

Attachment 10

NETSS Format Case Record Specifications

NETSS FORMAT (INDIVIDUAL) CASE RECORDS SPECIFICATIONS

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

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

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

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

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

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

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VALID

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

| VALID FIELD | COLUMNS | VALUES | DESCRIPTION |
|-------------|---------|---|--|
| | | | The following are the valid values for the age field with the given AGE TYPE: |
| | | VALUE | WHERE AGE TYPE = |
| | | 0-120 Years | 0 |
| | | 0- 11 Months | 1 |
| | | 0- 52 Weeks | 2 |
| | | 0- 28 Days | 3 |
| | | For age type = 4 (i.e. coded age group) see values below | |
| | | <u>Age Value</u> | <u>For age =</u> |
| | | 0 | <1 years |
| | | 2 | 0 - 4 years |
| | | 7 | 5 - 9 years |
| | | 12 | 10-14 years |
| | | 17 | 15-19 years |
| | | 22 | 20-24 years |
| | | 27 | 25-29 years |
| | | 32 | 30-34 years |
| | | 37 | 35-39 years |
| | | 42 | 40-44 years |
| | | 47 | 45-49 years |
| | | 52 | 50-54 years |
| | | 57 | 55-59 years |
| | | 62 | 60-64 years |
| | | 67 | 65-69 years |
| | | 72 | 70-74 years |
| | | 77 | 75-79 years |
| | | 82 | 80-84 years |
| | | 87 | 85-89 years |
| | | 95 | ≥ 90 years |
| AGE-TYPE | 42 | | Indicates the units such as years, months, etc. for the age field. Can also indicate that the age field contains codes for age groups. |
| | | 0 | Code for years |
| | | 1 | Code for months |
| | | 2 | Code for weeks |
| | | 3 | Code for days |
| | | 4 | Indicates code for an AGE group. |
| | | 9 | Age unknown (AGE value must be >999') |

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

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

NETSS FORMAT SUMMARY RECORDS

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

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| FIELD | COLUMNS | VALID VALUES | DESCRIPTION |
|--------|---------|---------------------|--|
| EVENT | 18 - 22 | | Event code for the disease or injury being reported. REQUIRED |
| COUNT | 23 - 27 | | REQUIRED. Format (nnnnn) e.g. 00001. Value for event code 10570 (flu activity) only must be: |
| | | <u>Flu activity</u> | |
| | | 0000 | No cases |
| | | 0005 | Sporadic |
| | | 0006 | Local |
| | | 0007 | Regional |
| | | 0008 | Widespread |
| | | 0009 | No report |
| FILLER | 28 - 60 | | Filler only. |

NETSS FORMAT DELETION RECORD

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

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NETSS FORMAT VERIFICATION RECORD

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