptom onset.	Text	O				Hep A, acute

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values	Data Validation	TAB REFERENCE
HEP132	ADAYCARE1	Was the patient a child or employee in daycare center, nursery, or preschool?	Code	O		Yes No Unknown		Hep A, acute
HEP133	ADAYCARE2	Was the patient a household contact of a child or employee in a daycare center, nursery, or preschool?	Code	O		Yes No Unknown		Hep A, acute
HEP134	ADAYCAREAID	Was there an identified hepatitis A case in the childcare facility?	Code	O		Yes No Unknown		Hep A, acute
HEP135	ASEXMALE	Number of male sex partners the person had in the two to six weeks before symptom onset.	Code	O				Hep A, acute
HEP136	ASEXFEMALE	The number of female sex partners the person had in the two to six weeks before symptom onset.	Code	O				Hep A, acute
HEP137	AIVDRUGS	Did the patient inject street drugs in the two to six weeks before symptom onset?	Code	O		Yes No Unknown		Hep A, acute
HEP138	ADRUGS	Did the patient use street drugs, but not inject, in the two to six weeks before symptom onset?	Code	O		Yes No Unknown		Hep A, acute
HEP139	ATRAVEL	Did the patient travel outside the U.S.A. or Canada in the two to six weeks before symptom onset?	Code	O		Yes No Unknown		Hep A, acute
HEP140	AWHERE	The countries to which the patient traveled (outside the U.S.A. or Canada) in the two to six weeks before symptom onset.	Code	O	Y	2-alpha ISO country codes		Hep A, acute
HEP141	AHHTRAVEL	Did anyone in the patient's household travel outside the U.S.A. or Canada in the three months before symptom onset?	Code	O		Yes No Unknown		Hep A, acute
HEP142	AHHWHERE	The countries to which anyone in the patient's household traveled (outside the U.S.A. or Canada) in the three months before symptom onset? (MULTISELECT)	Code	O	Y	2-alpha ISO country codes		Hep A, acute
HEP143	AOUTBREAK	Is the patient suspected as being part of a common-source outbreak?	Code	O				Hep A, acute
HEP144	AOUTBRTYPE	Type of outbreak with which the patient is associated.	Code	O		Foodborne - assoc. w/ an infected food handler Foodborne - NOT assoc. w/ an infected food handler Source not identified Waterborne		Hep A, acute

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values	Data Validation	TAB REFERENCE
HEP145	AFOODITEM	Food item with which the foodborne outbreak is associated.	Text	O				Hep A, acute
HEP146	AHANDLER	Was the patient employed as a food handler during the two weeks prior to onset of symptoms or while ill?	Code	O				Hep A, acute
HEP147	HEPAVAC	Has patient ever received the hepatitis A vaccine?	Code	O				Hep A, acute
HEP148	HEPAVACDOS	Number of doses of hepatitis A vaccine the patient received.	Code	O		1=1 2=2 3+=3 or more		Hep A, acute
HEP149	HEPAVACYR	Year the patient received the last dose of hepatitis A vaccine.	Date	O				Hep A, acute
HEP150	IMMUGLOB	Has the patient ever received immune globulin?	Code	O				Hep A, acute
HEP151	IMMUGLOBYR	Date the patient received the last dose of immune globulin.	Date	O				Hep A, acute
HEPATITIS B ACUTE ADDITIONAL QUESTIONS								Hep B, acute
HEP152	CONTACTB	During the six weeks to six months prior to onset of symptoms, was the patient a contact of a person with confirmed or suspected acute or chronic hepatitis B virus infection?	Code	O		Yes No Unknown		Hep B, acute
HEP153	BTYPE	Type of contact the patient had with a person with confirmed or suspected acute or chronic hepatitis B virus infection during the two to six weeks prior to symptom onset. (MULTISELECT)	Code	O	Y	Babysitter of this patient Child cared for by this patient Household member (non-sexual) Other (specify) Playmate Sex partner Unknown		Hep B, acute
HEP154	BOTHCON	Other type of contact the patient had with a person with confirmed or suspected acute or chronic hepatitis B virus infection during the two to six weeks prior to symptom onset.	Text	O				Hep B, acute
HEP155	BMALESEX	Number of male sex partners the person had in the six months before symptom onset.	Code	O		0=0 1=1 2=2-5 5= >5 U=Unknown		Hep B, acute
HEP156	BFEMALESEX	Number of female sex partners the person had in the six months before symptom onset.	Code	O		0=0 1=1 2=2-5 5= >5 U=Unknown		Hep B, acute

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values	Data Validation	TAB REFERENCE
HEP157	BSTD	Was patient ever treated for a sexually transmitted disease?	Code	O		Yes No Unknown		Hep B, acute
HEP158	BSTDYR	Year the patient received the most recent treatment for a sexually transmitted disease.	Date	O				Hep B, acute
HEP159	BIVDRUGS	Did the patient inject street drugs not prescribed by a doctor in the six weeks to six months before symptom onset?	Code	O		Yes No Unknown		Hep B, acute
HEP160	BDRUGS	Did the patient use street drugs, but not inject, in the six weeks to six months before symptom onset?	Code	O		Yes No Unknown		Hep B, acute
HEP161	BDIALYSIS	Did the patient undergo hemodialysis in the six weeks to six months before symptom onset?	Code	O		Yes No Unknown		Hep B, acute
HEP162	BSTICK	Did the patient have an accidental stick or puncture with a needle or other object contaminated with blood in the six weeks to six months before symptom onset?	Code	O		Yes No Unknown		Hep B, acute
HEP163	BTRANS	Did the patient receive blood or blood products (transfusion) in the six weeks to six months before symptom onset?	Code	O		Yes No Unknown		Hep B, acute
HEP164	BTRANSDT	Date the patient received blood or blood products (transfusion) in the six weeks to six months before symptom onset.	Date	O				Hep B, acute
HEP165	BBLOOD	Did the patient have other exposure to someone else's blood in the six weeks to six months before symptom onset?	Code	O		Yes No Unknown		Hep B, acute
HEP166	BBLOODTYPE	Patient's blood exposure in the six weeks to six months before symptom onset other than through transfusion or an accidental stick or puncture.	Text	O				Hep B, acute
HEP167	BMEDEMP	Was the patient employed in a medical or dental field involving direct contact with human blood in the six weeks to six months before symptom onset?	Code	O		Yes No Unknown		Hep B, acute
HEP168	BFREQ1	Patient's frequency of blood contact as an employee in a medical or dental field involving direct contact with human blood in the six weeks to six months before symptom onset.	Code	O		Frequent (several times weekly) Infrequent Unknown		Hep B, acute

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values	Data Validation	TAB REFERENCE
HEP169	BPUBSAFEMP	Was the patient employed as a public safety worker (fire fighter, law enforcement, or correctional officer) having direct contact with human blood in the six weeks to six months before symptom onset?	Code	O		Yes No Unknown		Hep B, acute
HEP170	BFREQ2	Patient's frequency of blood contact as a public safety worker (fire fighter, law enforcement, or correctional officer) having direct contact with human blood in the six weeks to six months before symptom onset.	Code	O		Frequent (several times weekly) Infrequent Unknown		Hep B, acute
HEP171	BTATTOO	Did the patient receive a tattoo in the six weeks to six months before symptom onset?	Code	O				Hep B, acute
HEP172	BTATTOOLOC	Location(s) where the patient received a tattoo in the six weeks to six months before symptom onset.	Code	O	Y	Commercial parlor/shop Correctional facility Other (specify) Unknown		Hep B, acute
HEP173	BTATTOOOTH	Other location where the patient received a tattoo in the six weeks to six months before symptom onset.	ST	O				Hep B, acute
HEP174	BPIERCE	Did the patient have any part of their body pierced (other than ear) in the six weeks to six months before symptom onset?	Code	O				Hep B, acute
HEP175	BPIERCELOC	The location(s) where the patient received a piercing in the six weeks to six months before symptom onset.	Code	O	Y	Commercial parlor/shop Correctional facility Other (specify) Unknown		Hep B, acute
HEP176	BPEIRCEOTH	Other location where the patient received a piercing in the six weeks to six months before symptom onset.	Text	O				Hep B, acute
HEP177	BDENTAL	Did the patient have dental work or oral surgery in the six weeks to six months before symptom onset?	Code	O				Hep B, acute
HEP178	BSURGERY	Did the patient have surgery (other than oral surgery) in the six weeks to six months before symptom onset?	Code	O				Hep B, acute
HEP179	BHOSP	Was the patient hospitalized in the six weeks to six months before symptom onset?	Code	O				Hep B, acute
HEP180	BNURSHOME	Was the patient a resident of a long-term care facility in the six weeks to six months before symptom onset?	Code	O				Hep B, acute

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

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values	Data Validation	TAB REFERENCE
HEP192	CCONTACT	Was the patient a contact of a person with confirmed or suspected acute or chronic hepatitis C infection in the two weeks to six months before symptom onset?	Coded	O		Yes No Unknown		Hep C, acute
HEP193	CTYPE	Type of contact the patient had with a person with confirmed or suspected acute or chronic hepatitis C infection in the two weeks to six months before symptom onset.	Coded	O		Babysitter of this patient Child cared for by this patient Household member (non-sexual) Other (specify) Playmate Sex partner Unknown		Hep C, acute
HEP194	COTHCON	Other type of contact the patient had with a person with confirmed or suspected acute or chronic hepatitis C infection in the two weeks to six months before symptom onset.	Alphanumeric	O				Hep C, acute
HEP195	CMALESEC	Number of male sex partners the person had in the six months before symptom onset.	Coded	O		0=0 1=1 2=2-5 5= >5 U=Unknown		Hep C, acute
HEP196	CFEMALESEX	Number of female sex partners the person had in the six months before symptom onset.	Coded	O		0=0 1=1 2=2-5 5= >5 U=Unknown		Hep C, acute
HEP197	CSTD	Was patient ever treated for a sexually transmitted disease?	Coded	O		Yes No Unknown		Hep C, acute
HEP198	CSTDYR	Year the patient received the most recent treatment for a sexually transmitted disease.	Date	O				Hep C, acute
HEP199	CMEDEMP	Was the patient employed in a medical or dental field involving direct contact with human blood in the two weeks to six months before symptom onset?	Coded	O		Yes No Unknown		Hep C, acute
HEP200	CFREQ1	Patient's frequency of blood contact as an employee in a medical or dental field involving direct contact with human blood in the two weeks to six months before symptom onset.	Coded	O		Frequent (several times weekly) Infrequent Unknown		Hep C, acute

Attachment 1F

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values	Data Validation	TAB REFERENCE
HEP201	CPUBSAFEMP	Was the patient employed as a public safety worker (fire fighter, law enforcement, or correctional officer) having direct contact with human blood in the two weeks to six months before symptom onset?	Coded	O		Yes No Unknown		Hep C, acute
HEP202	CFREQ2	The patient's frequency of blood contact as a public safety worker (fire fighter, law enforcement, or correctional officer) having direct contact with human blood in the two weeks to six months before symptom onset.	Coded	O		Frequent (several times weekly) Infrequent Unknown		Hep C, acute
HEP203	CTATTOO	Did the patient receive a tattoo in the two weeks to six months before symptom onset?	Coded	O		Yes No Unknown		Hep C, acute
HEP204	CTATTOOLOC	Location where the patient received a tattoo in the two weeks to six months before symptom onset.	Coded	O		Commercial parlor/shop Correctional facility Other (specify) Unknown		Hep C, acute
HEP205	CTATTOOOTH	Other location where the patient received a tattoo in the two weeks to six months before symptom onset.	Alphanumeric	O				Hep C, acute
HEP206	CPIERCE	Did the patient have any part of their body pierced (other than ear) in the two weeks to six months before symptom onset?	Coded	O		Yes No Unknown		Hep C, acute
HEP207	CPIERCELOC	Location where the patient received a piercing in the two weeks to six months before symptom onset.	Coded	O		Commercial parlor/shop Correctional facility Other (specify) Unknown		Hep C, acute
HEP208	CPIERCEOTH	Other location where the patient received a piercing in the two weeks to six months before symptom onset.	Alphanumeric	O				Hep C, acute
HEP209	CIVDRUGS	Did the patient inject street drugs not prescribed by a doctor in the two weeks to six months before symptom onset?	Coded	O		Yes No Unknown		Hep C, acute
HEP210	CDRUGS	Did the patient use street drugs, but not inject, in the two weeks to six months before symptom onset?	Coded	O		Yes No Unknown		Hep C, acute
HEP211	CDIALYSIS	Did the patient undergo hemodialysis in the two weeks to six months before symptom onset?	Coded	O		Yes No Unknown		Hep C, acute

Attachment 1F

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values	Data Validation	TAB REFERENCE
HEP212	CSTICK	Did the patient have an accidental stick or puncture with a needle or other object contaminated with blood in the two weeks to six months before symptom onset?	Coded	O		Yes No Unknown		Hep C, acute
HEP213	CTRANSF	Did the patient receive blood or blood products (transfusion) in the two weeks to six months before symptom onset?	Coded	O		Yes No Unknown		Hep C, acute
HEP214	CTRANSDT	Date the patient received blood or blood products (transfusion) in the two weeks to six months before symptom onset.	Date	O				Hep C, acute
HEP215	CBLOOD	Did the patient have other exposure to someone else's blood in the two weeks to six months before symptom onset?	Coded	O		Yes No Unknown		Hep C, acute
HEP216	CBLOODEX	Patient's blood exposure in the two weeks to six months before symptom onset other than through transfusion or an accidental stick or puncture.	Alphanumeric	O				Hep C, acute
HEP217	CDENTAL	Did the patient have dental work or oral surgery in the two weeks to six months before symptom onset?	Coded	O		Yes No Unknown		Hep C, acute
HEP218	CSURGEY	Did the patient have surgery (other than oral surgery) in the two weeks to six months before symptom onset?	Coded	O		Yes No Unknown		Hep C, acute
HEP219	CHOSP	Was the patient hospitalized in the two weeks to six months before symptom onset?	Coded	O		Yes No Unknown		Hep C, acute
HEP220	CNURSHOME	Was the patient a resident of a long-term care facility in the two weeks to six months before symptom onset?	Coded	O		Yes No Unknown		Hep C, acute
HEP221	CINCAR	Was the patient incarcerated for longer than 24 hours in the two weeks to six months before symptom onset?	Coded	O		Yes No Unknown		Hep C, acute
HEP222	CINCARTYPE	Type of facility where the patient was incarcerated for longer than 24 hours in the two weeks to six months before symptom onset.	Coded	O		Jail Juvenile facility Prison		Hep C, acute
HEP223	CEVERINCAR	Was the patient ever incarcerated for longer than six months during his or her lifetime?	Coded	O		Yes No Unknown		Hep C, acute
HEP224	CINCARYR	Year the patient was most recently incarcerated for longer than six months.	Date	O				Hep C, acute
HEP225	CINCARDUR	Length of time the patient was most recently incarcerated for longer than six months.	Alphanumeric	O				Hep C, acute

Attachment 1F

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values	Data Validation	TAB REFERENCE
HEP226	CINCARUNIT	Length of time (units) the patient was most recently incarcerated for longer than six months.	Coded	O		Days Hours Minutes Months Unknown Weeks Years		Hep C, acute
HEP253	CIVOUTPT	Did the patient receive any IV infusions and/or injections in the outpatient setting during the two weeks to six months prior to onset of symptoms?	Coded	O		Yes No Unknown		Hep C, acute
HEPATITIS C INFECTION ADDITIONAL QUESTIONS								Hep C, chronic
HEP227	HAVTRANSF	Did the patient receive a blood transfusion prior to 1992?	Coded	O		Yes No Unknown		Hep C, chronic
HEP228	HACTRANSP	Did the patient receive an organ transplant prior to 1992?	Coded	O		Yes No Unknown		Hep C, chronic
HEP229	HCVCLOT	Did the patient receive clotting factor concentrates prior to 1987?	Coded	O		Yes No Unknown		Hep C, chronic
HEP230	HCVDIAL	Was the patient ever on long-term hemodialysis?	Coded	O		Yes No Unknown		Hep C, chronic
HEP231	HCVIVDRUGS	Has the patient ever injected drugs not prescribed by a doctor, even if only once or a few times?	Coded	O		Yes No Unknown		Hep C, chronic
HEP232	HCVNUMPART	How many sex partners has patient had (approximate) in lifetime?	Alphanumeric	O				Hep C, chronic
HEP233	HCVINCAR	Was the patient ever incarcerated?	Coded	O		Yes No Unknown		Hep C, chronic
HEP234	HCVSTD	Was the patient ever treated for a sexually transmitted disease?	Coded	O		Yes No Unknown		Hep C, chronic
HEP235	HCVCONTACT	Was the patient ever a contact of a person who had hepatitis?	Coded	O		Yes No Unknown		Hep C, chronic

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values	Data Validation	TAB REFERENCE
HEP236	HCVTYPE	Type of contact the patient had with a person with hepatitis.	Coded	O		Babysitter of this patient Child cared for by this patient Household member (non-sexual) Other (specify) Playmate Sex partner Unknown		Hep C, chronic
HEP237	HCVOTHCON	Other type of contact the patient had with a person with hepatitis.	Alphanumeric	O				Hep C, chronic
HEP238	HCVMEDEMP	Was the patient ever employed in a medical or dental field involving direct contact with human blood?	Coded	O		Yes No Unknown		Hep C, chronic
HEPATITIS B PERINATAL INFECTION ADDITIONAL QUESTIONS								Hep B, perinatal
HEP239	HBVMOMRACE	Race of the patient's mother.	Coded	O	Y	2106-3 White 2054-5=Black 2028-9=Asian 2076-8=Pacific Islander 1002-5=Indian 2131-1=Other U = U		Hep B, perinatal
HEP240	HBVMOMETH	Ethnicity of the patient's mother.	Coded	O		Hispanic or Latino Not Hispanic or Latino		Hep B, perinatal
HEP241	HBVMOMBORN	Was mother born outside the U.S.A.?	Coded	O		Yes No Unknown		Hep B, perinatal
HEP242	HBVMOMCTRY	Mother's birth country (other than the U.S.A.).	Coded	O		2-char country code		Hep B, perinatal
HEP243	HBVCONF	Was the mother confirmed HBsAg positive prior to or at time of delivery?	Coded	O		Yes No Unknown		Hep B, perinatal
HEP244	HBVCONFDEL	Was the mother confirmed HBsAg positive after delivery?	Coded	O		Yes No Unknown		Hep B, perinatal
HEP245	HBVCONFDT	Date of HBsAg positive test result.	Date	O				Hep B, perinatal
HEP246	HBVVACDOSE	How many doses of hepatitis B vaccine did the child receive?	Coded	O				Hep B, perinatal
HEP247	HBVVACDT1	Date the child received the first dose of hepatitis B vaccine.	Date	O				Hep B, perinatal
HEP248	HBVVACDT2	Date the child received the second dose of hepatitis B vaccine.	Date	O				Hep B, perinatal
HEP249	HBVVACDT3	Date the child received the third dose of hepatitis B vaccine.	Date	O				Hep B, perinatal

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Valid Values	Data Validation	TAB REFERENCE
HEP250	HBIG	Did the child receive hepatitis B immune globulin (HBIG)?	Coded	O		Yes No Unknown		Hep B, perinatal
HEP251	HBIGDT	Date the child received HBIG.	Date	O				Hep B, perinatal
HEP256	HBVMRACECD	Mother's detailed race category. (MULTISELECT)	Coded	O	Y	<<detailed race list>>		Hep B, perinatal
HEP257	HBVMETHCD	Mother's detailed ethnicity category. (MULTISELECT)	Coded	O	Y	<<detailed ethnicity list>>		Hep B, perinatal
HEP258	HBVMOMRDES	The mothers race - if other than the provided race categories.	Alphanumeric	O				Hep B, perinatal

Key to Mapping Tabs - Applies to remainder of tabs

Column	Description
Program Variables Section	
PHIN Variable ID	PHIN element UID drawn from the coding system PH_PHINQuestions_CDC
Label	Short name for the data element, which is passed in the message.
Description	Description of the data element as in PHIN Questions.
Data Type	Data type for the variable response expected by the program area
Prog. Req/Opt	Indicator whether the program specifies the field as: R - Required - mandatory for sending the message O - Optional - if the data is available it should be passed
May Repeat	Indicator whether the response to the data element may repeat. "Yes" in the field indicates that it may; otherwise, the field is not populated. Repeats require special processing.
Value Set Name	Name of the pre-coordinated value set from which the response is drawn. The value sets and coding systems are accessible via the Public Health Information Network Vocabulary Access and Distribution Services at http://www.cdc.gov/PhinVSBrowser/StrutsController.do .
Data Validation	Business rules used for validating data integrity.
Message Mapping Methodology Section	
Message Context	Specific HL7 segment and field mapping for the element.
HL7 Data Type	HL7 data type used by PHIN to express the variable.
HL7 Usage	Use of the field for PHIN. Indicates if the field is required, optional, or conditional in a segment. The only values that appear in the Message Mapping are: <ul style="list-style-type: none"> • R – Required. Must always be populated • O – Optional. May optionally be populated.
HL7 Cardinality	Indicator of the minimum and maximum number of times the element may appear. <ul style="list-style-type: none"> • [0..0] Element never present. • [0..1] Element may be omitted and it can have at most, one Occurrence. • [1..1] Element must have exactly one Occurrence. • [0..n] Element may be omitted or may repeat up to n times. • [1..n] Element must appear at least once, and may repeat up to n times. • [0..*] Element may be omitted or repeat for an unlimited number of times. • [1..*] Element must appear at least once, and may repeat unlimited number of times. • [m..n] Element must appear at least m, and at most, n times.
Implementation Notes	Related implementation comments.

Subject/Demographic Variables							Mapping Methodology					
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
DEM115	Birth Date	Date of birth in YYYYMMDD format	Date	O				PID-7 Date/Time of Birth (does not pass Variable ID or label)	TS	O	[0..1]	
DEM114	Patient's birth sex	Patient's birth sex	Code	O		Sex (MFU)		PID-8 Administrative Sex (does not pass Variable ID or label)	IS	O	[0..1]	
DEM152	Race Category	Field containing one or more codes that broadly refer to the patient's race(s).	Code	O	Y	Race Category		PID-10 Race (does not pass Variable ID or label)	CE	O	[0..1]	this does not include detailed race
DEM165	Patient Address County	County of residence of the subject.	Code	O		County		PID-11.9 Patient Address - County	IS	O	[0..1]	
DEM162	Patient Address State	Patient's address state.	Code	O		State		PID-11.4 Patient Address - State	ST	O	[0..1]	
DEM163	Patient Address Zip Code	Patient's address Zip code.	Text	O				PID-11.5 Patient Address - Postal Code	ST	O	[0..1]	
DEM155	Ethnic Group Code	Ethnic origin or ethnicity is based on the individual's self-identity of the patient as Hispanic or Latino; choose one value from the list.	Code	O		Ethnicity Group		PID-22 Ethnic Group (does not pass Variable ID or label)	CE	O	[0..1]	HL7 defines as repeating but PHIN constrains; this does not include detailed ethnicity

The generic surveillance elements that are not used for Hepatitis reporting are shaded.

Generic Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
NOT109	Reporting State	State reporting the notification.	Coded	R		State		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
NOT113	Reporting County	County reporting the notification.	Code	R				Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
INV169	Condition Code	Condition or event that constitutes the reason the notification is being sent.	Coded	R		Nationally Notifiable Disease Surveillance System (NNDSS) & Other Conditions of Public Health Importance		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CE	O	[0..1]	
INV168	Local record ID	Sending system-assigned local ID of the case investigation with which the subject is associated.	Alphanumeric	R				Observation (OBX segment) under an OBR-4 value of 'NOTF'	EI	R	[1..1]	
INV172	Local Case ID	Official local (city/county) identification number for the case	Text	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	[0..1]	
INV173	State Case ID	States use this field to link NEDSS (NETSS) investigations back to their own state investigations.	Text	R				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	[0..1]	
INV107	Jurisdiction Code	Identifier for the physical site from which the notification is being submitted.	Code	R				Observation (OBX segment) under an OBR-4 value of 'NOTF'	IS	O	[0..1]	
INV108	Case Program Area Code	The organizational ownership of the investigation. Program areas (e.g., Immunization, STD) are defined at the state level by the conditions for which they provide primary prevention and control.	Code	R				Observation (OBX segment) under an OBR-4 value of 'NOTF'	IS	O	[0..1]	
INV109	Case Investigation Status Code	Status of the investigation. For example, <i>open</i> or <i>closed</i> .	Code	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	

Generic Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
INV2006	Case Close Date	Date the case investigation status was marked as Closed.	Date	O			If the user enters the Date Closed for a case then the date must be >= Date Opened	Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	[0..1]	
INV110	Investigation Date Assigned	Date the investigator was assigned to this investigation.	Date	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	[0..1]	
INV111	Date of Report	Date the event or illness was first reported by the reporting source	Date	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	[0..1]	
INV112	Reporting Source Type Code	Type of facility or provider associated with the source of information sent to Public Health.	Code	O		Reporting Source Type NND		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
INV114	Reporting Source Name	Name of the provider reporting the case (typically the patient's primary care provider)	Text	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	[0..1]	
INV115a	Reporting Source Address Line 1	Reporting source street address Line 1	Text	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	[0..1]	
INV115b	Reporting Source Address Line 2	Reporting source street address Line 2	Text	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	[0..1]	
INV116	Reporting Source Address City	Reporting source address city	Code	O		City		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
INV117	Reporting Source Address State	Reporting source address state	Code	O		State		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
INV118	Reporting Source Zip Code	Zip Code of the reporting source for this case.	Alphanumeric	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	[0..1]	
INV119	Reporting Source Address County	Reporting source address county	Code	O		County		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
INV120	Earliest Date Reported to County	Earliest date reported to county public health system	Date	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	[0..1]	

Generic Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
INV121	Earliest Date Reported to State	Earliest date reported to state public health system	Date	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	[0..1]	
INV122	Reporting Source Telephone Number	Reporting source telephone number	Text	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	[0..1]	
INV128	Hospitalized	Was patient hospitalized because of this event?	Code	O		Yes No Unknown (YNU)	1) If the patient was hospitalized for this illness, then enable entry of admission date 2) If the patient was hospitalized for this illness, then enable entry of discharge date 3) If the patient was hospitalized for this illness, then enable entry of total duration of stay in the hospital in days	Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
INV129	Hospital Name	Name of the healthcare facility in which the subject was hospitalized.	Text	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	[0..1]	
INV132	Admission Date	Subject's admission date to the hospital for the condition covered by the investigation.	Date	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	[0..1]	
INV133	Discharge Date	Subject's discharge date from the hospital for the condition covered by the investigation.	Date	O			If the user enters the Discharge Date, then the date must be >= Admission Date	Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	[0..1]	
INV134	Duration of hospital stay in days	Subject's duration of stay at the hospital for the condition covered by the investigation.	Numeric	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	SN	O	[0..1]	
INV136	Diagnosis Date	Date of diagnosis of condition being reported to public health system	Date	O			If the user enters the Diagnosis Date, then the date must be >= Illness Onset Date	Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	[0..1]	

Generic Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
INV137	Date of Illness Onset	Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system	Date	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	[0..1]	
INV138	Illness End Date	Time at which the disease or condition ends.	Date	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	[0..1]	
INV139	Illness Duration	Length of time this person had this disease or condition.	Numeric	O			units required	Observation (OBX segment) under an OBR-4 value of 'NOTF'	SN	O	[0..1]	
INV140	Illness Duration Units	Unit of time used to describe the length of the illness or condition.	Code	O		Age Unit		uses the INV139 observation - maps to OBX-6-Units (does not use INV140 ID or label)	CE	O	[0..1]	
INV143	Illness Onset Age	Age at onset of illness	Numeric	O			units required	Observation (OBX segment) under an OBR-4 value of 'NOTF'	SN	O	[0..1]	
INV144	Illness Onset Age Units	Age units at onset of illness	Code	O		Age Unit		uses the INV143 observation - maps to OBX-6-Units (does not use INV144 ID or label)	CWE	O	[0..1]	
INV145	Did the patient die from this illness	Did the patient die from this illness or complications of this illness?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
INV146	Date of death	The date and time the subject's death occurred.	Date	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	[0..1]	
INV147	Investigation Start Date	The date the case investigation was initiated.	Date	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	[0..1]	
INV150	Case outbreak indicator	Denotes whether the reported case was associated with an identified outbreak.	Code	O		If this case is part of an outbreak, then enable entry of outbreak name (INV151)	Yes No Unknown (YNU)	Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
INV151	Case Outbreak Name	A state-assigned name for an identified outbreak.	Code	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	IS	O	[0..1]	

Generic Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
INV152	Case Disease Imported Code	Indication of where the disease/condition was likely acquired.	Code			Disease Acquired Jurisdiction		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
INV153	Imported Country	If the disease or condition was imported, indicates the country in which the disease was likely acquired.	Code	O		Country	if INV152 = Out of Country	Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
INV154	Imported State	If the disease or condition was imported, indicates the state in which the disease was likely acquired.	Code	O		State	if INV152 = Out of State	Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
INV155	Imported City	If the disease or condition was imported, indicates the city in which the disease was likely acquired.	Code	O		City	if INV152 = Out of Jurisdiction	Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
INV156	Imported County	If the disease or condition was imported, contains the county of origin of the disease or condition.	Code	O		County	if INV152 = Out of Jurisdiction	Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
INV157	Transmission Mode	Code for the mechanism by which disease or condition was acquired by the subject of the investigation. Includes sexually transmitted, airborne, bloodborne, vectorborne, foodborne, zoonotic, nosocomial, mechanical, dermal, congenital, environmental exposure, indeterminate.	Code	O		Case Transmission Mode		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	

Generic Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
INV159	Detection Method	Code for the method by which the public health department was made aware of the case. Includes provider report, patient self-referral, laboratory report, case or outbreak investigation, contact investigation, active surveillance, routine physical, prenatal testing, perinatal testing, prison entry screening, occupational disease surveillance, medical record review, etc.	Code	O		Case Detection Method		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	Note required by program
INV161	Confirmation Method	Code for the mechanism by which the case was classified, providing information about how the case classification status was derived. More than one confirmation method may be indicated.	Code	O	Y	Case Confirmation Method		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
INV162	Confirmation Date	If an investigation is confirmed as a case, the confirmation date is entered.	Date	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	[0..1]	
INV163	Case Class Status Code	Status of the case/event as suspect, probable, confirmed, or "not a case" per CSTE/CDC/ surveillance case definitions.	Code	R		Case Class Status		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
INV165	MMWR Week	MMWR Week for which case information is to be counted for MMWR publication.	Numeric	R				Observation (OBX segment) under an OBR-4 value of 'NOTF'	SN	O	[0..1]	
INV166	MMWR Year	MMWR Year (YYYY) for which case information is to be counted for MMWR publication.	Date	R				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	[0..1]	
INV176	Date of First Report to CDC	Date the case was first reported to the CDC.	Date	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	[0..1]	

Generic Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
INV177	Date First Reported PHD	Earliest date the case was reported to a public health department.	Date	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	[0..1]	
INV178	Pregnancy status	Indicates whether the patient was pregnant at the time of the event.	Code			Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
INV179	PID	Indicates whether or not the patient has pelvic inflammatory disease (PID).	Code			Only valid for female patients.	Yes No Unknown (YNU)	Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
INV2001	Age at case investigation	Patient age at time of case investigation	Numeric	R			age unit required	Observation (OBX segment) under an OBR-4 value of 'NOTF'	SN	O	[0..1]	
INV2002	Age units at case investigation	Patient age units at time of case investigation	Code	O		Age Unit		uses the INV2001 observation - maps to OBX-6-Units (does not use INV2002 ID or label)	CWE	O	[0..1]	

Attachment 1F

Hepatitis Case Notification Message Mapping Guide

Hepatitis Generic Case Notification Variables - these observations apply to all hepatitis case reports.

Program-Specific Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
HEP100	TESTRX	The reason(s) the patient was tested for hepatitis. (MULTISELECT)	Code	O	Y	Reason For Test (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..*]	
HEP101	OTHREASON	Other reason the patient was tested for hepatitis.	Text	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	[0..1]	
HEP102	SYMPTOM	Is patient symptomatic?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP103	SYMTDT	Onset date of symptoms.	Date	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	[0..1]	
HEP104	JAUNDICED	Was the patient jaundiced?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP106	PREGNANT	Was the patient pregnant?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP107	DUEDT	Patient's pregnancy due date.	Date	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	[0..1]	
HEP110	TOTANTIHAV	Total antibody to hepatitis A virus [total anti-HAV].	Code	O		Positive Negative Unknown		Observation/OBX Segment with this variable ID and label	CWE	O	[0..1]	
HEP111	IGMHAV	IgM antibody to hepatitis A virus [IgM anti-HAV].	Code	O		Positive Negative Unknown		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP112	HBSAG	Hepatitis B surface antigen [HBsAg].	Code	O		Positive Negative Unknown		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP113	TOTANTIHBC	Total antibody to hepatitis B core antigen [total anti-HBc].	Code	O		Positive Negative Unknown		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	

Hepatitis Case Notification Message Mapping Guide

Program-Specific Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
HEP114	IGMHBC	IgM antibody to hepatitis B core antigen [IgM anti-HBc].	Code	O		Positive Negative Unknown		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP115	ANTIHCV	Antibody to hepatitis C virus [anti-HCV].	Code	O		Positive Negative Unknown		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP116	ANTIHCVSIG	Anti-HCV signal to cut-off ratio.	Text	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	[0..1]	
HEP117	SUPANTIHCV	Supplemental anti-HCV assay [e.g., RIBA].	Code	O		Positive Negative Unknown		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP118	HCVRNA	HCV RNA [e.g., PCR].	Code	O		Positive Negative Unknown		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP119	ANTIHDV	Antibody to hepatitis D virus [anti-HDV].	Code	O		Positive Negative Unknown		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP120	ANTIHEV	Antibody to hepatitis E virus [anti-HEV].	Code	O		Positive Negative Unknown		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP121	ALTSGPT	ALT (SGPT) result (include units).	Numeric	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	SN	O	[0..1]	
HEP122	ALTSGPTUP	ALT (SGPT) result upper limit normal (include units).	Numeric	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	SN	O	[0..1]	
HEP123	ASTSGOT	AST (SGOT) result (include units).	Numeric	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	SN	O	[0..1]	
HEP124	ASTSGOTUP	AST (SGOT) result upper limit normal (include units).	Numeric	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	SN	O	[0..1]	

Attachment 1F

Hepatitis Case Notification Message Mapping Guide

Program-Specific Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
HEP125	ALTDT	Date of the ALT result.	Date	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	[0..1]	
HEP126	ASTDT	Date of the AST result.	Date	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	[0..1]	
HEP127	EPILINK	If this case has a diagnosis of hepatitis A that has not been serologically confirmed, is there an epidemiologic link between this patient and a laboratory-confirmed hepatitis A case?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP128	DX	Disease diagnosis. This is a required field.	Code	R		Notifiable Condition (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	R	[1..1]	
HEP255	BIRTHPLACE	Patient's country of birth.	Code	O		Country		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP263	Hepatitis B 'e' antigen [HBeAg]	Hepatitis B 'e' antigen [HBeAg] test result.	Code	O		Positive Negative Unknown		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP264	HBV DNA	HBV DNA test result.	Code	O		Positive Negative Unknown		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	

Hepatitis Case Notification Message Mapping Guide

Hepatitis A Acute Specific Case Notification Variables

Program-Specific Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
HEP129	CONTACTA	During the two to six weeks prior to the onset of symptoms, was the patient a contact of a person with confirmed or suspected hepatitis A virus infection?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP130	ATYPE	Type of contact the patient had with a person with confirmed or suspected hepatitis A virus infection during the two to six weeks prior to symptom onset.	Code	O		Contact Type (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP131	AOTHCON	Other type of contact the patient had with a person with confirmed or suspected hepatitis A virus infection during the two to six weeks prior to symptom onset.	Text	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	[0..1]	
HEP132	ADAYCARE1	Was the patient a child or employee in daycare center, nursery, or preschool?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP133	ADAYCARE2	Was the patient a household contact of a child or employee in a daycare center, nursery, or preschool?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP134	ADAYCAREAID	Was there an identified hepatitis A case in the childcare facility?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP135	ASEXMALE	Number of male sex partners the person had in the two to six weeks before symptom onset.	Code	O		Number Of Sex Partners (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP136	ASEXFEMALE	The number of female sex partners the person had in the two to six weeks before symptom onset.	Code	O		Number Of Sex Partners (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP137	AIVDRUGS	Did the patient inject street drugs in the two to six weeks before symptom onset?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP138	ADRUGS	Did the patient use street drugs, but not inject, in the two to six weeks before symptom onset?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP139	ATRAVEL	Did the patient travel outside the U.S.A. or Canada in the two to six weeks before symptom onset?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	

Hepatitis Case Notification Message Mapping Guide

Program-Specific Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
HEP140	AWHERE	The countries to which the patient traveled (outside the U.S.A. or Canada) in the two to six weeks before symptom onset.	Code	O	Y	Country		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..*]	
HEP141	AHHTRAVEL	Did anyone in the patient's household travel outside the U.S.A. or Canada in the three months before symptom onset?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP142	AHHWHERE	The countries to which anyone in the patient's household traveled (outside the U.S.A. or Canada) in the three months before symptom onset? (MULTISELECT)	Code	O	Y	Country		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..*]	
HEP143	AOUTBREAK	Is the patient suspected as being part of a common-source outbreak?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP144	AOUTBRTYPE	Type of outbreak with which the patient is associated.	Code	O		Outbreak Type (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP145	AFOODITEM	Food item with which the foodborne outbreak is associated.	Text	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	[0..1]	
HEP146	AHANDLER	Was the patient employed as a food handler during the two weeks prior to onset of symptoms or while ill?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP147	HEPAVAC	Has patient ever received the hepatitis A vaccine?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP148	HEPAVACDOS	Number of doses of hepatitis A vaccine the patient received.	Code	O		Vaccine Dose Number (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP149	HEPAVACYR	Year the patient received the last dose of hepatitis A vaccine.	Date	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	[0..1]	
HEP150	IMMUGLOB	Has the patient ever received immune globulin?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP151	IMMUGLOBYR	Date the patient received the last dose of immune globulin.	Date	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	[0..1]	

Hepatitis B, Acute Specific Case Notification Variables

Program-Specific Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
HEP152	CONTACTB	During the six weeks to six months prior to onset of symptoms, was the patient a contact of a person with confirmed or suspected acute or chronic hepatitis B virus infection?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP153	BTYPE	Type of contact the patient had with a person with confirmed or suspected acute or chronic hepatitis B virus infection during the two to six weeks prior to symptom onset. (MULTISELECT)	Code	O	Y	Contact Type (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..*]	
HEP154	BOTHCON	Other type of contact the patient had with a person with confirmed or suspected acute or chronic hepatitis B virus infection during the two to six weeks prior to symptom onset.	Text	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	[0..1]	
HEP155	BMALESEX	Number of male sex partners the person had in the six months before symptom onset.	Code	O		Number of Sex Partners (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP156	BFEMALESEX	Number of female sex partners the person had in the six months before symptom onset.	Code	O		Number of Sex Partners (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP157	BSTD	Was patient ever treated for a sexually transmitted disease?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP158	BSTDYR	Year the patient received the most recent treatment for a sexually transmitted disease.	Date	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	[0..1]	
HEP159	BIVDRUGS	Did the patient inject street drugs not prescribed by a doctor in the six weeks to six months before symptom onset?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP160	BDRUGS	Did the patient use street drugs, but not inject, in the six weeks to six months before symptom onset?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	

Program-Specific Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
HEP161	BDIALYSIS	Did the patient undergo hemodialysis in the six weeks to six months before symptom onset?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP162	BSTICK	Did the patient have an accidental stick or puncture with a needle or other object contaminated with blood in the six weeks to six months before symptom onset?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP163	BTRANS	Did the patient receive blood or blood products (transfusion) in the six weeks to six months before symptom onset?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP164	BTRANSDT	Date the patient received blood or blood products (transfusion) in the six weeks to six months before symptom onset.	Date	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	[0..1]	
HEP165	BBLOOD	Did the patient have other exposure to someone else's blood in the six weeks to six months before symptom onset?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP166	BBLOODTYPE	Patient's blood exposure in the six weeks to six months before symptom onset other than through transfusion or an accidental stick or puncture.	Text	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	[0..1]	
HEP167	BMEDEMP	Was the patient employed in a medical or dental field involving direct contact with human blood in the six weeks to six months before symptom onset?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP168	BFREQ1	Patient's frequency of blood contact as an employee in a medical or dental field involving direct contact with human blood in the six weeks to six months before symptom onset.	Code	O		Blood Contact Frequency (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP169	BPUBSAFEMP	Was the patient employed as a public safety worker (fire fighter, law enforcement, or correctional officer) having direct contact with human blood in the six weeks to six months before symptom onset?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	

Program-Specific Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
HEP170	BFREQ2	Patient's frequency of blood contact as a public safety worker (fire fighter, law enforcement, or correctional officer) having direct contact with human blood in the six weeks to six months before symptom onset.	Code	O		Blood Contact Frequency (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP171	BTATTOO	Did the patient receive a tattoo in the six weeks to six months before symptom onset?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP172	BTATTOOLOC	Location(s) where the patient received a tattoo in the six weeks to six months before symptom onset.	Code	O	Y	Tattoo Obtained From (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..*]	
HEP173	BTATTOOTH	Other location where the patient received a tattoo in the six weeks to six months before symptom onset.	ST	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	[0..1]	
HEP174	BPIERCE	Did the patient have any part of their body pierced (other than ear) in the six weeks to six months before symptom onset?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP175	BPIERCELOC	The location(s) where the patient received a piercing in the six weeks to six months before symptom onset.	Code	O	Y	Tattoo Obtained From (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..*]	
HEP176	BPEIRCEOTH	Other location where the patient received a piercing in the six weeks to six months before symptom onset.	Text	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	[0..1]	
HEP177	BDENTAL	Did the patient have dental work or oral surgery in the six weeks to six months before symptom onset?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP178	BSURGERY	Did the patient have surgery (other than oral surgery) in the six weeks to six months before symptom onset?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP179	BHOSP	Was the patient hospitalized in the six weeks to six months before symptom onset?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	

Program-Specific Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
HEP180	BNURSHOME	Was the patient a resident of a long-term care facility in the six weeks to six months before symptom onset?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP181	BINCAR	Was the patient incarcerated for longer than 24 hours in the six weeks to six months before symptom onset?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP182	BINCARTYPE	Type of facility where the patient was incarcerated for longer than 24 hours in the six weeks to six months before symptom onset. (MULTISELECT)	Code	O	Y	Incarceration Type (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..*]	
HEP183	BEVERINCAR	Was the patient ever incarcerated for longer than six months during his or her lifetime?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP184	INCARYR	Year the patient was most recently incarcerated for longer than six months.	Date	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	[0..1]	
HEP185	INCARDUR	Length of time the patient was most recently incarcerated for longer than six months.	Text	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	SN	O	[0..1]	
HEP186	INCARUNIT	Length of time (units) the patient was most recently incarcerated for longer than six months.	Code	O		Age Unit		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CE	O	[0..1]	
HEP187	BVACCINE	Did the patient ever receive hepatitis B vaccine?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP188	BVACCINENO	Number of shots of hepatitis B vaccine the patient received.	Code	O		Vaccine Dose Number (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP189	BVACCINEYR	Year in which the patient received the last shot of hepatitis B vaccine.	Date	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	[0..1]	
HEP190	BANTIBODY	Was the patient tested for antibody to HBsAg (anti-HBs) within one to two months after the last dose?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	

Program-Specific Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
HEP191	BRESULT	Was the serum anti-HBs >= 10ml U/ml? (Answer 'Yes' if lab result reported as positive or reactive.)	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP252	BIVOUTPT	Did the patient receive any IV infusions and/or injections in the outpatient setting during the six weeks to six months prior to onset of symptoms?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	

Hepatitis Case Notification Message Mapping Guide

Hepatitis C Acute Specific Case Notification Variables

Program-Specific Surveillance Variables							Mapping Methodology					
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
HEP192	CCONTACT	Was the patient a contact of a person with confirmed or suspected acute or chronic hepatitis C infection in the two weeks to six months before symptom onset?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP193	CTYPE	Type of contact the patient had with a person with confirmed or suspected acute or chronic hepatitis C infection in the two weeks to six months before symptom onset.	Code	O		Contact Type (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP194	COTHCON	Other type of contact the patient had with a person with confirmed or suspected acute or chronic hepatitis C infection in the two weeks to six months before symptom onset.	Text	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	[0..1]	
HEP195	CMALESEC	Number of male sex partners the person had in the six months before symptom onset.	Code	O		Number Of Sex Partners (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP196	CFEMALESEX	Number of female sex partners the person had in the six months before symptom onset.	Code	O		Number Of Sex Partners (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP197	CSTD	Was patient ever treated for a sexually transmitted disease?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP198	CSTDYR	Year the patient received the most recent treatment for a sexually transmitted disease.	Date	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	[0..1]	
HEP199	CMEDEMP	Was the patient employed in a medical or dental field involving direct contact with human blood in the two weeks to six months before symptom onset?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CE	O	[0..1]	

Hepatitis Case Notification Message Mapping Guide

Program-Specific Surveillance Variables							Mapping Methodology					
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
HEP200	CFREQ1	Patient's frequency of blood contact as an employee in a medical or dental field involving direct contact with human blood in the two weeks to six months before symptom onset.	Code	O		Blood Contact Frequency (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP201	CPUBSAFEMP	Was the patient employed as a public safety worker (fire fighter, law enforcement, or correctional officer) having direct contact with human blood in the two weeks to six months before symptom onset?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP202	CFREQ2	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.	Code	O		Blood Contact Frequency (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP203	CTATTOO	Did the patient receive a tattoo in the two weeks to six months before symptom onset?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP204	CTATTOOLOC	Location where the patient received a tattoo in the two weeks to six months before symptom onset.	Code	O		Tattoo Obtained From (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP205	CTATTOOOTH	Other location where the patient received a tattoo in the two weeks to six months before symptom onset.	ST	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	[0..1]	
HEP206	CPIERCE	Did the patient have any part of their body pierced (other than ear) in the two weeks to six months before symptom onset?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP207	CPIERCELOC	Location where the patient received a piercing in the two weeks to six months before symptom onset.	Code	O		Tattoo Obtained From (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	

Hepatitis Case Notification Message Mapping Guide

Program-Specific Surveillance Variables							Mapping Methodology					
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
HEP208	CPIERCEOTH	Other location where the patient received a piercing in the two weeks to six months before symptom onset.	Text	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	[0..1]	
HEP209	CIVDRUGS	Did the patient inject street drugs not prescribed by a doctor in the two weeks to six months before symptom onset?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP210	CDRUGS	Did the patient use street drugs, but not inject, in the two weeks to six months before symptom onset?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP211	CDIALYSIS	Did the patient undergo hemodialysis in the two weeks to six months before symptom onset?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP212	CSTICK	Did the patient have an accidental stick or puncture with a needle or other object contaminated with blood in the two weeks to six months before symptom onset?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP213	CTRANSF	Did the patient receive blood or blood products (transfusion) in the two weeks to six months before symptom onset?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP214	CTRANSDT	Date the patient received blood or blood products (transfusion) in the two weeks to six months before symptom onset.	Date	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	[0..1]	
HEP215	CBLOOD	Did the patient have other exposure to someone else's blood in the two weeks to six months before symptom onset?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP216	CBLOODEX	Patient's blood exposure in the two weeks to six months before symptom onset other than through transfusion or an accidental stick or puncture.	Text	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	[0..1]	
HEP217	CDENTAL	Did the patient have dental work or oral surgery in the two weeks to six months before symptom onset?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	

Hepatitis Case Notification Message Mapping Guide

Program-Specific Surveillance Variables							Mapping Methodology					
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
HEP218	CSURGEY	Did the patient have surgery (other than oral surgery) in the two weeks to six months before symptom onset?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP219	CHOSP	Was the patient hospitalized in the two weeks to six months before symptom onset?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP220	CNURSHOME	Was the patient a resident of a long-term care facility in the two weeks to six months before symptom onset?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP221	CINCAR	Was the patient incarcerated for longer than 24 hours in the two weeks to six months before symptom onset?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP222	CINCARTYPE	Type of facility where the patient was incarcerated for longer than 24 hours in the two weeks to six months before symptom onset.	Code	O		Incarceration Type (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP223	CEVERINCAR	Was the patient ever incarcerated for longer than six months during his or her lifetime?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP224	CINCARYR	Year the patient was most recently incarcerated for longer than six months.	Date	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	[0..1]	
HEP225	CINCARDUR	Length of time the patient was most recently incarcerated for longer than six months.	Text	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	[0..1]	
HEP226	CINCARUNIT	Length of time (units) the patient was most recently incarcerated for longer than six months.	Code	O		Age Unit (UCUM)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CE	O	[0..1]	
HEP253	CIVOUTPT	Did the patient receive any IV infusions and/or injections in the outpatient setting during the two weeks to six months prior to onset of symptoms?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	

Hepatitis Case Notification Message Mapping Guide

Hepatitis C Infection Specific Case Notification Variables

Program-Specific Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
HEP227	HAVTRANSF	Did the patient receive a blood transfusion prior to 1992?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP228	HACTRANSF	Did the patient receive an organ transplant prior to 1992?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP229	HCVCLLOT	Did the patient receive clotting factor concentrates prior to 1987?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP230	HCVDIAL	Was the patient ever on long-term hemodialysis?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP231	HCVIVDRUGS	Has the patient ever injected drugs not prescribed by a doctor, even if only once or a few times?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP232	HCVNUMPART	How many sex partners has patient had (approximate) in lifetime?	Text	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	[0..1]	
HEP233	HCVINCAR	Was the patient ever incarcerated?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP234	HCVSTD	Was the patient ever treated for a sexually transmitted disease?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP235	HCVCONTACT	Was the patient ever a contact of a person who had hepatitis?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP236	HCVTYPE	Type of contact the patient had with a person with hepatitis.	Code	O		Contact Type (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP237	HCVOTHCON	Other type of contact the patient had with a person with hepatitis.	Text	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	[0..1]	
HEP238	HCVMEDEMP	Was the patient ever employed in a medical or dental field involving direct contact with human blood?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	

Hepatitis Case Notification Message Mapping Guide

Hepatitis B Virus Perinatal Infection Specific Case Notification Variables

Program-Specific Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
HEP239	HBVMOMRACE	Race of the patient's mother.	Code	O		Race Category		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP240	HBVMOMETH	Ethnicity of the patient's mother.	Code	O		Ethnicity Group		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP241	HBVMOMBORN	Was mother born outside the U.S.A.?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP242	HBVMOMCTRY	Mother's birth country (other than the U.S.A.).	Code	O		Country		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP243	HBVCONF	Was the mother confirmed HBsAg positive prior to or at time of delivery?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP244	HBVCONFDEL	Was the mother confirmed HBsAg positive after delivery?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP245	HBVCONFDT	Date of HBsAg positive test result.	Date	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	[0..1]	
HEP246	HBVVACDOSE	How many doses of hepatitis B vaccine did the child receive?	Code	O		Vaccine Dose Number (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP247	HBVVACDT1	Date the child received the first dose of hepatitis B vaccine.		O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	[0..1]	
HEP248	HBVVACDT2	Date the child received the second dose of hepatitis B vaccine.	Date	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	[0..1]	

Hepatitis Case Notification Message Mapping Guide

Program-Specific Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
HEP249	HBVVACDT3	Date the child received the third dose of hepatitis B vaccine.	Date	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	[0..1]	
HEP250	HBIG	Did the child receive hepatitis B immune globulin (HBIG)?	Code	O		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP251	HBIGDT	Date the child received HBIG.	Date	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	[0..1]	
HEP256	HBVMRACECD	Mother's detailed race category. (MULTISELECT)	Code	O	Y	Detailed Race		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP257	HBVMETHCD	Mother's detailed ethnicity category. (MULTISELECT)	Code	O	Y	Detailed Ethnicity		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	[0..1]	
HEP258	HBVMOMRDES	Mother's race, if other than the provided race categories.	Text	O				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	[0..1]	

Notification Structural Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
NOT108	Notification ID	The unique identifier for the notification record. No UID or label is passed in the message.	Text	R				MSH-10-Message Control ID. No UID or label is passed in the message.	ST	R	[1..1]	
DEM197	Local patient ID	The local ID of the patient/entity.	Text	R				PID-3.1 Patient Identifier List – ID Number PID-3.4 Assigning Authority format <localID&OID&ISO> Does not pass Variable ID or label.	CX	R	[1..1]	Only the sending system's internally assigned patient id used for these de-identified messages
DEM100	Patient name type	Name is not requested by the program, but the Patient Name field is required to be populated for the HL7 message to be valid. PHIN has adopted the HL7 convention for processing a field where the name has been removed for de-identification purposes.	Code	R	Y	Name Type		PID-5.7 Patient Name Type - <u>second instance</u> (does not pass Variable ID or label). HL7 reserves the first instance of the name for Legal Name.	CX	R	[1..2]	Literal value: ~~~~~S
INV168	Local record ID	Sending system-assigned local ID of the case investigation with which the subject is associated.	Text	R				OBR-3-Filler Order Number where OBR-3.1 is the internally assigned case/investigation ID, OBR-3.3 is the OID for sending application as assigning authority, and OBR-3.4 is the literal value 'ISO'. The UID and label are not passed in the message.	EI	R	[1..1]	<same value in each OBR instance>

Notification Structural Variables							Mapping Methodology					
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
NOT099	Subject Type	Type of subject for the notification.	Code	R		Notification Section Header		OBR 1: Maps to the HL7 attribute OBR-4-Universal Service ID. No UID or label is passed in the message.	CE	R	[1..1]	Literal Value: 'PERSUBJ^Person Subject^2.16.840.1.114222.4.5.274 - Note that this notification does not have any observations (OBX segments) specified to appear after the Subject OBR.'
NOT101	Notification Type	Type of notification. Main notification types are "Individual Case", "Environmental", "Summary", and "Laboratory Report".	Code	R		Notification Section Header		OBR 2: Maps to the HL7 attribute OBR-4-Universal Service ID. No UID or label is passed in the message.	CE	R	[1..1]	Literal Value: 'NOTF^Case Notification^2.16.840.1.114222.4.5.274'
NOT098	Supplemental Notification Type	Supplemental Notification Types which may optionally be passed are "Associated Laboratory Report" and "Associated Vaccine Report". Multiple reports may be passed.	Code	O	Y	Notification Section Header		OBR 3: Maps to the HL7 attribute OBR-4-Universal Service ID. No UID or label is passed in the message.	CWE	R	[0..*]	Literal Value: 'LABRPT^Associated Laboratory Report^2.16.840.1.114222.4.5.274'
NOT103	Date First Submitted	Date the notification was first sent to CDC. This value does not change after the original notification. No UID or label is passed in the message.	Date	R				Maps to the HL7 attribute OBR-7-Observation Date/time. No UID or label is passed in the message.	TS	R	[1..1]	<same value in each OBR instance>
NOT106	Date of Report	Date/time this version of the notification was sent. It will be the same value as NOT103 for the original notification. For updates, this is the update/send date/time.	Date	R				Maps to the HL7 attribute OBR-22-Result Report/Status Chg Date/time. No UID or label is passed in the message.	TS	R	[1..1]	<same value in each OBR instance>

Notification Structural Variables							Mapping Methodology					
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
INV169	Condition Code	Condition or event that constitutes the reason the notification is being sent.	Code	R		Nationally Notifiable Disease Surveillance System (NNDSS) & Other Conditions of Public Health Importance		Maps to HL7 attribute OBR-31-Reason for Study. The UID and label are not passed in the message.	CWE	R	[1..1]	

Hepatitis Case Notification Message Mapping Guide

This is the set of variables that may be passed if the Case Notification has an associated Laboratory report event. The laboratory report is not required to be included with the Notification.

Associated Laboratory reports are not required to be included with the Notification. If present, each Lab report event is carried under a segment header with OBR 4 of 'LABRPT'.												
Program-Specific Surveillance Variables							Mapping Methodology					
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
LAB143	Reporting Lab Name	Name of Laboratory that reported test result.	Alphanumeric	O				Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	ST	O	[0..1]	
LAB144	Reporting Lab CLIA Number	CLIA (Clinical Laboratory Improvement Act) identifier for the laboratory that performed the test.	Alphanumeric	O				Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	ST	O	[0..1]	
LAB112	Ordered Test Name	Ordered Test Name is the lab test ordered by the physician. It will always be included in an ELR, but there are many instances in which the user entering manual reports will not have access to this information.	Coded	O		Lab Test Orderables		Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB163	Date of Specimen Collection	The date the specimen was collected.	Date	O				Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	TS	O	[0..1]	
LAB166	Specimen Site	This indicates the physical location, of the subject, where the specimen originated. Examples include: Right Internal Jugular, Left Arm, Buttock, Right Eye, etc.	Coded	O		Specimen (CDC)		Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB503	Date Sample Received at Lab	Date Sample Received at Lab (accession date).	Date	O				Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	TS	O	[0..1]	
LAB108	Sample Analyzed date	The date and time the sample was analyzed by the laboratory.	Date	O				Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	TS	O	[0..1]	
LAB197	Lab Report Date	Date result sent from Reporting Laboratory.	Date	O				Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	TS	O	[0..1]	
LAB202	Specimen ID	A laboratory generated number that identifies the specimen related to this test.	Alphanumeric	R				Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	ST	O	[0..1]	

Hepatitis Case Notification Message Mapping Guide

Program-Specific Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
LAB196	Report Status	The status of the lab report.	Coded	O		Result Status (HL7)		Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB101	Resulted Test	Resulted test name.	Coded	R		Lab Test Result Name (CDC)	identification of resulted test with a LOINC code is a minimum data requirement	Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB334	Date received in state public health lab	Date the isolate was received in state public health laboratory.	Date	O				Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	TS	O	[0..1]	
LAB125	Specimen Number	A laboratory generated number that identifies the specimen related to this test.	Alphanumeric	O				Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	ST	O	[0..1]	
LAB165	Specimen Source	The medium from which the specimen originated. Examples include whole blood, saliva, urine, etc.	Code	O		Specimen		Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB262	Specimen Details	Specimen details if specimen information entered as text.	Alphanumeric	O				Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'				
LAB101	Resulted Test Name	The lab test that was run on the specimen.	Code	O		Lab Test Name		Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB192	Coded Result Value	Coded qualitative result value.	Code	O		Lab Test Result Qualitative		Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB508	Sent to CDC for Genotyping	Indicate whether the specimens were sent to CDC for genotyping.	Code	O		Yes No Unknown (YNU)		Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB509	Genotyping Sent Date	If the specimen was sent to the CDC for genotyping, date on which the specimens were sent.	Date	O				Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	TS	O	[0..1]	

Hepatitis Case Notification Message Mapping Guide

Program-Specific Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
LAB510	Sent For Strain ID	Indicate whether the specimen was sent for strain identification.	Code	O		Yes No Unknown (YNU)		Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB511	Strain Type	If the specimen was sent for strain identification, indicate the strain.	Code	O		StrainType (specific to condition TBD)		Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
The following group of observations make up a single quantitative (numeric) result. The OBX segment contains 'SN' in OBX-2 and 'LAB114^Numeric Result^2.16.840.1.114222.4.5.254' in OBX-3. All of the data elements map to OBX-5 and units map to OBX-6 of the same observation.												
LAB113	Result Operator	Quantitative results may contain a comparative operator. Valid values are: <, <=, <>, =, >, >=.	Numeric	O				OBX-5.1-Comparator value when OBX-3 is LAB114 Numeric Result.	SN	O	[0..1]	
LAB114	Numeric Result	The numeric value in component 2 of the Structured Numeric results field.	Numeric	R			required if there is a numeric result	OBX-5.2-Numeric value when OBX-3 is LAB114 Numeric Result.	SN	O	[1..1]	
LAB116	Result Ratio	The quantitative result ratio separator can be used when two numbers must be expressed together. The separator is based on the context of the two numbers. Example: a colon is used when expressing a lab result index, i.e. "1:256".	Coded	O				OBX-5.1-Comparator value when OBX-3 is LAB114 Numeric Result.	SN	O	[0..1]	
LAB117	Numeric Result 2	The second numeric value that may be used in a quantitative result. Example: a ratio of "1:4" - 4 is the second numeric value.	Numeric	O				OBX-5.3-Separator value when OBX-3 is LAB114 Numeric Result.	CWE	O	[0..1]	
LAB115	Result Units	The unit of measure for numeric result value.	Coded			Units Of Measure		OBX-6-Units when OBX-3 is LAB114 Numeric Result.	CWE	O	[0..1]	
End of Quantitative Result												
LAB207	Result Status	The Result Status is the degree of completion of the lab test.	Coded			Observation Result Status (HL7)		Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB208	Lab Result Text Value	Textual result value, used if result is neither numeric nor coded.	Alphanumeric					Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
LAB118	Interpretation Flag	The interpretation flag identifies a result that is not typical as well as how it's not typical. Examples: Susceptible, Resistant, Normal, Above upper panic limits, below absolute low.	Coded			Abnormal Flag (HL7)		Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB119	Reference Range From	The reference range from value allows the user to enter the value on one end of a expected range of results for the test. This is used mostly for quantitative results.	Alphanumeric					Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB120	Reference Range To	The reference range to value allows the user to enter the value on the other end of a valid range of results for the test. This is used mostly for quantitative results.	Alphanumeric					Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB104	Lab Result Comments	Comments having to do specifically with the lab result test. These are the comments from the NTE segment if the result was originally an Electronic Laboratory Report.	Alphanumeric					Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB105	Test Method	The technique or method used to perform the test and obtain the test results. Examples: Serum Neutralization, Titration, dipstick, test strip, anaerobic culture.	Coded			Lab Test Method (CDC)		Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB278	Organism Name	The organism name as a test result. This element is used when the result was reported as an organism.	Coded			Infectious Agent (CDC)		Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB222	Susceptibility Test?	User selects "Yes" to indicate need to enter susceptibility results.	Coded			Yes No Indicator (HL7)		Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
This section is used to carry susceptibility testing results that are logically attached to the organism reported in LAB278. These sensitivity results are carried as a repeating block tied together using the same Observation sub id value in all the OBX segments that apply to that instance. There may be up to 20 different drugs in a susceptibility panel, so there will be the same number of												
	Drug Name	Name of the antibiotic for which the organism was susceptibility tested. For ELR, it could also contain reflex test name.				Lab Test Name (CDC)		Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE		[0..1]	

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
LAB105	Test Method	The technique or method used to perform the test and obtain the Microbiology Susceptibility results: MIC (Minimum Inhibitory Concentration, KB (Kirby Bauer), etc.	Coded			Lab Test Method (CDC)		Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB304	Drug Result Code	Depending on the test method, the susceptibility result may be reported as a qualitative result. This element captures susceptibility result as a coded value	Coded			Lab Test Result Qualitative		Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB523	Susceptibility Interpretation	The interpretation by the lab specific to susceptibility results. Examples: Susceptible, Resistant, Indeterminate.	Coded			Abnormal Flag (HL7)		Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
End of Drug Sensitivity data elements repeating block.												
Isolate Tracking Data Elements Start Here												
LAB329	Track Isolate	Track Isolate functionality indicator	Coded			True False (CDC)		Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB330	Patient status at specimen collection	Patient status at specimen collection	Coded			Patient Status At Specimen Collection		Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB331	Isolate received in state public health lab	Isolate received in state public health lab	Coded			Yes No Unknown (YNU)		Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB332	Reason isolate not received	Reason isolate not received	Coded			Isolate Not Received Reason		Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB333	Reason isolate not received (Other)	Reason isolate not received (Other)	Alphanumeric					Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB334	Date received in state public health lab	Date received in state public health lab	Date/time					Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	

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Program-Specific Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
LAB335	State public health lab isolate id number	State public health lab isolate id number	Alphanumeric					Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB336	Case confirmed at state public health lab	Case confirmed at state public health lab	Coded			Yes No Unknown (YNU)		Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB337	PulseNet Isolate	PulseNet Isolate Indicator	Coded			True False (CDC)		Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB338	Isolate PFGE sent to central PulseNet	Isolate PFGE sent to central PulseNet database	Coded			Yes No Unknown (YNU)		Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB339	PulseNet PFGE Designation Enzyme 1	PulseNet PFGE Designation Enzyme 1	Alphanumeric					Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB340	State Health Dept Lab PFGE Designation Enzyme 1	State Health Dept Lab PFGE Designation Enzyme 1	Alphanumeric					Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB341	PulseNet PFGE Designation Enzyme 2	PulseNet PFGE Designation Enzyme 2	Alphanumeric					Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB342	State Health Dept Lab PFGE Designation Enzyme 2	State Health Dept Lab PFGE Designation Enzyme 2	Alphanumeric					Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB343	PulseNet PFGE Designation Enzyme 3	PulseNet PFGE Designation Enzyme 3	Alphanumeric					Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB344	State Health Dept Lab PFGE Designation Enzyme 3	State Health Dept Lab PFGE Designation Enzyme 3	Alphanumeric					Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	

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Program-Specific Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
LAB345	NARMS Isolate Indicator	NARMS Isolate	Coded			True False (CDC)		Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB346	Isolate sent to NARMS	Isolate sent to NARMS	Coded			Yes No Unknown (YNU)		Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB347	Reason isolate not sent to NARMS	Reason isolate not sent to NARMS	Coded			Isolate Not Sent To NARMS Reason		Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB348	State-assigned NARMS ID number	State-assigned NARMS ID number	Alphanumeric					Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB349	NARMS Isolate Expected Ship Date	NARMS Isolate Expected Ship Date	Date/time					Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB350	NARMS Isolate Actual Ship Date	NARMS Isolate Actual Ship Date	Date/time					Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB351	EIP Isolate	EIP Isolate Indicator	Coded			True False (CDC)		Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB352	Specimen available for further EIP testing	Specimen available for further EIP testing	Coded			Isolate Availability EIP Testing		Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB353	Reason specimen not available for further EIP test	Reason specimen not available for further EIP test	Coded			Isolate Not Available EIP Test Reason		Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB354	Other reason why specimen is not available	Other reason why specimen is not available	Alphanumeric					Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	

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Program-Specific Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
LAB355	If "Yes", where will the specimen be shipped	If "Yes", where will the specimen be shipped	Coded			Specimen Shipped		Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB356	EIP Isolate Expected Ship Date	EIP Isolate Expected Ship Date	Date/time					Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB357	EIP Isolate Actual Ship Date	EIP Isolate Actual Ship Date	Date/time					Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB358	Was specimen requested for reshipment	Was specimen requested for reshipment	Coded			Yes No (HL7)		Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB359	Reason specimen requested for reshipment	Reason specimen requested for reshipment	Coded			Specimen Reshipment Reason		Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB360	Other reason for reshipment	Other reason for reshipment	Alphanumeric					Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB361	EIP Isolate Expected Reship Date	EIP Isolate Expected Reship Date	Date/time					Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	
LAB362	EIP Isolate Actual Reship Date	EIP Isolate Actual Reship Date	Date/time					Observation/OBX segment under an OBR with Universal Service ID of 'LABRPT'	CWE	O	[0..1]	

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This is the set of variables that may be passed if the Case Notification has an associated Vaccine event report. Vaccine reports are not required to be included with the Notification.

If present, each vaccine event is carried under a segment header with OBR-4 of 'VACRPT'.

The Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Req/Opt	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Usage	HL7 Cardinality	Implementation Notes
VAC101	Vaccine Administered	The type of vaccine administered, (e.g., MMR, DaPT, HepB).	Coded	R		Vaccines Administered (CVX)		Observation (OBX segment) under an OBR-4 value of 'VACRPT'	CE	O	[0..1]	
VAC102	Vaccination Record ID	A system generated ID for a vaccination record.	Alphanumeric	R				Observation (OBX segment) under an OBR-4 value of 'VACRPT'	ST	O	[0..1]	
VAC103	Vaccine Administered Date	The date that the vaccine was administered.	Date	R				Observation (OBX segment) under an OBR-4 value of 'VACRPT'	TS	O	[0..1]	
VAC104	Vaccination Anatomical Site	The anatomical site where the vaccination was given.	Coded	O		Body Site (HL7)		Observation (OBX segment) under an OBR-4 value of 'VACRPT'	CE	O	[0..1]	
VAC105	Age At Vaccination	The person's age at the time the vaccination was given.	Numeric	O				Observation (OBX segment) under an OBR-4 value of 'VACRPT'	SN	O	[0..1]	
VAC106	Age At Vaccination Unit	The age units of the person at the time the vaccination was given.	Coded	O		Age Unit		Observation (OBX segment) under an OBR-4 value of 'VACRPT'	CE	O	[0..1]	
VAC107	Vaccine Manufacturer	Manufacturer of the vaccine	Coded	O		Manufacturers Of Vaccines (MVX)		Observation (OBX segment) under an OBR-4 value of 'VACRPT'	CE	O	[0..1]	
VAC108	Vaccine Lot Number	The vaccine lot number of the vaccine administered.	Alphanumeric	ST	O			Observation (OBX segment) under an OBR-4 value of 'VACRPT'	ST	O	[0..1]	
VAC109	Vaccine Expiration Date	The expiration date of the vaccine administered.	Date	TS	O			Observation (OBX segment) under an OBR-4 value of 'VACRPT'	TS	O	[0..1]	