Attachment 3 (c)

Adult and Pediatric HIV/AIDS Confidential Case Reports
for National HIV/AIDS Surveillance OMB No. 0920-0573

eHARS Data Elements for Adult and Pediatric
Confidential HIV Case Reports

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for National HIV/AIDS Surveillance

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Public reporting burden of this collection of information is estimated to average 20 minutes 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. An agency may not conduct or sponsor, and a persons is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-0573)

eHARS variables are stored in tables. The column "Tx" indicates whether a variable is transmitted to CDC (Y) or not (N). The column "Required/Optional" indicates whether a variable is a program requirement for collection (Required); if collection is optional (Optional), which may include variables that are CDC recommended for collection but collection is optional; or whether a variable is generated by the eHARS system from the entered values of other variables (SYSTEM).

ADDRESS table14884701

Address information is required for the residence at HIV diagnosis (RSH) and the residence at AIDS diagnosis (RSA).

Column Name	Description	Valid Data Element Values	Tx	Required/ Optional
census_block_group	An optional field—the census block group entered for the person's address.		N	Optional
census_congressional_district	An optional field—the congressional district entered for the person's address.		N	Optional
census_group	An optional field—the census group entered for the person's address.		N	Optional
census_msa	An optional field—the census metropolitan statistical area (MSA) entered for the person's address.		N	Optional
census_tract	An optional field—the census tract entered for the person's address.		N	Optional

city_fips	The city FIPS code for a person's address.	CITY FIPS CODES	**Y**	Required if RSH or RSA
city_name	The city name for the person's address from the FIPS table. If there is no match to the FIPS table, the text is stored as entered by the user and preceded by an asterisk.		**Y**	Required if RSH or RSA
country_cd	The ISO country code for a person's address.	ISO COUNTRY CODES	**Y**	Required if RSH or RSA
country_usd	The FIPS U.S. dependency country code for the person's address.	FIPS US DEPENDENCY CODES	**Y**	Required if RSH or RSA
county_fips	The FIPS county code for a person's address.	COUNTY FIPS CODES	**Y**	Required if RSH or RSA
county_name	The county name for the person's address from the FIPS table. If there is no match to the FIPS table, the text is stored as entered by the user and preceded by an asterisk.		**Y**	Required if RSH or RSA
doc_belongs_to	A description that indicates who the address data belong to, PERSON, MOTHER, or CHILD.		**Y**	SYSTEM
document_uid	An identifier for a document.		**Y**	SYSTEM
phone	The value indicating a person's telephone number.		**N**	Required if RSH or RSA
state_cd	The state postal code for a person's address.	STATE_CODES	**Y**	Required if RSH or RSA
street_address1	Primary description of a person's street address, such as number and street name.		**N**	Required if RSH or RSA
street_address2	Secondary description of a person's street address, such as apartment, building, or unit and number.		**N**	Required if RSH or RSA
zip_cd	The zip code associated with a person's address.		**N**	Required if RSH or RSA
address_seq	Used by the system as a sequence identifier for a person's addresses.		**Y**	SYSTEM
address_type_cd	A code indicating the type of address, such as BAD or RES (residential).	BAD – Bad Address COR- Correctional Facility FOS – Foster Home HML - Homeless POS – Postal RAD – Residence at Death RBI – Residence at Birth RES – Residential SHL – Shelter TMP – Temporary RSA – Residence at AIDS diagnosis RSH – Residence at HIV Diagnosis	**Y**	Required if RSH or RSA

BIRTH_HISTORY table14884701

Column Name	Description	Valid Data Element Values	Tx	Required/Optional
birth_defects	From PCRF, indicates the presence of birth defects.	Y – Yes N – No U- Unknown	**Y**	Optional
birth_defects_cd	From PCRF and BC, birth defect codes.	1- Anencephaly 2- Spina Bifida 3- Congenital Heart Disease 4- Congenital hernia 5- Omphalacele 6- Gastroschisis 7- Limb reduction defect 8- Cleft lip 9- Cleft palate 10- Down Syndrome 11- Suspected chromosomal disorder 12- Down Syndrome (karotype confirmed) 13- Suspected Chromosomal disorder 14- Down Syndrome (karotype pending) 15- Suspected Chromosomal disorder (kartotype pending) 16- Hypospadias 17- None of the above	**Y**	Optional
birth_place	From BC, place of birth, such as home or hospital	1- Hospital 2- Freestanding birth center 3- Home birth/clinic/doctors office U- Unknown	**Y**	Optional
birth_type	From PCRF and BC, the type of birth, such as single or twin.	1- Single 2- Twin 3- >2 9- Unknown	**Y**	Optional
birth_wt	From PCRF and BC, the child's birth weight in grams.		**Y**	Optional
breastfed	From PCRF and BC: Was this child breastfed?	Y – Yes N – No U - Unknown	**Y**	Optional
delivery_method	From PCRF and BC, the method of delivery, such as vaginal or Cesarean.	1- Vaginal 2- Elective Cesarean 3- Non-elective cesarean 4- Cesarean- unknown type 5- Vaginal – spontaneous 6- Vaginal – forceps 7- Vaginal – vacuum 8- Cesarean	**Y**	Optional
document_uid	An identifier for the PCRF or BC.		**Y**	SYSTEM
first_pnc_visit_dt	From BC, the date of the mother's first prenatal care visit.		**Y**	Optional
infant_transfer	From BC: Was the infant transferred to another facility?	Y – Yes N - No	**Y**	Optional
last_live_birth_dt	From BC, the date of the mother's last live birth.		**Y**	Optional
last_normal_menses_dt	From BC, the date of the mother's last menses.		**Y**	Optional
last_pnc_visit_dt	From BC, the date of the mother's last prenatal care visit.		**Y**	Optional
maternal_birth_country_cd	From PCRF, the mother's country of birth.	ISO COUNTRY CODES	**Y**	Optional

maternal_birth_country_usd	From PCRF, the mother's country of birth if U.S. dependency.	ISO COUNTRY CODES	Y	Optional
maternal_dob	From PCRF, the mother's date of birth.		Y	Optional
maternal_sndx	From PCRF, the mother's last name Soundex.		Y	Optional
maternal_stateno	From PCRF, the mother's STATENO identifier.		Y	Optional
month_preg_pnc	From PCRF, the month of pregnancy that mother's prenatal care began.		Y	Optional
neonatal_status	From PCRF, the child's neonatal status.	1 – Full term 2 – Premature 9 - Unknown	Y	Optional
neonatal_status_weeks	From PCRF and BC, the gestational age of the child at delivery.		Y	Optional
num_pnc_visits	From PCRF and BC, the number of prenatal care visits.		Y	Optional
num_prev_live_births	From BC, the number of previous live births.		Y	Optional
other_art_labor	From PCRF: Did the mother receive other anti-retroviral drugs during labor/delivery?	Y – Yes N - No	Y	Optional
other_art_labor_cd	From PCRF, the other anti-retroviral drugs the mother received during labor/delivery.	01- Videx 02- Hivid 03- Epivir 04- Zerit 05- Viramune 06- Crixivan 07- Norvir 08- Saquinavir 09- Rescriptor 10- Fuzeon 11- Emtriva 12- Viread 13- Trizivir 14- Videx EC 15- Reyataz 16- Kaletra 17- Viracept 18- Invirase 19- Hepsera 20- Ziagen 21- Sustiva 22- Agenerase 23- Hydroxyurea 24- Combivir 25- Fortovase 26- Retrovir 88- Other 99- Unknown	Y	Optional
other_art_preg	From PCRF: Did the mother receive other anti-retroviral drugs during pregnancy?	Y – Yes N - No	Y	Optional
other_art_preg_cd	From PCRF, the other anti-retroviral drugs the mother received during pregnancy.	01- Videx 02- Hivid 03- Epivir 04- Zerit 05- Viramune 06- Crixivan 07- Norvir	Y	Optional

		08- Saquinavir 09- Rescriptor 10- Fuzeon 11- Emtriva 12- Viread 13- Trizivir 14- Videx EC 15- Reyataz 16- Kaletra 17- Viracept 18- Invirase 19- Hepsera 20- Ziagen 21- Sustiva 22- Agenerase 23- Hydroxyurea 24- Combivir 25- Fortovase 26- Retrovir 88- Other 99- Unknown		
zido_labor	From PCRF: Did the mother receive AZT during labor?	Y - Yes N – No R – Refused U - Unknown	**Y**	Optional
zido_preg	From PCRF: Did the mother receive AZT during pregnancy?	Y - Yes N – No R – Refused U - Unknown	**Y**	Optional
zido_prior_preg	From PCRF: Did the mother receive AZT prior to this pregnancy?	Y - Yes N – No R – Refused U - Unknown	**Y**	Optional
zido_week	From PCRF, the week AZT therapy started.		**Y**	Optional

DEATH table14884701

Column Name	Description	Valid Data Element Values	Tx	Required/Optional
autopsy	Was an autopsy performed?	Y-Yes N-No U-Unknown	**Y**	Optional
city_fips	The FIPS code for the city where the person died.	CITY FIPS CODES	**Y**	Optional
city_name	The name of the city where the person died.		**Y**	Optional
country_cd	The ISO code for the country where the person died.	ISO COUNTRY CODES	**Y**	Optional
country_usd	The ISO code for the U.S. dependency where the person died.	ISO COUNTRY CODES	**Y**	Optional

county_fips	The FIPS code for the county where the person died.	COUNTY FIPS CODES	Y	Optional
county_name	The name of the county where the person died.		Y	Optional
document_uid	An identifier for the Death Document.		Y	SYSTEM
dod	The person's date of death.		Y	Required if person's vital status = Dead
place	The type of place where the person died, such as a residence or hospital.	1-Hospital, inpatient 2-Hospital, outpatient or emergency room 3-Hospital, dead on arrival 4-Nursing home or hospice 5-Residence 6-Jail/Adult detention center 7-Juvenile detention center 8-Group/Assisted living home 9-Homeless shelter 10-Homeless, on the street 11-Hospital, institution (HARS) 88-Other 99-Unknown	Y	Optional
state_cd	The postal code for the state where the person died.	STATE_CODES	Y	Required

DEATH_DX table14884701

Column Name	Description	Valid Data Element Values	Tx	Required/Optional
descr	A phrase or statement describing the cause of death.		Y	Optional
document_uid	An identifier for the Death Document.		Y	Optional
icd_cd	The ICD code assigned.	ICD9, ICD10	Y	Optional
icd_cd_type	The type of ICD code assigned, either ICD9 (represented by 9) or ICD10 (represented by 10).	9-ICD 9 code 10-ICD 10 code	Y	Optional
line	Corresponds to the line of the death certificate on which the ICD code or description of death appears.		Y	Optional
line_number	A number indicating the sequence of death causes (00 is first).		Y	Optional
nature_of_injury	For NCHS electronic data, the nature of injury flag (1 represents nature of injury codes and 0 represents all other cause codes).		Y	Optional
position	Corresponds to the position of the cause of death on each line of the death certificate (1 if the cause is the first one listed, 2 if the cause is the second one listed, and so forth).		Y	Optional

DOCUMENT table14884701

Column Name	Description	Valid Data Element Values	Tx	Required/Optional
author	The person who completed the original form.		**N**	Optional
author_phone	The phone number of the person who completed the original form.		**N**	Optional
complete_dt	Date the form or document was completed or populated with information. For example, when the chart abstraction was completed.		**Y**	Required
document_number	A field indicating the number of the document. For example, the certificate number associated with a birth certificate.		**N**	Optional
document_source_cd	The source code of the document, such as A01 for Inpatient Record or A02 for Outpatient Record.	SOURCE – Please see eHARS TRG for list of codes.	**Y**	Required
document_type_cd	A code indicating the type of document, such as 001 for Adult Case Report Form or 005 for Birth Certificate.	000-PersonView 001-ACRF 002-PCRF 003-HARS Adult 004-LAB 005-Birth Certificate 006-Death Certificate 009-HARS Pediatric 010-Supplemental Risk Form 011-HARS NDI 012-Incidence PreTest 013-Incidence Consent 014-Incidence PostTest 015-STARHS	**Y**	SYSTEM
document_uid	An identifier for a document.		**Y**	SYSTEM
ehars_uid	An identifier for a case or person.		**Y**	SYSTEM
enter_by	The user ID of the person who entered the information into eHARS.		**N**	Optional
enter_dt	The system date when the document was entered into eHARS.		**Y**	SYSTEM
facility_uid	For case report forms only, indicates the facility completing the form.		**N**	Optional - SYSTEM
initdocuid	If this document contains follow up information, this field captures the document UID of the report that initiated the investigation.		**Y**	Required if follow-up document

initinvest	Did this document initiate a follow-up investigation?	Y-Yes N-No U-Unknown	**Y**	Optional
modify_dt	The date the document was last modified.		**Y**	Optional
notes	Notes or comments regarding the document.		**N**	Optional
pv_categ	The Person View AIDS category at the time the document was entered into eHARS.		**Y**	SYSTEM
pv_hcateg	The Person View HIV category at the time the document was entered into eHARS.		**Y**	SYSTEM
receive_dt	The date the document was received at the health department.		**Y**	Optional
rep_hlth_dept_cd	The health department reporting this information to the site. The code consists of the state abbreviation and either the three digit FIPS county code (state + fips county code), or the five digit FIPS place code (state + fips place code).		**Y**	Optional
rep_hlth_dept_name	The name of the reporting health department.		**Y**	Required
rpt_medium	An indication of the medium used to transport the information to the site, such as paper form, faxed or diskette, mailed.	1 - Paper form, field visit 2 - Paper form, mailed 3 - Paper form, faxed 4 - Telephone 5 - Electronic transfer, Internet 6 - Diskette, mailed	**Y**	Optional
ship_flag	A value indicating if the document/Person View needs to be transferred to state health department (satellite installations) or to CDC.		**N**	SYSTEM
site_cd	An identifier representing the reporting site or location where eHARS is installed. Consists of four characters: state code + two digits.		**Y**	SYSTEM
status_flag	A value indicating the status of the document or Person View.	A-Active W-Warning E-Error R-Required Fields Missing D-Deleted M-Moved	**Y**	SYSTEM
surv_method	A field indicating whether the report was obtained via active or passive surveillance.	A - Active F - Follow-up P - Passive R - Reabstraction U - Unknown	**Y**	Required if follow-up or reabstraction report

FACILITY_CODE table14884701-A table that maintains information for selecting and identifying healthcare facilities and links to the facility event.

Column Name	Description	Valid Data Element Values	Tx	Required/ Optional
city_fips	City FIPS code for the facility's address.	CITY FIPS CODES	Y	Optional
city_name	City name associated with the facility's address.		Y	Optional
country_cd	ISO country code for the facility's address.	ISO COUNTRY CODE	Y	Optional
country_usd	U.S. dependency code for the facility's address, if applicable.	ISO COUNTRY CODE	Y	Optional
county_fips	County FIPS code for the facility's address.	COUNTY FIPS CODE	Y	Optional
county_name	County name associated with the facility's address.		Y	Optional
email	The email address of the facility.		N	Optional
facility_type_cd	A code indicating the type of healthcare facility.	See eHARS TRG	Y	Required
facility_uid	An identifier for a healthcare facility.		Y	SYSTEM
fax	The fax number of the facility.		N	Optional
funding_cd	A code that indicates the type of HRSA funding a facility receives.	1 - Title I 2 - Title II 3 - Title III 4 - Title IV 5 - SPNS 6 - None 8 - Other 9 - Unknown	Y	Optional
funding_flag	Does the facility receive HRSA funding?	Y-Yes N-No	Y	Optional
name1	Primary name of the facility.		Y	Optional
name2	Secondary or alternative name of the facility.		Y	Optional
phone	Phone number of the facility.		N	Optional
setting_cd	A code identifying the setting of the facility, such as Federal, VA.	1-Public, unspecified 2-Federal, VA 3-Federal, IHS 4-Federal, military 5-Federal, corrections 6-Federal, other/unspecified 7-State 8-County/Parish 9-City/Town/Township 10-Private 999-Unknown	Y	Optional
ship_flag	A field used by the application to determine if the information for this facility needs to be transferred to CDC.		N	Optional
state_cd	State postal code of the facility's address.	STATE_CODES	Y	Optional
street_address1	Facility's primary street address.		N	Optional
street_address2	Facility's secondary street address.		N	Optional
zip_cd	Zip code for the facility's address.		N	Optional
facility_event	The identifier of the facility associated with this event.	1-Facility of HIV diagnosis (hf) 2-Facility of AIDS diagnosis (af) 3-Facility of perinatal exposure (pf) 5-Hospital of birth (bf) 6-Facility completing the case report form 7-Facility where child was transferred within 24 hours of delivery (tf)	Y	Optional
provider_uid	An identifier for a healthcare provider.			

ID table14884701

Stateno is required but only for the state of report

Variable Name	Description	Valid Data Element Values	Tx	Required/Optional
008	AIDS Drug Assistance Program (ADAP) Number		NO	
134	AK STATENO		YES	
055	AL STATENO		YES	
176	American Samoa STATENO		YES	
136	AR STATENO		YES	
135	AZ STATENO		YES	
081	CA Non-named Code (generated)		NO	
015	CA Non-named Code (reported)		NO	
016	CA Non-named Code (verified)		NO	
086	CA Non-named Code Alias (reported)		NO	
137	CA STATENO		YES	
184	Chicago, IL CITYNO		YES	
138	CO STATENO		YES	
059	Counseling and Testing		NO	
082	CT Coded Identifier (generated)		NO	
017	CT Coded Identifier (reported)		NO	
139	CT STATENO		YES	
069	DC Unique Id (generated)		NO	
019	DC Unique Id (reported)		NO	
020	DC Unique Id (verified)		NO	
090	DC Unique Id Alias (reported)		NO	
070	DE Coded Identifier (generated)		NO	
021	DE Coded Identifier (reported)		NO	
022	DE Coded Identifier (verified)		NO	
092	DE Coded Identifier Alias (reported)		NO	
140	DE STATENO		YES	
001	FL STATENO		YES	
005	GA STATENO		YES	
179	Guam STATENO		YES	
141	HI STATENO		YES	
071	HI Unnamed Test Code (generated)		NO	
023	HI Unnamed Test Code (reported)		NO	

024	HI Unnamed Test code (verified)		NO	
094	HI Unnamed Test Code Alias (reported)		NO	
048	HIVNO (HARS)		YES	
051	Houston, TX CITYNO		YES	
003	HRSA URN		NO	
145	IA STATENO		YES	
142	ID STATENO		YES	
072	IL Patient Code Number (generated)		NO	
025	IL Patient Code Number (reported)		NO	
026	IL Patient Code Number (verified)		NO	
096	IL Patient Code Number Alias (reported)		NO	
143	IL STATENO		YES	
144	IN STATENO		YES	
187	INS Number		NO	
146	KS STATENO		YES	
188	KY Unique Code Alias (Retired)		NO	
147	KY STATENO		YES	
052	LA STATENO		YES	
183	Los Angeles, CA CITYNO		YES	
074	MA Coded Identifier (generated)		NO	
029	MA Coded Identifier (reported)		NO	
030	MA Coded Identifier (verified)		NO	
100	MA Coded Identifier Alias (reported)		NO	
150	MA STATENO		YES	
177	Mariana Islands STATENO		YES	
149	MD STATENO		YES	
075	MD Unique Identifier (generated)		NO	
031	MD Unique Identifier (reported)		NO	
032	MD Unique Identifier (verified)		NO	
102	MD Unique Identifier Alias (reported)		NO	
076	ME Coded Identifier (generated)		NO	
033	ME Coded Identifier (reported)		NO	
034	ME Coded Identifier (verified)		NO	
104	ME Coded Identifier Alias (reported)		NO	
148	ME STATENO		YES	
004	Medicaid Number		NO	
049	Medical Record Number (MEDRECNO)		NO	
054	MI STATENO		YES	
151	MN STATENO		YES	
153	MO STATENO		YES	
152	MS STATENO		YES	
077	MT Coded Identifier (generated)		NO	
035	MT Coded Identifier (reported)		NO	

036	MT Coded Identifier (verified)		NO	
106	MT Coded Identifier Alias (reported)		NO	
154	MT STATENO		YES	
166	NC STATENO		YES	
167	ND STATENO		YES	
155	NE STATENO		YES	
175	New York, NY CITYNO		YES	
163	NH STATENO		YES	
056	NJ STATENO		YES	
164	NM STATENO		YES	
162	NV STATENO		YES	
165	NY STATENO		YES	
168	OH STATENO		YES	
169	OK STATENO		YES	
078	OR Coded Identifier (generated)		NO	
037	OR Coded Identifier (reported)		NO	
038	OR Coded Identifier (verified)		NO	
108	OR Coded Identifier Alias (reported)		NO	
170	OR STATENO		YES	
006	PA STATENO		YES	
186	PATNO (ASD)		YES	
047	PATNO (HARS)		YES	
191	PEMS Client Unique Key		NO	
193	PEMS Form ID		NO	
192	PEMS Local Client Key		NO	
185	Philadelphia, PA CITYNO		YES	
073	Philadelphia, PA Unique Code (generated)		NO	
027	Philadelphia, PA Unique Code (reported)		NO	
028	Philadelphia, PA Unique Code (verified)		NO	
098	Philadelphia, PA Unique Code Alias (reported)		NO	
079	PR Coded Identifier (retired)		NO	
010	Prison Number		NO	
180	Puerto Rico STATENO		YES	
133	Reporting Health Department Number (generic cityno)		YES	
083	RI Coded Identifier (generated)		NO	
041	RI Coded Identifier (reported)		NO	
042	RI Coded Identifier (verified)		NO	
112	RI Coded Identifier Alias (reported)		NO	
171	RI STATENO		YES	
011	RVCT (TB) Number		YES	
007	Ryan White Number		NO	
182	San Francisco, CA CITYNO		YES	
172	SC STATENO		YES	

173	SD STATENO		YES	
012	Social Security Number (SSN)		NO	
013	Social Security Number Alias		NO	
009	STD*MIS Number		YES	
174	TN STATENO		YES	
050	TX STATENO		YES	
132	UCSF Patient Identifier		NO	
156	UT STATENO		YES	
158	VA STATENO		YES	
181	Virgin Islands STATENO		YES	
080	VT Non-named Code (generated)		NO	
043	VT Non-named Code (reported)		NO	
044	VT Non-named Code (verified)		NO	
114	VT Non-named Code Alias (reported)		NO	
157	VT STATENO		YES	
067	WA Non-named Code (generated)		NO	
084	WA Non-named Code Alias (reported)		NO	
045	WA Non-named Coded Id (reported)		NO	
046	WA Non-named Coded Id (verified)		NO	
053	WA STATENO		YES	
178	DC STATENO		YES	
160	WI STATENO		YES	
159	WV STATENO		YES	
161	WY STATENO		YES	

LAB table14884701

Column Name	Description	Valid Data Element Values	Tx	Required/Optional
accession_number	An identifier assigned by the lab to a specimen when received; acts as a tracking mechanism for the specimen.		N	Optional
case_cd	For application use, a code associating a diagnostic test with the HIV/AIDS case definition algorithm.		Y	SYSTEM
clia_uid	The CLIA provider number of the laboratory that performed the test.	See eHARS TRG for list of CLIA Labs	Y	Optional
comments	Notes or comments regarding a lab test. These values are transferred to CDC.		Y	Optional
document_uid	An identifier for a document.		Y	SYSTEM

lab_seq	Sequence identifier for a person's laboratory results.		**Y**	SYSTEM
loinc_cd	The Logical Observation Identifier Names and Codes (LOINC) value.	14092-1 = HIV-1 IFA 18396-2 = HIV-1 P24 Antigen 21009-6 = HIV-1 Western Blot 25835-0 = HIV-1 RNA NASBA 25836-8 = HIV-1 RNA RT-PCR 29327-4 = Rapid 5017-9 = HIV-1 RNA bDNA 5018-7 = HIV-1 RNA PCR (QUAL) 5220-9 = HIV-1 EIA 5223-3 = HIV-1/2 EIA 5224-1 = HIV-2 EIA 5225-8 = HIV-2 Western Blot 6429-5 = HIV-1 Culture 8127-3 = CD4 count 8128-1 = CD4 percent 9837-6 = HIV-1 Proviral DNA (QUAL) L-001 = WB/IFA-Legacy L-002 = RIPA-Legacy L-003 = Latex Ag-Legacy L-004 = Peptide-Legacy L-005 = Rapid-Legacy L-006 = Iga-Legacy L-007= IVAP-Legacy L-008 = Oth HIV Antibody-Oth-Legacy L-009 Oth HIV Antibody-Unsp-Legacy L-010 = Oth Viral load-Legacy L-011 = Unspecified Viral load-Legacy L-012 = HIV Det/Antigen/Viral-Oth-Legacy L-013 = HIV Det/Antigen/Viral-Unsp-Legacy PH-002 = HIV-1 RNA Other PH-007 = HIV-2 Culture ST-001 = STARHS (BED) ST-002 = STARHS (Vironostika LS) ST-003 = STARHS (Avidity)	**Y**	Required Tests beginning with a L are not collected in eHARS. They are legacy tests from HARS.
manufacturer	The manufacturer of the test (applicable to viral load tests only).	1-Bayer 2-Organon Teknika 3-Roche	**Y**	Optional
provider_uid	The identifier of the provider who ordered the test.		**N**	SYSTEM
receive_dt	The date the lab that performed the test received the specimen from either a healthcare provider or another laboratory.		**Y**	Optional
result	The result value.	Numeric value or POS, NEG, IND	**Y**	Required when entering a lab test
result_interpretation	An interpretation of the lab result. For viral load tests, values include: within range = below range (limit) < above range (limit) >	within range = below range (limit) < above range (limit) >	**Y**	Recommended
result_range	The reference range or detection limit for viral load, or the optical density for STARHS.		**Y**	Optional
result_rpt_dt	The date the test result		**Y**	Optional

	was reported or processed at the lab.			
result_units	The reported units.	CNT or PCT (for CD4 tests)	Y	Required when entering a CD4 test
sample_dt	The date the specimen was collected.		Y	Required when entering a lab test
sample_id	An identifier used to distinguish samples; may be specimen number or ID.		N	Optional
specimen	The type of specimen collected.	BLD-Blood OTH-Other SAL-Saliva UNK-Unknown URN-Urine	Y	Optional
starhs_sample_id	If this is a confirmatory test aliquoted for STARHS, the STARHS specimen ID.		Y	If loinc_cd=ST-001, ST-002, ST-003 then this variable is REQUIRED
type	The type of viral load test.	1-Nucleic Acid Sequence-based Amplification 2-NucliSens 3-Standard Assay 4-Ultrasensitive 5-Version 2 6-Version 3	Y	Required

OTHER VARIABLES (OBSERVATION table)

Variable Id	Description	Valid Data Element Values	Tx	Required/ Optional
1	Report status		Y	Optional
6	If HIV laboratory tests were not documented, is HIV diagnosis documented by a physician?	Y-Yes N-No U-Unknown	Y	Required if laboratory test not documented
7	Date patient was confirmed by a physician as HIV infected		Y	Required if lab test not documented and physician diagnosis
8	Entered age at HIV diagnosis (years)		Y	Optional
9	Entered age at AIDS diagnosis (years)		Y	Optional
10	Clinical record reviewed	Y-Yes N-No U-Unknown	Y	Optional
11	Date patient was diagnosed as asymptomatic		Y	Optional

12	Date patient was diagnosed as symptomatic			Y	Optional
13	HARS Legacy - Other facility type at AIDS diagnosis (specify)			Y	Optional
14	Has patient been informed of his/her HIV infection?	Y-Yes N-No U-Unknown		Y	Optional
15	By whom patient's partners will be notified and counseled about their HIV exposure	PATIENT_NOTIFIER		Y	Optional
16	Is patient receiving or has patient been referred for medical services?	Y-Yes N-No U-Unknown		Y	Optional
17	Is patient receiving or has patient been referred for substance abuse treatment services?	Y-Yes N-No A-N/A U-Unknown		Y	Optional
23	Patient is receiving or has been referred for OB-GYN services	Y-Yes N-No U-Unknown		Y	Optional
24	Is patient currently pregnant?	Y-Yes N-No U-Unknown		Y	Required
25	Has patient delivered live-born infant?	Y-Yes N-No U-Unknown		Y	Optional
39	Date of last medical evaluation			Y	Optional
40	Date of initial evaluation for HIV infection			Y	Optional
41	Was reason for initial HIV evaluation due to clinical signs/symptoms?	Y-Yes N-No U-Unknown		Y	Optional
42	Date of mother's first HIV positive test			Y	Optional

43	Was mother counseled about HIV testing during this pregnancy, labor, or delivery?	Y-Yes N-No U-Unknown	**Y**	Optional
44	Does patient have a prior disqualifying immunodeficiency?	Y-Yes N-No U-Unknown	**Y**	Optional
45	Is patient confirmed by a physician as not HIV infected?	Y-Yes N-No U-Unknown	**Y**	Optional
46	Date patient confirmed by physician as not HIV infected		**Y**	Optional
47	Is child's birth history available?	Y-Yes N-No U-Unknown	**Y**	Optional
48	Entered diagnostic status at report	DIAGNOSTIC_STATUS	**Y**	Optional
58	HARS Legacy - Mother's type of coagulation disorder	1=Hemophilia A 2=Hemophilia B 8=Other disorder	**Y**	Optional
74	HARS Legacy - Was mother diagnosed with HIV/AIDS?	Y-Yes N-No U-Unknown	**Y**	Optional
75	HARS Legacy - Was mother diagnosed with HIV/AIDS prior to child's birth?	Y-Yes N-No U-Unknown	**Y**	Optional
76	Has child received neonatal zidovudine?	Y-Yes N-No U-Unknown	**Y**	Optional
77	Date neonatal zidovudine started		**Y**	Optional
78	Has child received other neonatal anti-retroviral therapy?	Y-Yes N-No U-Unknown	**Y**	Optional
79	Date other neonatal anti-retroviral therapy started		**Y**	Optional

80	Type of other neonatal anti-retroviral therapy (specify)	See eHARS Drug list in TRG or BIRTH HISTORY table	**Y**	Optional
81	Has patient received anti-retroviral therapy?	Y-Yes N-No U-Unknown	**Y**	Optional
82	Date child's anti-retroviral therapy started		**Y**	Optional
83	Has patient received PCP prophylaxis?	Y-Yes N-No U-Unknown	**Y**	Optional
84	Date PCP prophylaxis started		**Y**	Optional
86	Is patient enrolled in government/other clinical trial?	PATIENT_ENROLLED_TRIAL	**Y**	Optional
87	Is patient enrolled at clinic?	PATIENT_ENROLLED_CLINIC	**Y**	Optional
89	Child's primary caretaker	CARETAKER	**Y**	Optional
114	Entered age at HIV diagnosis (months)		**Y**	Optional
115	Entered age at AIDS diagnosis (months)		**Y**	Optional
220	Primary source of reimbursement for medical treatment at time of AIDS diagnosis	INSURANCE_TYPE	**Y**	Optional
221	Primary source of reimbursement for medical treatment at time of HIV diagnosis	INSURANCE_TYPE	**Y**	Optional

Opportunistic Infections (OI) table14884701

Column Name	Description	Valid Data Element Values	Tx	Required/Optional
document_uid	An identifier for a document.		**Y**	SYSTEM
dx	A code indicating if the diagnosis was presumptive or definitive.	D-Definitive P-Presumptive	**Y**	Optional

dx_dt	The date the AIDS defining condition was diagnosed.		Y	Optional
oi_cd	A code indicating a person's AIDS defining conditions.	AD01- Bacterial infection, multiple or recurrent (including Salmonella septicemia) AD02-Candidiasis, bronchi, trachea, or lungs AD03-Candidiasis, esophageal AD04-Carcinoma, invasive cervical AD05-Coccidioidomycosis, disseminated or extrapulmonary AD06-Cryptococcosis, extrapulmonary AD07-Cryptosporidiosis, chronic intestinal (>1 mo. duration) AD08-Cytomegalovirus disease (other than in liver, spleen, or nodes) AD09-Cytomegalovirus retinitis (with loss of vision) AD10-HIV encephalopathy AD11 -Herpes simplex: chronic ulcer(s) (>1 mo. duration) or bronchitis, pneumonitis, or esophagitis AD12-Histoplasmosis, disseminated or extrapulmonary AD13-Isosporiasis, chronic intestinal (>1 mo. duration) AD14-Kaposi's sarcoma AD15-Lymphoid interstitial pneumonia and/or pulmonary lymphoid AD16-Lymphoma, Burkitts (or equivalent term) AD17-Lymphoma, immunoblastic (or equivalent term) AD18-Lymphoma, primary in brain AD19 -Mycobacterium avium complex or M. kansasii, disseminated or extrapulmonary AD20-Child has been diagnosed with pulmonary tuberculosis AD21-M. tuberculosis, disseminated or extrapulmonary AD22 -Mycobacterium, of other species or unidentified species, disseminated or extrapulmonary AD23-Pneumocystis carinii pneumonia AD24-Pneumonia, recurrent, in 12 mo. period AD25-Progressive multifocal leukoencephalopathy AD26-Salmonella septicemia, recurrent AD27-Toxoplasmosis of brain, onset at >1 mo. of age AD28-Wasting syndrome due to HIV	Y	Optional
oi_seq	Sequence identifier for a person's AIDS defining conditions.		Y	SYSTEM

PERSON table14884701

Column Name	Description	Valid Data Element Values	Tx	Required/Optional
birth_country_cd	A code indicating the person's country of birth.	ISO Country Codes	Y	Optional

birth_country_usd	A code indicating the specific U.S. dependency of birth.	FIPS US Dependency codes	Y	Optional
birth_sex	The person's biological sex at birth, as noted on the birth certificate.	M-Male F-Female U-Unknown	Y	Required
current_gender	The person's current gender or psychosocial construct that most people use to classify a person as male, female, both, or neither. When eHARS is first installed and configured, the state determines whether or not this field is displayed.	CD-Cross Dresser DQ-Drag Queen F-Female FM-Female to Male I-Intersexed M-Male MF-Male to Female SM-She Male	Y	Optional
current_sex	Physiological anatomy and biology that determines if someone is male, female, or intersexed. At installation, the state determines whether or not this field is displayed.	F - Female I - Intersexed M - Male	Y	Optional
dob	The first known date of birth.		Y	Required
dob_alias	The second known or alias date of birth.		Y	Optional
document_uid	An identifier for a document.		Y	SYSTEM
education	The person's educational attainment (optional field).	1 - 8th grade or less 2 - Some high school 3 - High school graduate, GED or equivalent 4 - Some college 5 - College degree 6 - Post-graduate work 7 - Some school, level unknown 9 - Unknown	N	Optional
ethnicity1	Indicates if the person is of Hispanic or Latino origin. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.	E1-Hispanic/Latino E2-Not Hispanic/Latino UNK-Unknown	Y	Required
ethnicity2	Indicates if the person is of Hispanic or Latino origin. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.	See eHARS TRG for list of ethnicity (i.e., Cuban)	Y	Optional
hars_race	For legacy HARS data, a read-only field indicating the person's race code entered in HARS previous to v6.0 (prior to implementation of *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity* [http://www.whitehouse.gov/omb/fedreg/ombdir15.html]).	4- Asian/Pacific Islander	Y	LEGACY HARS
hars_xrace	HARS expanded race.	See eHARS TRG.	Y	LEGACY HARS
hcw	Is this person a healthcare worker? (optional field)	Y-Yes N-No U-Unknown	N	Optional
hcw_occup	Occupation, if healthcare worker (optional field).	1-Physician 2-Surgeon/OBGYN 3-Dentist 4-Nurse 5-Health aide	Y	Optional

		6-Paramedic (EMT) 7-Technician - Clinical Lab 8-Technician - Dialysis 9-Technician - Surgical 10-Embalmer 11-Technician - Other 12-Respiratory Therapist 13-Acupuncturist 14-Therapist - Other 15-Pharmacist 16-Dietician 17-Maintenance Worker 18-Social Service Worker 19-Administrative Worker 20-Technician - Non-clinical Lab 21-Law Enforcement 22-Fire Fighter 88-Other		
marital_status	The person's marital status.	A - Married and separated D - Divorced M - Married N - Not otherwise specified O - Other S - Single and never married U - Unknown W - Widowed	**N**	Optional
race1	Indicates the person's race.	R1-American Indian/Alaskan Native R2-Asian R3-Black R4-Native Hawaiian/Other Pacific Islander R5-White UNK- Unknown Detailed races available in eHARS TRG	**Y, only the race codes listed**	Required
race2	Indicates the person's race.	R1-American Indian/Alaskan Native R2-Asian R3-Black R4-Native Hawaiian/Other Pacific Islander R5-White UNK- Unknown Detailed races available in eHARS TRG	**Y**	Required
race3	Indicates the person's race.	R1-American Indian/Alaskan Native R2-Asian R3-Black R4-Native Hawaiian/Other Pacific Islander R5-White UNK- Unknown Detailed races available in eHARS TRG	**Y**	Required
race4	Indicates the person's race.	R1-American Indian/Alaskan Native R2-Asian R3-Black R4-Native Hawaiian/Other Pacific Islander R5-White UNK- Unknown Detailed races available in eHARS TRG	**Y**	Required
race5	Indicates the person's race.	R1-American Indian/Alaskan Native R2-Asian R3-Black	**Y**	Required

Column Name	Description	Valid Data Element Values	Tx	Required/Optional
		R4-Native Hawaiian/Other Pacific Islander R5-White UNK- Unknown Detailed races available in eHARS TRG		
vital_status	Indicates the person's vital status at time form was completed—alive, dead, or unknown.	A-Alive D-Dead U-Unknown	**Y**	Required

PERSON_NAME table14884701

Column Name	Description	Valid Data Element Values	Tx	Required/Optional
document_uid	An identifier for a document.		**Y**	SYSTEM
first_name	The person's first name.		**N**	Required
first_name_sndx	The person's first name in a Soundex format.		**N**	Optional
last_name	The person's last name. For hyphenated or last names containing two words, the standard is as follows: Smith Jones.		**N**	Required
last_name_sndx	The person's last name in a Soundex format.		**Y**	Required
middle_name	The person's middle name.		**N**	Optional
name_prefix	The person's name prefix.		**N**	Optional
name_suffix	The person's name suffix.		**N**	Optional
name_use_cd	A code indicating the type of name being used, such as Maiden or Birth. The default value is Legal.	AL-Alias BR-Birth C-License CL-Call Me D-Display I-Indian/Tribal L-Legal M-Maiden MD-Married PR-Professional R-Religious RE-Record CUR-Current	**Y**	Optional

Duplicate Review (RIDR) table14884701

Participating in de-duplication activities is a program requirement; these data allow the removal of duplicates from the national dataset and an evaluation of duplicate reporting and de-duplication activities.

Column Name	Description	Valid Data Element Values	Tx	Document Source
comments	Notes or comments pertaining to the duplicate status information entered for this person.		N	Optional
document_uid	An identifier for the ACRF or PCRF.		Y	SYSTEM
duplicate_status	The status of the duplicate review, such as Pending or Same As.	1-Same As 2-Different Than 3-Pending	Y	Required if case identified as potential duplicate
ehars_uid	An identifier for a person.		Y	SYSTEM
last_verify_dt	The date when the status of the duplicate review was last verified.		Y	Optional
state_cd	The postal code of the state.	State Postal Code list, see eHARS TRG	Y	Required if case identified as potential duplicate
stateno	The stateno identifier.		Y	Required if case identified as potential duplicate
verify_by	The person who reviewed the duplicate status entry.		Y	Optional

RISK table14884701

It is required to collect all risk factors a person might have.

Column Name	Description	Valid Data Element Values	Tx	Required/Optional	dataset
cophi_status	Code indicating the COPHI investigation status, if applicable.	1 - Open, under investigation 2 - Closed, confirmed COPHI 3 - Closed, investigated, not confirmed 4 - Closed, not a COPHI 9 - Unknown	Y	Optional	
detail	Captures detailed information about risk factor—the type of clotting factor a person had or his or her occupation, if occupational exposure. Also stores NIR type information: 1 = user entered, 2 = system assigned.		Y	Optional	
document_uid	An identifier for a document.		Y	SYSTEM	
resolution_dt	The date the COPHI investigation was resolved.		Y	Optional	
R01	Sex with male	Y-Yes N-No 2- CDC Confirmed (Where applicable) 9-Unknown		Required	
R02	Sex with female	See above (R01)		Required	

R03	Injected non-prescription drugs	See above (R01)		Required
R04	Received clotting factor for hemophilia/coagulation disorder	See above (R01)		Required
R05	Heterosexual contact with intravenous/injection drug user	See above (R01)		Required
R06	Heterosexual contact with bisexual male	See above (R01)		Required
R07	Heterosexual contact with person with hemophilia/coagulation disorder	See above (R01)		Required
R08	Heterosexual contact with transfusion recipient with documented HIV infection	See above (R01)		Required
R09	Heterosexual contact with transplant recipient with documented HIV infection	See above (R01)		Required
R10	Heterosexual contact with person with AIDS or documented HIV infection, risk not specified	See above (R01)		Required
R11	Received transfusion of blood/blood components (other than clotting factor)	See above (R01)		Required
R12	Received transplant of tissue/organs or artificial insemination	See above (R01)		Required
R13	Worked in a health care or clinical laboratory setting	See above (R01)		Required
R14	Sexual contact with male	See above (R01)		Required
R15	Sexual contact with female	See above (R01)		Required
R16	Child's biological mother's infection status	See above (R01)		Required
R17	Perinatally acquired HIV infection	See above (R01)		Required
R18	Injected non-prescription drugs	See above (R01)		Required
R19	Heterosexual contact with intravenous/injection drug user	See above (R01)		Required
R20	Heterosexual contact with bisexual male	See above (R01)		Required
R21	Heterosexual contact with male with hemophilia/coagulation disorder	See above (R01)		Required
R22	Heterosexual contact with transfusion recipient with documented HIV infection	See above (R01)		Required
R23	Heterosexual contact with transplant recipient with documented HIV infection	See above (R01)		Required
R24	Heterosexual contact with male with AIDS or documented HIV infection, risk not specified	See above (R01)		Required
R25	Received transfusion of blood/blood components (other than clotting factor)	See above (R01)		Required
R26	Received transplant or tissue/organs or artificial insemination	See above (R01)		Required
R27	Injected non-prescription drugs	See above (R01)		Required
R30	Received clotting factor for hemophilia/coagulation disorder (LEGACY)	See above (R01)		Required
R32	Received clotting factor for hemophilia/coagulation disorder (LEGACY)	See above (R01)		Required
R33	Received clotting factor for hemophilia/coagulation disorder	See above (R01)		Required
R34	Received transfusion of blood/blood components (other than clotting factor)	See above (R01)		Required
R35	Received transplant of tissue/organs	See above (R01)		Required
R40	Other documented risk	See above (R01)		Required
R41	Other documented risk	See above (R01)		Required
R80	No identified risk factor (NIR)	See above (R01)		Optional
R81	No identified risk factor (NIR)	See above (R01)		Optional
trans_first_dt	If patient received transfusion of blood/blood components, the first date the patient received transfusion. **Note**: For user entered NIR (No Identified Risk), the date entered is stored in this field.		Y	Required
trans_last_dt	If patient received transfusion of blood/blood components, the last date the patient received transfusion. **Note**: When the system identifies NIR, the system date is stored in this field.		Y	Required

SYSTEM CALCULATED VARIABLES (CALC_OBSERVATION)

These variables are calculated by the system from values entered in other variables.

Calc_Obs Uid	Description	Valid Data Element Values	Tx	Required/Optional
217	Old race	1 - White, not Hispanic 2 - Black, not Hispanic 3 - Hispanic 4 - Asian/Pacific Islander 5 - American Indian/Alaska Native 9 - Unknown	Y	SYSTEM
218	Race	1 - Hispanic, All races 2 - Not Hispanic, American Indian/Alaska Native 3 - Not Hispanic, Asian 4 - Not Hispanic, Black 5 - Not Hispanic, Native Hawaiian/Pacific Islander 6 - Not Hispanic, White 7 - Not Hispanic, Legacy Asian/Pacific Islander 8 - Not Hispanic, Multi-race 9 - Unknown	Y	SYSTEM
219	Earliest date the first document was entered into the system		Y	SYSTEM
220	Earliest date the first document was received at the health department		Y	SYSTEM
221	Transmission category	1-Male sexual contact with other male (MSM) 2-Injection drug use (nonprescription) (IDU) 3-Male sexual contact with other male and injection drug use (MSM+IDU) 4-Adult received clotting factor for hemophilia/coagulation disorder 5-Heterosexual contact 6 -Adult received transfusion of blood/blood components, transplant of organ/tissue, or artificial insemination 7 -Perinatal exposure with HIV infection first diagnosed at age 13 years or older 8-Adult with other confirmed risk 9-Adult with No Identified Risk (NIR) 10-Adult with No Reported Risk (NRR) 11-Child received clotting factor for hemophilia/coagulation disorder 12-Perinatal exposure 13 -Child received transfusion of blood/blood components or transplant of organ/tissue 18-Child with other confirmed risk 19-Child with No Identified Risk	Y	SYSTEM

		(NIR) 20-Child with No Reported Risk (NRR) 99-Risk factors selected with no age at diagnosis		
222	Expanded transmission category	1-Male sexual contact with other male (MSM) 2-Injection drug use (nonprescription) (IDU) 3-Male sexual contact with other male and injection drug use (MSM & IDU) 4-Adult received clotting factor for hemophilia/coagulation disorder 5-Heterosexual contact with IDU 6-Heterosexual contact with male who had sexual contact with other male 7-Heterosexual contact with person with hemophilia 10-Heterosexual contact with blood transfusion/transplant recipient with documented HIV infection 11-Heterosexual contact with person with AIDS or documented HIV infection, risk not specified 13-Adult received transfusion of blood/blood components, transplant of organ/tissue, or artificial insemination 14-Adult with undetermined transmission category 15-Child received clotting factor for hemophilia/coagulation disorder 16-Perinatal exposure, mother had injection drug use 17-Perinatal exposure, mother had heterosexual contact with IDU 18-Perinatal exposure, mother had heterosexual contact with bisexual male 19-Perinatal exposure, mother had heterosexual contact with person with hemophilia 22-Perinatal exposure, mother had heterosexual contact with blood transfusion/transplant recipient with documented HIV infection 23-Perinatal exposure, mother had heterosexual contact with male with AIDS or documented HIV infection, risk not specified 24-Perinatal exposure, mother received transfusion of blood/blood components, transplant of organ/tissue, or artificial insemination 25-Perinatal exposure, mother with documented HIV infection 26-Child received transfusion of blood/blood components or transplant of organ/tissue 27-Child with undetermined transmission category 28-Child with other confirmed risk 88-Adult with other confirmed risk 99-Risk factors selected with no age at diagnosis	Y	SYSTEM

#	Field	Values		Column
223	Exposure category	1-MSM only 2-IDU only 3-Heterosexual contact only 4-MSM & IDU 5-IDU & Heterosexual contact 6-MSM & Heterosexual contact 7-MSM & IDU & Heterosexual contact 8-Perinatal exposure 9-Other 10-No Identified Risk (NIR) 11-No Reported Risk (NRR)	Y	SYSTEM
224	Date of first positive HIV test result or doctor diagnosis of HIV		Y	SYSTEM
225	Type of first evidence of HIV infection (positive HIV test result or doctor diagnosis of HIV)	1 - Lab test 2 - Physician diagnosis	Y	SYSTEM
226	First CD4 or viral load test result date after HIV diagnosis		Y	SYSTEM
227	Type of first test after HIV diagnosis (CD4 or viral load)	1 - CD4 2 - Viral load	Y	SYSTEM
228	Most recent test result date		Y	SYSTEM
229	Most recent test type		Y	SYSTEM
230	Most recent test result value		Y	SYSTEM
231	First positive HIV screening test result date		Y	SYSTEM
232	Most recent HIV screening test result value		Y	SYSTEM
233	Most recent HIV screening test result date		Y	SYSTEM
234	Last negative before first positive HIV screening test result date		Y	SYSTEM
235	Overall HIV screening test result value		Y	SYSTEM
236	Overall HIV screening test result date		Y	SYSTEM
237	First positive HIV antibody confirmatory test result date		Y	SYSTEM
238	Most recent HIV antibody confirmatory test result value		Y	SYSTEM
239	Most recent HIV antibody confirmatory test result date		Y	SYSTEM
240	Last negative before first positive HIV antibody confirmatory test result date		Y	SYSTEM
241	Overall HIV antibody confirmatory test result value		Y	SYSTEM
242	Overall HIV antibody confirmatory test result date		Y	SYSTEM
243	First detectable viral load test result date		Y	SYSTEM

244	First detectable viral load test result value (copies/ml)	Y	SYSTEM
245	Most recent viral load test result value (copies/ml)	Y	SYSTEM
246	Most recent viral load test result date	Y	SYSTEM
247	Last non-detectable viral load test result date	Y	SYSTEM
248	First CD4 count test result < 200 value	Y	SYSTEM
249	First CD4 count test result < 200 date	Y	SYSTEM
250	First CD4 percent test result < 14 value	Y	SYSTEM
251	First CD4 percent test result < 14 date	Y	SYSTEM
252	First CD4 count < 200 or percent < 14 test result date	Y	SYSTEM
253	First CD4 count test result < 350 value	Y	SYSTEM
254	First CD4 count test result < 350 date	Y	SYSTEM
255	Most recent CD4 count test result value	Y	SYSTEM
256	Most recent CD4 count test result date	Y	SYSTEM
257	Most recent CD4 percent test result value	Y	SYSTEM
258	Most recent CD4 percent test result date	Y	SYSTEM
259	Most recent CD4 test result (count or percent) date	Y	SYSTEM
260	First CD4 test result value after HIV diagnosis	Y	SYSTEM
261	First CD4 test result date after HIV diagnosis	Y	SYSTEM
262	Lowest CD4 count test result value	Y	SYSTEM
263	Lowest CD4 count test result date	Y	SYSTEM
264	Lowest CD4 percent test result value	Y	SYSTEM
265	Lowest CD4 percent test result date	Y	SYSTEM
266	First positive viral DNA test result date	Y	SYSTEM
267	Most recent viral DNA test result value	Y	SYSTEM

268	Most recent viral DNA test result date		Y	SYSTEM
269	Last negative before first positive viral DNA test result date		Y	SYSTEM
270	First positive HIV antigen test result date		Y	SYSTEM
271	First positive HIV culture test result date		Y	SYSTEM
272	HIV case definition category	1 - HIV positive, definitive 2 - HIV positive, presumptive 3 - HIV indeterminate 4 - HIV negative, definitive 5 - HIV negative, presumptive 8 - Pending confirmation 9 - Unknown	Y	SYSTEM
273	AIDS case definition category	7-AIDS case defined by immun ologic (CD4 count or percent) c riteria 9-Not an AIDS case A-AIDS case defined by clinical disease (OI) criteria	Y	SYSTEM
274	Age at HIV diagnosis (years)		Y	SYSTEM
275	Age at HIV diagnosis (months)		Y	SYSTEM
276	Age at AIDS diagnosis (years)		Y	SYSTEM
277	Age at AIDS diagnosis (months)		Y	SYSTEM
278	Age at HIV disease diagnosis (years)		Y	SYSTEM
279	Age at HIV disease diagnosis (months)		Y	SYSTEM
280	Date of the first condition classifying as AIDS based on the applicable AIDS case definition		Y	SYSTEM
281	Date of the first condition classifying as AIDS based on the current AIDS case definition		Y	SYSTEM
282	Date the first disease was diagnosed based on the 1993 expanded AIDS case definition		Y	SYSTEM
283	Date the first disease was diagnosed based on the pre-1993 expanded AIDS case definition		Y	SYSTEM
285	HIV disease diagnosis date		Y	SYSTEM
286	Class	A1-Asymptomatic, CD4 count > 500 or percent > 29% A2-Asymptomatic, CD4 count 200-499 or percent 14-28% A3-Asymptomatic, CD4 count < 200 or percent < 14% A9-Asymptomatic, unknown CD4 B1-Symptomatic, CD4 count > 500 or percent > 29% B2-Symptomatic, CD4 count 200-499 or percent 14-28% B3-Symptomatic, CD4 count < 200 or percent < 14%	Y	SYSTEM

		B9-Symptomatic, unknown CD4 C1-AIDS, CD4 count > 500 or percent > 29% C2-AIDS, CD4 count 200-499 or percent 14-28% C3-AIDS, CD4 count < 200 or percent < 14% C9-AIDS, unknown CD4 X1-Unknown clinical category, CD4 count > 500 or percent > 29% X2-Unknown clinical category, CD4 count 200-499 or percent 14-28% X3-Unknown clinical category, CD4 count < 200 or percent < 14% X9-Unknown clinical category, unknown CD4		
287	Diagnostic status	1 - Adult HIV 2 - Adult AIDS 3 - Perinatal HIV exposure 4 - Pediatric HIV 5 - Pediatric AIDS 6 - Pediatric seroreverter 9 - Unknown	Y	SYSTEM
288	Date reported as HIV positive		Y	SYSTEM
289	Date reported as not infected with HIV (seroreverters)		Y	SYSTEM
290	Date reported as perinatal exposure		Y	SYSTEM
291	Date reported as AIDS (non-immunologic)		Y	SYSTEM
292	Date reported as AIDS (immunologic)		Y	SYSTEM
293	Date reported as AIDS (earliest)		Y	SYSTEM
294	Date reported as HIV disease		Y	SYSTEM
295	Disease progression category (report date)		Y	SYSTEM
296	Disease progression category (diagnosis date)		Y	SYSTEM
297	Meets CDC case definition for HIV (not AIDS)	Y-Yes N-No	Y	SYSTEM
298	Meets CDC case definition for AIDS	Y-Yes N-No	Y	SYSTEM
299	Meets CDC case definition for HIV disease	Y-Yes N-No	Y	SYSTEM
300	Meets CDC eligibility for HIV (not AIDS)	Y-Yes N-No	Y	SYSTEM
301	Meets CDC eligibility for AIDS	Y-Yes N-No	Y	SYSTEM
302	Meets CDC eligibility for HIV disease	Y-Yes N-No	Y	SYSTEM

				Y	SYSTEM
303	Age at death (years)			Y	SYSTEM
304	Age at death (months)			Y	SYSTEM
305	Date death reported				