

Attachment 6

MASTER Legacy to

NEDSS Spreadsheet.xls

1. Introduction

This document provides the specification to accomplish the conversion of the disease-specific Public Health Cases from a legacy surveillance system, such as NETSS or other application, to a generic format called the Generic Public Health Case schema. The Public Health Case is mapped from a Generic Public Health Case format into a NEDSS format and stored in the NEDSS system.

2. Public Health Case Mapping Tables

These worksheets provide the database mappings from the Generic Public Health Case elements to the NEDSS attribute where each element will be stored. The tables also contain the NETSS mapping information where applicable. Since the NEDSS system contains many more attributes than were collected in NETSS, there are many additional Generic Public Health Case elements that are not associated with a NETSS variable. State Departments of Health that have added their own non-NETSS variable to their surveillance system. The state migration team may discover that their variable maps to one of these additional elements.

- **NETSS Variable Name:** A mnemonic identifier for the attribute in the NETSS record for core data and each disease-specific screen.
- **XML Variable Name:** The Generic Public Health Case schema element name.
- **NETSS Description/Code as Applicable** – Description and codes used in the NETSS field.
- **NEDSS Unique ID and Short Name:** A unique identifier for an attribute (i.e. HEP108) and a descriptive name for the attribute. NOTE: The name of the code set (i.e. 1110) in the system reference table that all values should adhere to. For example, if the SRT is 1110 then the value has to be Yes, No or Unknown or it is invalid. Note: There is a separate document that maps legacy codeset values to NEDSS SRT values.
- **CDS Table/Column:** The table and column that specifies where to look in the CDS or NEDSS database for the NEDSS element
- **Metadata / Comments:** “Data about the data” and additional comments to assist the mapping process. Not all data maps cleanly. There may be considerations to decide upon with a few element-mapping values.

This mapping reference is a guide. It is ultimately the decision of the State Health Department to map their existing legacy data.

Fields that Have no Corresponding Attribute in NEDSS

Fields that cannot be mapped to the NEDSS application can be stored as State Defined Fields, which are referred to as DMDFs. These dynamic fields can be mapped to existing LDFs (locally defined fields) or existing CDFs (CDC defined fields).

Sometimes individual coded values have no home in NEDSS. For example, ‘Unknown’ is not a valid value for Outbreak Indicator in NEDSS. The values ‘Yes’ and ‘No’ can be sent in the associatedWithOutbreak XML element. If the state wants to capture that the user selected ‘Unknown’ then an LDF has to be created with a name such as “Unknown Selected for Outbreak” and populated with Yes (or ‘Unknown’ from NETSS could be mapped to ‘Yes’ or ‘No’ in NEDSS).

Fields that are not in NETSS

Fields that are not in NETSS are greyed out. They may currently exist in state-specific extended screens in NETSS. Often these extended fields have a place to map to in NEDSS. Review the greyed out items to see if an element definition matches the state-specific extended field.

Green highlight indicates a NETSS field that is not migrated. See Comments for an explanation.

Yellow highlight indicates a difference in the way NETSS question is asked compared to the question in the NEDSS Base System.

Navy Blue on the Codes tabs indicates that the NETSS field is not a coded value and does not have applicable codes.

NETSS TO NEDSS CORE DATA ELEMENTS

| NETSS Entry Screen Order | NETSS Variable Name | XML Schema Definition | XML Variable | NETSS Description/Codes as Applicable | NEDSS Unique ID and Short Name | SRT | NEDSS Description | ODS Table.column | Metadata/ Comments |
|--------------------------|---------------------|-----------------------|----------------------------------|--|--------------------------------|------------|--|-----------------------------------|--|
| | | | address2 | | DEM161 Street Address2 | | Line 2 of the address label | Postal_locator.street_addr2 | |
| | | | censusTrackCd | | | | | Postal_locator.census_track_cd | |
| 5 | ADDRESS | address: | address1 | | DEM159 Street Address1 | | Line 1 of the address label | Postal_locator.street_addr1 | |
| 13 | AGE | person: | ageAtTimeOfIllness | Age of patient. | DEM118 Patient Reported Age | | The patient's reported age at the time of the event. | Person.age_reported | |
| 14 | AGETYPE | person: | personAgeUnit | Indicates the units (years, months, etc.) for the AGE field. AGETYPE code and associated AGE values: 0 = Years (0-120) 1 = Months (0-11) 2 = Weeks (0-52) 3 = Days (0-28) 4 = Census coded (i.e. age groups) 999 = Unknown | DEM_119 Age Reported Unit Code | AGE_UNIT | Units for reported age. | Person.age_reported_unit_cd | |
| 12 | BIRTHDATE | person: | birthDate | Patient birth date. | DEM115 Birth Time | | Reported date of birth of subject. | Person.birth_time | |
| 20 | CASECOUNT | gi: | groupCaseCountForSummary | Number of cases reported in current record. | INV164 Case Group Case Count | | The number of cases being reported in a single record (>=1). | Public_health_case.group_case_cnt | Count is always = 1 for Individual Records and >= 1 for Summary Records. |
| 6 | CITY | address: | city | | DEM161 City | | City of residence of case patient or entity | Postal_locator.city_desc_txt | |
| 7 | COUNTY | | countyName | Name of County | DEM165 County | | The county of residence of the case patient or entity | Postal_locator.cnty_cd | |
| 8 | COUNTYCODE | address: | | Standard FIPS code for reporting county (Unknown = 999). | | | | | COUNTYCODE is not migrated. The county name is migrated instead. |
| 9 | DISTRICT | | regionOrDistrict | District of residence at time of diagnosis | N/A | | Only available in reports | Postal_locator.region_district_cd | |
| 16 | ETHNIC | person: | ethnicGroup | 1=Yes, Hispanic 2=No, not Hispanic 9=Unknown | DEM155 | P_ETHN_GRP | Patient Hispanic indicator | Person.ethnic_group_ind | NETSS "Unknown" will be added in the DM script. |
| 19 | EVENT | gi: | conditionName | 5-digit event (disease) code for the case being reported. | INV170 Condition Name | | Textual description of the condition or disease for which the investigation is based (e.g. Measles). | Public_health_case.cd_desc_txt | |
| 21 | EVENTDATE | | See Event Date/Date Type Mapping | | | | | | |
| 18 | EVENTNAME | | | | | | | | EVENTNAME is not migrated. The event code is migrated and transformed into the event name during the migration process. |
| 22 | EVENTTYPE | | | | | | | | EVENTTYPE is not migrated. The EVENTDATE is migrated to the appropriate NEDSS element depending on the value of EVENTTYPE. |
| 4 | FIRST | name: | firstName | | DEM104 First Name | | Person (patient's) first name | Person_name.first_nm | |
| 1 | ID | gi: | stateCaseID | Unique case identifier as assigned by the state. | INV173 State Case ID | | States use this field to link NEDSS (NETSS) investigations back to their own state investigations. | PHC's Act_id.root_extension_txt | Required Field for NEDSS. This should be the NETSS ID. |

NETSS TO NEDSS CORE DATA ELEMENTS

| | | | | | | | | | |
|----|------------|----------|----------------------|---|------------------------------------|----------------------------|---|--|--|
| 28 | IMPORTED | gi: | whereDiseaseAcquired | | INV152 Case Disease Imported Code | PHC_IMPRT | Where disease was acquired. | Public_health_case.disease_imported_cd | |
| 3 | LASTNAME | name: | lastName | | DEM102 Last Name | | Person (patient's) last name | Person_name.last_nm | |
| 24 | MMWRWK | gi: | mmwrWeek | MMWR Week of Report, 1-52 (53). | INV165 MMWR Week | | MMWR Week for which case information is to be counted for MMWR publication. | Public_health_case.MMWR_week | Required Field for NEDSS. |
| 27 | OTHERDATA | gi: | generalComments | General Comments | INV167 General Comments | | General Comments | Public_health_case.txt | |
| 23 | OUTBREAKAS | gi: | outbreakNameOrCode | Number 1 to 998 999 = unknown | INV151 Outbreak Name | OUTBREAK_NM (Not enforced) | Name of outbreak | Public_health_case.outbreak_nm | Outbreak name will be migrated according to state-specific requirements. In NETTS, this field is a state-assigned number between 1 and 998 that represents an Outbreak for a certain year. |
| 15 | RACE | person: | race | 1-Native American 2-Asian/Pacific Islander 3-Afro American 5-White 9-Unknown | DEM152 Race Category Code | P_RACE_CAT | Reported race | Person_race.race_category_cd | |
| 10 | REGION | | regionOrDistrict | Region of residence at time of diagnosis | N/A | | Only available in reports | Postal_locator.region_district_cd | Data will be available in the database, but will not be displayed on the screen. |
| 26 | REPORTED | ldf: | ldfPHCReported | | N/A | | N/A | LDF | This field is being mapped to an LDF because its original mapping (to either INV1`20 or INV121) conflicts with EVENTTYPE 4 or 5, which were also mapped to INV120 or INV121. |
| 17 | SEX | person: | currentSex | 1 = Male 2 = Female 9 = Unknown | DEM113 Current Sex Code | SEX | Person's current sex. | Person.curr_sex_cd | |
| 29 | STATUS | gi: | caseStatus | Values: 1 = Confirmed 2 = Probable 3 = Suspect 9 = Unknown | INV163 Case Status | PHC_CLASS | Indication of the level of certainty regarding whether a person has a disease/ condition. | Public_health_case.case_class_cd | Required field in NEDSS. |
| 2 | UPDATED | gi: | caseLastUpdatedDate | | N/A | | Last change to Person | PersonDT.as_of_date_admin | |
| 25 | YR | gi: | mmwrYear | Year (2-digits) for which case information reported to CDC. | INV166 MMWR Year | | MMWR Year (YYYY) for which case information is to be counted for MMWR publication. | Public_health_case.MMWR_year | Required Field for NEDSS. |
| 11 | ZIPCODE | address: | zip | Standard FIPS code for reporting county (Unknown = 999). | DEM163 Zip Code | | The zip code of residence of the case patient or entity. | Postal_locator.zip_cd | |
| | | | state | | DEM162 State Code | | State | Postal_locator.state_cd | |
| | | | importedCountry | | INV153 Imported Country | | The Country in which the disease was likely acquired. | Obs_value_coded.code | |
| | | | importedState | | INV154 Imported State | | The State in which the disease was likely acquired. | Obs_value_coded.code | |
| | | | importedCity | | INV155 Imported City | | The City in which the disease was likely acquired. | Obs_value_txt.value_txt | |
| | | | ImportedCounty | | INV156 Imported County | | The County in which the disease was likely acquired. | Obs_value_coded.code | |
| | | | dateAssignedToCase | | INV110 Investigation Date Assigned | | Date the investigator was assigned to this investigation. | Participation.from_time | |

NETSS TO NEDSS CORE DATA ELEMENTS

| | | | | | | | | | |
|--|--|--|------------------------|--|---------------------------------------|------------|--|--|--|
| | | | investigationStatus | | INV109 Case Investigation Status Code | | The status of the investigation. For example, open or closed. Either O or C in database. | | States will be able to set a value (in the properties file) for the number of days until Investigation Status will be automatically set to "Closed" during the DM process (the default is set to '0'). |
| | | | shareRecordIndicator | | INV174 Shared Indicator | YN | This field indicates whether or not this record should be shared with all users who have guest privileges for the program area/jurisdiction. | Public_health_case.shared_ind | |
| | | | associatedWithOutbreak | | INV150 Case Outbreak Indicator | YNU | Denotes whether the reported case was associated with an identified outbreak. | Public_health_case.outbreak_ind | |
| | | | detectionMethod | | INV159 | PHC_DET_MT | Investigation Detection Method | Public_health_case.detection_method_cd | |
| | | | transmissionMode | | INV157 Transmission Method | PHC_TRAN_M | Investigation Transmission Mode | Public_health_case.transmission_mode_cd | |
| | | | confirmationMethod | | INV161 Confirmation Method | PHC_CONF_M | Confirmation Method | Confirmation_method.confirmation_method_cd | This is a multi-select field. |
| | | | confirmationDate | | INV162 Confirmation Date | | Date of Confirmation | Confirmation_method.confirmation_method_time | |
| | | | didThePatientDie | | INV145 | YNU | Indicates if person is alive or dead. | Obsv_value_coded | |
| | | | caseOutcome | | INV171 | YNU | Did the patient die as a result of this illness/event? Indicates disposition of subject of the report | Public_health_case.outcome_cd | |
| | | | wasPatientHospitalized | Was the patient hospitalized? | INV128 | YNU | Was patient admitted to hospital? | Obsv_value_coded | |
| | | | durationOfStay | Duration of stay at the hospital. | INV134 | | Duration of stay at the hospital for the condition covered by the investigation. | Obs_value_numeric.numeric_value_1 | |
| | | | admissionDate | | INV132 | | Hospital admission date. | Obs_value_date.from_time | |
| | | | dischargeDate | | INV133 | | Hospital discharge date. | Obs_value_date.from_time | |
| | | | associatedWithDayCare | | INV148 | YNU | Subject associated with day care. | Obs_value_coded.cd_desc_txt | |
| | | | foodWorker | | INV149 | YNU | Subject works in food industry. | Obs_value_coded.cd_desc_txt | Any condition other than Hep A (10110) |
| | | | pregnancyStatus | Was the patient pregnant at the time of illness? | INV178 | YNU | Indicates if the patient is pregnant | Obs_value_coded.cd_desc_txt | |

| NETSS VARIABLE | CONTEXT OF CODE (SHORT NETSS QUESTION) | NETSS ORIGINAL VALUE | NETSS CODE DESCRIPTION | NETSS COMMENTS | SRT_TABLE_NM | CODE_SET_NM | CODE | CODE_DESC_TXT | CODE_SHORT_DESC_TXT | NEDSS COMMENTS | NETSS - NEDSS DISCREPANCY |
|----------------|---|-------------------------------|---|----------------|--------------------|-------------|---------|--|---------------------|---|---|
| EVENT | Event code for condition being migrated | Various | N/A | | CONDITION_CODE | PHC_TYPE | Various | | | | Migration will be based on event code. |
| AGETYPE | Years | 0 | Years | | CODE_VALUE_GENERAL | AGE_UNIT | Y | Years | Years | | |
| AGETYPE | Months | 1 | Months | | CODE_VALUE_GENERAL | AGE_UNIT | M | Months | | | |
| AGETYPE | Weeks | 2 | Weeks | | CODE_VALUE_GENERAL | AGE_UNIT | W | Weeks | Weeks | | |
| AGETYPE | Days | 3 | Days | | CODE_VALUE_GENERAL | AGE_UNIT | D | Days | Days | | |
| AGETYPE | Census coded | 4 | Census coded | | CODE_VALUE_GENERAL | AGE_UNIT | | | | | Not direct matching in NEDSS for this code. |
| AGETYPE | Unknown | 9 | Unknown | | CODE_VALUE_GENERAL | AGE_UNIT | | | | | Not direct matching in NEDSS for this code. |
| SEX | Male | M | Male | | CODE_VALUE_GENERAL | SEX | M | Male | Male | | |
| SEX | Female | F | Female | | CODE_VALUE_GENERAL | SEX | F | Female | Female | | |
| SEX | Unknown | U | Unknown | | CODE_VALUE_GENERAL | SEX | U | Unknown | Unknown | | |
| RACE | Native American | N | Native American | | RACE_CODE | P_RACE | | | | | |
| RACE | Asian Pacific | A | Asian Pacific | | RACE_CODE | P_RACE | | 2028-9=Asian 2076-8=Native Hawaiian or Other Pacific Islander | | | No direct mapping. Options are listed. What should be done? |
| RACE | Black | B | Black | | RACE_CODE | P_RACE | | 2056-0 | | | |
| RACE | White | W | White | | RACE_CODE | P_RACE | | 2106-3 | | | |
| RACE | Other | O | Other | | RACE_CODE | P_RACE | | 2131-1 | | | |
| RACE | Unknown | U | Unknown | | RACE_CODE | P_RACE | | | | | No direct mapping. What should be done? |
| ETHNICITY | Hispanic | H | Hispanic | | CODE_VALUE_GENERAL | P_ETHN_GRP | | 2135-2 | | | |
| ETHNICITY | Not Hispanic | N | Not Hispanic | | CODE_VALUE_GENERAL | P_ETHN_GRP | | 2186-5 | | | |
| ETHNICITY | Unknown | U | Unknown | | CODE_VALUE_GENERAL | P_ETHN_GRP | | | | | Not direct matching in NEDSS for this code. |
| DATETYPE | See EventDate-Date Type Sheet | See EventDate-Date Type Sheet | | | | | | | | | |
| STATUS | Confirmed | 1 | Confirmed | | CODE_VALUE_GENERAL | PHC_CLASS | C | A health condition as confirmed according to a public health case definition. | Confirmed | | |
| STATUS | Probable | 2 | Probable | | CODE_VALUE_GENERAL | PHC_CLASS | P | A health condition that meets the criteria to qualify the condition as probable | Probable | | |
| STATUS | Suspect | 3 | Suspect | | CODE_VALUE_GENERAL | PHC_CLASS | S | A health condition that meets the criteria to qualify the condition as suspect a | Suspect | | |
| STATUS | Unknown | 9 | Unknown | | CODE_VALUE_GENERAL | PHC_CLASS | U | Unknown | Unknown | | |
| IMPORTED | Indigenous | 1 | Acquired in USA in reporting state | | CODE_VALUE_GENERAL | PHC_IMPRT | IND | Indigenous, within jurisdiction | Indigenous | | |
| IMPORTED | International | 2 | Acquired outside the USA | | CODE_VALUE_GENERAL | PHC_IMPRT | OOO | Out of country | Out of country | | |
| IMPORTED | Out of State | 3 | Acquired in USA but outside reporting state | | CODE_VALUE_GENERAL | PHC_IMPRT | OOJ | Out of jurisdiction, from another jurisdiction | Out of jurisdiction | | |
| IMPORTED | Unknown | 9 | Unknown | | CODE_VALUE_GENERAL | PHC_IMPRT | UNK | Unknown | Unknown | | |
| OUTBREAKASSOC | Outbreak Associated | 1 through 998 | Case is outbreak associated- a numerical value may be assigned to an outbreak | | CODE_VALUE_GENERAL | YNU | Y | Yes | | We need to be careful with this element as some states have entered a 1 for "Outbreak Associated" and a 2 for a "Not Associated with an Outbreak" case | |
| OUTBREAKASSOC | Not Associated with an Outbreak | 0 or No Entry | Case is not outbreak associated | | CODE_VALUE_GENERAL | YNU | N | No | | We need to be careful with this element as some states have entered a 1 for "Outbreak Associated" and a 2 for a "Not Associated with an Outbreak" case | |
| OUTBREAKASSOC | Unknown | 999 | Unknown | | CODE_VALUE_GENERAL | YNU | U | Unknown | | | |

EVENTDATE-DATETYPE

| NETSS Variable Name | XML Variable | NETSS Description/Codes as Applicable | NEDSS Unique ID and Short Name | SRT | NEDSS Description | ODS Table.column | Metadata/ Comments |
|-----------------------------|------------------------------|---|--|-----|---|--|--------------------|
| EVENTDATE: EVENTTYPE = 1 | illnessOnsetDate | EVENTTYPE = 1 Onset Date | INV137 Date of Onset Illness | | Date of the beginning of illness. | Public_health_case.effective_from_time | |
| EVENTDATE: EVENTTYPE = 2 | diagnosisDate | EVENTTYPE = 2 Diagnosis Date | INV136 Diagnosis Date | | Date of diagnosis of condition being reported to public health system. | Public_health_case.diagnosis_time | |
| EVENTDATE: EVENTTYPE = 3 | dateOfReport | EVENTTYPE = 3 Lab Test Date | INV111 Investigation Date of Report | | | Public_health_case.rpt_frm_cmpl_time | |
| EVENTDATE: EVENTTYPE = 4 | earliestDateReportedToCounty | EVENTTYPE = 4 Reported to County (or date of first report to community health system) | INV120 Date First Reported local public health dept (county). | | Date the case was first reported to a local public health department. | Public_health_case.rpt_to_county_time | |
| EVENTDATE: EVENTTYPE = 5 | earliestDateReportedToState | EVENTTYPE = 5 Reported to State or MMWR Report Date | INV121 Date First Reported to the state health dept. | | Date the case was first reported to the state health department. | Public_health_case.rpt_to_state_time | |
| EVENTDATE: EVENTTYPE = 9 | caseStartDate | EVENTTYPE = 9 Unknown | INV147 Investigation Start Date | | | Public_health_case.activity_from_time | |

HEPATITIS

Attachment 6

| Mapping Guide Order | NETSS Entry Screen Order | NETSS Variable Name | NETSS Section Instructions from UI (if any) | NETSS Prompt from UI | NETSS Description, Context, or Full Question (Data Entry Instructions) | NETSS Description/Codes as Applicable | XML Schema Definition |
|---------------------|--------------------------|---------------------|--|----------------------|---|--|-----------------------|
| | 33 | ACUPUNCT | During the 6 weeks to 6 months prior to illness, | Acupuncture | ...did the patient have acupuncture? | Did the patient have acupuncture? 1. Yes 2. No 9. Unknown | Idf: |
| 59 | 38 | ANTIBODY | During the 6 weeks to 6 months prior to illness, | Antibody Test | ...AND was the patient tested for antibody within 1 - 6 months after the last dose? | AND was the patient tested for antibody within 1-6 months after the last dose? 1. Yes 2. No 9. Unknown | hepatitis: |
| 22 | 8 | ANTIHDV | | Anti-HDV | Antibody to Delta | Antibody to Delta. 1. Positive 2. Negative 9. Not Tested | hepatitis: |
| 26 | 12 | ATYPE | During the 2 to 6 weeks prior to illness, | Type Contact | ...if yes [to CONTACTA] then what was the type of contact? | If yes, type of contact. 1. Sexual 2. Household 3. Other 9. Unknown | hepatitis: |
| 37 | 22 | BLOOD | During the 6 weeks to 6 months prior to illness, | Blood Contact | ...if yes [to MEDEMP], degree of blood contact? | If yes, degree of blood contact: 1. Frequent 2. Infrequent 9. Unknown | hepatitis: |
| 37 | 22 | BLOOD | During the 6 weeks to 6 months prior to illness, | Blood Contact | ...if yes [to MEDEMP], degree of blood contact? | If yes, degree of blood contact: 1. Frequent 2. Infrequent 9. Unknown | hepatitis: |
| 38 | 22 | BLOOD | During the 6 weeks to 6 months prior to illness, | Blood Contact | ...if yes [to MEDEMP], degree of blood contact? | If yes, degree of blood contact: 1. Frequent 2. Infrequent 9. Unknown | hepatitis: |
| 34 | 20 | BTYPE | During the 6 weeks to 6 months prior to illness, | Type Contact | ...if yes [to CONTACTB] then what was the type of contact? | If yes, type of contact. 1. Sexual 2. Household 3. Other 9. Unknown | hepatitis: |

HEPATITIS

Attachment 6

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| 57 | 36 | BVACCINE | During the 6 weeks to 6 months prior to illness, | HB Vaccine | ...has the patient received the 3-dose series of Hepatitis B | Has this patient ever received the 3-dose series of Hepatitis B vaccine? 1. Yes 2. No 9. Unknown | hepatitis: |
| 25 | 11 | CONTACTA | During the 2 to 6 weeks prior to illness, | Hep A Contact | ...was the patient a contact of a confirmed or suspected Hepatitis A case? | Was the pt. a contact of a confirmed or suspected Hep. A case? 1. Yes 2. No 9. Unknown | hepatitis: |
| 33 | 19 | CONTACTB | During the 6 weeks to 6 months prior to illness, | NA NB Contact | ...was the patient a contact of a confirmed or suspected acute or chronic Hep B or non-A, non-B case? | Was the pt. a contact of a confirmed or suspected acute or chronic Hep. B or non-A, non-B case? 1. Yes 2. No 9. Unknown | hepatitis: |
| 2 | 1 | DATEDX | NOT FOR CHRONIC CASES OR CARRIERS (Entire File) | Date Dx | Date of Diagnosis in MM/DD/YYYY format. | Date of diagnosis in MM/DD/YY format. | gi: |
| 23 | 9 | DAYCARE1 | During the 2 to 6 weeks prior to illness, | In Day Care | ...was the patient a child or employee in a nursery, day care center, or preschool? | Was the patient a child or employee in a nursery, day care center, or preschool? 1. Yes 2. No 9. Unknown | hepatitis: |
| 23 | 9 | DAYCARE1 | During the 2 to 6 weeks prior to illness, | In Day Care | ...was the patient a child or employee in a nursery, day care center, or preschool? | Was the patient a child or employee in a nursery, day care center, or preschool? 1. Yes 2. No 9. Unknown | N/A |
| 23 | 9 | DAYCARE1 | During the 2 to 6 weeks prior to illness, | In Day Care | ...was the patient a child or employee in a nursery, day care center, or preschool? | Was the patient a child or employee in a nursery, day care center, or preschool? 1. Yes 2. No 9. Unknown | N/A |
| 24 | 10 | DAYCARE2 | During the 2 to 6 weeks prior to illness, | DC Contact | ...was the patient a household contact, contact of a child, or employee in a nursery, day care center, or preschool? | Was the patient a household contact, contact of a child, or employee in a nursery, day care center, or preschool? 1. Yes 2. No 9. Unknown | hepatitis: |

HEPATITIS

Attachment 6

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|----|----|----------|---|-----------------|--|---|------------|
| 24 | 10 | DAYCARE2 | During the 2 to 6 weeks prior to illness, | DC Contact | ...was the patient a household contact, contact of a child, or employee in a nursery, day care center, or preschool? | Was the patient a household contact, contact of a child, or employee in a nursery, day care center, or preschool? 1. Yes 2. No 9. Unknown | N/A |
| 24 | 10 | DAYCARE2 | During the 2 to 6 weeks prior to illness, | DC Contact | ...was the patient a household contact, contact of a child, or employee in a nursery, day care center, or preschool? | Was the patient a household contact, contact of a child, or employee in a nursery, day care center, or preschool? 1. Yes 2. No 9. Unknown | N/A |
| 20 | 6 | DEATH | | Death from Hep? | Did the patient die from hepatitis? | Did the patient die from hepatitis? 1. Yes 2. No 9. Unknown | hepatitis: |
| 52 | 31 | DENTAL | During the 6 weeks to 6 months prior to illness, | Dental Work | ...did the patient have dental work or oral surgery? | Did the patient have dental work or oral surgery? 1. Yes 2. No 9. Unknown | hepatitis: |
| 52 | 31 | DENTAL | During the 6 weeks to 6 months prior to illness, | Dental Work | ...did the patient have dental work or oral surgery? | Did the patient have dental work or oral surgery? 1. Yes 2. No 9. Unknown | hepatitis: |
| 52 | 31 | DENTAL | During the 6 weeks to 6 months prior to illness, | Dental Work | ...did the patient have dental work or oral surgery? | Did the patient have dental work or oral surgery? 1. Yes 2. No 9. Unknown | hepatitis: |
| 46 | 27 | DIALTYPE | During the 6 weeks to 6 months prior to illness, | Dialysis type | ...if the patient was associated with a dialysis or kidney transplant, the patient was: | Type of Dialysis Association? Patient Employee Contact of Patient or Employee | Idf: |
| 44 | 26 | DIALYSIS | During the 6 weeks to 6 months prior to illness, | Dialysis | ...was the patient associated with a dialysis or kidney transplant unit? | Was the patient associated with a dialysis or kidney transplant unit? 1. Yes 2. No 9. Unknown | hepatitis: |
| 44 | 26 | DIALYSIS | During the 6 weeks to 6 months prior to illness, | Dialysis | ...was the patient associated with a dialysis or kidney transplant unit? | Was the patient associated with a dialysis or kidney transplant unit? 1. Yes 2. No 9. Unknown | hepatitis: |
| 45 | 26 | DIALYSIS | During the 6 weeks to 6 months prior to illness, | Dialysis | ...was the patient associated with a dialysis or kidney transplant unit? | Was the patient associated with a dialysis or kidney transplant unit? 1. Yes 2. No 9. Unknown | hepatitis: |

HEPATITIS

Attachment 6

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| 45 | 26 | DIALYSIS | During the 6 weeks to 6 months prior to illness, | Dialysis | ...was the patient associated with a dialysis or kidney transplant unit? | Was the patient associated with a dialysis or kidney transplant unit? 1. Yes 2. No 9. Unknown | hepatitis: | |
| 47 | 28 | DRUGS | During the 6 weeks to 6 months prior to illness, | Street Drugs | ...did patient use needles for injection of street drugs? | Did pt. use needles for injection of street drugs? 1. Yes 2. No 9. Unknown | hepatitis: | |
| 48 | 28 | DRUGS | During the 6 weeks to 6 months prior to illness, | Street Drugs | ...did patient use needles for injection of street drugs? | Did pt. use needles for injection of street drugs? 1. Yes 2. No 9. Unknown | hepatitis: | |
| 49 | 28 | DRUGS | During the 6 weeks to 6 months prior to illness, | Street Drugs | ...did patient use needles for injection of street drugs? | Did pt. use needles for injection of street drugs? 1. Yes 2. No 9. Unknown | hepatitis: | |
| 32 | 18 | DURATION | During the 2 to 6 weeks prior to illness, | Duration | ...if yes [to TRAVEL], then what was the duration of stay? | Duration of stay. 1-3 Days 4-7 Days >7 Days 9. Unknown | Idf: | |
| | 22 | FREQ ties to HEP215 | | | | | | |
| | 22 | Frequency part of question | | | | | | |
| | 22 | Frequency part of question | | | | | | |

HEPATITIS

Attachment 6

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| 27 | 13 | HANDLER | During the 2 to 6 weeks prior to illness, | Food Handler | ...was the patient employed as a food handler? | Was the pt. employed as a food handler? 1. Yes 2. No 9. Unknown | hepatitis: |
| 27 | 13 | HANDLER | During the 2 to 6 weeks prior to illness, | Food Handler | ...was the patient employed as a food handler? | Was the pt. employed as a food handler? 1. Yes 2. No 9. Unknown | N/A |
| 27 | 13 | HANDLER | During the 2 to 6 weeks prior to illness, | Food Handler | ...was the patient employed as a food handler? | Was the pt. employed as a food handler? 1. Yes 2. No 9. Unknown | N/A |
| 14 | 5 | HBSAG | | HBsAG | Hepatitis B surface antigen | Hepatitis B surface antigen. 1. Positive 2. Negative 9. Not Tested | hepatitis: |
| 12 | 3 | HOSPFORHEP | | Hosp For Hep | Was the patient hospitalized for hepatitis? | Was the patient hospitalized for hepatitis? 1. Yes 2. No 9. Unknown | gi: |
| 13 | 4 | IGMHAV | | IgM Anti-HAV | IgM Hepatitis A antibody. | IgM Hepatitis A antibody. 1. Positive 2. Negative 9. Not Tested | hepatitis: |
| 21 | 7 | IGMHBC | | IgM Anti-HBc | IgM Hepatitis B core antigen. | IgM Hepatitis B core antigen. 1. Positive 2. Negative 9. Not Tested | hepatitis: |
| 11 | 2 | JAUNDICED | | Jaundiced? | Was the patient jaundiced? | Was the patient jaundiced? 1. Yes 2. No 9. Unknown | hepatitis: |
| 35 | 21 | MEDEMP | During the 6 weeks to 6 months prior to illness, | Med/Dent Work | ...was the patient employed in a medical, dental, or other field involving contact with human blood? | Was the pt. employed in a medical, dental or other field involving contact with human blood? 1. Yes 2. No 9. Unknown | N/A |
| 35 | 21 | MEDEMP | During the 6 weeks to 6 months prior to illness, | Med/Dent Work | ...was the patient employed in a medical, dental, or other field involving contact with human blood? | Was the pt. employed in a medical, dental or other field involving contact with human blood? 1. Yes 2. No 9. Unknown | hepatitis: |
| 36 | 21 | MEDEMP | During the 6 weeks to 6 months prior to illness, | Med/Dent Work | ...was the patient employed in a medical, dental, or other field involving contact with human blood? | Was the pt. employed in a medical, dental or other field involving contact with human blood? 1. Yes 2. No 9. nknown | hepatitis: |
| 36 | 21 | MEDEMP | During the 6 weeks to 6 months prior to illness, | Med/Dent Work | ...was the patient employed in a medical, dental, or other field involving contact with human blood? | Was the pt. employed in a medical, dental or other field involving contact with human blood? 1. Yes 2. No 9. nknown | hepatitis: |

HEPATITIS

Attachment 6

| | | | | | | | |
|----|----|----------|--|----------------|---|--|------------|
| 51 | 30 | NUMPART | During the 6 weeks to 6 months prior to illness, | Num Partner | ...how many different sex partners did the patient have? | How many different sex partners did the pt. have? 1. None 2. 1 3. 2-5 4. >5 9. Unk | Idf: |
| 51 | 30 | NUMPART | During the 6 weeks to 6 months prior to illness, | Num Partner | ...how many different sex partners did the patient have? | How many different sex partners did the pt. have? 1. None 2. 1 3. 2-5 4. >5 9. Unk | Idf: |
| 51 | 30 | NUMPART | During the 6 weeks to 6 months prior to illness, | Num Partner | ...how many different sex partners did the patient have? | How many different sex partners did the pt. have? 1. None 2. 1 3. 2-5 4. >5 9. Unk | Idf: |
| 29 | 15 | OUTBREAK | During the 2 to 6 weeks prior to illness, | Outbreak | ...was the patient suspected as being part of a common-source foodborne outbreak? | Was the pt. suspected as being part of a common-source foodborne outbreak? 1. Yes 2. No 9. Unknown | hepatitis: |
| 28 | 14 | RAWFISH | During the 2 to 6 weeks prior to illness, | Raw Shell Fish | ...did the patient eat raw shellfish? | Did the pt. eat raw shellfish? 1. Yes 2. No 9. Unknown | Idf: |
| 60 | 39 | RESULT | During the 6 weeks to 6 months prior to illness, | Test Result | ...if yes [to ANTIBODY], result of antibody test: | If Yes, result of antibody test: 1. Positive 2. Negative 9. Not Tested | hepatitis: |
| 50 | 29 | SEX PREF | During the 6 weeks to 6 months prior to illness, | Sex Pref | ...what was the patient's sexual preference? | What was the patient=s sexual preference? 1. Heterosexual 2. Homosexual 3. Bisexual 9. Unknown | Idf: |
| 56 | 35 | STICK | During the 6 weeks to 6 months prior to illness, | Needle Stick | ...did the patient have an accidental needle stick or other object contaminated with blood? | Did the patient have an accidental needle stick or other object contaminated with blood? 1. Yes 2. No 9. Unknown | N/A |

HEPATITIS

Attachment 6

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|----|----|---------|--|--------------|---|--|------------|
| 56 | 35 | STICK | During the 6 weeks to 6 months prior to illness, | Needle Stick | ...did the patient have an accidental needle stick or other object contaminated with blood? | Did the patient have an accidental needle stick or other object contaminated with blood? 1. Yes 2. No 9. Unknown | hepatitis: |
| 56 | 35 | STICK | During the 6 weeks to 6 months prior to illness, | Needle Stick | ...did the patient have an accidental needle stick or other object contaminated with blood? | Did the patient have an accidental needle stick or other object contaminated with blood? 1. Yes 2. No 9. Unknown | hepatitis: |
| 53 | 32 | SURGERY | During the 6 weeks to 6 months prior to illness, | Surgery | ...did the patient have other surgery (other than dental work or oral surgery)? | Did the patient have other surgery? 1. Yes 2. No 9. Unknown | N/A |
| 53 | 32 | SURGERY | During the 6 weeks to 6 months prior to illness, | Surgery | ...did the patient have other surgery (other than dental work or oral surgery)? | Did the patient have other surgery? 1. Yes 2. No 9. Unknown | hepatitis: |
| 53 | 32 | SURGERY | During the 6 weeks to 6 months prior to illness, | Surgery | ...did the patient have other surgery (other than dental work or oral surgery)? | Did the patient have other surgery? 1. Yes 2. No 9. Unknown | hepatitis: |
| 55 | 34 | TATTOO | During the 6 weeks to 6 months prior to illness, | Tattooing | ...did the patient have tattooing? | Did the patient have tattooing? 1. Yes 2. No 9. Unknown | N/A |
| 55 | 34 | TATTOO | During the 6 weeks to 6 months prior to illness, | Tattooing | ...did the patient have tattooing? | Did the patient have tattooing? 1. Yes 2. No 9. Unknown | hepatitis: |
| 55 | 34 | TATTOO | During the 6 weeks to 6 months prior to illness, | Tattooing | ...did the patient have tattooing? | Did the patient have tattooing? 1. Yes 2. No 9. Unknown | hepatitis: |
| 43 | 25 | TRANS | During the 6 weeks to 6 months prior to illness, | Trans To | ...if yes [to TRANSF], ending date of transfusion in MM/DD/YYYY format. | Ending Date of Transfusion in MM/DD/YY format. | ldf: |
| 39 | 23 | TRANSF | During the 6 weeks to 6 months prior to illness, | Transfusion | ...did the patient receive blood or blood products (transfusion)? | Did the pt. receive blood or blood products (transfusion)? 1. Yes 2. No 9. Unknown | N/A |
| 39 | 23 | TRANSF | During the 6 weeks to 6 months prior to illness, | Transfusion | ...did the patient receive blood or blood products (transfusion)? | Did the pt. receive blood or blood products (transfusion)? 1. Yes 2. No 9. Unknown | hepatitis: |

HEPATITIS

Attachment 6

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|----|----|------------|--|--------------|--|--|------------|
| 40 | 23 | TRANSF | During the 6 weeks to 6 months prior to illness, | Transfusion | ...did the patient receive blood or blood products (transfusion)? | Did the pt. receive blood or blood products (transfusion)? 1. Yes 2. No 9. Unknown | hepatitis: |
| 41 | 24 | TRANSFROM | During the 6 weeks to 6 months prior to illness, | Trans From | ...if yes [to TRANSF], beginning date of transfusion in MM/DD/YYYY format. | Beginning Date of Transfusion in MM/DD/YY format. | N/A |
| 41 | 24 | TRANSFROM | During the 6 weeks to 6 months prior to illness, | Trans From | ...if yes [to TRANSF], beginning date of transfusion in MM/DD/YYYY format. | Beginning Date of Transfusion in MM/DD/YY format. | hepatitis: |
| 42 | 24 | TRANSFROM | During the 6 weeks to 6 months prior to illness, | Trans From | ...if yes [to TRANSF], beginning date of transfusion in MM/DD/YYYY format. | Beginning Date of Transfusion in MM/DD/YY format. | hepatitis: |
| 30 | 16 | TRAVEL | During the 2 to 6 weeks prior to illness, | Travel | ...did the patient travel outside the US or Canada? | Did the pt. travel outside of the US or Canada? 1. Yes 2. No 9. Unknown | hepatitis: |
| 30 | 16 | TRAVEL | During the 2 to 6 weeks prior to illness, | Travel | ...did the patient travel outside the US or Canada? | Did the pt. travel outside of the US or Canada? 1. Yes 2. No 9. Unknown | N/A |
| 30 | 16 | TRAVEL | During the 2 to 6 weeks prior to illness, | Travel | ...did the patient travel outside the US or Canada? | Did the pt. travel outside of the US or Canada? 1. Yes 2. No 9. Unknown | N/A |
| 58 | 37 | VACCINEYEA | During the 6 weeks to 6 months prior to illness, | Vaccine Year | ...if yes [to BVACCINE], what year? | If yes, what year? Year of Vaccine (YY) | hepatitis: |
| 31 | 17 | WHERE | During the 2 to 6 weeks prior to illness, | Where | ...if yes [to TRAVEL] then where? | If so, where? 1. So. Central America (including Mexico) 2. Africa 3. Caribbean 4. Middle East 5. Asia/South Pacific 6. Australia/New Zealand 7. Other 9. Unknown | hepatitis: |
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HEPATITIS

Attachment 6

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HEPATITIS

| Mapping Guide Order | NETSS Entry Screen Order | XML Variable or LDF Unique Name | NEDSS Unique ID and Short Name | NEDSS Section Instructions from UI (if any) | NEDSS Prompt from UI |
|---------------------|--------------------------|--|----------------------------------|---|--|
| | 33 | IdfHepAcupunct | N/A | N/A | N/A |
| 59 | 38 | testedForAntibodyWithinOneToSixMonthsAfterLastResult | HEP190 BANTIBODY | Vaccine Information (section) | Was the patient tested for antibody to HBsAg (anti-HBs) within 1-2 months after the last dose? |
| 22 | 8 | antibodyToHepatitisDVirus | HEP119 ANTIHDV | Laboratory Diagnostic Tests | Antibody to hepatitis D virus [IgM anti-HDV] |
| 26 | 12 | typeOfContactOfConfirmedOrSuspectedHepA | HEP130 (HEP A only) | During the 2 to 6 WEEKS prior to onset of symptoms, was the patient... | If yes, type of contact: |
| 37 | 22 | patientWorkInvolveBloodContactFrequency | Not available in NEDSS for Hep A | During the 6 WEEKS to 6 MONTHS prior to onset of symptoms, did the patient... | Did the patient have other exposure to someone else's blood in the six weeks to six months before symptom onset? |
| 37 | 22 | patientWorkInvolveBloodContactFrequency | HEP168 (HEP B only) | During the 6 WEEKS to 6 MONTHS prior to onset of symptoms, did the patient... | Did the patient have other exposure to someone else's blood in the six weeks to six months before symptom onset? |
| 38 | 22 | patientWorkInvolveBloodContactFrequency | HEP200 (HEP C only) | During the 6 WEEKS to 6 MONTHS prior to onset of symptoms, did the patient... | Did the patient have other exposure to someone else's blood in the six weeks to six months before symptom onset? |
| 34 | 20 | typeOfContactOfConfirmedOrSuspectedHepB | HEP153 (HEP B Only) | During the 6 WEEKS to 6 MONTHS prior to onset of symptoms, was the patient... | If yes, type of contact: |

HEPATITIS

Attachment 6

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|----|----|---|--|---|--|
| 57 | 36 | patientReceiveThreeDoseSeriesHepBVaccine | HEP187 BVACCINE | Vaccine information (section) | Did the patient ever receive hepatitis B vaccine? The number of shots of hepatitis B vaccine that the patient received. |
| 25 | 11 | contactOfConfirmedOrSuspectedHepA | HEP129 (HEP A only) | During the 2 to 6 WEEKS prior to onset of symptoms, was the patient... | ...A contact of a person with confirmed or suspected hepatitis A virus infection? |
| 33 | 19 | contactOfConfirmedOrSuspectedHepB | HEP152 (HEP B Only) | During the 6 WEEKS to 6 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? |
| 2 | 1 | diagnosisDate | INV136 Diagnosis Date | Condition | Diagnosis date |
| 23 | 9 | childOrEmployeeOfDaycareNurseryOrPreschool | HEP132 (HEP A only) | During the 2 to 6 WEEKS prior to onset of symptoms, was the patient... | ...A child or employee in a daycare center, nursery, or preschool? |
| 23 | 9 | N/A | Not available in NEDSS for Hep B Acute | Not available in NEDSS for Hep B Acute | N/A |
| 23 | 9 | N/A | Not available in NEDSS for Hep C Acute | Not available in NEDSS for Hep C Acute | N/A |
| 24 | 10 | contactOfChildOrEmployeeOfDaycareNurseryOrPreschool | HEP133 (HEP A only) | During the 2 to 6 WEEKS prior to onset of symptoms, was the patient... | A household contact of a child or employee in a daycare center, nursery, or preschool? |

HEPATITIS

Attachment 6

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|----|----|--|--|--|---|
| 24 | 10 | N/A | Not available in NEDSS for Hep B Acute | Not available in NEDSS for Hep B Acute | N/A |
| 24 | 10 | N/A | Not available in NEDSS for Hep C Acute | Not available in NEDSS for Hep C Acute | N/A |
| 20 | 6 | didThePatientDieFromHepatitis | HEP108 DEATH | | Did the patient die from hepatitis? |
| 52 | 31 | patientHaveRecentDentalWorkOrOralSurgery | Not available in NEDSS for Hep A Acute | Not available in NEDSS for Hep A Acute | |
| 52 | 31 | patientHaveRecentDentalWorkOrOralSurgery | HEP177 (HEP B only) BDENTAL | During the 6 WEEKS to 6 MONTHS prior to onset of symptoms, did the patient... | Did the patient have dental work or oral surgery? |
| 52 | 31 | patientHaveRecentDentalWorkOrOralSurgery | HEP217 (HEP C only) CDENTAL | During the 2 WEEKS to 6 MONTHS prior to onset of symptoms did the patient | Did the patient have dental work or oral surgery? |
| 46 | 27 | IdfHepDIALTYPE | Not available in NEDSS | N/A | N/A |
| 44 | 26 | wasPatientAssociatedWithDialysisOrKidneyTransplant | Not available in NEDSS for Hep A Acute | Not available in NEDSS for Hep A Acute | |
| 44 | 26 | wasPatientAssociatedWithDialysisOrKidneyTransplant | HEP161 (HEP B Only) | During the 6 WEEKS to 6 MONTHS prior to onset of symptoms, did the patient... | Undergo hemodialysis? |
| 45 | 26 | wasPatientAssociatedWithDialysisOrKidneyTransplant | HEP211 (HEP C Only) | During the 2 WEEKS to 6 MONTHS prior to onset of symptoms did the patient | Undergo hemodialysis? |

HEPATITIS

Attachment 6

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|----|----|--|--|---|--|
| 45 | 26 | wasPatientAssociatedWithDialysisOrKidneyTransplant | HEP230 (Hep C Chronic) | | Was the patient ever on long term hemodialysis? |
| 47 | 28 | patientUseIntravenousStreetDrugs | HEP137 (HEP A only) | In the 2 to 6 WEEKS prior to onset of symptoms did the patient | Inject street drugs not prescribed by a doctor? |
| 48 | 28 | patientUseIntravenousStreetDrugs | HEP159 (HEP B only) | During the 6 WEEKS to 6 MONTHS prior to onset of symptoms, did the patient... | Inject street drugs not prescribed by a doctor? |
| 49 | 28 | patientUseIntravenousStreetDrugs | HEP209 (HEP C only) | During the 2 WEEKS to 6 MONTHS prior to onset of symptoms did the patient | Inject street drugs not prescribed by a doctor? |
| 32 | 18 | IdfHepDURATION | N/A | Not available in NEDSS | N/A |
| | 22 | | CFREQ2 should only be entered if CBLOOD = "Y" Use this mapping for Hep C only. | | If yes, frequency of direct blood contact: |
| | 22 | | BFREQ1 should only be entered if BMEDEMP = "Y" Use this mapping for Hep B only. | | If yes, frequency of direct blood contact: |
| | 22 | | CFREQ1 should only be entered if CMEDEMP = "Y" Use this mapping for Hep C only. | | If yes, frequency of direct blood contact: |

HEPATITIS

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|----|----|--|--|--|--|
| 27 | 13 | wasThePatientEmployedAsFoodHandlerDuringTwoWeeks | HEP146 (HEP A Only) | Was the patient employed as a food handler during the TWO WEEKS prior to onset of symptoms or while ill? | Is this patient a food handler? |
| | | N/A | N/A | Not available in NEDSS for Hep B Acute | N/A |
| 27 | 13 | N/A | N/A | Not available in NEDSS for Hep C Acute | N/A |
| 27 | 13 | hepatitisBSurfaceAntigen. | HEP112 HBSAG | Laboratory Diagnostic Tests | Hepatitis B surface antigen [HBsAG] |
| 14 | 5 | wasPatientHospitalized | INV128 Was the patient hospitalized as a result of this event? | (required for notification) | Was the patient hospitalized? |
| 12 | 3 | IgmAntibodyToHepatitisAVirus | HEP111 IGMHAV | Laboratory Diagnostic Tests | IgM antibody to hepatitis A virus [IgM anti-HAV] |
| 13 | 4 | IgmAntibodyToHepatitisB coreAntigen. | HEP114 IGMHBC | Laboratory Diagnostic Tests | IgM antibody to hepatitis B core antigen [IgM anti-HBc] |
| 21 | 7 | wasPatientJaundiced | HEP104 JAUNDICED | Condition | Was the patient jaundiced? |
| 11 | 2 | N/A | Not available in NEDSS for Hep A Acute | Not available in NEDSS for Hep A Acute | N/A |
| 35 | 21 | patientWorkInvolveBloodContact | HEP167 (HEP B only) | During the 6 WEEKS to 6 MONTHS prior to onset of symptoms, did the patient... | Was the patient employed in a medical or dental field involving direct contact with human blood? |
| 35 | 21 | patientWorkInvolveBloodContact | HEP199 (HEP C only) | During the 2 WEEKS to 6 MONTHS prior to onset of symptoms did the patient | 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? |
| 36 | 21 | patientWorkInvolveBloodContact | HEP238 (Hep C Chronic) | During the 2 WEEKS to 6 MONTHS prior to onset of symptoms did the patient | 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? |
| 36 | 21 | patientWorkInvolveBloodContact | HEP238 (Hep C Chronic) | During the 2 WEEKS to 6 MONTHS prior to onset of symptoms did the patient | 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? |

HEPATITIS

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|----|----|--|--|--|--|
| 51 | 30 | IdfHepNUMPART | N/A | N/A | (Drop-down lists for male and female partners as needed) |
| 51 | 30 | IdfHepNUMPART | N/A | N/A | (Drop-down lists for male and female partners as needed) |
| 51 | 30 | IdfHepNUMPART | N/A | N/A | (Drop-down lists for male and female partners as needed) |
| 29 | 15 | isThePatientSuspectedOfBeingPartOfCommonSourceOutbreak | HEP143 (HEP A only) | Epidemiologic (section of Generic Investigation) | Is the patient suspected as being part of a common-source outbreak? |
| 28 | 14 | IdfHepRAWFISH | N/A | | N/A |
| 60 | 39 | resultOfAntibodyTest | HEP191 BRESULT | Vaccine Information (section) | Was the serum anti-HBs >= 10ml U/ml? (Answer 'yes' if lab result reported as positive or reactive) |
| 50 | 29 | IdfHepSEXPREF | N/A | N/A | N/A |
| 56 | 35 | N/A | Not available in NEDSS for Hep A Acute | Not available in NEDSS for Hep A Acute | N/A |

HEPATITIS

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|----|----|--|--|---|---|
| 56 | 35 | patientHaveAccidentalNeedleStick | HEP162 (HEP B only) BSTICK | During the 6 WEEKS to 6 MONTHS prior to onset of symptoms, did the patient... | Did the patient have an accidental stick or puncture with a needle or other object contaminated with blood? |
| 56 | 35 | patientHaveAccidentalNeedleStick | HEP212 (HEP C only) CSTICK | During the 2 WEEKS to 6 MONTHS prior to onset of symptoms did the H69patient | Did the patient have an accidental stick or puncture with a needle or other object contaminated with blood? |
| 53 | 32 | N/A | Not available in NEDSS for Hep A Acute | Not available in NEDSS for Hep A Acute | N/A |
| 53 | 32 | patientHaveSurgeryOtherThanDentalWorkOrOralSurgery | HEP178 (HEP B only) BSURGERY | During the 6 WEEKS to 6 MONTHS prior to onset of symptoms, did the patient... | Did the patient have surgery? (other than oral surgery) |
| 53 | 32 | patientHaveSurgeryOtherThanDentalWorkOrOralSurgery | HEP218 (HEP C only) CSURGERY | During the 2 WEEKS to 6 MONTHS prior to onset of symptoms did the patient | Did the patient have surgery? (other than oral surgery) |
| 55 | 34 | N/A | Not available in NEDSS for Hep A Acute | Not available in NEDSS for Hep A Acute | N/A |
| 55 | 34 | patientHaveTattoo | HEP171 (HEP B only) BTATTOO | During the 6 WEEKS to 6 MONTHS prior to onset of symptoms, did the patient... | Did the patient receive a tatoo? |
| 55 | 34 | patientHaveTattoo | HEP203 (HEP C only) CTATTOO | During the 2 WEEKS to 6 MONTHS prior to onset of symptoms did the patient | Did the patient receive a tatoo? |
| 43 | 25 | ldfHepTRANS | N/A | N/A | N/A |
| 39 | 23 | N/A | Not available in NEDSS for Hep A Acute | Not available in NEDSS for Hep A Acute | N/A |
| 39 | 23 | patientReceiveBloodTransfusion | HEP163 (Hep B only) BTRANS | During the 6 WEEKS to 6 MONTHS prior to onset of symptoms, did the patient... | Receive blood or blood products [transfusion]? |

HEPATITIS

Attachment 6

| | | | | | |
|----|----|--|--|---|--|
| 40 | 23 | patientReceiveBloodTransfusion | HEP213 (HEP C Only) | During the 2 WEEKS to 6 MONTHS prior to onset of symptoms did the patient | Receive blood or blood products [transfusion]? |
| | | N/A | Not available in NEDSS for Hep A Acute | Not available in NEDSS for Hep A Acute | N/A |
| 41 | 24 | beginningDateOfTransfusion | HEP164 (Hep B only) | During the 6 WEEKS to 6 MONTHS prior to onset of symptoms, did the patient... | If yes, when: |
| 41 | 24 | beginningDateOfTransfusion | HEP214 (HEP C Only) | During the 2 WEEKS to 6 MONTHS prior to onset of symptoms did the patient | If yes, when: |
| 42 | 24 | patientTravelOutsideUSorCanada | HEP139 (HEP A Only) | In the 2 to 6 WEEKS prior to onset of symptoms did the patient... | ... Travel outside of the USA or Canada? |
| 30 | 16 | N/A | Not available in NEDSS for Hep B Acute | Not available in NEDSS for Hep B Acute | N/A |
| 30 | 16 | N/A | Not available in NEDSS for Hep C Acute | Not available in NEDSS for Hep C Acute | N/A |
| 30 | 16 | patientReceiveThreeDoseSeriesHepBVaccineYear | HEP189 BVACCINEYR | Vaccine Information (section) | In what year was the last shot received? |
| 58 | 37 | patientTravelOutsideUSorCanadaWhatCountry | HEP140 (HEP A Only) | The countries to which the patient traveled (outside of the U.S.A. or Canada) in the two to six weeks before symptom onset? | Where did they travel? |
| 31 | 17 | isPatientSymptomatic | HEP102 SYMPTOM | | |
| 3 | | symptomOnsetDate | HEP103 SYMTDT | | |
| 4 | | | | | |

HEPATITIS

Attachment 6

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|----|--------------------------------------|-------------------|--|--|
| 5 | altSgptResult | HEP121 ALTSGPT | | |
| 6 | altSgptUpperLimitNormal | HEP122 ALTSGPTUP | | |
| 7 | lastSgotResult | HEP123 ASTSGOT | | |
| 8 | lastSgotUpperLimitNormal | HEP124 ASTSGOTUP | | |
| 9 | lastResultDate | HEP126 ASTDT | | |
| 10 | totalAntibodyToHepatitisAVirus | HEP110 TOTANTIHAV | | |
| 15 | totalAntibodyToHepatitisBCoreAntigen | HEP113 TOTANTIHBC | | |
| 16 | antibodyToHepatitisCVirus | HEP115 ANTIHCV | | |
| 17 | antiHcvSignalToCutOffRatio | HEP116 ANTIHCVSIG | | |
| 18 | supplementalAntiHcvAssay | HEP117 SUPANTIHCV | | |
| 19 | hcvRna | HEP118 HCVRNA | | |

HEPATITIS

| Mapping Guide Order | NETSS Entry Screen Order | NEDSS Description (Full Question or Data Entry Instructions) From Page Specs. | SRT | Applicable Condition Code(s) | NEDSS Description | ADS Table.column |
|---------------------|--------------------------|---|-----------------|------------------------------|--|----------------------|
| | | N/A | N/A | N/A | N/A | LDF |
| | 33 | | | | | |
| 59 | 38 | Was the patient tested for antibody to HBsAg (anti-HBs) within 1-2 months after last dose? | YNU | 10100 | Was the patient tested for antibody to HBsAg (anti-HBs) within 1-2 months after the last dose? | Obs_value_coded.code |
| 22 | 8 | Antibody to hepatitis D virus [IgM anti-HDV] | PNU | All Hepatitis Conditions | Antibody to hepatitis D virus [anti-HDV] | Obs_value_coded.code |
| 26 | 12 | The type of contact the patient had with a person with confirmed or suspected hepatitis A virus infection during the two to six weeks prior to symptom onset. | H_CONTACT_TY | 10110 | The type of contact the patient had with a person with confirmed or suspected hepatitis A virus infection during the two to six weeks prior to symptom onset. | Obs_value_coded.code |
| 37 | 22 | Did the patient have other exposure to someone else's blood in the six weeks to six months before symptom onset? | H_BLDNCNTC_FREQ | 10100 | The patient's frequency of blood contact as an employee in a medical or dental field involving direct contact with human blood in the six weeks to six months before symptom onset. | Obs_value_coded.code |
| 37 | 22 | Did the patient have other exposure to someone else's blood in the six weeks to six months before symptom onset? | H_BLDNCNTC_FREQ | 10100 | The patient's frequency of blood contact as an employee in a medical or dental field involving direct contact with human blood in the six weeks to six months before symptom onset. | Obs_value_coded.code |
| 38 | 22 | Did the patient have other exposure to someone else's blood in the two weeks to six months before symptom onset? | H_BLDNCNTC_FREQ | 10101 | The patient's frequency of blood contact as an employee in a medical or dental field involving direct contact with human blood in the two weeks to six months before symptom onset. | |
| 34 | 20 | The type of contact the patient had with a person with confirmed or suspected acute or chronic hepatitis B virus infection during the six weeks to six months prior to symptom onset. | H_CONTACT_TY | 10100 (HEP B) | The type of contact the patient had with a person with confirmed or suspected acute or chronic <i>Hep.B</i> during the six weeks prior to symptom onset. | Obs_value_coded.code |

HEPATITIS

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|----|----|--|-----|--------------------------|--|-----------------------------------|
| 57 | 36 | Did the patient ever receive hepatitis B vaccine? The number of shots of hepatitis B vaccine that the patient received. | YNU | All Hep | Did the patient ever receive hepatitis B vaccine? | Obs_value_coded.code |
| 25 | 11 | 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? | YNU | 10110 | 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? | Obs_value_coded.code |
| 33 | 19 | During the six weeks to six months prior to symptom onset, was the patient a contact of a person with confirmed or suspected acute or chronic hepatitis B virus infection? | YNU | 10100 (HEP B) | 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 Hep.B? | Obs_value_coded.code |
| 2 | 1 | Date of diagnosis of condition being reported to public health system. | | All Hepatitis Conditions | Date of diagnosis of condition being reported to public health system. | Public_health_case.diagnosis_time |
| 23 | 9 | Was the patient a child or employee in a daycare center, nursery, or preschool during the 2 to 6 WEEKS prior to onset of symptoms? | YNU | 10110 | Was the patient a child or employee in day care center, nursery, or preschool? | Obs_value_coded.code |
| 23 | 9 | N/A | N/A | N/A | N/A | N/A |
| 23 | 9 | N/A | N/A | N/A | N/A | N/A |
| 24 | 10 | Was the patient a household contact of a child or employee in a daycare center, nursery, or preschool during the 2 to 6 WEEKS prior to onset of symptoms? | YNU | 10110 | Was the patient a household contact of a child or employee in a day care center, nursery, or preschool? | Obs_value_coded.code |

HEPATITIS

| | | | | | | |
|----|----|---|-----|--------------------------|---|--|
| 24 | 10 | N/A | N/A | N/A | N/A | N/A |
| 24 | 10 | N/A | N/A | N/A | N/A | N/A |
| 20 | 6 | Did the patient died from hepatitis? | YNU | All Hepatitis Conditions | Did the patient die from hepatitis? | Public_health_case.outcome_cd |
| 52 | 31 | | YNU | | Did the patient have dental work or oral surgery in the six weeks to six months before symptom onset? | Obs_value_coded.code Only if HEP B Otherwise, send as LDF. |
| 52 | 31 | Did the patient have dental work or oral surgery in the six weeks to six months before symptom onset? | YNU | 10100 | Did the patient have dental work or oral surgery in the six weeks to six months before symptom onset? | Obs_value_coded.code Only if HEP B Otherwise, send as LDF. |
| 52 | 31 | Did the patient have dental work or oral surgery in the two weeks to six months before symptom onset? | YNU | 10101 | Did the patient have dental work or oral surgery in the six weeks to six months before symptom onset? | Obs_value_coded.code Only if HEP B Otherwise, send as LDF. |
| 46 | 27 | N/A | N/A | Any Hepatitis condition | N/A | LDF |
| 44 | 26 | | YNU | | Did the patient undergo hemodialysis in the six weeks to six months before symptom onset? | Obs_value_coded.code |
| 44 | 26 | Did the patient undergo hemodialysis in the six weeks to six months before symptom onset? | YNU | 10100, Hep B acute | Did the patient undergo hemodialysis in the six weeks to six months before symptom onset? | Obs_value_coded.code |
| 45 | 26 | Did the patient undergo hemodialysis in the two weeks to six months before symptom onset? | YNU | 10101, Hep C acute | Did the patient undergo hemodialysis in the two weeks to six months before symptom onset? | Obs_value_coded.code |

| | | | | | | |
|----|----|---|-----|----------------------|--|----------------------|
| 45 | 26 | Was the patient ever on long term hemodialysis? | YNU | 10106, Hep C chronic | Did the patient undergo hemodialysis in the two weeks to six months before symptom onset? | Obs_value_coded.code |
| 47 | 28 | Did the patient inject street drugs in the two to six weeks before symptom onset? | YNU | 10110 | Did the patient inject street drugs not prescribed by a doctor in the two to six weeks before symptom onset? | Obs_value_coded.code |
| 48 | 28 | Did the patient inject street drugs not prescribed by a doctor in the six weeks to six months before symptom onset? | | 10100 | Did the patient inject drugs not prescribed by a doctor in the six weeks to six months before symptom onset? | |
| 49 | 28 | Did the patient inject street drugs not prescribed by a doctor in the two weeks to six months before symptom onset? | | 10101 | Did the patient inject drugs not prescribed by a doctor in the two weeks to six months before symptom onset? | |
| 32 | 18 | N/A | | | N/A | LDF: |
| | 22 | 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. | | | | |
| | 22 | The patient's frequency of blood contact as a public safety worker (fire fighter, law enforcement, or correctional officer) having direct contact with human blood in the six weeks to six months before symptom onset. | | | | |
| | 22 | The patient's frequency of blood contact as an employee in a medical or dental field involving direct contact with human blood in the two weeks to six months before symptom onset. | | | | |

HEPATITIS

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|----|----|--|-----|--------------------------|---|----------------------|
| 27 | 13 | Indicates whether the subject of the investigation was food handler. | YNU | 10110 | Was the patient employed as a food handler during the two weeks prior to onset of symptoms or while ill? | Obs_value_coded.code |
| 27 | 13 | N/A | N/A | N/A | N/A | N/A |
| 27 | 13 | N/A | N/A | N/A | N/A | N/A |
| 14 | 5 | Hepatitis B surface antigen [HBsAG] | PNU | All Hepatitis Conditions | Hepatitis B surface antigen [HBsAg] | Obs_value_coded.code |
| 12 | 3 | Was the patient hospitalized as a result of this event? | YNU | All Hepatitis Conditions | Was the patient hospitalized as a result of this event? | Obs_value_coded.code |
| 13 | 4 | IgM antibody to hepatitis A virus [IgM anti-HAV] | PNU | All Hepatitis Conditions | IgM antibody to hepatitis A virus [IgM anti-HAV] | Obs_value_coded.code |
| 21 | 7 | IgM antibody to hepatitis B core antigen [IgM anti-HBc] | PNU | All Hepatitis Conditions | IgM antibody to hepatitis B core antigen [IgM anti-HBc] | Obs_value_coded.code |
| 11 | 2 | Was the patient jaundiced? | YNU | All Hepatitis Conditions | Was the patient jaundiced? | Obs_value_coded.code |
| 35 | 21 | N/A | N/A | N/A | N/A | N/A |
| 35 | 21 | 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? | YNU | 10100 | 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? | Obs_value_coded.code |
| 36 | 21 | 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? | YNU | 10101 | 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? | Obs_value_coded.code |
| 36 | 21 | 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? | YNU | | 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? | Obs_value_coded.code |

HEPATITIS

Attachment 6

| | | | | | | |
|----|----|---|-----|--------------------------|--|----------------------|
| 51 | 30 | The number of male sex partners the person had in the two to six weeks before symptom onset. The number of female sex partners the person had in the two to six weeks before symptom onset. | N/A | N/A | N/A | LDF |
| 51 | 30 | The number of male sex partners the person had in the two to six weeks before symptom onset. The number of female sex partners the person had in the two to six weeks before symptom onset. | N/A | N/A | N/A | LDF |
| 51 | 30 | The number of male sex partners the person had in the two to six weeks before symptom onset. The number of female sex partners the person had in the two to six weeks before symptom onset. | N/A | N/A | N/A | LDF |
| 29 | 15 | Is the patient suspected as being part of a common-source outbreak? | YNU | 10110 | Is the patient suspected as being part of a common-source outbreak? | Obs_value_coded.code |
| 28 | 14 | | N/A | All Hepatitis Conditions | N/A | |
| 60 | 39 | Was the serum anti-HBs >= 10mIU/ml? (answer 'Yes' if lab result reported was 'positive' or 'reactive') | YNU | 10100 | Was the serum anti-HBs >= 10ml U/ml? (Answer 'yes' if lab result reported as positive or reactive) | Obs_value_coded.code |
| 50 | 29 | N/A | N/A | N/A | N/A | N/A |
| 56 | 35 | N/A | N/A | N/A | N/A | N/A |

HEPATITIS

| | | | | | | |
|----|----|---|-----|--------------------------|---|----------------------|
| 56 | 35 | 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? | YNU | 10100 | 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? | Obs_value_coded.code |
| 56 | 35 | 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? | YNU | 10101 | 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? | Obs_value_coded.code |
| 53 | 32 | N/A | N/A | N/A | N/A | N/A |
| 53 | 32 | Did the patient have surgery (other than oral surgery) in the six weeks to six months before symptom onset? | YNU | 10100 | Did the patient have surgery (other than oral surgery) in the six weeks to six months before symptom onset? | Obs_value_coded.code |
| 53 | 32 | Did the patient have surgery (other than oral surgery) in the two weeks to six months before symptom onset? | YNU | 10101 | Did the patient have surgery (other than oral surgery) in the six weeks to six months before symptom onset? | Obs_value_coded.code |
| 55 | 34 | N/A | N/A | N/A | Did the patient receive a tattoo in the six weeks to six months before symptom onset? | Obs_value_coded.code |
| 55 | 34 | Did the patient receive a tatoos in the six weeks to six months before symptom onset? | YNU | 10100 | Did the patient receive a tattoo in the six weeks to six months before symptom onset? | Obs_value_coded.code |
| 55 | 34 | Did the patient receive a tatoos in the six weeks to six months before symptom onset? | YNU | 10101 | Did the patient receive a tattoo in the six weeks to six months before symptom onset? | Obs_value_coded.code |
| 43 | 25 | N/A | N/A | All Hepatitis Conditions | N/A | N/A |
| 39 | 23 | N/A | N/A | N/A | N/A | N/A |
| 39 | 23 | Did the patient receive blood or blood products (transfusion) in the six weeks to six months prior to symptom onset? | YNU | 10100 HEP B Acute | Did the patient receive blood or blood products (transfusion) in the six weeks to six months before symptom onset? | Obs_value_coded.code |

HEPATITIS

Attachment 6

| | | | | | | |
|----|----|---|-----------|--------------------------|---|---|
| 40 | 23 | Did the patient receive blood or blood products (transfusion) in the two weeks to six months before symptom onset? | YNU | 10101 Hep C Acute | Did the patient receive blood or blood products (transfusion) in the two weeks to six months before symptom onset? | Obs_value_coded.code |
| | | N/A | N/A | N/A | N/A | N/A |
| 41 | 24 | The date the patient received blood or blood products (transfusion) in the six weeks to six months before symptom onset. | | 10100 HEP B Acute | The date the patient received blood or blood products (transfusion) in the six weeks to six months before symptom onset | Obs_value_date.fromTime |
| 41 | 24 | The date the patient received blood or blood products (transfusion) in the six weeks to six months before symptom onset. | | 10101 Hep C Acute | The date the patient received blood or blood products (transfusion) in the two weeks to six months before symptom onset. | Obs_value_date.fromTime |
| 42 | 24 | The date the patient received blood or blood products (transfusion) in the two weeks to six months before symptom onset. | | 10101 Hep C Acute | The date the patient received blood or blood products (transfusion) in the two weeks to six months before symptom onset. | Obs_value_date.fromTime |
| 30 | 16 | Did the patient travel outside of the U.S.A. or Canada in the two to six weeks before symptom onset? | YNU | 10110 Hep A Acute | Did the patient travel outside of the U.S.A. or Canada in the two to six weeks before symptom onset? | Obs_value_coded.code |
| 30 | 16 | N/A | N/A | N/A | N/A | N/A |
| 30 | 16 | N/A | N/A | N/A | N/A | N/A |
| 30 | 16 | N/A | N/A | N/A | N/A | N/A |
| 58 | 37 | The year in which the patient received the last shot of hepatitis B vaccine. | | All Hep | The year in which the patient received the last shot of hepatitis B vaccine. | Obs_value_numeric.numeric_value_1 Only if HEP B |
| 31 | 17 | The countries to which the patient traveled (outside of the U.S.A. or Canada) in the two to six weeks before symptom onset? | PSL_CNTRY | All Hep | The countries to which the patient traveled (outside of the U.S.A. or Canada) in the two to six weeks before symptom onset? | |
| 3 | | | YNU | All Hepatitis Conditions | Is the patient symptomatic? | Obs_value_coded.code |
| 4 | | | | All Hepatitis Conditions | The onset date of symptoms | Public_health_case.effective_from_time |

HEPATITIS

Attachment 6

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|--|-----|--------------------------|--|---|
| | | All Hepatitis Conditions | ALT (SGPT) Result (include units) | Obs_value_numeric.numeric_value_1, .numericUnitCd |
| | | All Hepatitis Conditions | ALT (SGPT) Result Upper Limit Normal (include units) | Obs_value_numeric.numeric_value_1 |
| | | All Hepatitis Conditions | AST (SGOT) Result (include units) | Obs_value_numeric.numericUnitCd |
| | | All Hepatitis Conditions | AST (SGOT) Result Upper Limit Normal (include units) | Obs_value_numeric.numeric_value_1 |
| | | All Hepatitis Conditions | The date of the AST result | ObsValueDate.fromTime |
| | PNU | All Hepatitis Conditions | Total antibody to hepatitis A virus [total anti-HAV | Obs_value_coded.code |
| | PNU | All Hepatitis Conditions | Total antibody to hepatitis B core antigen [Total anti-HBc | Obs_value_coded.code |
| | PNU | All Hepatitis Conditions | Antibody to hepatitis C virus [anti-HCV] | Obs_value_coded.code |
| | | All Hepatitis Conditions | Antibody to hepatitis C virus [anti-HCV] | Obs_value_txt.value_txt |
| | PNU | All Hepatitis Conditions | Supplemental anti-HCV assay [e.g RIBA] | Obs_value_coded.code |
| | PNU | All Hepatitis Conditions | HCV RNA [e.g PCR] | Obs_value_coded.code |

| Mapping Guide Order | NETSS Entry Screen Order | Metadata/ Comments | Comments |
|---------------------|--------------------------|---|---|
| | 33 | NEDSS does not currently support this question. If State requires the data migrated, create a DMDF. | No NBS equivalent. Map as LDF. |
| 59 | 38 | | NETSS has this question under the "6 weeks to 6 months" heading, NEDSS does not limit the time. (Hep B Only case) |
| 22 | 8 | | Generic Hepatitis question |
| 26 | 12 | Data will be migrated to the database for all hepatitis conditions, but will only be displayed for hepatitis A. | Hepatitis A question only. This element will be treated as an LDF for any condition other than Hepatitis A. |
| 37 | 22 | Data will be migrated to the database for all hepatitis conditions, but will only be displayed for hepatitis B. | BLOOD should only be entered if MEDEMP = "Y"; <i>Use this mapping for Hep B only.</i> |
| 37 | 22 | Data will be migrated to the database for all hepatitis conditions, but will only be displayed for hepatitis B. | BLOOD should only be entered if MEDEMP = "Y"; <i>Use this mapping for Hep B only.</i> |
| 38 | 22 | Data will be migrated to the database for all hepatitis conditions, but will only be displayed for hepatitis C. | BLOOD should only be entered if MEDEMP = "Y"; <i>Use this mapping for Hep C only.</i> |
| 34 | 20 | Data will be migrated to the database for all hepatitis conditions, but will only be displayed for hepatitis B. | NEDSS has this question only on the page specs for hepatitis B. NETSS may answer this question for all hepatitis. Will be treated as LDF for any non-hep B cases. |

| | | | |
|----|----|---|--|
| 57 | 36 | Data will be migrated to the database for all hepatitis conditions, but will only be displayed for hepatitis B. | The question is not the same. NETSS asks about the "3 dose series", NEDSS asks "ever". A No answer to NETSS because only 2 of 3 doses received would give a Yes answer in NEDSS.? However, HEP188 asks "How many shots were received." |
| 25 | 11 | Data will be migrated to the database for all hepatitis conditions, but will only be displayed for hepatitis A. | Hepatitis A question only. This element will be treated as an LDF for any condition other than Hepatitis A. |
| 33 | 19 | Data will be migrated to the database for all hepatitis conditions, but will only be displayed for hepatitis B. | NEDSS has this question only on the page specs for hepatitis B. NETSS may answer this question for all hepatitis. Also, NETSS includes contact with Non-A/Non-B, and the NEDSS question does not. |
| 2 | 1 | | |
| 23 | 9 | Data will be migrated to the database for all hepatitis conditions, but will only be displayed for hepatitis A. | Hepatitis A question only |
| 23 | 9 | Data will be migrated to the database for all hepatitis conditions, but will only be displayed for hepatitis A. | NEDSS has this question only on the page specs for hepatitis A. NETSS asks this question for all hepatitis. This element will be treated as an LDF for any condition other than Hepatitis A. Any data that exists for Hep B, can be migrated, but will not b |
| 23 | 9 | Data will be migrated to the database for all hepatitis conditions, but will only be displayed for hepatitis A. | NEDSS has this question only on the page specs for hepatitis A. NETSS asks this question for all hepatitis. This element will be treated as an LDF for any condition other than Hepatitis A. Any data that exists for Hep B, can be migrated, but will not b |
| 24 | 10 | Data will be migrated to the database for all hepatitis conditions, but will only be displayed for hepatitis A. | Hepatitis A question only. This element will be treated as an LDF for any condition other than Hepatitis A. |

| | | | |
|----|----|---|--|
| 24 | 10 | Data will be migrated to the database for all hepatitis conditions, but will only be displayed for hepatitis A. | Hepatitis A question only. This element will be treated as an LDF for any condition other than Hepatitis A. |
| 24 | 10 | Data will be migrated to the database for all hepatitis conditions, but will only be displayed for hepatitis A. | Hepatitis A question only. This element will be treated as an LDF for any condition other than Hepatitis A. |
| 20 | 6 | | |
| 52 | 31 | | |
| 52 | 31 | | |
| 52 | 31 | | Time frames different. Map as LDF. |
| 46 | 27 | NEDSS does not currently support this question. If State requires the data migrated, create a DDMF. | Not a field in NEDSS. Migrate as LDF. |
| 44 | 26 | Only if DIALTYPE is Patient | Not a field for Hep A in NEDSS. Migrate as LDF. |
| 44 | 26 | Only if DIALTYPE is Patient | This only maps to NEDSS when DIALTYPE=1-Patient. This does not map to NEDSS when DIALTYPE=2-Employee, or 3-Contact of 1 or 2. If DIALTYPE=2 or 3, then data will be mapped as LDF. Also, NETSS question includes "kidney transplant unit" and NEDSS does |
| 45 | 26 | Only if DIALTYPE is Patient | Not a match on time frames, Should be treated as LDF. |

| | | | |
|----|----|---|--|
| 45 | 26 | Only if DIALTYPE is Patient | This only maps to NEDSS when DIALTYPE=1-Patient. This does not map to NEDSS when DIALTYPE=2-Employee, or 3-Contact of 1 or 2. If DIALTYPE=2 or 3, then data will be mapped as LDF. Also, NETSS question includes "kidney transplant unit" and NEDSS does |
| 47 | 28 | Data will be migrated to the database for all hepatitis conditions, but will only be displayed for hepatitis B. | Time ranges disagree. |
| 48 | 28 | Data will be migrated to the database for all hepatitis conditions, but will only be displayed for hepatitis C. | |
| 49 | 28 | Data will be migrated to the database for all hepatitis conditions, but will only be displayed for hepatitis C. | Time ranges disagree. |
| 32 | 18 | NEDSS does not currently support this question. If State requires the data migrated, create a DMDF. | This field only entered in NETSS. Must be LDF in NEDSS. |
| | 22 | | CFREQ2 should only be entered if CBLOOD = "Y" Use this mapping for Hep C only. |
| | 22 | | BFREQ1 should only be entered if BMEDEMP = "Y" Use this mapping for Hep B only. |
| | 22 | | CFREQ1 should only be entered if CMEDEMP = "Y" Use this mapping for Hep C only. |

| | | | |
|----|----|---|---|
| 27 | 13 | Data will be migrated to the database for all hepatitis conditions, but will only be displayed for hepatitis A. | In NETSS, this is under the 2 to 6 week before symptom onset limitation, whereas in NEDSS, the time range is 2 weeks. This field should be treated as LDF. |
| 27 | 13 | Data will be migrated to the database for all hepatitis conditions, but will only be displayed for hepatitis A. | Not a field in NEDSS. Migrate as LDF. |
| 27 | 13 | Data will be migrated to the database for all hepatitis conditions, but will only be displayed for hepatitis A. | Not a field in NEDSS. Migrate as LDF. |
| 14 | 5 | | Generic Hepatitis question |
| 12 | 3 | | |
| 13 | 4 | | |
| 21 | 7 | | Generic Hepatitis question |
| 11 | 2 | | |
| 35 | 21 | Data will be migrated to the database for all hepatitis conditions, but will only be displayed for hepatitis B. | Not a field in NEDSS. Migrate as LDF. |
| 35 | 21 | Data will be migrated to the database for all hepatitis conditions, but will only be displayed for hepatitis B. | NEDSS has this question only on the page specs for hepatitis B. NETSS may answer this question for all hepatitis. Will be treated as LDF for any non-hep B cases. |
| 36 | 21 | Data will be migrated to the database for all hepatitis conditions, but will only be displayed for hepatitis C. | This element should be submitted as LDF as the time frames are not the same. |
| 36 | 21 | Data will be migrated to the database for all hepatitis conditions, but will only be displayed for hepatitis C. | This element should be submitted as LDF as the time frames are not the same. |

| | | | | |
|----|----|---|--|--|
| 51 | 30 | NEDSS does not currently support this question. If State requires the data migrated, create a DMDF. | Cannot logically split the generic NETSS question into Male versus Female. Since there is no way to know sex of the sex partners to fill the number of Male and Female partners, migrate as LDF. | |
| 51 | 30 | NEDSS does not currently support this question. If State requires the data migrated, create a DMDF. | Cannot logically split the generic NETSS question into Male versus Female. Since there is no way to know sex of the sex partners to fill the number of Male and Female partners, migrate as LDF. | |
| 51 | 30 | NEDSS does not currently support this question. If State requires the data migrated, create a DMDF. | Cannot logically split the generic NETSS question into Male versus Female. Since there is no way to know sex of the sex partners to fill the number of Male and Female partners, migrate as LDF. | |
| 29 | 15 | Data will be migrated to the database for all hepatitis conditions, but will only be displayed for hepatitis A. | NEDSS asks this only for Hep A cases. NETSS asks this for all Hepatitis. If this condition is not Hepatitis A, the item should be treated as a LDF. Since the time frame is not specified, it is unsure whether the mapping of this question is acceptable. | |
| 28 | 14 | NEDSS does not currently support this question. If State requires the data migrated, create a DMDF. | Not a field in NEDSS. Migrate as LDF. | |
| 60 | 39 | | NETSS has this question under the "6 weeks to 6 months" heading, NEDSS does not limit the time. for a dependent question, HEP190. (Hep B Only case) | |
| 50 | 29 | NEDSS does not currently support this question. If State requires the data migrated, create a DMDF. | Not a field in NEDSS. Migrate as LDF. | |
| 56 | 35 | | Not a field in NEDSS. Migrate as LDF. | |

| | | |
|----|----|---|
| 56 | 35 | |
| 56 | 35 | |
| 53 | 32 | Not a field in NEDSS. Migrate as LDF. |
| 53 | 32 | |
| 53 | 32 | Time frames different. Map as LDF. |
| 55 | 34 | Not a field in NEDSS. Migrate as LDF. |
| 55 | 34 | |
| 55 | 34 | |
| 43 | 25 | NEDSS does not currently support this question. If State requires the data migrated, create a DMDF. |
| 39 | 23 | Data will be migrated to the database for all hepatitis conditions, but will only be displayed for hepatitis B. |
| 39 | 23 | Data will be migrated to the database for all hepatitis conditions, but will only be displayed for hepatitis B. |

| | | | |
|----|----|---|---|
| 40 | 23 | Data will be migrated to the database for all hepatitis conditions, but will only be displayed for hepatitis C. | |
| 41 | 24 | Data will be migrated to the database for all hepatitis conditions, but will only be displayed for hepatitis B. | Not a field in NEDSS. Migrate as LDF. |
| 41 | 24 | Data will be migrated to the database for all hepatitis conditions, but will only be displayed for hepatitis B. | TRANSFROM should only be entered if TRANSF = "Y"; (Hep B only) |
| 42 | 24 | Data will be migrated to the database for all hepatitis conditions, but will only be displayed for hepatitis C. | TRANSFROM should only be entered if TRANSF = "Y"; (Hep C only) |
| 30 | 16 | Data will be migrated to the database for all hepatitis conditions, but will only be displayed for hepatitis A | NEDSS asks this question only for Hep A cases. If this condition is not Hepatitis A, the item should be treated as a LDF. |
| 30 | 16 | Data will be migrated to the database for all hepatitis conditions, but will only be displayed for hepatitis A | Not a field in NEDSS. Migrate as LDF. |
| 30 | 16 | Data will be migrated to the database for all hepatitis conditions, but will only be displayed for hepatitis A | Not a field in NEDSS. Migrate as LDF. |
| 58 | 37 | Data will be migrated to the database for all hepatitis conditions, but will only be displayed for hepatitis B. | VACCINEYEA will only be entered if BVACCINE = "Y"; NETSS has this question under the 6 weeks to "6 months" heading, NEDSS does not limit the time. |
| 31 | 17 | Data will be migrated to the database for all hepatitis conditions, but will only be displayed for hepatitis A. | IN NETSS, select the code which corresponds to the place (continent) of travel. In NEDSS, enter name of country or region travelled. These two code sets do not match. See SRT spreadsheet. |

NETSS CODES TO NEDSS SRT CODE MAPPING FOR : HEPATITIS

| NETSS VARIABLE | CONTEXT OF CODE (SHORT NETSS QUESTION) | NETSS ORIGINAL VALUE | NETSS CODE DESCRIPTION | NETSS COMMENTS | SRT_TABLE_NM | CODE_SET_NM | CODE | CODE_DESC_TXT | CODE_SHORT_DESC_TXT | NEDSS COMMENTS | NETSS - NEDSS DISCREPANCY |
|----------------|--|----------------------|------------------------|----------------|--------------------|-------------|---------|---------------|---------------------|---|---------------------------|
| JAUNDICED | WAS THE PATIENT JAUNDICED? | 1 | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| JAUNDICED | WAS THE PATIENT JAUNDICED? | 2 | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| JAUNDICED | WAS THE PATIENT JAUNDICED? | 9 | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| HOSPFORHEP | Was the patient hospitalized in the six weeks to six months before symptom onset? | 1 | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| HOSPFORHEP | WAS THE PATIENT HOSPITALIZED FOR HEPATITIS? | 2 | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| HOSPFORHEP | WAS THE PATIENT HOSPITALIZED FOR HEPATITIS? | 9 | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| IGMHAV | IGM HEPATITIS A ANTIBODY? | 1 | POSITIVE | | CODE_VALUE_GENERAL | PNU | P | Positive | Positive | | |
| IGMHAV | IGM HEPATITIS A ANTIBODY? | 2 | NEGATIVE | | CODE_VALUE_GENERAL | PNU | N | Negative | Negative | | |
| IGMHAV | IGM HEPATITIS A ANTIBODY? | 9 | NOT TESTED | | CODE_VALUE_GENERAL | PNU | UNKNOWN | | | NOT TESTED and UNKNOWN are not the same and may impact analytical results | Yes |
| HBSAG | HEPATITIS B SURFACE ANTIGEN? | 1 | POSITIVE | | CODE_VALUE_GENERAL | PNU | P | Positive | Positive | | |
| HBSAG | HEPATITIS B SURFACE ANTIGEN? | 2 | NEGATIVE | | CODE_VALUE_GENERAL | PNU | N | Negative | Negative | | |
| HBSAG | HEPATITIS B SURFACE ANTIGEN? | 9 | NOT TESTED | | CODE_VALUE_GENERAL | PNU | UNKNOWN | | | NOT TESTED and UNKNOWN are not the same and may impact analytical results | Yes |
| DEATH | DID PATIENT DIE FROM HEPATITIS? | 1 | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| DEATH | DID PATIENT DIE FROM HEPATITIS? | 2 | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| DEATH | DID PATIENT DIE FROM HEPATITIS? | 9 | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| IGMHBC | IGM HEPATITIS B CORE ANTIGEN? | 1 | POSITIVE | | CODE_VALUE_GENERAL | PNU | P | Positive | Positive | | |
| IGMHBC | IGM HEPATITIS B CORE ANTIGEN? | 2 | NEGATIVE | | CODE_VALUE_GENERAL | PNU | N | Negative | Negative | | |
| IGMHBC | IGM HEPATITIS B CORE ANTIGEN? | 9 | NOT TESTED | | CODE_VALUE_GENERAL | PNU | UNKNOWN | | | NOT TESTED and UNKNOWN are not the same and may impact analytical results | Yes |
| ANTIHDV | ANTIBODY TO DELTA? | 1 | POSITIVE | | CODE_VALUE_GENERAL | PNU | P | Positive | Positive | | |
| ANTIHDV | ANTIBODY TO DELTA? | 2 | NEGATIVE | | CODE_VALUE_GENERAL | PNU | N | Negative | Negative | | |
| ANTIHDV | ANTIBODY TO DELTA? | 9 | NOT TESTED | | CODE_VALUE_GENERAL | PNU | UNKNOWN | | | NOT TESTED and UNKNOWN are not the same and may impact analytical results | Yes |
| DAYCARE1 | 2-6 WEEKS PRIOR TO ILLNESS -- WAS THE PATIENT A CHILD OR EMPLOYEE IN A DAYCARE OR PRESCHOOL? | 1 | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| DAYCARE1 | 2-6 WEEKS PRIOR TO ILLNESS -- WAS THE PATIENT A CHILD OR EMPLOYEE IN A DAYCARE OR PRESCHOOL? | 2 | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| DAYCARE1 | 2-6 WEEKS PRIOR TO ILLNESS -- WAS THE PATIENT A CHILD OR EMPLOYEE IN A DAYCARE OR PRESCHOOL? | 9 | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| DAYCARE2 | 2-6 WEEKS PRIOR TO ILLNESS --WAS THE PATIENT A HOUSEHOLD CONTACT OF A CHILD OR EMPLOYEE IN DAYCARE OR PRESCHOOL? | 1 | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| DAYCARE2 | 2-6 WEEKS PRIOR TO ILLNESS --WAS THE PATIENT A HOUSEHOLD CONTACT OF A CHILD OR EMPLOYEE IN DAYCARE OR PRESCHOOL? | 2 | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |

NETSS CODES TO NEDSS SRT CODE MAPPING FOR : HEPATITIS

| NETSS VARIABLE | CONTEXT OF CODE (SHORT NETSS QUESTION) | NETSS ORIGINAL VALUE | NETSS CODE DESCRIPTION | NETSS COMMENTS | SRT_TABLE_NM | CODE_SET_NM | CODE | CODE_DESC_TXT | CODE_SHORT_DESC_TXT | NEDSS COMMENTS | NETSS - NEDSS DISCREPANCY |
|----------------|--|----------------------|------------------------|------------------------|----------------------|--------------|------|-------------------------------|-------------------------------|---|---------------------------|
| DAYCARE2 | 2-6 WEEKS PRIOR TO ILLNESS --WAS THE PATIENT A HOUSEHOLD CONTACT OF A CHILD OR EMPLOYEE IN DAYCARE OR PRESCHOOL? | 9 | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| CONTACTA | 2-6 WEEKS PRIOR TO ILLNESS --WAS THE PATIENT A CONTACT OF A CONFIRMED OR SUSPECTED HEP. A CASE? | 1 | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| CONTACTA | 2-6 WEEKS PRIOR TO ILLNESS --WAS THE PATIENT A CONTACT OF A CONFIRMED OR SUSPECTED HEP. A CASE? | 2 | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| CONTACTA | 2-6 WEEKS PRIOR TO ILLNESS --WAS THE PATIENT A CONTACT OF A CONFIRMED OR SUSPECTED HEP. A CASE? | 9 | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| ATYPE | 2-6 WEEKS PRIOR TO ILLNESS --IF HEPT A CONTACT, WHAT TYPE? | 1 | SEXUAL | | CODE_VALUE_GENERAL | H_CONTACT_TY | S | Sex partner | Sex partner | | |
| ATYPE | 2-6 WEEKS PRIOR TO ILLNESS --IF HEPT A CONTACT, WHAT TYPE? | 2 | HOUSEHOLD | | CODE_VALUE_GENERAL | H_CONTACT_TY | H | Household member (non-sexual) | Household member (non-sexual) | | |
| ATYPE | 2-6 WEEKS PRIOR TO ILLNESS --IF HEPT A CONTACT, WHAT TYPE? | 3 | OTHER | | CODE_VALUE_GENERAL | H_CONTACT_TY | O | Other (specify) | Other (specify) | Table also contains Babysitter of this patient; Child cared for by this patient; Playmate | |
| ATYPE | 2-6 WEEKS PRIOR TO ILLNESS --IF HEPT A CONTACT, WHAT TYPE? | 9 | UNKNOWN | | NOT AVAILABLE IN SRT | | | | | | Unknown does not map |
| HANDLER | 2-6 WEEKS PRIOR TO ILLNESS --WAS PATIENT EMPLOYED AS A FOOD HANDLER? | 1 | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| HANDLER | 2-6 WEEKS PRIOR TO ILLNESS --WAS PATIENT EMPLOYED AS A FOOD HANDLER? | 2 | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| HANDLER | 2-6 WEEKS PRIOR TO ILLNESS --WAS PATIENT EMPLOYED AS A FOOD HANDLER? | 9 | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| RAWFISH | 2-6 WEEKS PRIOR TO ILLNESS --DID PATIENT EAT RAW SHELLFISH | 1 | YES | Not available in NEDSS | N/A | N/A | N/A | N/A | N/A | Not available in NEDSS | N/A |
| RAWFISH | 2-6 WEEKS PRIOR TO ILLNESS --DID PATIENT EAT RAW SHELLFISH | 2 | NO | Not available in NEDSS | N/A | N/A | N/A | N/A | N/A | Not available in NEDSS | N/A |
| RAWFISH | 2-6 WEEKS PRIOR TO ILLNESS --DID PATIENT EAT RAW SHELLFISH | 9 | UNKNOWN | Not available in NEDSS | N/A | N/A | N/A | N/A | N/A | Not available in NEDSS | N/A |
| OUTBREAK | 2-6 WEEKS PRIOR TO ILLNESS --WAS THE PATIENT SUSPECTED AS BEING PART OF A COMMON-SOURCE FOOD-BORNE OUTBREAK? | 1 | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| OUTBREAK | 2-6 WEEKS PRIOR TO ILLNESS --WAS THE PATIENT SUSPECTED AS BEING PART OF A COMMON-SOURCE FOOD-BORNE OUTBREAK? | 2 | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |

NETSS CODES TO NEDSS SRT CODE MAPPING FOR : HEPATITIS

| NETSS VARIABLE | CONTEXT OF CODE (SHORT NETSS QUESTION) | NETSS ORIGINAL VALUE | NETSS CODE DESCRIPTION | NETSS COMMENTS | SRT_TABLE_NM | CODE_SET_NM | CODE | CODE_DESC_TXT | CODE_SHORT_DESC_TXT | NEDSS COMMENTS | NETSS - NEDSS DISCREPANCY |
|----------------|---|----------------------|--|------------------------|--------------------|-------------|------|---------------|---------------------|---|--|
| OUTBREAK | 2-6 WEEKS PRIOR TO ILLNESS --WAS THE PATIENT SUSPECTED AS BEING PART OF A COMMON-SOURCE FOOD-BORNE OUTBREAK? | 9 | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| TRAVEL | 2-6 WEEKS PRIOR TO ILLNESS --DID THE PATIENT TRAVEL OUTSIDE OF THE US OR CANADA | 1 | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| TRAVEL | 2-6 WEEKS PRIOR TO ILLNESS --DID THE PATIENT TRAVEL OUTSIDE OF THE US OR CANADA | 2 | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| TRAVEL | 2-6 WEEKS PRIOR TO ILLNESS --DID THE PATIENT TRAVEL OUTSIDE OF THE US OR CANADA | 9 | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| WHERE | 2-6 WEEKS PRIOR TO ILLNESS --TRAVELED WHERE OUTSIDE OF US OR CANADA? | 1 | SO. CENTRAL AMERICA (INCLUDING MEXICO) | | | | | | | NEDSS does not have region or continent codes in SRTs | Vocabulary issue - NEDSS has country codes list. |
| WHERE | 2-6 WEEKS PRIOR TO ILLNESS --TRAVELED WHERE OUTSIDE OF US OR CANADA? | 2 | AFRICA | | | | | | | " " | |
| WHERE | 2-6 WEEKS PRIOR TO ILLNESS --TRAVELED WHERE OUTSIDE OF US OR CANADA? | 3 | CARIBBEAN | | | | | | | " " | |
| WHERE | 2-6 WEEKS PRIOR TO ILLNESS --TRAVELED WHERE OUTSIDE OF US OR CANADA? | 4 | MIDDLE EAST | | | | | | | " " | |
| WHERE | 2-6 WEEKS PRIOR TO ILLNESS --TRAVELED WHERE OUTSIDE OF US OR CANADA? | 5 | ASIA/SOUTH PACIFIC | | | | | | | " " | |
| WHERE | 2-6 WEEKS PRIOR TO ILLNESS --TRAVELED WHERE OUTSIDE OF US OR CANADA? | 6 | AUSTRALIA / NEW ZEALAND | | | | | | | " " | |
| WHERE | 2-6 WEEKS PRIOR TO ILLNESS --TRAVELED WHERE OUTSIDE OF US OR CANADA? | 7 | OTHER | | | | | | | " " | |
| WHERE | 2-6 WEEKS PRIOR TO ILLNESS --TRAVELED WHERE OUTSIDE OF US OR CANADA? | 9 | UNKNOWN | | | | | | | " " | |
| DURATION | 2-6 WEEKS PRIOR TO ILLNESS --DURATION OF TRAVEL OUTSIDE US OR CANADA | 1 | 1-3 DAYS | Not available in NEDSS | N/A | N/A | N/A | N/A | N/A | Not available in NEDSS | |
| DURATION | 2-6 WEEKS PRIOR TO ILLNESS --DURATION OF TRAVEL OUTSIDE US OR CANADA | 2 | 4-7 DAYS | Not available in NEDSS | N/A | N/A | N/A | N/A | N/A | Not available in NEDSS | |
| DURATION | 2-6 WEEKS PRIOR TO ILLNESS --DURATION OF TRAVEL OUTSIDE US OR CANADA | 3 | >7 DAYS | Not available in NEDSS | N/A | N/A | N/A | N/A | N/A | Not available in NEDSS | |
| DURATION | 2-6 WEEKS PRIOR TO ILLNESS --DURATION OF TRAVEL OUTSIDE US OR CANADA | 9 | UNKNOWN | Not available in NEDSS | N/A | N/A | N/A | N/A | N/A | Not available in NEDSS | |
| CONTACTB | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- WAS PATIENT A CONTACT OF A CONFIRMED OR SUSPECTED ACUTE OR CHRONIC HEP B OR NON-HEP A, NON-B CASE? | 1 | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| CONTACTB | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- WAS PATIENT A CONTACT OF A CONFIRMED OR SUSPECTED ACUTE OR CHRONIC HEP B OR NON-HEP A, NON-B CASE? | 2 | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |

| NETSS VARIABLE | CONTEXT OF CODE (SHORT NETSS QUESTION) | NETSS ORIGINAL VALUE | NETSS CODE DESCRIPTION | NETSS COMMENTS | SRT_TABLE_NM | CODE_SET_NM | CODE | CODE_DESC_TXT | CODE_SHORT_DESC_TXT | NEDSS COMMENTS | NETSS - NEDSS DISCREPANCY |
|----------------|---|----------------------|------------------------|----------------|--------------------|-----------------|---------------|---------------------------------|---------------------------------|---|---------------------------|
| CONTACTB | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- WAS PATIENT A CONTACT OF A CONFIRMED OR SUSPECTED ACUTE OR CHRONIC HEP B OR NON-HEP A, NON-B CASE? | 9 | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| BTYPE | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- TYPE OF HEPATITIS B NON-A, NON-B CONTACT SEXUAL | 1 | SEXUAL | | CODE_VALUE_GENERAL | H_CONTACT_TY | S | Sex partner | Sex partner | | |
| BTYPE | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- TYPE OF HEPATITIS B NON-A, NON-B CONTACT | 2 | HOUSEHOLD | | CODE_VALUE_GENERAL | H_CONTACT_TY | H | Household member (non-sexual) | Household member (non-sexual) | | |
| BTYPE | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- TYPE OF HEPATITIS B NON-A, NON-B CONTACT | 3 | OTHER | | CODE_VALUE_GENERAL | H_CONTACT_TY | O | Other (specify) | Other (specify) | | |
| BTYPE | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- TYPE OF HEPATITIS B NON-A, NON-B CONTACT | 9 | NOT TESTED | | CODE_VALUE_GENERAL | H_CONTACT_TY | UNKNOWN | | | NOT TESTED and UNKNOWN are not the same and may impact analytical results | |
| MEDEMP | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- WAS PATIENT EMPLOYED IN A MEDICAL, DENTAL OR OTHER FIELD INVOLVING CONTACT WITH HUMAN BLOOD? | 1 | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| MEDEMP | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- WAS PATIENT EMPLOYED IN A MEDICAL, DENTAL OR OTHER FIELD INVOLVING CONTACT WITH HUMAN BLOOD? | 2 | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| MEDEMP | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- WAS PATIENT EMPLOYED IN A MEDICAL, DENTAL OR OTHER FIELD INVOLVING CONTACT WITH HUMAN BLOOD? | 9 | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| BLOOD | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- IF EMPLOYED IN MEDICAL, DENTAL OR OTHER FIELD INVOLVING BLOOD CONTACT, DEGREE OF BLOOD CONTACT | 1 | FREQUENT | | CODE_VALUE_GENERAL | H_BLDNCNTC_FREQ | F | Frequent (several times weekly) | Frequent (several times weekly) | | |
| BLOOD | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- IF EMPLOYED IN MEDICAL, DENTAL OR OTHER FIELD INVOLVING BLOOD CONTACT, DEGREE OF BLOOD CONTACT | 2 | INFREQUENT | | CODE_VALUE_GENERAL | H_BLDNCNTC_FREQ | I | Infrequent | Infrequent | | |
| BLOOD | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- IF EMPLOYED IN MEDICAL, DENTAL OR OTHER FIELD INVOLVING BLOOD CONTACT, DEGREE OF BLOOD CONTACT | 9 | UNKNOWN | | CODE_VALUE_GENERAL | H_BLDNCNTC_FREQ | NO COMPARISON | | | UNKNOWN value does not exist in this codeset_nm | |
| TRANSF | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- DID THE PATIENT RECEIVE BLOOD OR BLOOD PRODUCT (TRANSFUSION)? | 1 | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| TRANSF | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- DID THE PATIENT RECEIVE BLOOD OR BLOOD PRODUCT (TRANSFUSION)? | 2 | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| TRANSF | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- DID THE PATIENT RECEIVE BLOOD OR BLOOD PRODUCT (TRANSFUSION)? | 9 | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |

| NETSS VARIABLE | CONTEXT OF CODE (SHORT NETSS QUESTION) | NETSS ORIGINAL VALUE | NETSS CODE DESCRIPTION | NETSS COMMENTS | SRT_TABLE_NM | CODE_SET_NM | CODE | CODE_DESC_TXT | CODE_SHORT_DESC_TXT | NEDSS COMMENTS | NETSS - NEDSS DISCREPANCY |
|----------------|---|----------------------|--------------------------------|------------------------|--------------------|-----------------|------|--------------------------|--------------------------|---|---------------------------|
| TRANSFROM | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- BEGINNING DATE OF TRANSFUSION | date | | NOT CODED VALUE | | | | | | | |
| TRANS | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- ENDING DATE OF TRANSFUSION | date | | NOT CODED VALUE | | | | | | NO NEDSS COMPARISON - used the date the transfusion began as the end date | |
| DIALYSIS | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- WAS THE PATIENT ASSOCIATED WITH A DIALYSIS OR KIDNEY TRANSPLANT? | 1 | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| DIALYSIS | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- WAS THE PATIENT ASSOCIATED WITH A DIALYSIS OR KIDNEY TRANSPLANT? | 2 | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| DIALYSIS | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- WAS THE PATIENT ASSOCIATED WITH A DIALYSIS OR KIDNEY TRANSPLANT? | 9 | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| DIALTYPE | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- TYPE OF DIALYSIS ASSOCIATION | 1 | PATIENT | Not available in NEDSS | N/A | N/A | N/A | N/A | N/A | Not available in NEDSS | |
| DIALTYPE | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- TYPE OF DIALYSIS ASSOCIATION | 2 | EMPLOYEE | Not available in NEDSS | N/A | N/A | N/A | N/A | N/A | Not available in NEDSS | |
| DIALTYPE | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- TYPE OF DIALYSIS ASSOCIATION | 3 | CONTACT OF PATIENT OR EMPLOYEE | Not available in NEDSS | N/A | N/A | N/A | N/A | N/A | Not available in NEDSS | |
| DRUGS | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- DID PATIENT USE NEEDLES FOR INJECTION OF STREET DRUGS? | 1 | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| DRUGS | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- DID PATIENT USE NEEDLES FOR INJECTION OF STREET DRUGS? | 2 | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| DRUGS | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- DID PATIENT USE NEEDLES FOR INJECTION OF STREET DRUGS? | 9 | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| SEXPREF | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- WHAT WAS THE PATIENT'S SEXUAL PREFERENCE | 1 | HETEROSEXUAL | Not available in NEDSS | N/A | N/A | N/A | N/A | N/A | Not available in NEDSS | |
| SEXPREF | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- WHAT WAS THE PATIENT'S SEXUAL PREFERENCE | 2 | HOMOSEXUAL | Not available in NEDSS | N/A | N/A | N/A | N/A | N/A | Not available in NEDSS | |
| SEXPREF | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- WHAT WAS THE PATIENT'S SEXUAL PREFERENCE | 3 | BISEXUAL | Not available in NEDSS | N/A | N/A | N/A | N/A | N/A | Not available in NEDSS | |
| SEXPREF | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- WHAT WAS THE PATIENT'S SEXUAL PREFERENCE | 9 | UNKNOWN | Not available in NEDSS | N/A | N/A | N/A | N/A | N/A | Not available in NEDSS | |
| NUMPART | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- HOW MANY DIFFERENT SEXUAL PARTNERS DID THE PATIENT HAVE? | 1 | NONE | | CODE_VALUE_GENERAL | NUMBER_PARTNERS | 0 | no sex partners | no sex partners | CD | |
| NUMPART | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- HOW MANY DIFFERENT SEXUAL PARTNERS DID THE PATIENT HAVE? | 2 | ONE | | CODE_VALUE_GENERAL | NUMBER_PARTNERS | 1 | one sex partner | one sex partner | CD | |
| NUMPART | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- HOW MANY DIFFERENT SEXUAL PARTNERS DID THE PATIENT HAVE? | 3 | TWO TO FIVE | | CODE_VALUE_GENERAL | NUMBER_PARTNERS | 2 | two to five sex partners | two to five sex partners | CD | |

| NETSS VARIABLE | CONTEXT OF CODE (SHORT NETSS QUESTION) | NETSS ORIGINAL VALUE | NETSS CODE DESCRIPTION | NETSS COMMENTS | SRT_TABLE_NM | CODE_SET_NM | CODE | CODE_DESC_TXT | CODE_SHORT_DESC_TXT | NEDSS COMMENTS | NETSS - NEDSS DISCREPANCY |
|----------------|---|----------------------|------------------------|----------------|--------------------|-----------------|------|------------------------|------------------------|----------------|---------------------------|
| NUMPART | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- HOW MANY DIFFERENT SEXUAL PARTNERS DID THE PATIENT HAVE? | 4 | MORE THAN FIVE | | CODE_VALUE_GENERAL | NUMBER_PARTNERS | 5 | over five sex partners | over five sex partners | CD | |
| NUMPART | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- HOW MANY DIFFERENT SEXUAL PARTNERS DID THE PATIENT HAVE? | 9 | UNKNOWN | | CODE_VALUE_GENERAL | NUMBER_PARTNERS | U | unknown | unknown | CD | |
| DENTAL | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- DID THE PATIENT HAVE DENTAL WORK OR ORAL SURGERY? | 1 | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| DENTAL | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- DID THE PATIENT HAVE DENTAL WORK OR ORAL SURGERY? | 2 | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| DENTAL | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- DID THE PATIENT HAVE DENTAL WORK OR ORAL SURGERY? | 9 | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| SURGERY | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- DID THE PATIENT HAVE SURGERY? | 1 | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| SURGERY | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- DID THE PATIENT HAVE SURGERY? | 2 | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| SURGERY | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- DID THE PATIENT HAVE SURGERY? | 9 | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| ACUPUNCT | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- DID THE PATIENT HAVE ACUPUNCTURE? | 1 | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| ACUPUNCT | 7 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- DID THE PATIENT HAVE ACUPUNCTURE? | 2 | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| ACUPUNCT | 8 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- DID THE PATIENT HAVE ACUPUNCTURE? | 9 | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| TATTOO | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- DID THE PATIENT HAVE TATTOOING? | 1 | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| TATTOO | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- DID THE PATIENT HAVE TATTOOING? | 2 | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| TATTOO | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- DID THE PATIENT HAVE TATTOOING? | 9 | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| STICK | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- DID THE PATIENT HAVE AN ACCIDENTAL NEEDLE STICK OR OTHER OBJECT CONTAMINATED WITH BLOOD? | 1 | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| STICK | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- DID THE PATIENT HAVE AN ACCIDENTAL NEEDLE STICK OR OTHER OBJECT CONTAMINATED WITH BLOOD? | 2 | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| STICK | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- DID THE PATIENT HAVE AN ACCIDENTAL NEEDLE STICK OR OTHER OBJECT CONTAMINATED WITH BLOOD? | 9 | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |

NETSS CODES TO NEDSS SRT CODE MAPPING FOR : HEPATITIS

| NETSS VARIABLE | CONTEXT OF CODE (SHORT NETSS QUESTION) | NETSS ORIGINAL VALUE | NETSS CODE DESCRIPTION | NETSS COMMENTS | SRT_TABLE_NM | CODE_SET_NM | CODE | CODE_DESC_TXT | CODE_SHORT_DESC_TXT | NEDSS COMMENTS | NETSS - NEDSS DISCREPANCY |
|----------------|---|----------------------|------------------------|-----------------|--------------------|-------------|---------|---------------|---------------------|---|---------------------------|
| BVACCINE | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- HAS THE PATIENT EVER RECEIVED THE 3 DOSE SERIES OF HEP. B VACCINE? | 1 | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| BVACCINE | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- HAS THE PATIENT EVER RECEIVED THE 3 DOSE SERIES OF HEP. B VACCINE? | 2 | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| BVACCINE | 6 WEEKS - 6 MONTHS PRIOR TO ILLNESS -- HAS THE PATIENT EVER RECEIVED THE 3 DOSE SERIES OF HEP. B VACCINE? | 9 | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| VACCINEYEA | YEAR OF HB VACCINE | date | | NOT CODED VALUE | | | HEP120 | date | | | |
| DATEDX | DATE OF DIAGNOSIS | date | | NOT CODED VALUE | | | HEP126 | date | | | |
| ANTIBODY | WAS PATIENT TESTED FOR ANTIBODIES WITHIN 1-6 MONTHS AFTER THE LAST VACCINE DOSE? | 1 | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| ANTIBODY | WAS PATIENT TESTED FOR ANTIBODIES WITHIN 1-6 MONTHS AFTER THE LAST VACCINE DOSE? | 2 | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| ANTIBODY | WAS PATIENT TESTED FOR ANTIBODIES WITHIN 1-6 MONTHS AFTER THE LAST VACCINE DOSE? | 9 | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| RESULT | RESULT OF ANTIBODY TESTING AFTER HB VACCINE | 1 | POSITIVE | | CODE_VALUE_GENERAL | PNU | P | Positive | Positive | | |
| RESULT | RESULT OF ANTIBODY TESTING AFTER HB VACCINE | 2 | NEGATIVE | | CODE_VALUE_GENERAL | PNU | N | Negative | Negative | | |
| RESULT | RESULT OF ANTIBODY TESTING AFTER HB VACCINE | 9 | NOT TESTED | | CODE_VALUE_GENERAL | PNU | UNKNOWN | | | NOT TESTED and UNKNOWN are not the same and may impact analytical results | |

BMIRD

| Original Order | NETSS Entry Screen Order | NETSS Variable Name | NETSS Prompt from UI | NETSS Section Instructions from UI (if any) | NETSS Description, Context, or Full Question (Data Entry Instructions) | NETSS Description/Codes as Applicable |
|----------------|--------------------------|---------------------|----------------------|--|--|---|
| 78 | 17 | AMP | Ampicillin | | If H.influenzae was isolated from blood or CSF, was it resistant to Ampicillin? | If H.influenzae was isolated from blood or CSF, was it resistant to Ampicillin? 1. Yes 2. No 9. Not tested or unknown |
| 79 | 18 | CHLOR | Chloramphen. | | If H.influenzae was isolated from blood or CSF, was it resistant to Chloramphenicol? | If H.influenzae was isolated from blood or CSF, was it resistant to Chloramphenicol? 1. Yes 2. No 9. Not tested or unknown |
| 2 | 1 | DAYCARE | Daycare | (Daycare is defined as a supervised group of 2 or more unrelated children for more than 4 hours/week.) | If <6 years of age is patient in daycare? | If < 6 years of age is patient in day care? 1. Yes 2. No 9. Unknown |
| 6 | 5 | FIRSTCULT | First Pos. Culture | | Date of first positive culture obtained | Date of first positive culture obtained in MM/DD/YY format. |
| 81 | 20 | HIBVAC | HIB Vaccine? | If SPECIES = 2 Haemophilus influenzae | If Species=Haemophilus influenzae, did patient receive Haemophilus b vaccine? | Did patient receive Haemophilus b vaccine? 1. Yes 2. No 3. Unknown |
| 8 | 7 | INFECTION1 | Infection 1 | | Specify type of infection caused by organism | Type of infection caused by organism: 1. Primary bacteremia 2. Meningitis 3. Otitis media 4. Pneumonia 5. Cellulitis 6. Epiglottitis 7. Peritonitis 8. Pericarditis 9. Septic abortion 10. Amnionitis 11. Septic arthritis 12. Conjunctivitis 13. Other |
| 10 | 9 | INFECTION2 | Infection 2 | | Specify type of infection caused by organism | Type of infection caused by organism: 1. Primary bacteremia 2. Meningitis 3. Otitis media 4. Pneumonia 5. Cellulitis 6. Epiglottitis 7. Peritonitis 8. Pericarditis 9. Septic abortion 10. Amnionitis 11. Septic arthritis 12. Conjunctivitis 13. Other |
| 12 | 11 | INFECTION3 | Infection 3 | | Specify type of infection caused by organism | Type of infection caused by organism: 1. Primary bacteremia 2. Meningitis 3. Otitis media 4. Pneumonia 5. Cellulitis 6. Epiglottitis 7. Peritonitis 8. Pericarditis 9. Septic abortion 10. Amnionitis 11. Septic arthritis 12. Conjunctivitis 13. Other |

Attachment 6

BMIRD

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|----|----|---|-----------|---|---|--|
| 84 | 23 | LOTNUM1 | Lot Num 1 | | Lot number for first vaccine | Lot number of first vaccine given. |
| 87 | 26 | LOTNUM2 | Lot Num 2 | | Lot number for second vaccine | Lot number of first vaccine given. |
| 90 | 29 | LOTNUM3 | Lot Num 3 | | Lot number for third vaccine | Lot number of first vaccine given. |
| 93 | 32 | LOTNUM4 | Lot Num 4 | | Lot number for fourth vaccine | Lot number of first vaccine given. |
| 27 | 16 | OTHER | Other | | Other serotype | Other serotype (free-text) |
| 3 | 2 | OUTCOME | Outcome | | Patient outcome | Patient Outcome. 1 = Survived 2 = Died 9 = Unknown |
| 80 | 19 | RIFAMP | Rifamp. | | If H.influenzae was isolated from blood or CSF, was it resistant to Rifampin? | If H.influenzae was isolated from blood or CSF, was it resistant to Rifampin? 1. Yes 2. No 9. Not tested or unknown |
| 25 | 14 | If SPECIES = 1, Neisseria meningitidis RIFAMPIN | Rifampin | | If N.meningitidis was isolated from blood or CSF, was it resistant to Rifampin? | If N.meningitidis was isolated from blood or CSF, was it resistant to Rifampin? 1. Yes 2. No 9. Not tested or unknown |
| 13 | 12 | If SPECIES = 1, Neisseria meningitidis SEROGROUP. | Serogroup | | If Species=Neisseria meningitidis, what was the serogroup. | What was the serogroup? 1. Group A 2. Group B 3. Group C 4. Group Y 5. Group W135 6. Not Groupable 8. Other 9. Unknown |
| 26 | 15 | If SPECIES = 2 Haemophilus influenzae SEROTYPE | Serotype | | If Species=Haemophilus influenzae, what was the serotype | What was the serotype? 1. Type B 2. Not typable 8. Other type 9. Not tested or unknown |
| 5 | 4 | OTHERSPEC | Species | Bacterial species isolation from any normally sterile site: | Enter any Other Bacterial species isolated from any normally sterile site: | If 16 sent, then free-text is sent to "species" (free-text field BMD268). |

BMIRD

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|----|----|---|------------|---|--|---|
| 4 | 3 | SPECIES | Species | Bacterial species isolation from any normally sterile site: | Specify the Bacterial species isolated from any normally sterile site: | Bacterial Species isolation from any normally sterile site. 1. Neisseria meningitidis 2. Haemophilus influenzae 3. Group B streptococcus 4. Listeria monocytogenes 5. Streptococcus pneumoniae 6. Escherichia coli 7. Staphylococcus aureus 8. Staphylococcus epidermidis 9. Klebsiella species 10. Enterobacter species 11. Serratia species 12. Actinobacter species 13. Group A streptococcus 14. Group D streptococcus 15. Other streptococcus 16. Other If 16 sent, then map free- text to "species" (free-text field BMD268). |
| 7 | 6 | SPECIMEN1 | Specimen 1 | | Specify specimen from which organism isolated | Specimen from which organism isolated: 1. Blood 2. CSF 3. Pleural fluid 4. Peritoneal fluid 5. Pericardial fluid 6. Joint 7. Placenta 8. Amniotic fluid 9. Other |
| 9 | 8 | SPECIMEN2 | Specimen 2 | | Specify specimen from which organism isolated | Specimen from which organism isolated: 1. Blood 2. CSF 3. Pleural fluid 4. Peritoneal fluid 5. Pericardial fluid 6. Joint 7. Placenta 8. Amniotic fluid 9. Other |
| 11 | 10 | SPECIMEN3 | Specimen 3 | | Specify specimen from which organism isolated | Specimen from which organism isolated: 1. Blood 2. CSF 3. Pleural fluid 4. Peritoneal fluid 5. Pericardial fluid 6. Joint 7. Placenta 8. Amniotic fluid 9. Other |
| 24 | 13 | If SPECIES = 1, Neisseria meningitidis SULFA | Sulfa | | If N.meningitidis was isolated from blood or CSF, was it resistant to Sulfa? | If N.meningitidis was isolated from blood or CSF, was it resistant to Sulfa? 1. Yes 2. No 9. Not tested or unknown |
| 82 | 21 | VACDATE1 | Vac Date 1 | | Date first vaccine given | Date of vaccination in MM/DD/YY format. |
| 85 | 24 | VACDATE2 | Vac Date 2 | | Date second vaccine given | Date of vaccination in MM/DD/YY format. |

Attachment 6

BMIRD

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|----|----|----------|------------|--|---|---|
| 88 | 27 | VACDATE3 | Vac Date 3 | | Date third vaccine given | Date of vaccination in MM/DD/YY format. |
| 91 | 30 | VACDATE4 | Vac Date 4 | | Date fourth vaccine given | Date of vaccination in MM/DD/YY format. |
| 83 | 22 | VACNAME1 | Vac Name 1 | | Vaccine name/manufacturer of first vaccine | Vaccine Name/ Manufacturer. 1. HbOC (HibTITER, TETRAMUNE) 2. PRP-OMP (PedvaxHIB, COMVAX) 3. PRP-D (ProHIBit) 4. PRP-T (ActHIB, TriHIBit, OmniHIB) |
| 86 | 25 | VACNAME2 | Vac Name 2 | | Vaccine name/manufacturer of second vaccine | Vaccine Name/ Manufacturer. 1. HbOC (HibTITER, TETRAMUNE) 2. PRP-OMP (PedvaxHIB, COMVAX) 3. PRP-D (ProHIBit) 4. PRP-T (ActHIB, TriHIBit, OmniHIB) |
| 89 | 28 | VACNAME3 | Vac Name 3 | | Vaccine name/manufacturer of third vaccine | Vaccine Name/ Manufacturer. 1. HbOC (HibTITER, TETRAMUNE) 2. PRP-OMP (PedvaxHIB, COMVAX) 3. PRP-D (ProHIBit) 4. PRP-T (ActHIB, TriHIBit, OmniHIB) |
| 92 | 31 | VACNAME4 | Vac Name 4 | | Vaccine name/manufacturer of fourth vaccine | Vaccine Name/ Manufacturer. 1. HbOC (HibTITER, TETRAMUNE) 2. PRP-OMP (PedvaxHIB, COMVAX) 3. PRP-D (ProHIBit) 4. PRP-T (ActHIB, TriHIBit, OmniHIB) |
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Attachment 6

BMIRD

| Original Order | NETSS Entry Screen Order | XML Schema Definitinition | XML Variable or LDF Unique Name | NEDSS Unique ID And Short Name | NEDSS Section Instructions from UI |
|----------------|--------------------------|---------------------------|-----------------------------------|--------------------------------|------------------------------------|
| 78 | 17 | ldf: | ldfMeningAMP | N/A | N/A |
| 79 | 18 | ldf: | ldfMeningCHLOR | N/A | N/A |
| 2 | 1 | bmird: | childInDayCare | BMD105 (Generic BMIRD) DAYCARE | |
| 6 | 5 | bmird: | dateFirst PositiveCultureObtained | BMD124 (Generic BMIRD) CULTDT1 | |
| 81 | 20 | ldf: | ldfBMDHIBVAC | N/A | N/A |
| 8 | 7 | bmird: | typesOfInfectionCausedByOrganism1 | BMD118 (Generic BMIRD) SYNDRM | |
| 10 | 9 | bmird: | typesOfInfectionCausedByOrganism2 | BMD118 (Generic BMIRD) SYNDRM | |
| 12 | 11 | bmird: | typesOfInfectionCausedByOrganism3 | BMD118 (Generic BMIRD) SYNDRM | |

Attachment 6

BMIRD

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|----|----|--------|---|--|-----|
| 84 | 23 | gi: | lotNumber | VAC108 Vaccine Lot Number | |
| 87 | 26 | gi: | lotNumber | VAC108 Vaccine Lot Number | |
| 90 | 29 | gi: | lotNumber | VAC108 Vaccine Lot Number | |
| 93 | 32 | gi: | lotNumber | VAC108 Vaccine Lot Number | |
| 27 | 16 | bmird: | otherSerotype | BMD299 Other serotype | |
| 3 | 2 | bmird: | didPatientDieFromBMIRD | BMD109 | |
| 80 | 19 | ldf: | ldfMeningRIFAMP | N/A | N/A |
| 25 | 14 | bmird: | ifIsolatedFromBloodOrCSFIsResistantToRifampin | BMD275 (N. meningitidis only) NMRIFARES | |
| 13 | 12 | bmird: | serogroup | BMD133 (N. meningitidis only) SEROGROUP | |
| 26 | 15 | bmird: | serotype | BMD131 (H. influenza only) SEROTYPE | |
| 5 | 4 | bmird: | species | BMD268 OTHOTHSPC | |

Attachment 6

BMIRD

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|----|----|--------|--|--|--|
| 4 | 3 | bmird: | species | BMD120 (Generic BMIRD) SPECIES BMD121 (Generic BMIRD) OTHBUG1 | |
| 7 | 6 | bmird: | sterileSitesFromWhichOrganismIsolated1 | BMD122 (Generic BMIRD) STERSITE | |
| 9 | 8 | bmird: | sterileSitesFromWhichOrganismIsolated2 | BMD122 (Generic BMIRD) STERSITE | |
| 11 | 10 | bmird: | sterileSitesFromWhichOrganismIsolated3 | BMD122 (Generic BMIRD) STERSITE | |
| 24 | 13 | bmird: | ifIsolatedFromBloodOrCSFIsResistantToSulfa | BMD274 (N. meningitidis only) NMSULFRES | |
| 82 | 21 | gi: | dateAdministered | VAC103 Vaccine Administered Date | |
| 85 | 24 | gi: | dateAdministered | VAC103 Vaccine Administered Date | |

Attachment 6

BMIRD

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|----|----|-----|-------------------------|----------------------------------|--|
| 88 | 27 | gi: | dateAdministered | VAC103 Vaccine Administered Date | |
| 91 | 30 | gi: | dateAdministered | VAC103 Vaccine Administered Date | |
| 83 | 22 | gi: | vaccineName | VAC101 Vaccine Administered | |
| 86 | 25 | gi: | vaccineName | VAC101 Vaccine Administered | |
| 89 | 28 | gi: | vaccineName | VAC101 Vaccine Administered | |
| 92 | 31 | gi: | vaccineName | VAC101 Vaccine Administered | |
| 14 | | | otherSerogroup | BMD134 OTHSERO | |
| 15 | | | hasUnderlyingConditions | BMD126 UNDERCOND | |
| 16 | | | underlyingConditions | BMD127 COND | |
| 17 | | | otherMalignancy | BMD128 OTHMALIG | |
| 18 | | | transplantedOrgan | BMD129 OTHORGAN | |
| 19 | | | otherPriorIllness | BMD130 OTHILL | |

Attachment 6

BMIRD

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|----|--|--|---|----------------------|--|
| 20 | | | patientPregnantAtTimeOfFirstPositiveCulture | BMD111 PREGNANT | |
| 21 | | | outcomeOfFetusIfPregnant | BMD112 FOUTCOME | |
| 22 | | | patientLessThanOneMonthOld | BMD113 UNDER1MNT | |
| 23 | | | otherIdentificationMethod | BMD163 OTHID | |
| 28 | | | ifChildWhatTypeOfMedicalInsurance | BMD171 MEDINS | |
| 29 | | | knownPreviousHibContact | BMD175 HIBCON | |
| 30 | | | knownPreviousHibContactType | BMD176 CONTYPE | |
| 31 | | | significantPastMedicalHistory | BMD177 SIGHIST | |
| 32 | | | immunosupressionHiv | BMD179 SPECHIV | |
| 33 | | | immunosupressionOther | BMD180 OTHSIGHIST | |
| 34 | | | acuteSerum | BMD208 ACUTESER | |
| 35 | | | acuteSerumDate | BMD209 ACUTESERD | |
| 36 | | | convalescentSerum | BMD210 CONVSER | |
| 37 | | | convalescentSerumDate | BMD211 CONVSERDT | |
| 38 | | | patientSurgery7DaysPriorToFirstCulture | BMD145 SURGERY | |
| 39 | | | patientSurgery7DaysPriorToFirstCultureDate | BMD146 SURGDATE | |
| 40 | | | patientDeliver7DaysPriorToFirstCulture | BMD147 DELIVERY | |
| 41 | | | patientDeliver7DaysPriorToFirstCultureDate | BMD148 BABYDATE | |

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| 42 | | | birthOutsideHospital | N/A | |
| 43 | | | birthOutsideHospitalWhere | BMD218 OUTTYPE | |
| 44 | | | positiveSterileSiteCultures2To7DaysAfterFrstPositive | BMD140 PERSIST | |
| 45 | | | specimenCollectionDate | BMD254 CULTDT3 | |
| 46 | | | sitesFromWhichS.Pneumoniae isolated1 | BMD142 SPSITE1 | |
| 47 | | | sitesFromWhichS.Pneumoniae isolated2 | BMD144 SPSITE2 | |
| 48 | | | motherMembraneRuptureGPSCultureCollectedSites | BMD255 CULTSITE3 | |
| 49 | | | pneumococcalPolysaccharide | BMD138 PNEUVACC | |
| 50 | | | pneumococcalConjugate | BMD139 PNEUCONJ | |
| 51 | | | motherAdmissionDate | BMD228 MOMADMINDT | |
| 52 | | | MotherAdmissionTime | BMD288 Time4 | |
| 53 | | | motherChartNumber | BMD229 | |
| 54 | | | motherMembraneRuptureDate | BMD231 MEMRUPDT | |

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| 55 | | | motherMembraneRuptureTime | BMD289 Time5 | |
| 56 | | | motherMembraneRuptureDuration | BMD232 DURMEMRUP | |
| 57 | | | motherMembraneRuptureBeforeLabor | BMD233 MEMRUPLAB | |
| 58 | | | motherTypeOfRupture | BMD234 TYPERUP | |
| 59 | | | motherTypeOfDelivery | BMD235 DELIVERY | |
| 60 | | | motherIntraprtumFever | BMD236 FEVER | |
| 61 | | | motherIntrapartumFeverDate | BMD237 FEVERDT | |
| 62 | | | motherIntrapartumFeverTime | BMD290 Time6 | |
| 63 | | | currentlyAttendingCollege | BMD135 COLLEGE | |
| 64 | | | MotherMembraneRuptureGPSCulturecollected | BMD253 GBSAFTERAD | |
| 65 | | | fullOrPartTimeStudent | BMD165 STUDTYPE | |
| 66 | | | housing | BMD166 HOUSE | |
| 67 | | | otherHousing | BMD167 OTHHOUSE | |

Attachment 6

BMIRD

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|----|--|--|---|----------------------|--|
| 68 | | | fullNameCollegeOrUniversity | BMD168 SCHOOLNM | |
| 69 | | | patientReceiveMenigococcal | BMD169 POLYVAC | |
| 70 | | | motherMembraneRuptureGPSCulturePositive | BMD256 POSCULT3 | |
| 71 | | | motherMembraneRuptureGPSCultureResultAvailToCareGiver AtDelivery | BMD257 GBSAVAIL | |
| 72 | | | motherReceivePrenatal | BMD238 PRENATAL | |
| 73 | | | MotherPrenatalRecordInLaborAndDeliveryChart | BMD239 PRENATREC | |
| 74 | | | motherPrenatalNumberOfVisit | BMD240 NOVISITS | |
| 75 | | | motherPrenatalDateFirstVisit | BMD241 FIRSTVISIT | |
| 76 | | | motherPrenatalDateLastVisit | BMD242 LASTVISIT | |
| 77 | | | estimatedGestatinalAgeAtLastPrenatalVisit | BMD243 EGA | |

Attachment 6

BMIRD

| Original Order | NETSS Entry Screen Order | NEDSS Prompt From UI | NEDSS Section Instructions from UI | NEDSS Unique ID Description | SRT | Applicable Condition Code(s) |
|----------------|--------------------------|---|---|---|---------------|------------------------------|
| 78 | 17 | N/A | N/A | | | |
| 79 | 18 | N/A | N/A | | | |
| 2 | 1 | If <6 years of age is the patient in daycare? | If <6 years of age is the patient in daycare? | If <6 year s of age is the patient in daycare? | YNU | BMDGEN |
| 6 | 5 | Date first positive culture obtained: | Date first positive culture obtained. | | | BMDGEN |
| 81 | 20 | If <15 years of age and serotype is 'b' or 'Unk', did patient receive Haemophilus influenzae b vaccine? | | If <15 years of age and serotype is 'b' or 'unk', did the patient receive Haemophilus Influenzae b vaccine? | YNU | 10590 |
| 8 | 7 | Types of Infection caused by organism: | The types of infection that are caused by the organism. This is a multi-select field. | The types of infection that are caused by the organism. This is a multi-select field. | BM_INFEC_TYPE | BMDGEN |
| 10 | 9 | Types of Infection caused by organism: | The types of infection that are caused by the organism. This is a multi-select field. | The types of infection that are caused by the organism. This is a multi-select field. | BM_INFEC_TYPE | BMDGEN |
| 12 | 11 | Types of Infection caused by organism: | The types of infection that are caused by the organism. This is a multi-select field. | The types of infection that are caused by the organism. This is a multi-select field. | BM_INFEC_TYPE | BMDGEN |

Attachment 6

BMIRD

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|----|----|---|---|---|-----------------|--------|
| 84 | 23 | Lot Number | The vaccine lot number of the vaccine administered. | 1st Vaccine Event: The vaccine lot number of the vaccine administered. | | 10590 |
| 87 | 26 | Lot Number | The vaccine lot number of the vaccine administered. | The vaccine lot number of the vaccine administered. | | 10590 |
| 90 | 29 | Lot Number | The vaccine lot number of the vaccine administered. | The vaccine lot number of the vaccine administered. | | 10590 |
| 93 | 32 | Lot Number | The vaccine lot number of the vaccine administered. | The vaccine lot number of the vaccine administered. | | 10590 |
| 27 | 16 | | The other serotype of the culture. | Other serotype | | 10590 |
| 3 | 2 | Did the patient die from the illness that is being investigated? | Public_health_case.outcome_cd | Did the patient die from the illness that is being investigated? | YNU | BMDGEN |
| 80 | 19 | N/A | N/A | N/A | N/A | 10590 |
| 25 | 14 | Rifampin | Neisseria meningitidis resistance to Rifampin. | Neisseria meningitidis resistance to Rifampin | YNU | 10150 |
| 13 | 12 | What was the serogroup? | The serogroup of the culture. | The serogroup of the culture. | BM_SERO_GRP | 10150 |
| 26 | 15 | What was the serotype? | The serotype of the culture. | The serotype of the culture. | BM_SERO_TYPE | 10590 |
| 5 | 4 | Another Bacterial Species not listed in the Other Bacterial Species drop-down list. | Another Bacterial Species not listed in the Other Bacterial Species drop-down list. | Another Bacterial Species not listed in the Other Bacterial Species drop-down list. | BM_OTHER_BAC_SP | BMDGEN |

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| 4 | 3 | Bacterial species isolated from any normally sterile site: Other bacterial species that was isolated from any normally sterile site. | The bacterial species that was isolated from any normally sterile site. Other bacterial species that was isolated from any normally sterile site. | The bacterial species that was isolated from any normally sterile site. Other bacterial species that was isolated from any normally sterile site. | BM_SPEC_ISOL BM_OTHER_BAC_SP | BMDGEN |
| 7 | 6 | Sterile sites from which organism isolated | The sterile sites from which the organism was isolated. This is a multi-select field. | BMD122:The sterile sites from which the organism was isolated. This is a multi-select field. BMD125:The nonsterile sites from which the organism was isolated. This is a multi-select field. Con | BM_ORG_ISO_S1 - | BMDGEN |
| 9 | 8 | Sterile sites from which organism isolated | The sterile sites from which the organism was isolated. This is a multi-select field. | BMD122:The sterile sites from which the organism was isolated. This is a multi-select field. BMD125:The nonsterile sites from which the organism was isolated. This is a multi-select field. Con | BM_ORG_ISO_S1 - | BMDGEN |
| 11 | 10 | Specify specimen from which organism isolated | The sterile sites from which the organism was isolated. This is a multi-select field. | BMD122:The sterile sites from which the organism was isolated. This is a multi-select field. BMD125:The nonsterile sites from which the organism was isolated. This is a multi-select field. Con | BM_ORG_ISO_S1 - | BMDGEN |
| 24 | 13 | Sulfa | Neisseria meningitidis resistance to Sulfa. | Neisseria meningitidis resistance to Sulfa. | YNU | 10150 |
| 82 | 21 | Date Given | The date that the vaccine was administered. 1st vaccine event | The date that the vaccine was administered. | | 10590 |
| 85 | 24 | Date Given | The date that the vaccine was administered. 1st vaccine event | The date that the vaccine was administered. | | 10590 |

Attachment 6

BMIRD

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|----|----|---------------------------|---|--|-----------------|--------|
| 88 | 27 | Date Given | The date that the vaccine was administered. 1st vaccine event | The date that the vaccine was administered. | | 10590 |
| 91 | 30 | Date Given | The date that the vaccine was administered. 1st vaccine event | The date that the vaccine was administered. | | 10590 |
| 83 | 22 | Vaccine Name/Manufacturer | The type of vaccine administered. | The type of vaccine administered, (I.E, MMR, DaPT,HepB). Use CVX codes, HL7 Table 0292 | VAC_NM | 10590 |
| 86 | 25 | Vaccine Name/Manufacturer | The type of vaccine administered. | The type of vaccine administered, (I.E, MMR, DaPT,HepB). Use CVX codes, HL7 Table 0292 | VAC_NM | 10590 |
| 89 | 28 | Vaccine Name/Manufacturer | The type of vaccine administered. | The type of vaccine administered, (I.E, MMR, DaPT,HepB). Use CVX codes, HL7 Table 0292 | VAC_NM | 10590 |
| 92 | 31 | Vaccine Name/Manufacturer | The type of vaccine administered. | The type of vaccine administered, (I.E, MMR, DaPT,HepB). Use CVX codes, HL7 Table 0292 | VAC_NM | 10590 |
| 14 | | | Other serogroup of the culture. | | | 10150 |
| 15 | | | Did the patient have any underlying conditions? | | YNU | BMDGEN |
| 16 | | | The underlying conditions that the subject has. This is a multi-select field. | | BM_UNDERL_CAUSE | BMDGEN |
| 17 | | | Other malignancy that the subject had as an underlying condition. | | | BMDGEN |
| 18 | | | Detail of the organ transplant that the subject had as an underlying condition. | | | BMDGEN |
| 19 | | | Other prior illness that the subject had as an underlying condition. | | | BMDGEN |

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| 20 | | Was the patient pregnant/post-partum at the time of the first positive culture? | | YNU | BMDGEN |
| 21 | | The outcome of the fetus if the patient was pregnant or post-parum at the time of first positive culture. | | | BMDGEN |
| 22 | | Is the patient less than one month of age? | | YNU | BMDGEN |
| 23 | | Other case identification method. | | | 10150 |
| 28 | | The type of medical insurance that the family has. | | MED_INS_TYPE | 10590 |
| 29 | | Is there a known previous contact with Hib disease within the preceding two months? | | YNU | 10590 |
| 30 | | Type of previous contact with Hib disease within the preceding two months. | | | 10590 |
| 31 | | The patient's significant past medical history. | | BM_MED_HIST | 10590 |
| 32 | | Specify immunosuppression/HIV. | | | 10590 |
| 33 | | Specify other prior condition. | | | 10590 |
| 34 | | Is acute serum available? | | YNU | 10590 |
| 35 | | Date of acute serum availability. | | | 10590 |
| 36 | | Is convalescent serum available? | | YNU | 10590 |
| 37 | | Date of convalescent serum availability. | | | 10590 |
| 38 | | Did the patient have surgery? | | YNU | 11710 |
| 39 | | The date of the surgery. | | | 11710 |
| 40 | | Did the patient have baby (vaginal or C-section)? | | YNU | 11710 |
| 41 | | The date of the baby's delivery. | | | 11710 |

Attachment 6

BMIRD

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|----|--|--|--|--|----------------|--------|
| 42 | | | Did this birth occur outside a hospital? | | | 11715 |
| 43 | | | Location where the birth occurred, if the birth occurred outside of a hospital. | | BIRTH_LOC_TYPE | 11715 |
| 44 | | | Does the patient have persistent disease as defined by positive sterile site isolates 2-7 days after the first positive isolate? | | YNU | 11717 |
| 45 | | | The culture date of the Group B Strep cultures collected after admission (before delivery). | | | 11715 |
| 46 | | | The sites from which the first Streptococcus pneumoniae culture was isolated. This is a multi-select field. | | BM_ORG_ISO_S1 | 11717 |
| 47 | | | The sites from which the second Streptococcus pneumoniae culture was isolated. This is a multi-select field. | | BM_ORG_ISO_S1 | 11717 |
| 48 | | | The culture sites of the Group B Strep cultures collected after admission (before delivery). This is a multi-select field. | | BM_ORG_ISO_SI | GROUPB |
| 49 | | | Has patient received 23-valent pneumococcal polysaccharide vaccine? | | YNU | 11717 |
| 50 | | | If less than fifteen years of age, did the patient receive pneumococcal conjugate vaccine? | | YNU | 11717 |
| 51 | | | The mother's admission date and time to the hospital. | | | 11715 |
| 52 | | | | | | 11715 |
| 53 | | | | | | 11715 |
| 54 | | | The date and time the membrane ruptured. | | | 11715 |

BMIRD

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|----|--|--|--|--|----------------|-------|
| 55 | | | | | | 11715 |
| 56 | | | Was duration of membrane rupture greater than or equal to 18 hours? | | YNU | 11715 |
| 57 | | | If membrane ruptured at less than 37 weeks, did membranes rupture before onset of labor? | | YNU | 11715 |
| 58 | | | The type of membrane rupture. Required Attribute: No | | BIRTH_RUP_TYPE | 11715 |
| 59 | | | The type of delivery. Required Attribute: No | | BIRTH_DEL_MT | 11715 |
| 60 | | | Did the mother have an intrapartum fever? (T >= 100.4 F or 38.0 C) Required Attribute: No | | YNU | 11715 |
| 61 | | | The first recorded intrapartum temperature that was greater than or equal to 100.4 F or 38.0 C. Required Attribute: No | | | 11715 |
| 62 | | | time | | | 11715 |
| 63 | | | Is patient currently attending college? This question is only applicable if the patient is 15-24 years of age. Required Attribute: No | | YNU | 11715 |
| 64 | | | If membranes ruptured before 37 weeks, were Group B Strep cultures collected after admission (before delivery)? Required Attribute: No | | YNU | 11715 |
| 65 | | | The patient's status in college as defined by the university. Required Attribute: No | | STUDENT_TYPE | 11715 |
| 66 | | | The patient's current living situation. | | HOUSING_TYPE | 10150 |
| 67 | | | Other housing option. Required Attribute: No | | | 10150 |

Attachment 6

BMIRD

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|----|--|--|--|--|-----|-------|
| 68 | | | The full name of the college or university the patient is currently attending. Required Attribute: No | | | 10150 |
| 69 | | | Has patient received the polysaccharide meningococcal vaccine? Required Attribute: No | | YNU | 10150 |
| 70 | | | Was the culture a positive culture? (Do not include urine) Required Attribute: No | | YNU | 11715 |
| 71 | | | Were GBS culture results available to care givers at time of delivery? Required Attribute: No | | YNU | 11715 |
| 72 | | | Did the mother receive prenatal care? Required Attribute: No | | YNU | 11715 |
| 73 | | | Was the prenatal record (even partial information) in the labor and delivery chart? Required Attribute: No | | YNU | 11715 |
| 74 | | | The number of prenatal care visits. Required Attribute: No | | | 11715 |
| 75 | | | The date of the first prenatal care visit. Required Attribute: No | | | 11715 |
| 76 | | | The date of the last prenatal care visit. Required Attribute: No | | | 11715 |
| 77 | | | The estimated gestational age (EGA) at the last documented prenatal care visit. Required Attribute: No | | | 11715 |

Attachment 6

BMIRD

| Original Order | NETSS Entry Screen Order | ADS Column.table | Metadata/ Comments | Comments |
|----------------|--------------------------|-----------------------------------|---|------------------------|
| 78 | 17 | LDF | | Not available in NEDSS |
| 79 | 18 | LDF | Not available in NEDSS | Not available in NEDSS |
| 2 | 1 | Obs_value_coded.code | | |
| 6 | 5 | Public_health_case.diagnosis_time | BMD124 (FIRSTCULT in BMIRD) and INV136 (EVENTDATE with EVENTTYPE = 2: Diagnosis Date) map to the same field. If this happens, BMD124 should supercede INV136. | |
| 81 | 20 | LDF | | Not available in NEDSS |
| 8 | 7 | Obs_value_coded.code | | 1st value in NEDSS |
| 10 | 9 | Obs_value_coded.code | | 2nd value in NEDSS |
| 12 | 11 | Obs_value_coded.code | | 3rd value in NEDSS |

BMIRD

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|----|----|-------------------------------|---|---|
| 84 | 23 | Manufactured_material.lot_num | This is a repeating element in a vaccine table. EACH vaccine given is sent in the notification as its own Vaccine Event. The participation is "VaccGiven" | 1st Vaccine Event |
| 87 | 26 | Manufactured_material.lot_num | This is a repeating element in a vaccine table. EACH vaccine given is sent in the notification as its own Vaccine Event. The participation is "VaccGiven" | 2nd Vaccine Event |
| 90 | 29 | Manufactured_material.lot_num | This is a repeating element in a vaccine table. EACH vaccine given is sent in the notification as its own Vaccine Event. The participation is "VaccGiven" | 3rd Vaccine Event |
| 93 | 32 | Manufactured_material.lot_num | This is a repeating element in a vaccine table. EACH vaccine given is sent in the notification as its own Vaccine Event. The participation is "VaccGiven" | 4th Vaccine Event |
| 27 | 16 | Obs_value_coded.txt | | |
| 3 | 2 | | | SRT conversion needed |
| 80 | 19 | N/A | Not available in NEDSS | Not available in NEDSS |
| 25 | 14 | Obs_value_coded.code | | This is a Neisseria meningitidis-only element in NEDSS |
| 13 | 12 | Obs_value_coded.code | | This is a Neisseria meningitidis-only element in NEDSS |
| 26 | 15 | Obs_value_coded.code | | This is a Haemophilus influenzae-only element in NEDSS |
| 5 | 4 | Obs_value_txt.value_txt | Create BMD121 with "Other Bacterial Species", and Create BMD268 with actual species name | SRT conversion needed - 3 NEDSS elements and SRTs involed |

BMIRD

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|----|----|--|--|---|
| 4 | 3 | Obs_value_coded.code Obs_value_coded.code | Versatile Tool utility will give species name, in xml tag <xs:element name="species" type="xs:string" id="BMD120BMD121BMD268" minOccurs="0"/> This is under <xs:complexType name="BMIRDConditionType"> Data migration code will interpret it and create necessary objects as follows: 1. If species is present in code_set_nm = 'BM_SPEC_ISOL' Create BMD120 with actual species name. 2. If species is present in code_set_nm = 'BM_OTHER_BAC_SP' Create BMD121 with actual species name. 3. If species is not present in either of them then, Create BMD121 with "Other Bacterial Species", and Create BMD268 with actual species name. | SRT conversion needed - 3 NEDSS elements and SRTs involved |
| 7 | 6 | Obs_value_coded.code - | | |
| 9 | 8 | Obs_value_coded.code - | | |
| 11 | 10 | Obs_value_coded.code - | | |
| 24 | 13 | Obs_value_coded.code | | This is a Neisseria meningitidis-only element in NEDSS |
| 82 | 21 | Intervention.activity_from_time | This is a repeating element in a vaccine table. EACH vaccine given is sent in the notification as its own Vaccine Event. | 1st Vaccine Event |
| 85 | 24 | Intervention.activity_from_time | This is a repeating element in a vaccine table. EACH vaccine given is sent in the notification as its own Vaccine Event. | 2nd Vaccine Event |

BMIRD

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|----|----|---------------------------------|--|-------------------|
| 88 | 27 | Intervention.activity_from_time | This is a repeating element in a vaccine table. EACH vaccine given is sent in the notification as its own Vaccine Event. | 3rd Vaccine Event |
| 91 | 30 | Intervention.activity_from_time | This is a repeating element in a vaccine table. EACH vaccine given is sent in the notification as its own Vaccine Event. | 4th vaccine event |
| 83 | 22 | | This is a repeating element in a vaccine table. EACH vaccine given is sent in the notification as its own Vaccine Event. The participation is "VaccGiven". | 1st Vaccine Event |
| 86 | 25 | | This is a repeating element in a vaccine table. EACH vaccine given is sent in the notification as its own Vaccine Event. The participation is "VaccGiven". | 2nd Vaccine Event |
| 89 | 28 | | This is a repeating element in a vaccine table. EACH vaccine given is sent in the notification as its own Vaccine Event. The participation is "VaccGiven". | 3rd Vaccine Event |
| 92 | 31 | | This is a repeating element in a vaccine table. EACH vaccine given is sent in the notification as its own Vaccine Event. The participation is "VaccGiven". | 4th Vaccine Event |
| 14 | | Obs_value_txt.value_txt | | |
| 15 | | Obs_value_coded.code | | |
| 16 | | Obs_value_coded.code | | |
| 17 | | Obs_value_txt.value_txt | | |
| 18 | | Obs_value_txt.value_txt | | |
| 19 | | Obs_value_txt.value_txt | | |

BMIRD

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|----|--------------------------|--|
| 20 | Obs_value_coded.code | |
| 21 | Obs_value_coded.code | |
| 22 | Obs_value_coded.code | |
| 23 | Obs_value_txt.value_txt | |
| 28 | Obs_value_coded.code | |
| 29 | Obs_value_coded.code | |
| 30 | Obs_value_txt.value_txt | |
| 31 | Obs_value_coded.code | |
| 32 | Obs_value_txt.value_txt | |
| 33 | Obs_value_txt.value_txt | |
| 34 | Obs_value_coded.code | |
| 35 | Obs_value_date.from_time | |
| 36 | Obs_value_coded.code | |
| 37 | Obs_value_date.from_time | |
| 38 | Obs_value_coded.code | |
| 39 | Obs_value_date.from_time | |
| 40 | Obs_value_coded.code | |
| 41 | Obs_value_date.from_time | |

BMIRD

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|----|--|---|-------------|
| 42 | | | |
| 43 | | Obs_value_coded.code | |
| 44 | | Obs_value_coded.code | |
| 45 | | Obs_value_date.from_time (only for Group B – otherwise, the Core record's Specimen Collection Date has been mapped to the PHC.diagnosis_time) | |
| 46 | | Obs_value_coded.code | Multiselect |
| 47 | | Obs_value_coded.code | |
| 48 | | Obs_value_coded.code | |
| 49 | | Obs_value_coded.code | |
| 50 | | Obs_value_coded.code | |
| 51 | | Obs_value_date.from_time | |
| 52 | | Obs_value_txt.value_tx | |
| 53 | | | |
| 54 | | Obs_value_date.fromtime_txt | |

BMIRD

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|----|--|-----------------------------------|--|
| 55 | | Obs_value_numeric.numeric_value_1 | |
| 56 | | Obs_value_coded.code | |
| 57 | | Obs_value_coded.code | |
| 58 | | Obs_value_coded.code | |
| 59 | | Obs_value_coded.code | |
| 60 | | Obs_value_coded.code | |
| 61 | | Obs_value_date.from_time | |
| 62 | | Obs_value_date.duration_txt | |
| 63 | | Obs_value_coded.code | |
| 64 | | Obs_value_coded.code | |
| 65 | | Obs_value_coded.code | |
| 66 | | Obs_value_coded.code | |
| 67 | | Obs_value_txt.value_txt | |

BMIRD

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|----|--|-----------------------------------|--|
| 68 | | Obs_name.nm_txt | |
| 69 | | Obs_value_coded.code | |
| 70 | | Obs_value_coded.code | |
| 71 | | Obs_value_coded.code | |
| 72 | | Obs_value_coded.code | |
| 73 | | Obs_value_coded.code | |
| 74 | | Obs_value_numeric.numeric_value_1 | |
| 75 | | Obs_value_date.from_time | |
| 76 | | Obs_value_date.from_time | |
| 77 | | Obs_value_numeric.numeric_value_1 | |

NETSS Codes to NEDSS SRT Code Mapping for : Meningitis

| NETSS VARIABLE | CONTEXT OF CODE (SHORT NETSS QUESTION) | NETSS VALUE | NETSS CODE DESCRIPTION | NETSS COMMENTS | SRT_TABLE_NM | CODE_SET_NM | CODE | CODE_DESC_TXT | CODE_SHORT_DESC_TXT | NEDSS COMMENTS | NETSS - NEDSS DISCREPANCY | | |
|----------------|--|-------------|--------------------------|----------------|--------------------|---------------------------------|-------------------------------------|--|--|---|---------------------------|--|--|
| DAYCARE | IF <6 YEARS OF AGE IS PATIENT IN DAYCARE? | 1 | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | | |
| DAYCARE | IF <6 YEARS OF AGE IS PATIENT IN DAYCARE? | 2 | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | | |
| DAYCARE | IF <6 YEARS OF AGE IS PATIENT IN DAYCARE? | 9 | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | | |
| OUTCOME | PATIENT OUTCOME OF ILLNESS | 1 | SURVIVED | | CODE_VALUE_GENERAL | YNU | N | No | No | NETSS question relates to patient's outcome, but NEDSS question is specific to whether pt died from the illness. | | | |
| OUTCOME | PATIENT OUTCOME OF ILLNESS | 2 | DIED | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | NETSS question relates to patient outcome, but NEDSS question is specific to whether pt died. | | | |
| OUTCOME | PATIENT OUTCOME OF ILLNESS | 9 | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | | |
| SPECIES | TYPE OF BACTERIAL SPECIES ISOLATION FROM ANY NORMALLY STERILE SITE | 1 | NEISSERIA MENINGITIDIS | | CODE_VALUE_GENERAL | BM_SPEC_ISOL | 10150 | Neisseria meningitidis, invasive (Meningococcal disease) | Neisseria meningitidis, invasive (Mening. disease) | | | | |
| SPECIES | TYPE OF BACTERIAL SPECIES ISOLATION FROM ANY NORMALLY STERILE SITE | 2 | HAEMOPHILUS INFLUENZAE | | CODE_VALUE_GENERAL | BM_SPEC_ISOL | 15090 | Haemophilus influenzae, invasive | Haemophilus influenzae, invasive | | | | |
| SPECIES | TYPE OF BACTERIAL SPECIES ISOLATION FROM ANY NORMALLY STERILE SITE | 3 | GROUP B STREPTOCOCCUS | | CODE_VALUE_GENERAL | BM_SPEC_ISOL | 11715 | Group B Streptococcus, invasive | Group B Streptococcus, invasive | | | | |
| SPECIES | TYPE OF BACTERIAL SPECIES ISOLATION FROM ANY NORMALLY STERILE SITE | 4 | LISTERIA MONOCYTOGENES | | CODE_VALUE_GENERAL | [not contained in BM_SPEC_ISOL] | [requested this to be added to SRT] | Listeria monocytogenes | Listeria monocytogenes | [Comment: Instead of treating it as an LDF, add Listeria monocytogenes to the NEDSS reference tables for all states. Note: Listeriosis (event code 10640) is related to this organism.] | | | |
| SPECIES | TYPE OF BACTERIAL SPECIES ISOLATION FROM ANY NORMALLY STERILE SITE | 5 | STREPTOCOCCUS PNEUMONIAE | | CODE_VALUE_GENERAL | BM_SPEC_ISOL | 11717 | Streptococcus pneumoniae, invasive | | | | | |
| SPECIES | TYPE OF BACTERIAL SPECIES ISOLATION FROM ANY NORMALLY STERILE SITE | 6 | ESCHERICHIA COLI | | CODE_VALUE_GENERAL | BM_OTHER_BAC_SP | E COLI | E coli | E coli | | | | |
| SPECIES | TYPE OF BACTERIAL SPECIES ISOLATION FROM ANY NORMALLY STERILE SITE | 7 | STAPH AUREUS | | CODE_VALUE_GENERAL | BM_OTHER_BAC_SP | STAPH AUR | Staph aureus | Staph aureus | | | | |
| SPECIES | TYPE OF BACTERIAL SPECIES ISOLATION FROM ANY NORMALLY STERILE SITE | 8 | STAPH EPIDERMIS | | CODE_VALUE_GENERAL | BM_OTHER_BAC_SP | STAPH EPI | Staph epi | Staph epi | | | | |
| SPECIES | TYPE OF BACTERIAL SPECIES ISOLATION FROM ANY NORMALLY STERILE SITE | 9 | KLEBSIELLA species | | CODE_VALUE_GENERAL | BM_OTHER_BAC_SP | KLEBSIELLA | Klebsiella | Klebsiella | | | | |
| SPECIES | TYPE OF BACTERIAL SPECIES ISOLATION FROM ANY NORMALLY STERILE SITE | 10 | ENTEROBACTER SPECIES | | CODE_VALUE_GENERAL | BM_OTHER_BAC_SP | ENTEROBAC | Enterobacter | Enterobacter | | | | |
| SPECIES | TYPE OF BACTERIAL SPECIES ISOLATION FROM ANY NORMALLY STERILE SITE | 11 | SERRATIA SPECIES | | CODE_VALUE_GENERAL | BM_OTHER_BAC_SP | Serratia species | Serratia spp. | Serratia spp. | | | | |
| SPECIES | TYPE OF BACTERIAL SPECIES ISOLATION FROM ANY NORMALLY STERILE SITE | 12 | ACINETOBACTER SPECIES | | CODE_VALUE_GENERAL | BM_OTHER_BAC_SP | L-10500 | Acinetobacter spp. | Acinetobacter spp. | | | | |
| SPECIES | TYPE OF BACTERIAL SPECIES ISOLATION FROM ANY NORMALLY STERILE SITE | 13 | GROUP A STREPTOCOCCUS | | CODE_VALUE_GENERAL | BM_SPEC_ISOL | 11710 | Group A Streptococcus, invasive | Group A Streptococcus, invasive | | | | |
| SPECIES | TYPE OF BACTERIAL SPECIES ISOLATION FROM ANY NORMALLY STERILE SITE | 14 | GROUP D STREPTOCOCCUS | | CODE_VALUE_GENERAL | BM_OTHER_BAC_SP | STREP GP D | Strep Group D | Strep Group D | | | | |

NETSS Codes to NEDSS SRT Code Mapping for : Meningitis

| NETSS VARIABLE | CONTEXT OF CODE (SHORT NETSS QUESTION) | NETSS VALUE | NETSS CODE DESCRIPTION | NETSS COMMENTS | SRT_TABLE_NM | CODE_SET_NM | CODE | CODE_DESC_TXT | CODE_SHORT_DESC_TXT | NEDSS COMMENTS | NETSS - NEDSS DISCREPANCY | | |
|----------------|--|-------------|------------------------|---|--------------------|-----------------|----------|-----------------------|---|---|---------------------------|--|--|
| SPECIES | TYPE OF BACTERIAL SPECIES ISOLATION FROM ANY NORMALLY STERILE SITE | 15 | OTHER STREPTOCOCCUS | This NETSS code represents other streptococcus whereas the NEDSS maps this to Streptococcal disease, other invasive, beta hemolytic (non-Group A and non-Group B) only. | CODE_VALUE_GENERAL | BM_SPEC_ISOL | 11716 | STREP UNSPC | | Code 11716 in the SRT is not the correct event code for the Description text in the SRT which states "Streptococcal disease, invasive, other". The disease for event 11716 is much more specific and the description in the SRT is much more general. | | | |
| SPECIES | TYPE OF BACTERIAL SPECIES ISOLATION FROM ANY NORMALLY STERILE SITE | 16 | OTHER | | CODE_VALUE_GENERAL | BM_OTHER_BAC_SP | OTHER | Other (specify) | Other (specify) | Also mapped to OTHER in NETSS: 10650, Bacterial Meningitis, other PROT MIRAB, PROTEUS PSEU AEUR, PSEU CEPAC, PSEUDOMON, SALMONEL, STAPH COAG N, YERSINA ENT | | | |
| FIRSTCULT | DATE OF FIRST POSITIVE CULTURE OBTAINED | date | | NOT CODED VALUE | | | | | | | | | |
| SPECIMEN1 | SPECIMEN FROM WHICH ORGANISM WAS ISOLATED | 1 | BLOOD | | CODE_VALUE_GENERAL | BM_ORG_ISO_S1 | BLOOD | Blood | Blood | | | | |
| SPECIMEN1 | SPECIMEN FROM WHICH ORGANISM WAS ISOLATED | 2 | CSF | | CODE_VALUE_GENERAL | BM_ORG_ISO_S1 | CSF | Cerebral Spinal Fluid | Cerebral Spinal Fluid | | | | |
| SPECIMEN1 | SPECIMEN FROM WHICH ORGANISM WAS ISOLATED | 3 | PLEURAL | | CODE_VALUE_GENERAL | BM_ORG_ISO_S1 | PLEURAL | Pleural Fluid | Pleural Fluid | | | | |
| SPECIMEN1 | SPECIMEN FROM WHICH ORGANISM WAS ISOLATED | 4 | PERITONEAL FLUID | | CODE_VALUE_GENERAL | BM_ORG_ISO_S1 | PERINEAL | Peritoneal fluid | Peritoneal fluid | | | | |
| SPECIMEN1 | SPECIMEN FROM WHICH ORGANISM WAS ISOLATED | 5 | PERICARDIAL FLUID | | CODE_VALUE_GENERAL | BM_ORG_ISO_S1 | PERICRD | Pericardial Fluid | Pericardial Fluid | | | | |
| SPECIMEN1 | SPECIMEN FROM WHICH ORGANISM WAS ISOLATED | 6 | JOINT | | CODE_VALUE_GENERAL | BM_ORG_ISO_S1 | JOINT | Joint | Joint | | | | |
| SPECIMEN1 | SPECIMEN FROM WHICH ORGANISM WAS ISOLATED | 7 | PLACENTA | | CODE_VALUE_GENERAL | BM_ORG_ISO_S2 | PLACENTA | Placenta | Placenta | | | | |
| SPECIMEN1 | SPECIMEN FROM WHICH ORGANISM WAS ISOLATED | 8 | AMNIOTIC FLUID | | CODE_VALUE_GENERAL | BM_ORG_ISO_S2 | AMNIOTIC | Amniotic fluid | Amniotic fluid | | | | |
| SPECIMEN1 | SPECIMEN FROM WHICH ORGANISM WAS ISOLATED | 9 | OTHER | | CODE_VALUE_GENERAL | BM_ORG_ISO_S1 | OTH | Other | Other [Other normally sterile site (specify)]-den4 02/04/2004 | BM_ORG_ISO_S2 XREF that mapped to OTHER: INBODYSITE, MUSC BM_ORG_ISO_S1 XREF that mapped to OTHER: MIDDLEEAR, SINUS, WOUND | | | |
| SPECIMEN2 | SPECIMEN FROM WHICH ORGANISM WAS ISOLATED | 1 | BLOOD | | CODE_VALUE_GENERAL | BM_ORG_ISO_S1 | BLOOD | Blood | Blood | | | | |
| SPECIMEN2 | SPECIMEN FROM WHICH ORGANISM WAS ISOLATED | 2 | CSF | | CODE_VALUE_GENERAL | BM_ORG_ISO_S1 | CSF | Cerebral Spinal Fluid | Cerebral Spinal Fluid | | | | |
| SPECIMEN2 | SPECIMEN FROM WHICH ORGANISM WAS ISOLATED | 3 | PLEURAL | | CODE_VALUE_GENERAL | BM_ORG_ISO_S1 | PLEURAL | Pleural Fluid | Pleural Fluid | | | | |
| SPECIMEN2 | SPECIMEN FROM WHICH ORGANISM WAS ISOLATED | 4 | PERITONEAL FLUID | | CODE_VALUE_GENERAL | BM_ORG_ISO_S1 | PERINEAL | Peritoneal fluid | Peritoneal fluid | | | | |
| SPECIMEN2 | SPECIMEN FROM WHICH ORGANISM WAS ISOLATED | 5 | PERICARDIAL FLUID | | CODE_VALUE_GENERAL | BM_ORG_ISO_S1 | PERICRD | Pericardial Fluid | Pericardial Fluid | | | | |
| SPECIMEN2 | SPECIMEN FROM WHICH ORGANISM WAS ISOLATED | 6 | JOINT | | CODE_VALUE_GENERAL | BM_ORG_ISO_S1 | JOINT | Joint | Joint | | | | |
| SPECIMEN2 | SPECIMEN FROM WHICH ORGANISM WAS ISOLATED | 7 | PLACENTA | | CODE_VALUE_GENERAL | BM_ORG_ISO_S2 | PLACENTA | Placenta | Placenta | | | | |
| SPECIMEN2 | SPECIMEN FROM WHICH ORGANISM WAS ISOLATED | 8 | AMNIOTIC FLUID | | CODE_VALUE_GENERAL | BM_ORG_ISO_S2 | AMNIOTIC | Amniotic fluid | Amniotic fluid | | | | |
| SPECIMEN2 | SPECIMEN FROM WHICH ORGANISM WAS ISOLATED | 9 | OTHER | | CODE_VALUE_GENERAL | BM_ORG_ISO_S1 | OTH | Other | Other | BM_ORG_ISO_S2 XREF that mapped to OTHER: INBODYSITE, MUSC BM_ORG_ISO_S1 XREF that mapped to OTHER: MIDDLEEAR, SINUS, WOUND | | | |
| SPECIMEN3 | SPECIMEN FROM WHICH ORGANISM WAS ISOLATED | 1 | BLOOD | | CODE_VALUE_GENERAL | BM_ORG_ISO_S1 | BLOOD | Blood | Blood | | | | |
| SPECIMEN3 | SPECIMEN FROM WHICH ORGANISM WAS ISOLATED | 2 | CSF | | CODE_VALUE_GENERAL | BM_ORG_ISO_S1 | CSF | Cerebral Spinal Fluid | Cerebral Spinal Fluid | | | | |
| SPECIMEN3 | SPECIMEN FROM WHICH ORGANISM WAS ISOLATED | 3 | PLEURAL | | CODE_VALUE_GENERAL | BM_ORG_ISO_S1 | PLEURAL | Pleural Fluid | Pleural Fluid | | | | |
| SPECIMEN3 | SPECIMEN FROM WHICH ORGANISM WAS ISOLATED | 4 | PERITONEAL FLUID | | CODE_VALUE_GENERAL | BM_ORG_ISO_S1 | PERINEAL | Peritoneal fluid | Peritoneal fluid | | | | |
| SPECIMEN3 | SPECIMEN FROM WHICH ORGANISM WAS ISOLATED | 5 | PERICARDIAL FLUID | | CODE_VALUE_GENERAL | BM_ORG_ISO_S1 | PERICRD | Pericardial Fluid | Pericardial Fluid | | | | |
| SPECIMEN3 | SPECIMEN FROM WHICH ORGANISM WAS ISOLATED | 6 | JOINT | | CODE_VALUE_GENERAL | BM_ORG_ISO_S1 | JOINT | Joint | Joint | | | | |
| SPECIMEN3 | SPECIMEN FROM WHICH ORGANISM WAS ISOLATED | 7 | PLACENTA | | CODE_VALUE_GENERAL | BM_ORG_ISO_S2 | PLACENTA | Placenta | Placenta | | | | |
| SPECIMEN3 | SPECIMEN FROM WHICH ORGANISM WAS ISOLATED | 8 | AMNIOTIC FLUID | | CODE_VALUE_GENERAL | BM_ORG_ISO_S2 | AMNIOTIC | Amniotic fluid | Amniotic fluid | | | | |

NETSS Codes to NEDSS SRT Code Mapping for : Meningitis

| NETSS VARIABLE | CONTEXT OF CODE (SHORT NETSS QUESTION) | NETSS VALUE | NETSS CODE DESCRIPTION | NETSS COMMENTS | SRT_TABLE_NM | CODE_SET_NM | CODE | CODE_DESC_TXT | CODE_SHORT_DESC_TXT | NEDSS COMMENTS | NETSS - NEDSS DISCREPANCY | | |
|----------------|---|-------------|------------------------|----------------|--------------------|---------------|----------|---|--------------------------|---|---------------------------|--|--|
| SPECIMEN3 | SPECIMEN FROM WHICH ORGANISM WAS ISOLATED | 9 | OTHER | | CODE_VALUE_GENERAL | BM_ORG_ISO_S1 | OTH | Other | Other | BM_ORG_ISO_S2 XREF that mapped to OTHER: INBODYSITE, MUSC BM_ORG_ISO_S1 XREF that mapped to OTHER: MIDDLEEAR, SINUS, WOUND | | | |
| INFECTION1 | TYPE OF INFECTION CAUSED BY ORGANISM | 1 | PRIMARY BACTEREMIA | | CODE_VALUE_GENERAL | BM_INFEC_TYPE | BACTEREM | Bacteremia without focus | Bacteremia without focus | | | | |
| INFECTION1 | TYPE OF INFECTION CAUSED BY ORGANISM | 2 | MENINGITIS | | CODE_VALUE_GENERAL | BM_INFEC_TYPE | MENING | Meningitis | Meningitis | | | | |
| INFECTION1 | TYPE OF INFECTION CAUSED BY ORGANISM | 3 | OTITIS MEDIA | | CODE_VALUE_GENERAL | BM_INFEC_TYPE | OTITIS | Otitis media | Otitis media | | | | |
| INFECTION1 | TYPE OF INFECTION CAUSED BY ORGANISM | 4 | PNEUMONIA | | CODE_VALUE_GENERAL | BM_INFEC_TYPE | PNEU | Pneumonia | Pneumonia | | | | |
| INFECTION1 | TYPE OF INFECTION CAUSED BY ORGANISM | 5 | CELLULITIS | | CODE_VALUE_GENERAL | BM_INFEC_TYPE | CELL | Cellulitis | Cellulitis | | | | |
| INFECTION1 | TYPE OF INFECTION CAUSED BY ORGANISM | 6 | EPIGLOTTITIS | | CODE_VALUE_GENERAL | BM_INFEC_TYPE | EPIGLOT | Epiglottitis | Epiglottitis | | | | |
| INFECTION1 | TYPE OF INFECTION CAUSED BY ORGANISM | 7 | PERITONITIS | | CODE_VALUE_GENERAL | BM_INFEC_TYPE | PERITON | Peritonitis | Peritonitis | | | | |
| INFECTION1 | TYPE OF INFECTION CAUSED BY ORGANISM | 8 | PERICARDITIS | | CODE_VALUE_GENERAL | BM_INFEC_TYPE | PERICARD | Pericarditis | Pericarditis | | | | |
| INFECTION1 | TYPE OF INFECTION CAUSED BY ORGANISM | 9 | SEPTIC ABORTION | | CODE_VALUE_GENERAL | BM_INFEC_TYPE | ABORT | Septic abortion | Septic abortion | | | | |
| INFECTION1 | TYPE OF INFECTION CAUSED BY ORGANISM | 10 | AMNIONITIS | | CODE_VALUE_GENERAL | BM_INFEC_TYPE | AMNION | Chorioamnionitis | Chorioamnionitis | | | | |
| INFECTION1 | TYPE OF INFECTION CAUSED BY ORGANISM | 11 | SEPTIC ARTHRITIS | | CODE_VALUE_GENERAL | BM_INFEC_TYPE | ARTHRI | Septic arthritis | Septic arthritis | | | | |
| INFECTION1 | TYPE OF INFECTION CAUSED BY ORGANISM | 12 | CONJUNCTIVITIS | | CODE_VALUE_GENERAL | BM_INFEC_TYPE | | [not in codeset, requested that this be added to SRT] 02/04/2004-den4 | | Map text to OTHSYN in NEDSS? [Comment: Instead of that plan, add conjunctivitis to the NEDSS reference table.] | | | Verify that Conjunctivitis is being added. |
| INFECTION1 | TYPE OF INFECTION CAUSED BY ORGANISM | 13 | OTHER | | CODE_VALUE_GENERAL | BM_INFEC_TYPE | OTHSYN | Other (specify) | Other (specify) | For other SRT values ABSCESS, ENDOMETR, MUS, NECRFASC, OSTEOMYE, PUERPER, STSS - these were all mapped to OTHER in NETSS | | | |
| INFECTION2 | TYPE OF INFECTION CAUSED BY ORGANISM | 1 | PRIMARY BACTEREMIA | | CODE_VALUE_GENERAL | BM_INFEC_TYPE | BACTEREM | Bacteremia without focus | Bacteremia without focus | | | | |
| INFECTION2 | TYPE OF INFECTION CAUSED BY ORGANISM | 2 | MENINGITIS | | CODE_VALUE_GENERAL | BM_INFEC_TYPE | MENING | Meningitis | Meningitis | | | | |
| INFECTION2 | TYPE OF INFECTION CAUSED BY ORGANISM | 3 | OTITIS MEDIA | | CODE_VALUE_GENERAL | BM_INFEC_TYPE | OTITIS | Otitis media | Otitis media | | | | |
| INFECTION2 | TYPE OF INFECTION CAUSED BY ORGANISM | 4 | PNEUMONIA | | CODE_VALUE_GENERAL | BM_INFEC_TYPE | PNEU | Pneumonia | Pneumonia | | | | |
| INFECTION2 | TYPE OF INFECTION CAUSED BY ORGANISM | 5 | CELLULITIS | | CODE_VALUE_GENERAL | BM_INFEC_TYPE | CELL | Cellulitis | Cellulitis | | | | |
| INFECTION2 | TYPE OF INFECTION CAUSED BY ORGANISM | 6 | EPIGLOTTITIS | | CODE_VALUE_GENERAL | BM_INFEC_TYPE | EPIGLOT | Epiglottitis | Epiglottitis | | | | |
| INFECTION2 | TYPE OF INFECTION CAUSED BY ORGANISM | 7 | PERITONITIS | | CODE_VALUE_GENERAL | BM_INFEC_TYPE | PERITON | Peritonitis | Peritonitis | | | | |
| INFECTION2 | TYPE OF INFECTION CAUSED BY ORGANISM | 8 | PERICARDITIS | | CODE_VALUE_GENERAL | BM_INFEC_TYPE | PERICARD | Pericarditis | Pericarditis | | | | |
| INFECTION2 | TYPE OF INFECTION CAUSED BY ORGANISM | 9 | SEPTIC ABORTION | | CODE_VALUE_GENERAL | BM_INFEC_TYPE | ABORT | Septic abortion | Septic abortion | | | | |
| INFECTION2 | TYPE OF INFECTION CAUSED BY ORGANISM | 10 | AMNIONITIS | | CODE_VALUE_GENERAL | BM_INFEC_TYPE | AMNION | Chorioamnionitis | Chorioamnionitis | | | | |
| INFECTION2 | TYPE OF INFECTION CAUSED BY ORGANISM | 11 | SEPTIC ARTHRITIS | | CODE_VALUE_GENERAL | BM_INFEC_TYPE | ARTHRI | Septic arthritis | Septic arthritis | | | | |
| INFECTION2 | TYPE OF INFECTION CAUSED BY ORGANISM | 12 | CONJUNCTIVITIS | | CODE_VALUE_GENERAL | BM_INFEC_TYPE | | NO COMPARISON | | Map text to OTHSYN in NEDSS? [Comment: Instead of that plan, add conjunctivitis to the NEDSS reference table.] | | | |
| INFECTION2 | TYPE OF INFECTION CAUSED BY ORGANISM | 13 | OTHER | | CODE_VALUE_GENERAL | BM_INFEC_TYPE | OTHSYN | Other (specify) | Other (specify) | For other SRT values ABSCESS, ENDOMETR, MUS, NECRFASC, OSTEOMYE, PUERPER, STSS - these were all mapped to OTHER in NETSS | | | |
| INFECTION3 | TYPE OF INFECTION CAUSED BY ORGANISM | 1 | PRIMARY BACTEREMIA | | CODE_VALUE_GENERAL | BM_INFEC_TYPE | BACTEREM | Bacteremia without focus | Bacteremia without focus | | | | |
| INFECTION3 | TYPE OF INFECTION CAUSED BY ORGANISM | 2 | MENINGITIS | | CODE_VALUE_GENERAL | BM_INFEC_TYPE | MENING | Meningitis | Meningitis | | | | |
| INFECTION3 | TYPE OF INFECTION CAUSED BY ORGANISM | 3 | OTITIS MEDIA | | CODE_VALUE_GENERAL | BM_INFEC_TYPE | OTITIS | Otitis media | Otitis media | | | | |
| INFECTION3 | TYPE OF INFECTION CAUSED BY ORGANISM | 4 | PNEUMONIA | | CODE_VALUE_GENERAL | BM_INFEC_TYPE | PNEU | Pneumonia | Pneumonia | | | | |
| INFECTION3 | TYPE OF INFECTION CAUSED BY ORGANISM | 5 | CELLULITIS | | CODE_VALUE_GENERAL | BM_INFEC_TYPE | CELL | Cellulitis | Cellulitis | | | | |
| INFECTION3 | TYPE OF INFECTION CAUSED BY ORGANISM | 6 | EPIGLOTTITIS | | CODE_VALUE_GENERAL | BM_INFEC_TYPE | EPIGLOT | Epiglottitis | Epiglottitis | | | | |
| INFECTION3 | TYPE OF INFECTION CAUSED BY ORGANISM | 7 | PERITONITIS | | CODE_VALUE_GENERAL | BM_INFEC_TYPE | PERITON | Peritonitis | Peritonitis | | | | |
| INFECTION3 | TYPE OF INFECTION CAUSED BY ORGANISM | 8 | PERICARDITIS | | CODE_VALUE_GENERAL | BM_INFEC_TYPE | PERICARD | Pericarditis | Pericarditis | | | | |
| INFECTION3 | TYPE OF INFECTION CAUSED BY ORGANISM | 9 | SEPTIC ABORTION | | CODE_VALUE_GENERAL | BM_INFEC_TYPE | ABORT | Septic abortion | Septic abortion | | | | |
| INFECTION3 | TYPE OF INFECTION CAUSED BY ORGANISM | 10 | AMNIONITIS | | CODE_VALUE_GENERAL | BM_INFEC_TYPE | AMNION | Chorioamnionitis | Chorioamnionitis | | | | |
| INFECTION3 | TYPE OF INFECTION CAUSED BY ORGANISM | 11 | SEPTIC ARTHRITIS | | CODE_VALUE_GENERAL | BM_INFEC_TYPE | ARTHRI | Septic arthritis | Septic arthritis | | | | |

NETSS Codes to NEDSS SRT Code Mapping for : Meningitis

| NETSS VARIABLE | CONTEXT OF CODE (SHORT NETSS QUESTION) | NETSS VALUE | NETSS CODE DESCRIPTION | NETSS COMMENTS | SRT_TABLE_NM | CODE_SET_NM | CODE | CODE_DESC_TXT | CODE_SHORT_DESC_TXT | NEDSS COMMENTS | NETSS - NEDSS DISCREPANCY | | |
|----------------|---|-------------|------------------------|------------------------|---------------------|---------------|---------|-----------------|---------------------|--|---------------------------|--|--|
| INFECTION3 | TYPE OF INFECTION CAUSED BY ORGANISM | 12 | CONJUNCTIVITIS | | CODE_VALUE_GENERAL | BM_INFEC_TYPE | | | | Map text to OTHSYN in NEDSS? [Comment: Instead of that plan, add conjunctivitis to the NEDSS reference table.] | | | |
| INFECTION3 | TYPE OF INFECTION CAUSED BY ORGANISM | 13 | OTHER | | CODE_VALUE_GENERAL | BM_INFEC_TYPE | OTHSYN | Other (specify) | Other (specify) | For other SRT values ABSCESS, ENDOMETR, HUS, NECRFASC, OSTEOMYE, PUERPER, STSS - these were all mapped to OTHER in NETSS | | | |
| SEROGROUP | NEISERIA MENINGITIDIS -- WHAT WAS THE SEROGROUP? | 1 | GROUP A | | CODE_VALUE_GENERAL | BM_SERO_GRP | GRPA | Group A | Group A | | | | |
| SEROGROUP | NEISERIA MENINGITIDIS -- WHAT WAS THE SEROGROUP? | 2 | GROUP B | | CODE_VALUE_GENERAL | BM_SERO_GRP | GRPB | Group B | Group B | | | | |
| SEROGROUP | NEISERIA MENINGITIDIS -- WHAT WAS THE SEROGROUP? | 3 | GROUP C | | CODE_VALUE_GENERAL | BM_SERO_GRP | GRPC | Group C | Group C | | | | |
| SEROGROUP | NEISERIA MENINGITIDIS -- WHAT WAS THE SEROGROUP? | 4 | GROUP Y | | CODE_VALUE_GENERAL | BM_SERO_GRP | GRPY | Group Y | Group Y | | | | |
| SEROGROUP | NEISERIA MENINGITIDIS -- WHAT WAS THE SEROGROUP? | 5 | GROUP W135 | | CODE_VALUE_GENERAL | BM_SERO_GRP | GRPW135 | Group W135 | Group W135 | | | | |
| SEROGROUP | NEISERIA MENINGITIDIS -- WHAT WAS THE SEROGROUP? | 6 | NOT GROUPABLE | | CODE_VALUE_GENERAL | BM_SERO_GRP | NOGRP | Not groupable | Not groupable | | | | |
| SEROGROUP | NEISERIA MENINGITIDIS -- WHAT WAS THE SEROGROUP? | 8 | OTHER | | CODE_VALUE_GENERAL | BM_SERO_GRP | OTH | Other (specify) | Other (specify) | | | | |
| SEROGROUP | NEISERIA MENINGITIDIS -- WHAT WAS THE SEROGROUP? | 9 | UNKNOWN | | CODE_VALUE_GENERAL | BM_SERO_GRP | U | Unknown | Unknown | | | | |
| SULFA | IF N. MENINGITIDIS WAS ISOLATED FROM BLOOD OR CSF -- IS PATIENT RESISTANT TO SULFA | 1 | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | | |
| SULFA | IF N. MENINGITIDIS WAS ISOLATED FROM BLOOD OR CSF -- IS PATIENT RESISTANT TO SULFA | 2 | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | | |
| SULFA | IF N. MENINGITIDIS WAS ISOLATED FROM BLOOD OR CSF -- IS PATIENT RESISTANT TO SULFA | 9 | NOT TESTED OR UNKNOWN | | CODE_VALUE_GENERAL | YNU | U | Unknown | Unknown | | | | |
| RIFAMPIN | IF N. MENINGITIDIS WAS ISOLATED FROM BLOOD OR CSF -- RESISTANT TO RIFAMPIN? | 1 | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | | |
| RIFAMPIN | IF N. MENINGITIDIS WAS ISOLATED FROM BLOOD OR CSF -- RESISTANT TO RIFAMPIN? | 2 | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | | |
| RIFAMPIN | IF N. MENINGITIDIS WAS ISOLATED FROM BLOOD OR CSF -- RESISTANT TO RIFAMPIN? | 9 | NOT TESTED OR UNKNOWN | | CODE_VALUE_GENERAL | YNU | U | Unknown | Unknown | | | | |
| SEROTYPE | HAEMOPHILUS INFLUENZAE -- WHAT WAS THE SEROTYPE? | 1 | TYPE B | | CODE_VALUE_GENERAL | BM_SERO_TYPE | b | b | b | [Comment: There are two NETSS coding values that are not reflected by the NEDSS mapping--serotype= "other type" and "not tested or unknown". I've added two rows in this spreadsheet to collect this information.] | | | |
| SEROTYPE | HAEMOPHILUS INFLUENZAE -- WHAT WAS THE SEROTYPE? | 2 | NOT TYPABLE | | CODE_VALUE_GENERAL | BM_SERO_TYPE | NOTYPE | Not Typeable | Not Typeable | | | | |
| SEROTYPE | HAEMOPHILUS INFLUENZAE -- WHAT WAS THE SEROTYPE? | 8 | OTHER TYPE | | CODE_VALUE_GENERAL | BM_SERO_TYPE | Other | Other | Other | | | | |
| SEROTYPE | HAEMOPHILUS INFLUENZAE -- WHAT WAS THE SEROTYPE? | 9 | NOT TESTED OR UNKNOWN | | CODE_VALUE_GENERAL | BM_SERO_TYPE | UNK | Unknown | Unknown | | | | |
| AMP | IF HAEMOPHILUS INFLUENZAE WAS ISOLATED FROM BOOD OR CSF-- WAS IT RESISTANT TO AMPICILLIN? | 1 | YES | Not available in NEDSS | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | Not available in NEDSS | | | |
| AMP | IF HAEMOPHILUS INFLUENZAE WAS ISOLATED FROM BOOD OR CSF-- WAS IT RESISTANT TO AMPICILLIN? | 2 | NO | Not available in NEDSS | CODE_VALUE_GENERAL | YNU | N | No | No | Not available in NEDSS | | | |
| AMP | IF HAEMOPHILUS INFLUENZAE WAS ISOLATED FROM BOOD OR CSF-- WAS IT RESISTANT TO AMPICILLIN? | 9 | NOT TESTED OR UNKNOWN | Not available in NEDSS | CODE_VALUE_GENERAL | YNU | U | Unknown | Unknown | Not available in NEDSS | | | |
| CHLOR | HAEMOPHILUS INFLUENZAE -- WAS IT RESISTANT TO CHLORAMPHENICAL? | 1 | YES | | NO NEDSS COMPARISON | | | | | Not available in NEDSS | | | |
| CHLOR | HAEMOPHILUS INFLUENZAE -- WAS IT RESISTANT TO CHLORAMPHENICAL? | 2 | NO | | NO NEDSS COMPARISON | | | | | Not available in NEDSS | | | |
| CHLOR | HAEMOPHILUS INFLUENZAE -- WAS IT RESISTANT TO CHLORAMPHENICAL? | 9 | NOT TESTED OR UNKNOWN | | NO NEDSS COMPARISON | | | | | Not available in NEDSS | | | |
| HIBVAC | HAEMOPHILUS INFLUENZAE -- DID PATIENT RECEIVE HAEMOPHILUS B VACCINE? | 1 | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | Not available in NEDSS | | | |
| HIBVAC | HAEMOPHILUS INFLUENZAE -- DID PATIENT RECEIVE HAEMOPHILUS B VACCINE? | 2 | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | Not available in NEDSS | | | |
| HIBVAC | HAEMOPHILUS INFLUENZAE -- DID PATIENT RECEIVE HAEMOPHILUS B VACCINE? | 9 | UNKNOWN | | CODE_VALUE_GENERAL | YNU | U | Unknown | Unknown | Not available in NEDSS | | | |

NETSS Codes to NEDSS SRT Code Mapping for : Meningitis

| NETSS VARIABLE | CONTEXT OF CODE (SHORT NETSS QUESTION) | NETSS VALUE | NETSS CODE DESCRIPTION | NETSS COMMENTS | SRT_TABLE_NM | CODE_SET_NM | CODE | CODE_DESC_TXT | CODE_SHORT_DESC_TXT | NEDSS COMMENTS | NETSS - NEDSS DISCREPANCY | | |
|----------------|--|---------------|-----------------------------------|-----------------|--------------------|-------------|------|------------------|---------------------|------------------------|---------------------------|--|--|
| RIFAMP | IF HAEMOPHILUS INFLUENZAE WAS ISOLATED FROM BOOD OR CSF--WAS IT RESISTANT TO RIFAMPIN? | 1 | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | Not available in NEDSS | | | |
| RIFAMP | IF HAEMOPHILUS INFLUENZAE WAS ISOLATED FROM BOOD OR CSF--WAS IT RESISTANT TO RIFAMPIN? | 2 | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | Not available in NEDSS | | | |
| RIFAMP | IF HAEMOPHILUS INFLUENZAE WAS ISOLATED FROM BOOD OR CSF--WAS IT RESISTANT TO RIFAMPIN? | 9 | NOT TESTED OR UNKNOWN | | CODE_VALUE_GENERAL | YNU | U | Unknown | Unknown | Not available in NEDSS | | | |
| VACDATE1 | DATE GIVEN - 1ST VACCINATION | date | | NOT CODED VALUE | | | | date | | | | | |
| VACNAME1 | HAEMOPHILUS INFLUENZAE -- FIRST HIB VACCINE NAME/MANUFACTURER | 1 | HbOC (HibTITER, TETRAMUNE) | | CODE_VALUE_GENERAL | VAC_NM | | 47 Hib (HbOC) | Hib (HbOC) | | | | |
| VACNAME1 | HAEMOPHILUS INFLUENZAE -- FIRST HIB VACCINE NAME/MANUFACTURER | 2 | PRP-OMP (PedvaxHIB, COMVAX) | | CODE_VALUE_GENERAL | VAC_NM | | 49 Hib (PRP-OMP) | Hib (PRP-OMP) | | | | |
| VACNAME1 | HAEMOPHILUS INFLUENZAE -- FIRST HIB VACCINE NAME/MANUFACTURER | 3 | PRP-D (ProHIBit) | | CODE_VALUE_GENERAL | VAC_NM | | 46 Hib (PRP-D) | Hib (PRP-D) | | | | |
| VACNAME1 | HAEMOPHILUS INFLUENZAE -- FIRST HIB VACCINE NAME/MANUFACTURER | 4 | PRP-T (ActHIB, TriHIBit, OmniHIB) | | CODE_VALUE_GENERAL | VAC_NM | | 48 Hib (PRP-T) | Hib (PRP-T) | | | | |
| LOTNUM1 | HAEMOPHILUS INFLUENZAE -- FIRST HIB VACCINE LOT NUMBER | textual value | | NOT CODED VALUE | | | | textual value | | | | | |
| VACDATE2 | DATE GIVEN - 2ND VACCINATION | date | | NOT CODED VALUE | | | | date | | | | | |
| VACNAME2 | HAEMOPHILUS INFLUENZAE -- FIRST HIB VACCINE NAME/MANUFACTURER | 1 | HbOC (HibTITER, TETRAMUNE) | | CODE_VALUE_GENERAL | VAC_NM | | 47 Hib (HbOC) | Hib (HbOC) | | | | |
| VACNAME2 | HAEMOPHILUS INFLUENZAE -- FIRST HIB VACCINE NAME/MANUFACTURER | 2 | PRP-OMP (PedvaxHIB, COMVAX) | | CODE_VALUE_GENERAL | VAC_NM | | 49 Hib (PRP-OMP) | Hib (PRP-OMP) | | | | |
| VACNAME2 | HAEMOPHILUS INFLUENZAE -- FIRST HIB VACCINE NAME/MANUFACTURER | 3 | PRP-D (ProHIBit) | | CODE_VALUE_GENERAL | VAC_NM | | 46 Hib (PRP-D) | Hib (PRP-D) | | | | |
| VACNAME2 | HAEMOPHILUS INFLUENZAE -- FIRST HIB VACCINE NAME/MANUFACTURER | 4 | PRP-T (ActHIB, TriHIBit, OmniHIB) | | CODE_VALUE_GENERAL | VAC_NM | | 48 Hib (PRP-T) | Hib (PRP-T) | | | | |
| LOTNUM2 | HAEMOPHILUS INFLUENZAE -- SECOND HIB VACCINE LOT NUMBER | textual value | | NOT CODED VALUE | | | | textual value | | | | | |
| VACDATE3 | DATE GIVEN - 3RD VACCINATION | date | | NOT CODED VALUE | | | | date | | | | | |
| VACNAME3 | HAEMOPHILUS INFLUENZAE -- FIRST HIB VACCINE NAME/MANUFACTURER | 1 | HbOC (HibTITER, TETRAMUNE) | | CODE_VALUE_GENERAL | VAC_NM | | 47 Hib (HbOC) | Hib (HbOC) | | | | |
| VACNAME3 | HAEMOPHILUS INFLUENZAE -- FIRST HIB VACCINE NAME/MANUFACTURER | 2 | PRP-OMP (PedvaxHIB, COMVAX) | | CODE_VALUE_GENERAL | VAC_NM | | 49 Hib (PRP-OMP) | Hib (PRP-OMP) | | | | |
| VACNAME3 | HAEMOPHILUS INFLUENZAE -- FIRST HIB VACCINE NAME/MANUFACTURER | 3 | PRP-D (ProHIBit) | | CODE_VALUE_GENERAL | VAC_NM | | 46 Hib (PRP-D) | Hib (PRP-D) | | | | |
| VACNAME3 | HAEMOPHILUS INFLUENZAE -- FIRST HIB VACCINE NAME/MANUFACTURER | 4 | PRP-T (ActHIB, TriHIBit, OmniHIB) | | CODE_VALUE_GENERAL | VAC_NM | | 48 Hib (PRP-T) | Hib (PRP-T) | | | | |
| LOTNUM3 | HAEMOPHILUS INFLUENZAE -- THIRD HIB VACCINE LOT NUMBER | textual value | | NOT CODED VALUE | | | | textual value | | | | | |
| VACDATE4 | DATE GIVEN - 4TH VACCINATION | date | | NOT CODED VALUE | | | | date | | | | | |
| VACNAME4 | HAEMOPHILUS INFLUENZAE -- FIRST HIB VACCINE NAME/MANUFACTURER | 1 | HbOC (HibTITER, TETRAMUNE) | | CODE_VALUE_GENERAL | VAC_NM | | 47 Hib (HbOC) | Hib (HbOC) | | | | |
| VACNAME4 | HAEMOPHILUS INFLUENZAE -- FIRST HIB VACCINE NAME/MANUFACTURER | 2 | PRP-OMP (PedvaxHIB, COMVAX) | | CODE_VALUE_GENERAL | VAC_NM | | 49 Hib (PRP-OMP) | Hib (PRP-OMP) | | | | |
| VACNAME4 | HAEMOPHILUS INFLUENZAE -- FIRST HIB VACCINE NAME/MANUFACTURER | 3 | PRP-D (ProHIBit) | | CODE_VALUE_GENERAL | VAC_NM | | 46 Hib (PRP-D) | Hib (PRP-D) | | | | |
| VACNAME4 | HAEMOPHILUS INFLUENZAE -- FIRST HIB VACCINE NAME/MANUFACTURER | 4 | PRP-T (ActHIB, TriHIBit, OmniHIB) | | CODE_VALUE_GENERAL | VAC_NM | | 48 Hib (PRP-T) | Hib (PRP-T) | | | | |
| LOTNUM4 | HAEMOPHILUS INFLUENZAE -- FOURTH HIB VACCINE LOT NUMBER | textual value | | NOT CODED VALUE | | | | textual value | | | | | |

Attachment 6

MEASLES

| Original Order | NETSS Entry Screen Order | NETSS Variable Name | NETSS Section Instructions from UI (if any) | NETSS Prompt from UI | NETSS Data Description, Context or Full Question | NETSS Codes as Applicable | NETSS Description/Codes as Applicable |
|----------------|--------------------------|---------------------|---|--|---|---------------------------|---|
| 2 | 1 | STATEID | | State ID | State identification number for this case. | | State identification number for this case. |
| 4 | 2 | RASH | Clinical Data: | Rash | Y Yes N No U Unknown <i>If RASH = N or U, cursor skips to FEVER.</i> | Y=Yes N=No U=Unknown | Y Yes N No U Unknown <i>If RASH = N or U, cursor skips to FEVER.</i> |
| 6 | 3 | ONSET | | Rash Onset | Date of onset of rash in MM/DD/YY format. | | Date of onset of rash in MM/DD/YY format. |
| 7 | 4 | RASHDUR | | Rash Duration (days) | Total number of days of rash. | Range: 0-30, 99 = Unknown | Total number of days of rash. Range: 0-30, 99 = Unknown |
| 8 | 5 | GENERAL | | Generalized | Was rash generalized? | Y=Yes N=No U=Unknown | <i>Was rash generalized?</i> Y Yes N No U Unknown |
| 9 | 6 | FEVER | | Fever | Fever | Y=Yes N=No U=Unknown | <i>FEVER</i> Y Yes N No U Unknown |
| 11 | 7 | TEMPERAT | | If recorded, enter highest known temperature | Celsius is converted to Fahrenheit. This field is hidden unless FEVER = Y. Range 36.0 to 110.0, 999.9 = Unknown | | Celsius is converted to Fahrenheit. This field is hidden unless FEVER = Y. Range 36.0 to 110.0, 999.9 = Unknown |
| 13 | 8 | COUGH | | Cough | Cough Y Yes N No U Unknown | Y=Yes N=No U=Unknown | Cough Y Yes N No U Unknown |
| 14 | 9 | CORYZA | | Coryza | <i>Runny or stuffy nose.</i> Y Yes N No U Unknown | Y=Yes N=No U=Unknown | <i>Runny or stuffy nose.</i> Y Yes N No U Unknown |
| 15 | 10 | CONJUNCT | | Conjunctivitis | Conjunctivitis Y Yes N No U Unknown | Y=Yes N=No U=Unknown | Conjunctivitis Y Yes N No U Unknown |
| 17 | 11 | OTITIS | Complications: | Otitis Media | Otitis media Y Yes N No U Unknown | Y=Yes N=No U=Unknown | Otitis media Y Yes N No U Unknown |
| 18 | 12 | DIARRHEA | | Diarrhea | Y Yes N No U Unknown | Y=Yes N=No U=Unknown | Y Yes N No U Unknown |
| 19 | 13 | PNEUMON | | Pneumonia | Y Yes N No U Unknown | Y=Yes N=No U=Unknown | Y Yes N No U Unknown |
| 20 | 14 | ENCEPHAL | | Encephalitis | Y Yes N No U Unknown | Y=Yes N=No U=Unknown | Y Yes N No U Unknown |
| 21 | 15 | THROMBO | | Thrombocytopenia | Thrombocytopenia Y Yes N No U Unknown | Y=Yes N=No U=Unknown | Thrombocytopenia Y Yes N No U Unknown |
| 22 | 16 | DEATH | | Death | Death Y Yes N No U Unknown | Y=Yes N=No U=Unknown | Death Y Yes N No U Unknown |

MEASLES

| | | | | | | | |
|----|----|----------|-------------|--|---|---|---|
| 23 | 17 | OTHER | | Other | Other Y Yes N No U Unknown | Y=Yes N=No U=Unknown | Other Y Yes N No U Unknown |
| | | SPECIFY | | Specify | 15 character open text for a description of other complications. This field is hidden unless OTHER = Y. | | 15 character open text for a description of other complications. This field is hidden unless OTHER = Y. |
| 24 | 18 | HOSPITAL | | Hospitalized | Hospitalized? | Y=Yes N=No U=Unknown | Hospitalized? Y Yes N No U Unknown |
| 25 | 19 | DAYSHOSP | | Total days hospitalized | Total days hospitalized | | Total days hospitalized |
| 26 | 20 | LABTEST | Laboratory: | Was laboratory testing for measles done? | If LABTEST = N or U, the cursor skips to VACCIN. | Y=Yes N=No U=Unknown | Y Yes N No U Unknown <i>If LABTEST = N or U, the cursor skips to VACCIN.</i> |
| 27 | 21 | IGMRES | | IgM Result | IgM Result | P=Positive IgM N=Negative IgM I=Indeterminate E=Pending X=Not Done U=Unknown | P Positive IgM N Negative IgM I Indeterminate E Pending X Not Done U Unknown |
| 29 | 22 | DATEIGM | | Date IgM specimen | Date specimen collected in MM/DD/YY format. | | Date specimen collected in MM/DD/YY format. |
| 30 | 23 | IGGRES | | IgG Result | IgG Result | P=Significant rise (IgG) N=No significant rise (IgG) I=Indeterminate E=Pending X=Not Done U=Unknown | <i>IgG Result</i> P Significant rise (IgG) N No significant rise (IgG) I Indeterminate E Pending X Not Done U Unknown |
| 32 | 24 | DATEACUT | | Date acute specimen | Date acute specimen collected in MM/DD/YY format. | | Date acute specimen collected in MM/DD/YY format. |
| 33 | 25 | DATECONV | | Date convalescent specimen | Date convalescent specimen collected in MM/DD/YY format. | | Date convalescent specimen collected in MM/DD/YY format. |
| 34 | 26 | OTHERLAB | | Other Lab Result | Other Lab Result Enter result of other laboratory confirmation method. | P=Positive N=Negative I=Indeterminate E=Pending X=Not Done U=Unknown | Other Lab Result Enter result of other laboratory confirmation method. P Positive N Negative I Indeterminate E Pending X Not Done U Unknown |
| 36 | 27 | METHOD | | Specify method | Specify method: Eight character open text for another method of testing for 10140 (including: Culture, DFA, PCR, or specify other). | | Specify method: Eight character open text for another method of testing for 10140 (including: Culture, DFA, PCR, or specify other). |
| 37 | 28 | | | | | | |

Attachment 6

MEASLES

| | | | | | | | |
|----|----|-----------|--------------|--|--|---|--|
| 39 | 29 | LABCONF | | Laboratory confirmed | Laboratory confirmed | | Laboratory confirmed |
| 43 | 30 | VACCIN | Vaccination: | Had case ever received measles-containing vaccine? | Had case ever received 10140-containing vaccine? | Y=Yes N=No U=Unknown | Had case ever received 10140-containing vaccine? Y Yes N No U Unknown |
| 44 | 31 | REASON | | Reason not rec'd | Reason not rec'd | 1=Religious exemption 2=Medical contraindication 3=Philosophical exemption 4=Laboratory confirmation of previous disease 5=MD diagnosis of previous disease 6=Underage for vaccine 7=Parental refusal 8=Other 9=Unknown This field is hidden unless VACCIN = N | Reason not rec'd 1 Religious exemption 2 Medical contraindication 3 Philosophical exemption 4 Laboratory confirmation of previous disease 5 MD diagnosis of previous disease 6 Underage for vaccine 7 Parental refusal 8 Other 9 Unknown <i>This field is hidden u</i> |
| 45 | 32 | VACDATE | | VacDate | Enter Measles vaccination date in MM/DD/YY format (if month and year known, but day unknown, use 15th of month for day). | | Enter Measles vaccination date in MM/DD/YY format (if month and year known, but day unknown, use 15th of month for day). |
| 45 | 33 | VACDATE01 | | VacDate | Enter Measles vaccination date in MM/DD/YY format (if month and year known, but day unknown, use 15th of month for day). | | Enter Measles vaccination date in MM/DD/YY format (if month and year known, but day unknown, use 15th of month for day). |
| 45 | 34 | VACDATE02 | | VacDate | Enter Measles vaccination date in MM/DD/YY format (if month and year known, but day unknown, use 15th of month for day). | | Enter Measles vaccination date in MM/DD/YY format (if month and year known, but day unknown, use 15th of month for day). |
| 45 | 35 | VACDATE03 | | VacDate | Enter Measles vaccination date in MM/DD/YY format (if month and year known, but day unknown, use 15th of month for day). | | Enter Measles vaccination date in MM/DD/YY format (if month and year known, but day unknown, use 15th of month for day). |
| 47 | 36 | DOSESBEF | | Number of doses received BEFORE 1st birthday? | Number of doses received BEFORE 1st birthday | 0=No doses 1=1 dose 2=2 doses 9=Unknown | Number of doses received BEFORE 1st birthday 0 No doses 1 1 dose 2 2 doses 9 Unknown |

MEASLES

| | | | | | | | |
|----|----|----------|------------------|--|--|--|---|
| 48 | 37 | DOSESAFT | | Number of doses received ON or AFTER 1st birthday? | Number of doses received ON or AFTER 1st birthday | 0=No doses 1=1 dose 2=2 doses 3=3 doses 9=Unknown | Number of doses received ON or AFTER 1st birthday 0 No doses 1 1 dose 2 2 doses 3 3 doses 9 Unknown |
| 49 | 38 | REASON0 | | Reason 0 doses given? | Reason additional doses not given (This field is hidden unless DOSESAFT = 1.) | 1=Religious exemption 2=Medical contraindication 3=Philosophical exemption 4=Laboratory confirmation of previous disease 5=MD diagnosis of previous disease 6=Under age for 2nd dose 7=Parental refusal 8=Other 9=Unknown This field is hidden unless DOSESAFT | Reason additional doses not given 1 Religious exemption 2 Medical contraindication 3 Philosophical exemption 4 Laboratory confirmation of previous disease 5 MD diagnosis of previous disease 6 Under age for 2nd dose 7 Parental refusal 8 Other 9 Unknown Thi |
| 50 | 39 | REASONAD | | Reason additional doses not given | Reason additional doses not given | 1=Religious exemption 2=Medical contraindication 3=Philosophical exemption 4=Laboratory confirmation of previous disease 5=MD diagnosis of previous disease 6=Under age for 2nd dose 7=Parental refusal 8=Other 9=Unknown | Reason additional doses not given 1 Religious exemption 2 Medical contraindication 3 Philosophical exemption 4 Laboratory confirmation of previous disease 5 MD diagnosis of previous disease 6 Under age for 2nd dose 7 Parental refusal 8 Other 9 Unknown |
| 52 | 40 | DATEHEAL | Epidemiological: | Date case first reported to a health department | Earliest date reported (either to a local, district, or state health department) in MM/DD/YY format. | | Earliest date reported (either to a local, district, or state health department) in MM/DD/YY format. |
| 53 | 41 | DATEINVE | | Date case investigation started | Date case investigation started in MM/DD/YY format. | | Date case investigation started in MM/DD/YY format. |

MEASLES

| | | | | | | |
|----|----|----------|--|--|---|---|
| 54 | 42 | TRANSMIS | Transmission setting | Transmission Setting Where did this case acquire 10140? | 1=Day Care 2=School 3=Doctor's Office 4=Hospital Ward 5=Hospital ER 6=Hospital Outpatient Clinic 7=Home 8=Work 9=Unknown 10=College 11=Military 12=Correctional Facility 13=Church 14=International Travel 15=Other | Transmission Setting Where did this case acquire 10140? 1 Day Care 2 School 3 Doctor's Office 4 Hospital Ward 5 Hospital ER 6 Hospital Outpatient Clinic 7 Home 8 Work 9 Unknown 10 College 11 Military 12 Correctional Facility 13 Church 14 Inter |
| 55 | 43 | VERIFIED | Were age and setting verified | Were age and setting verified? Y Yes N No U Unknown | Y=Yes N=No U=Unknown | Were age and setting verified? Y Yes N No U Unknown |
| 58 | 44 | SETOTHER | If setting = other, explain | If setting = other, explain Fifteen characters of open text to describe the transmission setting if other was indicated for transmission setting. This field is hidden unless TRANSMIS = 15 (other). | | If setting = other, explain Fifteen characters of open text to describe the transmission setting if other was indicated for transmission setting. This field is hidden unless TRANSMIS = 15 (other). |
| 59 | 45 | OUTBREL | Outbreak related | Is current case part of an outbreak of 3 or more cases? If OUTBREAK ASSOC field on core screen indicates the case is outbreak related, this field is automatically set to Y. | Y=Yes N=No U=Unknown | Is current case part of an outbreak of 3 or more cases? |
| 60 | 46 | OUTBNAME | Outbreak name | 15 character text field | | 15 character text field |
| 56 | 47 | SOURCE | Source of exposure | Source of exposure | | Source of exposure |
| 61 | 48 | EPILINK | Epi-linked to other confirmed/probable case(s) | Epi-linked to other confirmed/ probable case(s) | Y=Yes N=No U=Unknown | Epi-linked to other confirmed/ probable case(s) Y Yes N No U Unknown |

MEASLES

| | TRACEABL | | Traceable WITHIN 2 GENERATIONS to known international case | Traceable <i>WITHIN 2 GENERATIONS</i> to known international import | Y=Yes N=No U=Unknown | Traceable <i>WITHIN 2 GENERATIONS</i> to known international import Y Yes N No U Unknown |
|----|----------|---------|--|---|----------------------|--|
| 63 | 49 | | | | | |
| | | ZIPCODE | | | | N/A |
| 3 | | | | | | |
| 5 | | | | | | |
| 10 | | | | | | |
| 12 | | | | | | |
| 16 | | | | | | |
| 28 | | | | | | |
| 31 | | | | | | |
| 35 | | | | | | |
| 38 | | | | | | |
| 40 | | | | | | |
| 41 | | | | | | |
| 42 | | | | | | |
| 46 | | | | | | Complete for children under 6 years of age. This field is hidden for > 6 yrs. Old. |
| 51 | | | | | | |
| 57 | | | | | | |
| 62 | | | | | | Confirmation method |

MEASLES

| Original Order | NETSS Entry Screen Order | XML Schema Definition | XML Variable or LDF Unique Name | NEDSS Unique ID and Short Name | NEDSS Section Instructions from UI | NEDSS Unique ID for Prompt |
|----------------|--------------------------|-----------------------|---------------------------------|--------------------------------------|------------------------------------|----------------------------|
| | | LDF | ldfMeasSTATEID | N/A | N/A | N/A |
| 2 | 1 | measles: | patientHaveRash | MEA001 Did the patient have a rash? | | MEA001 |
| 4 | 2 | measles: | rashOnsetDate | MEA002 Rash onset date | | MEA002 |
| 6 | 3 | measles: | rashDurationInDays | MEA003 Rash Duration | | MEA003 |
| 7 | 4 | measles: | rashGeneralized | MEA004 Was the rash generalized? | | MEA004 |
| 8 | 5 | measles: | patientHaveFever | MEA005 Did the patient have a fever? | | MEA005 |
| 9 | 6 | measles: | feverHighestTemperature | MEA006 Highest Measured Temperature | | MEA006 |
| 11 | 7 | measles: | cough | MEA008 Cough | | MEA008 |
| 13 | 8 | measles: | coryza | MEA010 Coryza (runny nose) | | MEA010 |
| 14 | 9 | measles: | conjunctivitis | MEA012 Conjunctivitis | | MEA012 |
| 15 | 10 | measles: | otitisMedia | MEA013 Otitis Media | | MEA013 |
| 17 | 11 | measles: | diarrhea | MEA014 Diarrhea | | MEA014 |
| 18 | 12 | measles: | pneumonia | MEA015 Pneumonia | | MEA015 |
| 19 | 13 | measles: | encephalitis | MEA016 Encephalitis | | MEA016 |
| 20 | 14 | measles: | thrombocytopenia | MEA017 Thrombocytopenia | | MEA017 |
| 21 | 15 | measles: | didThePatientDieFromMeasles | MEA078 Patient death | | MEA078 |
| 22 | 16 | | | | | |

MEASLES

| | | | | | | |
|----|----|----------|-----------------------------|---|--|--------|
| 23 | 17 | measles: | otherComplications | MEA018 Other Complication | | MEA018 |
| | | measles: | otherComplicationsName | MEA019 Specify Other Complication | | MEA019 |
| 24 | 18 | | | | | |
| | | gi: | wasPatientHospitalized | INV128 Was the patient hospitalized? | | INV128 |
| 25 | 19 | | | | | |
| | | gi: | durationOfStay | INV134 Total Duration of Stay Within Hospital | | INV134 |
| 26 | 20 | | | | | |
| | | measles: | labTestingForMeasles | MEA027 Was laboratory testing done for 10140? | | MEA027 |
| 27 | 21 | | | | | |
| | | measles: | igmTestResult | Result of IgM Test MEA029 | | MEA029 |
| 29 | 22 | | | | | |
| | | measles: | igmSpecimenDate | MEA028 Date IgM Specimen Taken | | MEA028 |
| 30 | 23 | | | | | |
| | | measles: | iggTestResult | MEA032 Result of Acute/Convalescent IgG Tests | | MEA032 |
| 32 | 24 | | | | | |
| | | measles: | iggAcuteSpecimenDate | MEA030 Date IgG Acute Specimen Taken | | MEA030 |
| 33 | 25 | | | | | |
| | | measles: | iggConvalescentSpecimenDate | MEA031 Date IgG Convalescent Specimen Taken | | MEA031 |
| 34 | 26 | | | | | |
| | | measles: | otherLabTestResult | MEA036 Other Laboratory Results | | MEA036 |
| 36 | 27 | | | | | |
| | | measles: | otherLabTestName | MEA034 Specify Other Testing | | MEA034 |
| 37 | 28 | | | | | |

MEASLES

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|----|----|----------|-------------------------------|---|--|--------|
| 39 | 29 | measles: | wasMeaslesLaboratoryConfirmed | MEA069 Confirmation Method | | MEA069 |
| 43 | 30 | measles: | patientReceiveMeaslesVaccine | MEA039 Did the patient receive a 10140-containing vaccine? | | MEA039 |
| 44 | 31 | measles: | reasonForNotReceivingVaccine | MEA040 If no, reason patient did not receive a 10140-containing vaccine | | MEA040 |
| 45 | 32 | gi: | dateAdministered | VAC103 Vaccine Administered Date (1st through 4th vaccine events) | | VAC103 |
| 45 | 33 | gi: | dateAdministered | VAC103 Vaccine Administered Date (1st through 4th vaccine events) | | VAC103 |
| 45 | 34 | gi: | dateAdministered | VAC103 Vaccine Administered Date (1st through 4th vaccine events) | | VAC103 |
| 45 | 35 | gi: | dateAdministered | VAC103 Vaccine Administered Date (1st through 4th vaccine events) | | VAC103 |
| 47 | 36 | measles: | dosesBeforeFirstBirthday | MEA042 Number of doses received BEFORE first birthday | | MEA042 |

MEASLES

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|----|----|----------|---|--|--|--|
| 48 | 37 | measles: | dosesAfterFirstBirthday | MEA043 Number of doses received ON or AFTER first birthday | | MEA043 |
| 49 | 38 | measles: | reasonForNotReceivingVaccineAfterFirstBirthday | MEA044 Reason for vaccinating before birthday but not after | | MEA044 |
| 50 | 39 | measles: | reasonForNotReceivingSecondVaccineAfterFirst Birthday | MEA045 Reason vaccinated on or before first birthday but did not receive a second dose after the first birthday. | | MEA045 |
| 52 | 40 | gi: | earliestDateReportedToState or earliestDateReportedToCounty | INV121 Earliest date reported to state. | | INV120=local health dpt. INV121= state health dpt. |
| 53 | 41 | gi: | investigationStartDate | INV147 Investigation Start Date | | INV147 |

MEASLES

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|----|----|----------|---|--|--|-----------------------------|
| 54 | 42 | measles: | transmissionSetting | MEA057 Transmission Setting | | MEA057 |
| 55 | 43 | measles: | ageAndSettingVerified | MEA059 Were age and setting verified? | | MEA059 |
| 58 | 44 | LDF | ldfMeasSETOTHER | N/A | | MEA058 - gone from specs |
| 59 | 45 | gi: | associatedWithOutbreak | INV150 Case Outbreak Indicator | | INV150 |
| 60 | 46 | gi: | outbreakNameOrCode | INV151 (Outbreak Name | | INV151 |
| 56 | 47 | measles: | sourceOfInfection | MEA076 Source of Infection | | MEA076 |
| 61 | 48 | measles: | IsThisCaseEpiLinkedToAnotherConfirmedOrProb ableCase | MEA067 Is this case Epi-linked to another confirmed or probable case? | | MEA067 |

MEASLES

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|----|----|----------|--------------------------------------|--|--|--------|
| 63 | 49 | measles: | traceableToInternationalCase | MEA068 Is this case traceable (linked) to an international case? | | MEA068 |
| | | | N/A | N/A | | |
| 3 | | | patientHaveHepatitis | MEA011 Hepatitis | | |
| 5 | | | feverOnsetDate | MEA071 Date of fever onset | | |
| 10 | | | feverUnitOfMeasure | MEA007 Temperature units | | |
| 12 | | | croup | MEA009 Croup | | |
| 16 | | | igmTestingPerformed | MEA073 Was IgM testing performed? | | |
| 28 | | | iggAcuteConvalescentTestingPerformed | MEA074 Was IgG testing performed? | | |
| 31 | | | otherLabTestPerformed | MEA033 Was other laboratory testing done? | | |
| 35 | | | otherLabTestDate | MEA035 Date of Other Testing | | |
| 38 | | | specimenSentToCDC | MEA038 Were the specimens sent to CDC for genotyping (molecular typing)? | | |
| 40 | | | dateSentForGenotyping | MEA072 Date sent for genotyping | | |
| 41 | | | specimenSentToCDCType | MEA077 10140 Specimen Type | | |
| 42 | | | vaccineName | VAC101 Vaccine Administered (Rubella and Measles only) | | |
| 46 | | | patientResideInUSA | MEA060 Does this patient reside in the USA? | | |
| 51 | | | rashOccurWithin18DaysOfEnteringUS | MEA075 Rash onset occur within 18 days of entering USA | | |
| 57 | | | confirmationMethod | MEA069 Measles confirmation method | | |
| 62 | | | | | | |

MEASLES

| Original | Order | NETSS Entry Screen Order | NEDSS Prompt From UI | NEDSS Description | NEDSS Description (Full Question or Data Entry Instructions) From Page Specs. | SRT |
|----------|-------|--------------------------|--|---|--|-----|
| | | | N/A | N/A | N/A | N/A |
| | 2 | 1 | Did patient have a rash? | Did the person being reported in this investigation have a rash? | Did the person being reported in this investigation have a rash? | YNU |
| | 4 | 2 | Rash onset date | What was the onset date of the person's rash? | What was the onset date of the person's rash? | |
| | 6 | 3 | Rash duration | How many days did the rash being reported in this investigation last? | How many days did the rash being reported in this investigation last? | |
| | 7 | 4 | Was the rash generalized? | Was the rash generalized? (Occurring on more than one or two parts of the body?) | Was the rash generalized? (Occurring on more than one or two parts of the body?) | YNU |
| | 8 | 5 | Did patient have fever? | Did the person have a fever? (i.e., a measured temperature >2 degrees above normal) | Required Attribute: No | YNU |
| | 9 | 6 | Highest measured temperature | What was the person's highest measured temperature during this illness? | Did the person have a fever? I.E., a measured temperature >2 degrees above normal | |
| | 11 | 7 | Cough | Did the person develop a cough during this illness? | Did the person develop a cough during this illness? | YNU |
| | 13 | 8 | Coryza (runny nose) | Did the person develop coryza(runny nose) during this illness? | Did the person develop coryza(runny nose) during this illness? | YNU |
| | 14 | 9 | Conjunctivitis | Did the person develop conjunctivitis during this illness? | Did the person develop conjunctivitis during this illness? | YNU |
| | 15 | 10 | Otitis Media | Did the person develop otitis media as a complication of this illness? | Did the person develop otitis media as a complication of this illness? | YNU |
| | 17 | 11 | Diarrhea | Did the person develop diarrhea as a complication of this illness? | Did the person develop diarrhea as a complication of this illness? | YNU |
| | 18 | 12 | Pneumonia | Did the person develop pneumonia as a complication of this illness? | Did the person develop pneumonia as a complication of this illness? | YNU |
| | 19 | 13 | Encephalitis | Did the person develop encephalitis as a complication of this illness? | Did the person develop encephalitis as a complication of this illness? | YNU |
| | 20 | 14 | Thrombocytopenia | Did the person develop thrombocytopenia as a complication of this illness? | Did the person develop thrombocytopenia as a complication of this illness? | YNU |
| | 21 | 15 | Did the patient die from measles or complications (including a secondary infection) associated with measles? | Did the patient die from 10140 or complications? Required Attribute: No | Did the patient die from measles or complications (including a secondary infection) associated with measles? | YNU |
| | 22 | 16 | | | | |

MEASLES

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|----|----|--|--|--|---------------|
| 23 | 17 | Other complications | Did the person develop any other conditions as a complication of this illness? | Did the person develop any other conditions as a complication of this illness? | YNU |
| | | Specify other | Please specify the other complication the person developed, during or as a result of this illness. | Please specify the other complication the person developed, during or as a result of this illness. | |
| 24 | 18 | | | | |
| 25 | 19 | Was the patient hospitalized for this illness? | Was the patient hospitalized as a result of this event? | Was the patient hospitalized as a result of this event? | YNU |
| 26 | 20 | Duration of stay | Subject's duration of stay at the hospital for the condition being reported | Subject's duration of stay at the hospital for the condition covered by the investigation. | |
| 27 | 21 | Was laboratory testing done for measles? | Was laboratory testing done to confirm a diagnosis of 10140? | Was laboratory testing done to confirm a diagnosis of measles? | YNU |
| 29 | 22 | Result of IgM Test | Result of the IgM test | Result of the IgM test | NIP_RSLT_QUAL |
| 30 | 23 | Date IgM specimen taken? | Date the IgM specimen was taken | Date the IgM specimen was taken | |
| 32 | 24 | Was IgG acute/convalescent testing performed? | The interpretative result of the difference between the values for the acute and convalescent IgG tests. Date the acute IgG specimen was taken | The interpretative result of the difference between the values for the acute and convalescent IgG tests. | NIP_IGG_DIFF |
| 33 | 25 | Date IgG acute specimen taken? | Date the acute IgG specimen was taken | Date the acute IgG specimen was taken | |
| 34 | 26 | Date IgG convalescent specimen taken? | Date the IgM specimen was taken | Date the convalescent IgG specimen was taken | |
| 36 | 27 | Other laboratory test results | Laboratory test results for other testing that was done to confirm a diagnosis of 10140. | Laboratory test results for other testing that was done to confirm a diagnosis of measles. | |
| 37 | 28 | Specify other test | Specify the other test that was performed to confirm a diagnosis of 10140. | Specify the other test that was performed to confirm a diagnosis of measles. | |

MEASLES

| | | | | | |
|----|----|--|---|--|--------------|
| 39 | 29 | Confirmation Method | What method was used to classify the case status? | | NIP_CONF_M |
| 43 | 30 | Did the patient received measles-containing vaccine? | Did the person receive a 10140-containing vaccine? S | Did the person receive a measles-containing vaccine? | YNU |
| 44 | 31 | If no, reason: | If the person did not receive a 10140-containing vaccine, what was the reason? | If the person did not receive a measles-containing vaccine, what was the reason | VAC_NOTG_RSN |
| 45 | 32 | Date administered (Vaccine Record Entry) | The date that the vaccine was administered. 1st vaccine event 2nd vaccine event 3rd vaccine event 4th vaccine event | The date that the vaccine was administered. | |
| 45 | 33 | Date administered (Vaccine Record Entry) | The date that the vaccine was administered. 1st vaccine event 2nd vaccine event 3rd vaccine event 4th vaccine event | The date that the vaccine was administered. | |
| 45 | 34 | Date administered (Vaccine Record Entry) | The date that the vaccine was administered. 1st vaccine event 2nd vaccine event 3rd vaccine event 4th vaccine event | The date that the vaccine was administered. | |
| 45 | 35 | Date administered (Vaccine Record Entry) | The date that the vaccine was administered. 1st vaccine event 2nd vaccine event 3rd vaccine event 4th vaccine event | The date that the vaccine was administered. | |
| 47 | 36 | Number of doses received BEFORE 1st birthday? | The number of doses of 10140-containing vaccine the person received before their first birthday. | The number of doses of measles-containing vaccine the person received before their first birthday. | |

MEASLES

| | | | | | |
|----|----|---|--|--|--------------|
| 48 | 37 | Number of doses received ON or AFTER 1st birthday? | The number of 10140-containing vaccine doses the patient received on or after their first birthday. | The number of measles-containing vaccine doses the patient received on or after their first birthday. | |
| 49 | 38 | If vaccinated BEFORE first birthday, but no doses given On or AFTER first birthday, what is the reason? | If the person was vaccinated with 10140-containing vaccine before the first birthday, but did not receive a vaccine dose after their first birthday, state the reason. | If the person was vaccinated with measles-containing vaccine before the first birthday, but did not receive a vaccine dose after their first birthday, state the reason. | VAC_NOTG_RSN |
| 50 | 39 | If patient received one dose ON or AFTER first birthday, but never received a second dose after the first birthday, what is the reason? | If the person received one dose of 10140-containing vaccine ON or AFTER their first birthday, but did not receive a second dose after the first birthday, what was the reason? | If the person received one dose of measles-containing vaccine ON or AFTER their first birthday, but did not receive a second dose after the first birthday, what was the reason? | VAC_NOTG_RSN |
| 52 | 40 | Earliest date reported to county/state | | Earliest date reported to county public health system. | |
| 53 | 41 | Investigation start date | The date the investigation was started or initiated. | The date the investigation was started or initiated. | |

MEASLES

| | | | | | |
|----|----|--|--|---|----------------------------|
| 54 | 42 | Transmission setting | What was the transmission setting where Measles was acquired? | What was the transmission setting where the measles was acquired? | PHC_TRAN_SETNG |
| 55 | 43 | Were age and setting verified? | Does the age of the case match or make sense for the transmission setting listed (i.e. a person aged 80 probably would not have a transmission setting of child day care center.)? | Does the age of the case match or make sense for the transmission setting listed (i.e. a person aged 80 probably would not have a transmission setting of child day care center.)? | YNU |
| 58 | 44 | Not present any more | N/A | | N/A |
| 59 | 45 | Is this case part of an outbreak of 3 or more cases | Denotes whether the reported case was associated with an outbreak. | Denotes whether the reported case was associated with an identified outbreak. | YNU |
| 60 | 46 | Outbreak name | A name assigned to an individual outbreak. State assigned. | A name assigned to an individual outbreak. State assigned in SRT. Should show only those outbreaks for the program area of the investigation. | OUTBREAK_NM (not enforced) |
| 56 | 47 | | What was the source of the Measles infection? | If the disease or condition was imported, indicate the country in which the disease was likely acquired If the disease or condition was imported, indicate the state in which the disease was likely | |
| 61 | 48 | Is this case epi-linked to another confirmed/probable case(s)? | Specify if this case is Epidemiologically-linked to another confirmed or probable case of Measles? | Specify if this case is Epidemiologically-linked to another confirmed or probable case of measles? | YNU |

MEASLES

| | | | | | |
|----|----|---|--|--|------------|
| 63 | 49 | Is this case traceable (link) to an international case? | A yes answer to this question denotes that the person in this case knows that they acquired Measles from another person who acquired the disease internationally. It does not denote that the person in this case traveled or lived internationally. | A yes answer to this question denotes that the person in this case knows that they acquired measles from another person who acquired the disease internationally. It does not denote that the person in this case traveled or lived internationally. | YNU |
| | | | N/A | | N/A |
| 3 | | | | | |
| 5 | | | Did the person develop hepatitis after contracting 10140? Required Attribute: No | | YNU |
| 10 | | | Date of fever onset. | | |
| 12 | | | The units of measure of the highest measured temperature. This would be either Fahrenheit or Celsius. | | TEMP_UNIT |
| 16 | | | Did the person develop croup as a complication of Measles? | | YNU |
| 28 | | | Was IgM testing performed to confirm a diagnosis of 10140? Required Attribute: No | | YNU |
| 31 | | | Was IgG acute/convalescent testing performed | | |
| 35 | | | Was other laboratory testing done to confirm a diagnosis of 10140? Required Attribute: No | | YNU |
| 38 | | | Date other testing was done to confirm a diagnosis of 10140. Required Attribute: No | | |
| 40 | | | Were clinical specimens sent to CDC laboratories for genotyping (molecular typing)? Required Attribute: No | | YNU |
| 41 | | | The date the specimens were sent to the CDC laboratories for genotyping. | | |
| 42 | | | Specimen type. | | |
| 46 | | | The type of vaccine administered, (I.E., MMR) | | VAC_NM |
| 51 | | | Does the person currently reside in the USA? | | YNU |
| 57 | | | Did rash onset occur within 18 days of entering the USA, following any travel or living outside the USA? | | YNU |
| 62 | | | Confirmation method | | NIP_CONF_M |

MEASLES

| Original Order | NETSS Entry Screen Order | Applicable Condition Codes | ODS table.column | Metadata and Comments | Comments |
|----------------|--------------------------|----------------------------|-----------------------------------|---|----------|
| | | N/A | N/A | STATEID mapped to DMDF because NETSS 'ID' is mapped to stateCaseID for data migration (see ID NETSS Variable Name in Core Section). | |
| 2 | 1 | | | | |
| | | 10140 | Obs_value_coded.code | | |
| 4 | 2 | | | | |
| | | 10140 | Obs_value_date.from_time | | |
| 6 | 3 | | | | |
| | | 10140 | Obs_value_numeric.numeric_value_1 | | |
| 7 | 4 | | | | |
| | | 10140 | Obs_value_coded.code | | |
| 8 | 5 | | | | |
| | | 10140 | Obs_value_coded.code | | |
| 9 | 6 | | | | |
| | | 10140 | Obs_value_numeric.numeric_value_1 | | |
| 11 | 7 | | | | |
| | | 10140 | Obs_value_coded.code | | |
| 13 | 8 | | | | |
| | | 10140 | Obs_value_coded.code | | |
| 14 | 9 | | | | |
| | | 10140 | Obs_value_coded.code | | |
| 15 | 10 | | | | |
| | | 10140 | Obs_value_coded.code | | |
| 17 | 11 | | | | |
| | | 10140 | Obs_value_coded.code | | |
| 18 | 12 | | | | |
| | | 10140 | Obs_value_coded.code | | |
| 19 | 13 | | | | |
| | | 10140 | Obs_value_coded.code | | |
| 20 | 14 | | | | |
| | | 10140 | Obs_value_coded.code | | |
| 21 | 15 | | | | |
| | | 10140 | Obs_value_coded.code | | |
| 22 | 16 | | | | |

MEASLES

| | | | | | |
|----|----|-------|-----------------------------------|--|--|
| 23 | 17 | 10140 | Obs_value_coded.code | | |
| | | 10140 | Obs_value_txt.value_txt | | In NETSS, this field is hidden unless OTHER="Y" |
| 24 | 18 | | | | |
| | | 10140 | Obs_value_coded.code | | In NETSS, if HOSPITAL = N or U, the cursor skips to LABTEST, and DAYSHOSP is automatically filled as 0 or 999. |
| 25 | 19 | | | | |
| | | 10140 | Obs_value_numeric.numeric_value_1 | | Conditional upon INV128 being answered "Y". |
| 26 | 20 | | | | |
| | | 10140 | Obs_value_coded.code | | |
| 27 | 21 | | | | |
| | | 10140 | Obs_value_coded.code | | This will only be displayed in NEDSS if user selects 'Yes' to "Was Igm testing performed?" |
| 29 | 22 | | | | |
| | | 10140 | ObsValueDate.fromTime | | This will only be displayed in NEDSS if user selects 'Yes' to "Was Igm testing performed?" |
| 30 | 23 | | | | |
| | | 10140 | Obs_value_coded.code | | This will only be displayed in NEDSS if user selects 'Yes' to "Was IgG testing performed?" |
| 32 | 24 | | | | |
| | | 10140 | ObsValueDate.fromTime | | This will only be displayed in NEDSS if user selects 'Yes' to "Was IgG testing performed?" |
| 33 | 25 | | | | |
| | | 10140 | ObsValueDate.fromTime | | This will only be displayed in NEDSS if user selects 'Yes' to "Was IgG testing performed?" |
| 34 | 26 | | | | |
| | | 10140 | Obs_value_text.value_txt | | |
| 36 | 27 | | | | |
| | | 10140 | Obs_value_txt.value_txt | | Text field in both systems |
| 37 | 28 | | | | |

MEASLES

| | | | | | |
|----|----|-------|--|---|--|
| 39 | 29 | 10140 | Confirmation_method.confirmation_method_cd | IF LABCONF = 'Y' THEN MEA069 = 'Laboratory Confirmed' IF LABCONF = 'N', THEN NO DATA WILL BE MIGRATED | If Lab Confirmed = Y, will set the Confirmation_method_cd to "Lab Confirmed" |
| 43 | 30 | 10140 | Obs_value_coded.code | | |
| 44 | 31 | 10140 | Obs_value_coded.code | If MEA040 has a value, auto-populate MEA039 with "N". | This will only be displayed if user answers No to previous questions. |
| 45 | 32 | 10140 | Intervention.activity_from_time | Part of Repeating Block (vaccination). | First Vaccine record |
| 45 | 33 | 10140 | Intervention.activity_from_time | | Second Vaccine record |
| 45 | 34 | 10140 | Intervention.activity_from_time | | Third Vaccine record |
| 45 | 35 | 10140 | Intervention.activity_from_time | | Fourth Vaccine record - these Vaccine events are not always presented in the same order as originally submitted. |
| 47 | 36 | 10140 | Obs_value_numeric.numeric_value_1 | if DOSEBEF = 'Unknown', then do not migrate. Convert code to numeric dose count. | |

MEASLES

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|----|----|-------|---------------------------------------|--|--|
| 48 | 37 | 10140 | Obs_value_numeric.numeric_value_1 | If DOSEBEF = 'Unknown', then do not migrate. Convert code to numeric dose count. | |
| | | 10140 | Obs_value_coded.code | | In NETSS, this field is hidden unless DOSESAFT = 0. |
| 49 | 38 | 10140 | Obs_value_coded.code | | In NETSS, this field is hidden unless DOSESAFT = 0. |
| 50 | 39 | 10140 | Public_health_case.rpt_to_state_time | | Choose the appropriate XML element for the date contained in DATEHEAL (either earliest date reported to state or to county). This depends on the State's practice. |
| 52 | 40 | 10140 | Public_Health_Case.activity_from_time | | |
| 53 | 41 | 10140 | Public_Health_Case.activity_from_time | | |

MEASLES

| | | | | | |
|----|----|-------|----------------------------------|--|--|
| 54 | 42 | 10140 | Obs_value_coded.code | | SRTs match exactly |
| 55 | 43 | 10140 | Obs_value_coded.code | | |
| 58 | 44 | 10140 | N/A | NEDSS does not currently support this question. If State requires the data migrated, create a DMDF. | This one was taken out for some reason for 1.1. Treat as LDF. Removed MEA058 as NEDSS Id for this element. |
| 59 | 45 | 10140 | Public_health_case.outbreak_ind | | |
| 60 | 46 | 10140 | Public_health_case.outbreak_name | Outbreak name will be migrated according to state-specific requirements. Also, need to reference OUTBREAKAS from the Core when mapping this field. | This field is hidden unless OUTBREL=Y |
| 56 | 47 | 10140 | Obs_value_txt.value_txt | | |
| 61 | 48 | 10140 | Obs_value_coded.code | | |

MEASLES

| | | | | | |
|----|----|-------|--|---|--|
| 63 | 49 | 10140 | Obs_value_coded.code | | This field is hidden if IMPORTED on core = 2 |
| 3 | | 10140 | N/A | Not being migrated. In NETSS this field is simply a display of the zip code from the core screen. | |
| 5 | | 10140 | Obs_value_coded.code | | |
| 10 | | 10140 | Obs_value_date.from_time | | |
| 12 | | 10140 | Obs_value_coded.code | Units field will be set to Fahrenheit for data migration. | |
| 16 | | 10140 | Obs_value_coded.code | | |
| 28 | | 10140 | Obs_value_coded.code | Default MEA073 to 'Y' when a value is supplied for MEA028 or MEA029. | |
| 31 | | 10140 | Obs_value_coded.code | Default MEA074 to 'Y' when a value is supplied for MEA030, MEA031 or MEA032. | |
| 35 | | 10140 | Obs_value_coded.code | Default MEA033 to 'Y' when a value is supplied for MEA034, MEA035 or MEA036. | |
| 38 | | 10140 | Obs_value_date.from_time | | |
| 40 | | 10140 | Obs_value_coded.code | | |
| 41 | | 10140 | Obs_value_date.from_time | | |
| 42 | | 10140 | Obs_value_txt.value_txt | | |
| 46 | | 10140 | Material.nm | Part of Repeating Block (vaccination). Default to "MMR" for each vaccination date | |
| 51 | | 10140 | Obs_value_coded.code.code | | |
| 57 | | 10140 | Obs_value_coded.code | | |
| 62 | | 10140 | Confirmation_method.confirmation_method.cd | | |

NETSS CODES TO NEDSS SRT CODE MAPPING FOR : MEASLES

| NETSS VARIABLE | CONTEXT OF CODE (SHORT NETSS QUESTION) | NETSS ORIGINAL VALUE | NETSS CODE DESCRIPTION | NETSS COMMENTS | SRT_TABLE_NM | CODE_SET_NM | CODE | CODE_DESC_TXT | CODE_SHORT_DESC_TXT | NETSS COMMENTS | NETSS - NEDSS DISCREPANCY |
|----------------|---|----------------------|------------------------|-----------------|--------------------|-------------|------|---------------|---------------------|----------------|---------------------------|
| STATEID | STATE IDENTIFICATION NUMBER FOR CASE | | | NOT CODED VALUE | | | | | | | |
| ZIPCODE | PATIENT STATE OF RESIDENCE ZIPCODE AT TIME OF ILLNESS | | | NOT CODED VALUE | | | | | | | |
| RASH | CLINICAL DATA -- DID PATIENT DEVELOP A RASH | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| RASH | CLINICAL DATA -- DID PATIENT DEVELOP A RASH | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| RASH | CLINICAL DATA -- DID PATIENT DEVELOP A RASH | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| ONSET | CLINICAL DATA -- ONSET DATE OF RASH | date | | NOT CODED VALUE | | | | | date | | |
| RASHDUR | CLINICAL DATA -- NUMBER OF DAYS OF RASH DURATION | numeric value | | NOT CODED VALUE | | | | | numeric value | | D (Days) |
| GENERAL | CLINICAL DATA -- GENERALIZED? | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| GENERAL | CLINICAL DATA -- GENERALIZED? | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| GENERAL | CLINICAL DATA -- GENERALIZED? | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| FEVER | CLINICAL DATA -- DID PATIENT DEVELOP A FEVER? | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| FEVER | CLINICAL DATA -- DID PATIENT DEVELOP A FEVER? | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| FEVER | CLINICAL DATA -- DID PATIENT DEVELOP A FEVER? | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| TEMPERAT | CLINICAL DATA -- HIGHEST TEMPERATURE | numeric value | | NOT CODED VALUE | | | | | numeric value | | |
| | | | | | CODE_VALUE_GENERAL | TEMP_UNIT | C | Celsius | Celsius | | |
| | | | | | CODE_VALUE_GENERAL | TEMP_UNIT | F | Fahrenheit | Fahrenheit | | |
| COUGH | CLINICAL DATA -- DID PATIENT HAVE A COUGH? | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| COUGH | CLINICAL DATA -- DID PATIENT HAVE A COUGH? | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| COUGH | CLINICAL DATA -- DID PATIENT HAVE A COUGH? | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| CORYZA | CLINICAL DATA -- RUNNY OR STUFFY NOSE? | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| CORYZA | CLINICAL DATA -- RUNNY OR STUFFY NOSE? | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| CORYZA | CLINICAL DATA -- RUNNY OR STUFFY NOSE? | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| CONJUNCT | CLINICAL DATA -- CONJUNCTIVITIS | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| CONJUNCT | CLINICAL DATA -- CONJUNCTIVITIS | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| CONJUNCT | CLINICAL DATA -- CONJUNCTIVITIS | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| OTITIS | COMPLICATIONS -- OTITIS MEDIA | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| OTITIS | COMPLICATIONS -- OTITIS MEDIA | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| OTITIS | COMPLICATIONS -- OTITIS MEDIA | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| DIARRHEA | COMPLICATIONS -- DIARRHEA | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| DIARRHEA | COMPLICATIONS -- DIARRHEA | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| DIARRHEA | COMPLICATIONS -- DIARRHEA | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| PNEUMON | COMPLICATIONS -- PNEUMONIA | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| PNEUMON | COMPLICATIONS -- PNEUMONIA | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| PNEUMON | COMPLICATIONS -- PNEUMONIA | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| ENCEPHAL | COMPLICATIONS -- ENCEPHALITIS | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| ENCEPHAL | COMPLICATIONS -- ENCEPHALITIS | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| ENCEPHAL | COMPLICATIONS -- ENCEPHALITIS | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| THROMBO | COMPLICATIONS -- THROMBOCYTOPENIA | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| THROMBO | COMPLICATIONS -- THROMBOCYTOPENIA | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| THROMBO | COMPLICATIONS -- THROMBOCYTOPENIA | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| DEATH | COMPLICATIONS -- DID PATIENT DIE? | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| DEATH | COMPLICATIONS -- DID PATIENT DIE? | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| DEATH | COMPLICATIONS -- DID PATIENT DIE? | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |

NETSS CODES TO NEDSS SRT CODE MAPPING FOR : MEASLES

| NETSS VARIABLE | CONTEXT OF CODE (SHORT NETSS QUESTION) | NETSS ORIGINAL VALUE | NETSS CODE DESCRIPTION | NETSS COMMENTS | SRT_TABLE_NM | CODE_SET_NM | CODE | CODE_DESC_TXT | CODE_SHORT_DESC_TXT | NETSS COMMENTS | NETSS - NEDSS DISCREPANCY |
|----------------|--|----------------------|------------------------|------------------------|--------------------|---------------|------|----------------------------|----------------------------|----------------|---------------------------|
| OTHER | COMPLICATIONS -- OTHER | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| OTHER | COMPLICATIONS -- OTHER | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| OTHER | COMPLICATIONS -- OTHER | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| SPECIFY | COMPLICATIONS -- DESCRIBE OTHER COMPLICATIONS | <i>textual value</i> | | NOT CODED VALUE | | | | | <i>textual value</i> | | |
| HOSPITAL | WAS PATIENT HOSPITALIZED? | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| HOSPITAL | WAS PATIENT HOSPITALIZED? | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| HOSPITAL | WAS PATIENT HOSPITALIZED? | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| DAYSHOSP | TOTAL DAYS HOSPITALIZED | <i>numeric value</i> | | NOT CODED VALUE | | | | | <i>numeric value</i> | | D (Days) |
| LABTEST | LABORATORY -- WAS LABORATORY TESTING FOR MEASLES DONE? | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| LABTEST | LABORATORY -- WAS LABORATORY TESTING FOR MEASLES DONE? | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| LABTEST | LABORATORY -- WAS LABORATORY TESTING FOR MEASLES DONE? | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| IGMRES | LABORATORY -- IGM RESULT | I | INDETERMINATE | | CODE_VALUE_GENERAL | NIP_RSLT_QUAL | I | Indeterminate | Indeterminate | | |
| IGMRES | LABORATORY -- IGM RESULT | X | NOT DONE | | CODE_VALUE_GENERAL | NIP_RSLT_QUAL | ND | Not Done | Not Done | | |
| IGMRES | LABORATORY -- IGM RESULT | N | NEGATIVE | | CODE_VALUE_GENERAL | NIP_RSLT_QUAL | N | Negative | Negative | | |
| IGMRES | LABORATORY -- IGM RESULT | P | POSITIVE | | CODE_VALUE_GENERAL | NIP_RSLT_QUAL | P | Positive | Positive | | |
| IGMRES | LABORATORY -- IGM RESULT | U | UNKNOWN | | CODE_VALUE_GENERAL | NIP_RSLT_QUAL | U | Unknown | Unknown | | |
| IGMRES | LABORATORY -- IGM RESULT | E | PENDING | | CODE_VALUE_GENERAL | NIP_RSLT_QUAL | PND | Pending | Pending | | |
| DATEIGM | LABORATORY -- DATE IGM SPECIMEN WAS COLLECTED | <i>date</i> | | NOT CODED VALUE | | | | | <i>date</i> | | |
| IGGRES | LABORATORY -- IGG RESULT | I | INDETERMINATE | | CODE_VALUE_GENERAL | NIP_IGG_DIFF | I | Indeterminate | Indeterminate | | |
| IGGRES | LABORATORY -- IGG RESULT | X | NOT DONE | | CODE_VALUE_GENERAL | NIP_IGG_DIFF | ND | Not Done | Not Done | | |
| IGGRES | LABORATORY -- IGG RESULT | N | NEGATIVE | | CODE_VALUE_GENERAL | NIP_IGG_DIFF | NR | No significant rise in IgG | No significant rise in IgG | | |
| IGGRES | LABORATORY -- IGG RESULT | P | POSITIVE | | CODE_VALUE_GENERAL | NIP_IGG_DIFF | SR | Significant rise in IgG | Significant rise in IgG | | |
| IGGRES | LABORATORY -- IGG RESULT | U | UNKNOWN | | CODE_VALUE_GENERAL | NIP_IGG_DIFF | U | Unknown | Unknown | | |
| IGGRES | LABORATORY -- IGG RESULT | E | PENDING | | CODE_VALUE_GENERAL | NIP_IGG_DIFF | PND | Pending | Pending | | |
| DATEACUT | LABORATORY -- DATE ACUTE SPECIMEN | <i>date</i> | | NOT CODED VALUE | | | | | <i>date</i> | | |
| DATECONV | LABORATORY -- DATE CONVALESCENT SPECIMEN | <i>date</i> | | NOT CODED VALUE | | | | | <i>date</i> | | |
| OTHERLAB | LABORATORY -- RESULTS OF OTHER LABORATORY METHOD | I | INDETERMINATE | | CODE_VALUE_GENERAL | NIP_RSLT_QUAL | I | Indeterminate | Indeterminate | | |
| OTHERLAB | LABORATORY -- RESULTS OF OTHER LABORATORY METHOD | X | NOT DONE | | CODE_VALUE_GENERAL | NIP_RSLT_QUAL | ND | Not Done | Not Done | | |
| OTHERLAB | LABORATORY -- RESULTS OF OTHER LABORATORY METHOD | N | NEGATIVE | | CODE_VALUE_GENERAL | NIP_RSLT_QUAL | N | Negative | Negative | | |
| OTHERLAB | LABORATORY -- RESULTS OF OTHER LABORATORY METHOD | P | POSITIVE | | CODE_VALUE_GENERAL | NIP_RSLT_QUAL | P | Positive | Positive | | |
| OTHERLAB | LABORATORY -- RESULTS OF OTHER LABORATORY METHOD | U | UNKNOWN | | CODE_VALUE_GENERAL | NIP_RSLT_QUAL | U | Unknown | Unknown | | |
| OTHERLAB | LABORATORY -- RESULTS OF OTHER LABORATORY METHOD | E | PENDING | | CODE_VALUE_GENERAL | NIP_RSLT_QUAL | PEND | Pending | Pending | | |

NETSS CODES TO NEDSS SRT CODE MAPPING FOR : MEASLES

| NETSS VARIABLE | CONTEXT OF CODE (SHORT NETSS QUESTION) | NETSS ORIGINAL VALUE | NETSS CODE DESCRIPTION | NETSS COMMENTS | SRT_TABLE_NM | CODE_SET_NM | CODE | CODE_DESC_TXT | CODE_SHORT_DESC_TXT | NETSS COMMENTS | NETSS - NEDSS DISCREPANCY |
|----------------|---|----------------------|--|------------------------|--|--------------|--------|----------------------------------|----------------------------------|---|---------------------------|
| METHOD | LABORATORY -- SPECIFY METHOD | <i>textual value</i> | | NOT CODED VALUE | | | | | <i>textual value</i> | | |
| LABCONF | WAS CASE LABORATORY CONFIRMED? | Y | POSITIVE IGM OR IGG OR OTHERLAB TEST | | CODE_VALUE_GENERAL | YN | Y | Yes | Yes | cross-referencing the "Lab Confirmed" response of "Yes" in NETSS to the Confirmation Method = Lab Confirmed in NEDSS. | |
| LABCONF | WAS CASE LABORATORY CONFIRMED? | N | NEGATIVE IGM AND IGG AND OTHERLAB TEST | | CODE_VALUE_GENERAL | YN | N | No | No | The "N" value from NETSS should not be exported to NEDSS. If required, use an LDF. | |
| VACCIN | HAS CASE EVER RECEIVED MEASLES CONTAINING VACCINE? | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| VACCIN | HAS CASE EVER RECEIVED MEASLES CONTAINING VACCINE? | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| VACCIN | HAS CASE EVER RECEIVED MEASLES CONTAINING VACCINE? | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| REASON | REASON PATIENT WAS NOT VACCINATED BEFORE FIRST BIRTHDAY | 1 | RELIGIOUS EXEMPTION | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | RLGN | Religious exemption | Religious exemption | | |
| REASON | REASON PATIENT WAS NOT VACCINATED BEFORE FIRST BIRTHDAY | 2 | MEDICAL CONTRAINDICATION | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | MED | Medical Contraindication | Medical Contraindication | | |
| REASON | REASON PATIENT WAS NOT VACCINATED BEFORE FIRST BIRTHDAY | 3 | PHILOSOPHICAL OBJECTION | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | OBJ | Philosophical objection | Philosophical objection | | |
| REASON | REASON PATIENT WAS NOT VACCINATED BEFORE FIRST BIRTHDAY | 4 | LAB EVIDENCE OF PREVIOUS DISEASE | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | LAB | Lab evidence of previous disease | Lab evidence of previous disease | | |
| REASON | REASON PATIENT WAS NOT VACCINATED BEFORE FIRST BIRTHDAY | 5 | MD DIAGNOSIS OF PREVIOUS DISEASE | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | MDDX | MD diagnosis of previous disease | MD diagnosis of previous disease | | |
| REASON | REASON PATIENT WAS NOT VACCINATED BEFORE FIRST BIRTHDAY | 6 | UNDER AGE FOR VACCINATION | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | AGE | Under age for vaccination | Under age for vaccination | | |
| REASON | REASON PATIENT WAS NOT VACCINATED BEFORE FIRST BIRTHDAY | 7 | PARENTAL REFUSAL | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | REFUSE | Parent/Patient refusal | Parent/Patient refusal | | |
| REASON | REASON PATIENT WAS NOT VACCINATED BEFORE FIRST BIRTHDAY | 8 | OTHER | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | OTH | Other | Other | | |
| REASON | REASON PATIENT WAS NOT VACCINATED BEFORE FIRST BIRTHDAY | 9 | UNKNOWN | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | U | Unknown | Unknown | | |
| VACDATE | MEASLES VACCINE DATE | <i>date</i> | | NOT CODED VALUE | | | | | <i>date</i> | | |
| VACDATE01 | MEASLES VACCINE DATE | <i>date</i> | | NOT CODED VALUE | | | | | <i>date</i> | | |
| VACDATE02 | MEASLES VACCINE DATE | <i>date</i> | | NOT CODED VALUE | | | | | <i>date</i> | | |
| VACDATE03 | MEASLES VACCINE DATE | <i>date</i> | | NOT CODED VALUE | | | | | <i>date</i> | | |
| DOESBEF | NUMBER OF DOSES BEFORE FIRST BIRTHDAY | 0 | NO DOSES | | These are treated as numeric fields now. | | | | MEA042 | | |
| DOESBEF | NUMBER OF DOSES BEFORE FIRST BIRTHDAY | 1 | 1 DOSE | | These are treated as numeric fields now. | | | | MEA042 | | |
| DOESBEF | NUMBER OF DOSES BEFORE FIRST BIRTHDAY | 2 | 2 DOSES | | These are treated as numeric fields now. | | | | MEA042 | | |
| DOESBEF | NUMBER OF DOSES BEFORE FIRST BIRTHDAY | 9 | UNKNOWN | | These are treated as numeric fields now. The 9 is not a numeric field, 9=unknown | | | | MEA042 | | |

NETSS CODES TO NEDSS SRT CODE MAPPING FOR : MEASLES

| NETSS VARIABLE | CONTEXT OF CODE (SHORT NETSS QUESTION) | NETSS ORIGINAL VALUE | NETSS CODE DESCRIPTION | NETSS COMMENTS | SRT_TABLE_NM | CODE_SET_NM | CODE | CODE_DESC_TXT | CODE_SHORT_DESC_TXT | NETSS COMMENTS | NETSS - NEDSS DISCREPANCY |
|----------------|--|----------------------|----------------------------------|-----------------|--|----------------|----------|----------------------------------|----------------------------------|----------------|---|
| DOESAFT | NUMBER OF DOSES AFTER FIRST BIRTHDAY | 0 | NO DOSES | | These are treated as numeric fields now. | | | | MEA042 | | There is not an SRT reference, but the number will have to be converted to a code: 0=0, 1=1, 2=2, 3=3, any other number=9 |
| DOESAFT | NUMBER OF DOSES AFTER FIRST BIRTHDAY | 1 | 1 DOSE | | These are treated as numeric fields now. | | | | MEA042 | | |
| DOESAFT | NUMBER OF DOSES AFTER FIRST BIRTHDAY | 2 | 2 DOSES | | These are treated as numeric fields now. | | | | MEA042 | | |
| DOESAFT | NUMBER OF DOSES AFTER FIRST BIRTHDAY | 3 | 3 DOSES | | These are treated as numeric fields now. | | | | MEA042 | | |
| DOESAFT | NUMBER OF DOSES AFTER FIRST BIRTHDAY | 9 | UNKNOWN | | These are treated as numeric fields now. The 9 is not a numeric field, 9=unknown | | | | MEA042 | | |
| REASON0 | REASON PATIENT WAS NOT VACCINATED ON OR AFTER FIRST BIRTHDAY | 1 | RELIGIOUS EXEMPTION | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | RLGN | Religious exemption | Religious exemption | | |
| REASON0 | REASON PATIENT WAS NOT VACCINATED ON OR AFTER FIRST BIRTHDAY | 2 | MEDICAL CONTRAINDICATION | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | MED | Medical Contraindication | Medical Contraindication | | |
| REASON0 | REASON PATIENT WAS NOT VACCINATED ON OR AFTER FIRST BIRTHDAY | 3 | PHILOSOPHICAL OBJECTION | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | OBJ | Philosophical objection | Philosophical objection | | |
| REASON0 | REASON PATIENT WAS NOT VACCINATED ON OR AFTER FIRST BIRTHDAY | 4 | LAB EVIDENCE OF PREVIOUS DISEASE | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | LAB | Lab evidence of previous disease | Lab evidence of previous disease | | |
| REASON0 | REASON PATIENT WAS NOT VACCINATED ON OR AFTER FIRST BIRTHDAY | 5 | MD DIAGNOSIS OF PREVIOUS DISEASE | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | MDDX | MD diagnosis of previous disease | MD diagnosis of previous disease | | |
| REASON0 | REASON PATIENT WAS NOT VACCINATED ON OR AFTER FIRST BIRTHDAY | 6 | UNDER AGE FOR VACCINATION | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | AGE | Under age for vaccination | Under age for vaccination | | |
| REASON0 | REASON PATIENT WAS NOT VACCINATED ON OR AFTER FIRST BIRTHDAY | 7 | PARENTAL REFUSAL | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | REFUSE | Parent/Patient refusal | Parent/Patient refusal | | |
| REASON0 | REASON PATIENT WAS NOT VACCINATED ON OR AFTER FIRST BIRTHDAY | 8 | OTHER | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | OTH | Other | Other | | |
| REASON0 | REASON PATIENT WAS NOT VACCINATED ON OR AFTER FIRST BIRTHDAY | 9 | UNKNOWN | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | U | Unknown | Unknown | | |
| REASONAD | REASON PATIENT DID NOT RECEIVE ADDITIONAL DOSES | 1 | RELIGIOUS EXEMPTION | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | RLGN | Religious exemption | Religious exemption | | |
| REASONAD | REASON PATIENT DID NOT RECEIVE ADDITIONAL DOSES | 2 | MEDICAL CONTRAINDICATION | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | MED | Medical Contraindication | Medical Contraindication | | |
| REASONAD | REASON PATIENT DID NOT RECEIVE ADDITIONAL DOSES | 3 | PHILOSOPHICAL OBJECTION | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | OBJ | Philosophical objection | Philosophical objection | | |
| REASONAD | REASON PATIENT DID NOT RECEIVE ADDITIONAL DOSES | 4 | LAB EVIDENCE OF PREVIOUS DISEASE | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | LAB | Lab evidence of previous disease | Lab evidence of previous disease | | |
| REASONAD | REASON PATIENT DID NOT RECEIVE ADDITIONAL DOSES | 5 | MD DIAGNOSIS OF PREVIOUS DISEASE | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | MDDX | MD diagnosis of previous disease | MD diagnosis of previous disease | | |
| REASONAD | REASON PATIENT DID NOT RECEIVE ADDITIONAL DOSES | 6 | UNDER AGE FOR VACCINATION | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | AGE | Under age for vaccination | Under age for vaccination | | |
| REASONAD | REASON PATIENT DID NOT RECEIVE ADDITIONAL DOSES | 7 | PARENTAL REFUSAL | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | REFUSE | Parent/Patient refusal | Parent/Patient refusal | | |
| REASONAD | REASON PATIENT DID NOT RECEIVE ADDITIONAL DOSES | 8 | OTHER | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | OTH | Other | Other | | |
| REASONAD | REASON PATIENT DID NOT RECEIVE ADDITIONAL DOSES | 9 | UNKNOWN | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | U | Unknown | Unknown | | |
| DATEHEAL | DATE CASE FIRST REPORTED TO A HEALTH DEPARTMENT | date | | NOT CODED VALUE | | | | | date | | |
| DATEINVE | DATE CASE INVESTIGATION STARTED | date | | NOT CODED VALUE | | | | | date | | |
| TRANSMIS | WHERE DID THE CASE ACQUIRE MEASLES? | 1 | DAYCARE | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | Daycare | Daycare | Daycare | | |
| TRANSMIS | WHERE DID THE CASE ACQUIRE MEASLES? | 2 | SCHOOL | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | SCH | School | School | | |
| TRANSMIS | WHERE DID THE CASE ACQUIRE MEASLES? | 3 | DOCTOR'S OFFICE | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | DROFFICE | Doctor's Office | Doctor's Office | | |
| TRANSMIS | WHERE DID THE CASE ACQUIRE MEASLES? | 4 | HOSPITAL WARD | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | WARD | Hospital Ward | Hospital Ward | | |
| TRANSMIS | WHERE DID THE CASE ACQUIRE MEASLES? | 5 | HOSPITAL ER | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | ER | Hospital ER | Hospital ER | | |
| TRANSMIS | WHERE DID THE CASE ACQUIRE MEASLES? | 6 | HOSPITAL OUTPATIENT CLINIC | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | OPCLN | Hospital outpatient clinic | Hospital outpatient clinic | | |
| TRANSMIS | WHERE DID THE CASE ACQUIRE MEASLES? | 7 | HOME | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | HOME | Home | Home | | |

NETSS CODES TO NEDSS SRT CODE MAPPING FOR : MEASLES

| NETSS VARIABLE | CONTEXT OF CODE (SHORT NETSS QUESTION) | NETSS ORIGINAL VALUE | NETSS CODE DESCRIPTION | NETSS COMMENTS | SRT_TABLE_NM | CODE_SET_NM | CODE | CODE_DESC_TXT | CODE_SHORT_DESC_TXT | NETSS COMMENTS | NETSS - NEDSS DISCREPANCY |
|----------------|---|----------------------|------------------------|------------------------|--------------------|----------------|----------|-----------------------|-----------------------|--|---------------------------|
| TRANSMIS | WHERE DID THE CASE ACQUIRE MEASLES? | 8 | WORK | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | WORK | Work | Work | | |
| TRANSMIS | WHERE DID THE CASE ACQUIRE MEASLES? | 9 | UNKNOWN | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | UNK | Unknown | Unknown | | |
| TRANSMIS | WHERE DID THE CASE ACQUIRE MEASLES? | 10 | COLLEGE | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | COLLEGE | College | College | | |
| TRANSMIS | WHERE DID THE CASE ACQUIRE MEASLES? | 11 | MILITARY | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | MILITARY | Military | Military | | |
| TRANSMIS | WHERE DID THE CASE ACQUIRE MEASLES? | 12 | CORRECTIONAL FACILITY | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | CORRFAC | Correctional Facility | Correctional Facility | | |
| TRANSMIS | WHERE DID THE CASE ACQUIRE MEASLES? | 13 | CHURCH | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | CHURCH | Place of Worship | Place of Worship | | |
| TRANSMIS | WHERE DID THE CASE ACQUIRE MEASLES? | 14 | INTERNATIONAL TRAVEL | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | TRAVEL | International Travel | International Travel | | |
| TRANSMIS | WHERE DID THE CASE ACQUIRE MEASLES? | 15 | OTHER | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | OTH | Other | Other | | |
| VERIFIED | WERE AGE AND SETTING VERIFIED | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| VERIFIED | WERE AGE AND SETTING VERIFIED | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| VERIFIED | WERE AGE AND SETTING VERIFIED | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| SETOTHER | DESCRIBE THE TRANSMISSION SETTING IF OTHER | <i>textual value</i> | | NOT CODED VALUE | | | | | <i>textual value</i> | | |
| OUTBREL | IS CURRENT CASE PART OF AN OUTBREAK OF 3 OR MORE CASES? | Y | YES | | N/A for measles | | | | | Not found on NEDSS to NETSS mapping documentation or Measles Mapping guide | |
| OUTBREL | IS CURRENT CASE PART OF AN OUTBREAK OF 3 OR MORE CASES? | N | NO | | N/A for measles | | | | | Not found on NEDSS to NETSS mapping documentation or Measles Mapping guide | |
| OUTBREL | IS CURRENT CASE PART OF AN OUTBREAK OF 3 OR MORE CASES? | U | UNKNOWN | | N/A for measles | | | | | Not found on NEDSS to NETSS mapping documentation or Measles Mapping guide | |
| OUTBNAME | | | | NOT CODED VALUE | | | | | | | |
| SOURCE | | | | NOT CODED VALUE | | | | | | | |
| EPILINK | IS CASE EPI-LINKED TO OTHER CONFIRMED/PROBABLE CASE(S)? | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| EPILINK | IS CASE EPI-LINKED TO OTHER CONFIRMED/PROBABLE CASE(S)? | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| EPILINK | IS CASE EPI-LINKED TO OTHER CONFIRMED/PROBABLE CASE(S)? | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| TRACEABL | IS CASE TRACEABLE WITHIN 2 GENERATIONS TO KNOWN INTERNATIONAL IMPORT? | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| TRACEABL | IS CASE TRACEABLE WITHIN 2 GENERATIONS TO KNOWN INTERNATIONAL IMPORT? | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| TRACEABL | IS CASE TRACEABLE WITHIN 2 GENERATIONS TO KNOWN INTERNATIONAL IMPORT? | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |

MUMPS

| NETSS Entry Screen Order | NETSS Variable Name | NETSS Section Instructions from UI (if any) | NETSS Prompt from UI | NETSS Data Description, Context or Full Question | NETSS Codes As Applicable | XML Schema Definition | XML Variable | NEDSS Unique ID and Short Name | NETSS Entry Screen Order |
|--------------------------|---------------------|---|---|--|---|-----------------------|------------------------------|--|--------------------------|
| 16 | DATEACUT | | Date acute specimen | Date acute specimen collected in MM/DD/YY format. | | ldf: | ldfMUMPSIgGAcuteDate | MUM113 (CDF) Date IgG Acute Specimen Taken | 16 |
| 17 | DATECONV | | Date convalescent specimen | Date convalescent specimen Date convalescent specimen collected MM/DD/YY format. | | ldf: | ldfMUMPSIgGConvalesDate | MUM114 (CDF) Date IgG Convalescent Taken | 17 |
| 28 | DATEHEAL | Epidemiologic information: | Date case FIRST REPORTED to a health | Earliest date reported (either to a local, district, or state health department) in MM/DD/YY format. | | gi: | earliestDateReportedToCounty | INV120 Earliest Date reported to county. | 28 |
| 14 | DATEIGM | | Date IgM Specimen | Date IgM Specimen Date specimen collected in MM/DD/YY format. | | ldf: | ldfMUMPSIgMSpecimenDate | MUM110 (CDF) Date IgM Specimen Taken | 14 |
| 29 | DATEINVE | | Date case investigation started | Date case investigation started in MM/DD/YY format. | | gi: | investigationStartDate | INV147 Investigation Start Date | 29 |
| 11 | DAYSHOSP | | Total days hospitalized | Total days hospitalized | Range: 0 - 998, 999 = Unknown | gi: | durationOfStay | INV134 Total Duration of Stay Within Hospital | 11 |
| 4 | DEAFNESS | | Deafness | Deafness | Y=Yes N=No U=Unknown | ldf: | ldfMUMPSDeafness | MUM102 (CDF) Deafness | 4 |
| 7 | DEATH | | Death | Death | Y=Yes N=No U=Unknown | gi: | patientDieFromThisIllness | INV145 Did the patient die from this illness? | 7 |
| 26 | DOSESAFT | | Number of doses received ON or AFTER 1st birthday | Number of doses received ON or AFTER 1st birthday | 0=No doses 1=1 dose 2=2 doses 3=3 doses 9=Unknown | ldf: | ldfMUMPSDoses | MUM124 (CDF) Number of doses received | 26 |
| 6 | ENCEPHAL | | Encephalitis | Encephalitis | Y=Yes N=No U=Unknown | ldf: | ldfMUMPSEncephalitis | MUM104 (CDF) Encephalitis | 6 |
| 36 | EPILINK | | Epi-linked to other confirmed/ probable case(s) | Epi-linked to other confirmed/ probable case(s) | Y=Yes N=No U=Unknown | ldf: | ldfMUMPEpiLinked | MUM130 (CDF) Epi-linked to another case | 36 |
| 10 | HOSPITAL | | Hospitalized? | Hospitalized? | Y=Yes N=No U=Unknown | gi: | wasPatientHospitalized | INV128 Was the patient hospitalized? | 10 |
| 15 | IGGRES | | IgG Result | IgG Result | P=Significant rise (IgG) N=No significant rise (IgG) I=Indeterminate E=Pending X=Not Done U=Unknown | ldf: | ldfMUMPSAcuteConvalesResult | MUM115 (CDF) Result of Acute/Convalescent IgG Test | 15 |
| 13 | IGMRES | | IgM Result | IgM Result | P=Positive IgM N=Negative IgM I=Indeterminate E=Pending X=Not Done U=Unknown | ldf: | dfMUMPSIgMSpecimenResult | MUM111 (CDF) Result of IgM Test | 13 |
| 20 | LABCONF | | Laboratory Confirmed: | Laboratory Confirmed: | This is a no enter field. LABCONF = Y if positive IGM or IGG or OTHERLAB test, else LABCONF = N. | gi: | confirmationMethod | INV161 Confirmation Method | 20 |
| 12 | LABTEST | Laboratory: | Was laboratory testing done? | Was laboratory testing done? | Y=Yes N=No U=Unknown | ldf: | ldfMUMPSLabTesting | MUM108 (CDF) Laboratory testing done | 12 |
| 3 | MENINGIT | Complications: | Meningitis | Meningitis Y Yes N No U Unknown | Y=Yes N=No U=Unknown | ldf: | ldfMUMPSMeningitis | MUM101 (CDF) Meningitis | 3 |
| 19 | METHOD | | Specify Method | Specify Method Culture, DFA, PCR or specify other. | | ldf: | ldfMUMPSOtherTest | MUM117 (CDF) Specify Other Test | 19 |
| 5 | ORCHITIS | | Orchitis | Orchitis | Y=Yes N=No U=Unknown | ldf: | ldfMUMPSOrchitis | MUM103 (CDF) Orchitis | 5 |
| 8 | OTHER | | Other Complications | Other Complications | Y=Yes N=No U=Unknown | ldf: | ldfMUMPSOtherComplication | MUM105 (CDF) Other Complications | 8 |

MUMPS

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|----|----------|----------------------|--|--|--|------|--------------------------|--|----|
| 18 | OTHERLAB | | Other Lab Result | Other Lab Result | P=Positive N=Negative I=Indeterminate E=Pending X=Not Done U=Unknown | ldf: | ldfMUMPSOtherTestResult | MUM119 (CDF) Other Laboratory Test Results | 18 |
| 34 | OUTBNAME | | Outbreak name | Outbreak name 15-character text field for the name of the outbreak this case is associated with. | | gi: | outbreakNameOrCode | INV151 Case Outbreak Name | 34 |
| 33 | OUTBREL | | Outbreak related | Outbreak related Is CURRENT CASE part of an outbreak of 3 or more cases? If OUTBREAK ASSOC field on core screen indicates the case is outbreak related, this field is automatically set to Y. | Y=Yes N=No U=Unknown | gi: | associatedWithOutbreak | INV150 Case Outbreak Indicator | 33 |
| 2 | PAROTITI | Clinical data | Parotitis | Parotitis | Y=Yes N=No U=Unknown | ldf: | ldfMUMPSParotitis | MUM100 (CDF) Did the patient have Parotitis? | 2 |
| 27 | REASON | | Reason not rec'd 1 | Reason not rec'd | 1=Religious exemption 2=Medical contraindication 3=Philosophical exemption 4=Laboratory confirmation of previous disease 5=MD diagnosis of previous disease 6=Under age for vaccine 7=Parental refusal 8=Other 9=Unknown | ldf: | ldfMUMPSNoVaccineReason | MUM123 (CDF) If No, Reason | 27 |
| 32 | SETOTHER | | If setting = other, explain | If setting = other, explain 15 character open text for a description of the transmission setting if other was indicated for transmission setting. This field is hidden unless TRANSMIS = 15 (other). | | ldf: | | N/A | 32 |
| 35 | SOURCE | | Source of exposure | Source of exposure | | ldf: | ldfMUMPSSource | MUM129 (CDF) Source of Infection (i.e. person ID, country,...) | 35 |
| 9 | SPECIFY | | Specify | Specify 15 character open text for the description of other complications. This field is hidden unless OTHER = Y. | | ldf: | ldfMUMPSOtherCompSpecify | MUM106 (CDF) Specify Other complication | 9 |
| 1 | STATEID | | State ID | State identification number for this case. | | ldf: | ldfMUMPSStateId | N/A | 1 |
| 30 | TRANSMIS | | Transmission Setting | Transmission Setting Where did this case acquire the infection? | 1=Day Care 2=School 3=Doctor's Office 4=Hospital Ward 5=Hospital ER 6=Hospital Outpatient Clinic 7=Home 8=Work 9=Unknown 10=College 11=Military 12=Correctional Facility 13=Church 14=International Travel 15=Other | ldf: | ldfMUMPSTransSetting | MUM127 (CDF) Transmission Setting | 30 |
| 21 | VACCIN | Vaccine | Had case ever received MUMPS-containing vaccine? | Had case ever received MUMPS-/RUBELLA-containing vaccine? | Y=Yes N=No U=Unknown | ldf: | ldfMUMPSMumpsVaccine | MUM122 (CDF) Did the patient receive mumps-containing vaccine? | 21 |

MUMPS

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|----|-----------|--|-------------------------------|---|----------------------|------|----------------------------|--|----|
| 22 | VACDATE | | VacDate | Date the vaccine was administered NOTE: Transformation of data to take place prior to migration. | | gi: | dateAdministered | VAC103 Vaccine Administered Date | 22 |
| 23 | VACDATE01 | | VacDate | Date the vaccine was administered NOTE: Transformation of data to take place prior to migration. | | gi: | dateAdministered | VAC103 Vaccine Administered Date | 23 |
| 24 | VACDATE02 | | VacDate | Date the vaccine was administered NOTE: Transformation of data to take place prior to migration. | | gi: | dateAdministered | VAC103 Vaccine Administered Date | 24 |
| 25 | VACDATE03 | | VacDate | Date the vaccine was administered NOTE: Transformation of data to take place prior to migration. | | gi: | dateAdministered | VAC103 Vaccine Administered Date | 25 |
| 31 | VERIFIED | | Were age and setting verified | Were age and setting verified | Y=Yes N=No U=Unknown | ldf: | ldfMUMPSAgeSettingVerified | MUM128 (CDF) Were age and setting verified? | 31 |
| | | | | Was IgM testing performed? | | | | MUM109 (CDF) IgM Testing | |
| | | | | Was IgG Acute/Convalescent testing performed? | | | | MUM112 (CDF) IgG Acute/Convalescent Testing | |
| | | | | Was other lab testing performed? | | | | MUM116 (CDF) Other Lab Testing | |
| | | | | Date of Other Test | | | | MUM118 (CDF) Other Test Date | |
| | | | | Were the specimens sent to CDF for genotyping (molecular typing)? | | | | MUM120 (CDF) Genotyping Specimens Sent | |
| | | | | Date sent for genotyping | | | | MUM121 (CDF) Genotyping Date | |
| | | | | | | | vaccineName | VAC101 Vaccine Administered (Rubella and Measles and Mumps only) | |
| | | | | Length of time in the US: Years | | | | MUM125 (CDF) Length of time in the US | |
| | | | | Country of Birth | | | | MUM126 (CDF) Country of Birth | |

MUMPS

| NETSS Variable Name | NEDSS Description | SRT | Applicable Condition Codes | ADS Column.table | Metadata/ Comments |
|---------------------|--|---------------|----------------------------|--|---|
| DATEACUT | Date IgG Acute Specimen Taken | | 10180 | | This is a CDF in NEDSS. Convert the NETSS Legacy Source data to MM/DD/YYYY format for NEDSS |
| DATECONV | Date IgG Convalescent Taken | | 10180 | | This is a CDF in NEDSS. Convert the NETSS Legacy Source data to MM/DD/YYYY format for NEDSS |
| DATEHEAL | Earliest date reported to county public health system. Earliest date reported to state public health system. | | 10180 | Public_health_case.rpt_to_cnty_time | |
| DATEIGM | Date IgM Specimen Taken | | 10180 | | This is a CDF in NEDSS. Convert the NETSS Legacy Source data to MM/DD/YYYY format for NEDSS |
| DATEINVE | The date the investigation was started or initiated. | | 10180 | Public_health_case.activity_start_time | |
| DAYSHOSP | Subject's duration of stay at the hospital for the condition being reported | | 10180 | Obs_value_numeric.numeric_value_1 | |
| DEAFNESS | Deafness | YNU | 10180 | | This is a CDF in NEDSS. |
| DEATH | Indicates if the person died from mumps. | YNU | 10180 | Obs_value_coded.code | |
| DOSESAFT | Number of doses received ON or AFTER first birthday | | 10180 | | This is a CDF in NEDSS. |
| ENCEPHAL | Encephalitis | YNU | 10180 | | This is a CDF in NEDSS. |
| EPILINK | Is this case epi-linked to another confirmed or probable case? | YNU A | 10180 | N/A | This is a CDF in NEDSS. |
| HOSPITAL | Was the patient hospitalized as a result of this event? | YNU | 10180 | Obs_value_coded.code | |
| IGGRES | Result of Acute/Convalescent IgG Test | NIP_IGG_DIFF | 10180 | | This is a CDF in NEDSS. |
| IGMRES | Result of IgM Test | NIP_RSLT_QUAL | 10180 | | This is a CDF in NEDSS. |
| LABCONF | What method was used to classify the case status? | PHC_CONF_M | 10180 | Confirmation_method.confirmation_method_cd | IF LABCONF = 'Y' THEN 'Laboratory Confirmed' value is set in SRT. |
| LABTEST | Was laboratory testing done for mumps? | YNU | 10180 | | This is a CDF in NEDSS. |
| MENINGIT | Meningitis | YNU | 10180 | | This is a CDF in NEDSS. |
| METHOD | Specify Other Test | | 10180 | | This is a CDF in NEDSS. |
| ORCHITIS | Orchitis | YNU | 10180 | | This is a CDF in NEDSS. |
| OTHER | Other Complications | YNU | 10180 | | This is a CDF in NEDSS. |

MUMPS

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|----------|---|----------------|-------|----------------------------------|--|
| OTHERLAB | Other Laboratory Test Results | | 10180 | | This is a CDF in NEDSS. |
| OUTBNAME | Indicates the name of the outbreak. | OUTBREAK_NM | 10180 | Public_health_case.outbreak_name | Outbreak name will be migrated according to state-specific requirements. Also, need to reference OUTBREAKAS from the Core when mapping this field. |
| OUTBREL | Denotes whether the reported case was associated with an identified outbreak. | YNU | 10180 | Public_health_case.outbreak_ind | |
| PAROTITI | Did the patient have Parotitis? | YNU | 10180 | | This is a CDF in NEDSS. |
| REASON | If No, Reason | VAC_NOTG_RSN | 10180 | | This is a CDF in NEDSS. |
| SETOTHER | | N/A | 10180 | | NEDSS does not currently support this question. If State requires the data migrated, create a DMDF. |
| SOURCE | Source of Infection (i.e. person ID, country,...) | | 10180 | | This is a CDF in NEDSS. |
| SPECIFY | Specify Other Complication | | 10180 | | This is a CDF in NEDSS. |
| STATEID | N/A | N/A | 10180 | N/A | STATEID mapped to DMDF because NETSS 'ID' is mapped to stateCaseID for data migration (see ID NETSS Variable Name in Core Section). |
| TRANSMIS | Transmission Setting | PHC_TRAN_SETNG | 10180 | | This is a CDF in NEDSS. |
| VACCIN | Did the patient receive mumps-containing vaccine? | YNU | 10180 | | This is a CDF in NEDSS. |

MUMPS

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|-----------|--|-----------|-------|----------------------------------|--|
| VACDATE | Date that the vaccine was administered. 1 st vaccine event | | 10180 | Intervention. activity_from_time | Part of Repeating Block (First VaccinationEvent). NOTE: Transformation of data to take place prior to migration. (If month and year known, but day unknown, use 15 th of month for day). |
| VACDATE01 | Date that the vaccine was administered. 1 st vaccine event | | 10180 | Intervention. activity_from_time | Part of Repeating Block (First VaccinationEvent). NOTE: Transformation of data to take place prior to migration. (If month and year known, but day unknown, use 15 th of month for day). |
| VACDATE02 | Date that the vaccine was administered. 1 st vaccine event | | 10180 | Intervention. activity_from_time | Part of Repeating Block (First VaccinationEvent). NOTE: Transformation of data to take place prior to migration. (If month and year known, but day unknown, use 15 th of month for day). |
| VACDATE03 | Date that the vaccine was administered. 1 st vaccine event | | 10180 | Intervention. activity_from_time | Part of Repeating Block (First VaccinationEvent). NOTE: Transformation of data to take place prior to migration. (If month and year known, but day unknown, use 15 th of month for day). |
| VERIFIED | Were age and setting verified? | YNU | 10180 | | This is a CDF in NEDSS. |
| | Indicates whether an IgM test was performed for the patient. | YNU | 10180 | | This is a CDF in NEDSS. This field must be set to 'Y' if a value is entered for DATEIGM or IGMRES. Note: This field will not be populated with 'Yes' due to coding issues associated with CDFs. |
| | Indicates whether IgG Acute/Convalescent testing was performed for this patient. | YNU | 10180 | | This is a CDF in NEDSS. This field must be set to 'Y' if a value is entered for DATEACUT or DATECONV. Note: This field will not be populated with 'Yes' due to coding issues associated with CDFs. |
| | Indicates whether other laboratory testing was done. | YNU | 10180 | | This is a CDF in NEDSS. This field must be set to 'Y' if a value is entered for OTHERLAB or METHOD. Note: This field will not be populated with 'Yes' due to coding issues associated with CDFs. |
| | Specifies the date that the other testing was done. | | 10180 | | This is a CDF in NEDSS. This field is not available in NETSS and is not affected by Data Migration. |
| | Indicates whether the clinical specimens were sent to the CDC for genotyping (molecular typing). | YNU | 10180 | | This is a CDF in NEDSS. This field is not available in NETSS and is not affected by Data Migration. |
| | Specifies the date that the clinical specimens were sent for genotyping. | | 10180 | | This is a CDF in NEDSS. This field is not available in NETSS and is not affected by Data Migration. |
| | The type of vaccine administered. | VAC_NM | 10180 | Material.nm | Part of Repeating Block (vaccination). Default to "MMR" for each vaccination date |
| | Indicates the length of time the patient has lived in the US. | | 10180 | | This is a CDF in NEDSS. This field is not available in NETSS and is not affected by Data Migration. |
| | Indicates the patient's country of birth. | PSL_CNTRY | 10180 | | This is a CDF in NEDSS. This field is not available in NETSS and is not affected by Data Migration. |

| NETSS VARIABLE | CONTEXT OF CODE (SHORT NETSS QUESTION) | NETSS ORIGINAL VALUE | NETSS CODE DESCRIPTION | NETSS COMMENTS | SRT_TABLE_NM | CODE_SET_NM | CODE | CODE_DESC_TXT | CODE_SHORT_DESC_TXT | NETSS COMMENTS | NETSS - NETSS DISCREPANCY | NETSS UPDATED CODE USED | ISSUES |
|----------------|---|----------------------|------------------------|-----------------|----------------------|-------------|------|---------------|---------------------|----------------|---------------------------|---|---|
| STATEID | STATE ID | | | NOT CODED VALUE | | | | | | | | | NOT MAPPED/Confirmed by NETSS to NETSS mapping documentation |
| ZIPCODE | ZIP CODE OF RESIDENCE AT TIME OF ILLNESS | F | | NOT CODED VALUE | | | | | | | | INV118 | |
| RASH | RASH? (CLINICAL DATA) - RUBELLA ONLY | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | INV003 | Not applicable for MUMPS |
| RASH | RASH? (CLINICAL DATA) - RUBELLA ONLY | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | INV003 | Not applicable for MUMPS |
| RASH | RASH? (CLINICAL DATA) - RUBELLA ONLY | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | INV003 | Not applicable for MUMPS |
| ONSET | RASH ONSET (CLINICAL DATA)- RUBELLA ONLY | date | | NOT CODED VALUE | | | | | | | | | Not applicable for MUMPS |
| RASHDUR | RASH DURATION-DAYS (CLINICAL DATA)- RUBELLA ONLY | NUMERIC | NUMERIC | NOT CODED VALUE | | | | | | | D (Days) | | Not applicable for MUMPS |
| FEVER | FEVER? (CLINICAL DATA)- RUBELLA ONLY | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | INV006 | Not applicable for MUMPS |
| FEVER | FEVER? (CLINICAL DATA)- RUBELLA ONLY | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | INV006 | Not applicable for MUMPS |
| FEVER | FEVER? (CLINICAL DATA)- RUBELLA ONLY | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | INV006 | Not applicable for MUMPS |
| TEMPERAT | IF RECORDED, ENTER HIGHEST KNOWN TEMPERATURE (CLINICAL DATA) | NUMERIC | NUMERIC | NOT CODED VALUE | | | | | | | F (Fahrenheit) | | Not applicable for MUMPS |
| ARTHRALG | ARTHRALGIA/ARTHRITIS? (CLINICAL DATA)- RUBELLA ONLY | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | RUB009 | Not applicable for MUMPS |
| ARTHRALG | ARTHRALGIA/ARTHRITIS? (CLINICAL DATA)- RUBELLA ONLY | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | RUB009 | Not applicable for MUMPS |
| ARTHRALG | ARTHRALGIA/ARTHRITIS? (CLINICAL DATA)- RUBELLA ONLY | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | RUB009 | Not applicable for MUMPS |
| LYMPHADE | LYMPHADENOPATHY? (CLINICAL DATA)- RUBELLA ONLY | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | RUB010 | Not applicable for MUMPS |
| LYMPHADE | LYMPHADENOPATHY? (CLINICAL DATA)- RUBELLA ONLY | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | RUB010 | Not applicable for MUMPS |
| LYMPHADE | LYMPHADENOPATHY? (CLINICAL DATA)- RUBELLA ONLY | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | RUB010 | Not applicable for MUMPS |
| CONJUNCT | CONJUNCTIVITIS? (CLINICAL DATA)- RUBELLA ONLY | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | RUB011 | Not applicable for MUMPS |
| CONJUNCT | CONJUNCTIVITIS? (CLINICAL DATA)- RUBELLA ONLY | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | RUB011 | Not applicable for MUMPS |
| CONJUNCT | CONJUNCTIVITIS? (CLINICAL DATA)- RUBELLA ONLY | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | RUB011 | Not applicable for MUMPS |
| PAROTITI | PAROTITIS | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | | Not supported by NBS. Treat as LDF |
| PAROTITI | PAROTITIS | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | | Not supported by NBS. Treat as LDF |
| PAROTITI | PAROTITIS | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | | Not supported by NBS. Treat as LDF |
| CLINDEF | This field is not on the data entry screen | | | | Not supported by NBS | | | | | | | NOT MAPPED | Space reserved in NETSS.DAT for future possibility of including this variable |
| MENINGIT | MENINGITIS | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | | Not supported by NBS. Treat as LDF |
| MENINGIT | MENINGITIS | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | | Not supported by NBS. Treat as LDF |
| MENINGIT | MENINGITIS | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | | Not supported by NBS. Treat as LDF |
| DEAFNESS | DEAFNESS | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | | Not supported by NBS. Treat as LDF |
| DEAFNESS | DEAFNESS | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | | Not supported by NBS. Treat as LDF |
| DEAFNESS | DEAFNESS | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | | Not supported by NBS. Treat as LDF |
| ORCHITIS | ORCHITIS | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | | Not supported by NBS. Treat as LDF |
| ORCHITIS | ORCHITIS | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | | Not supported by NBS. Treat as LDF |
| ORCHITIS | ORCHITIS | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | | Not supported by NBS. Treat as LDF |
| ENCEPHAL | ENCEPHALITIS? (COMPLICATIONS) | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | RUB019 | Not supported by NBS. Treat as LDF |
| ENCEPHAL | ENCEPHALITIS? (COMPLICATIONS) | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | RUB019 | Not supported by NBS. Treat as LDF |
| ENCEPHAL | ENCEPHALITIS? (COMPLICATIONS) | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | RUB019 | Not supported by NBS. Treat as LDF |
| ARTHRITI | ARTHRITIS/ARTHRALGIA? (COMPLICATIONS) | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | RUB147 | Not applicable for MUMPS |
| ARTHRITI | ARTHRITIS/ARTHRALGIA? (COMPLICATIONS) | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | RUB147 | Not applicable for MUMPS |
| ARTHRITI | ARTHRITIS/ARTHRALGIA? (COMPLICATIONS) | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | RUB147 | Not applicable for MUMPS |
| THROMBO | THROMBOCYTOPENIA? (COMPLICATIONS)- RUBELLA ONLY | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | RUB020 | Not applicable for MUMPS |
| THROMBO | THROMBOCYTOPENIA? (COMPLICATIONS)- RUBELLA ONLY | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | RUB020 | Not applicable for MUMPS |
| THROMBO | THROMBOCYTOPENIA? (COMPLICATIONS)- RUBELLA ONLY | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | RUB020 | Not applicable for MUMPS |
| DEATH | DEATH? (COMPLICATIONS) | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | RUB162, is also INV145. Where/what is INV145? | INV145? |
| DEATH | DEATH? (COMPLICATIONS) | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | RUB162, is also INV145. Where/what is INV145? | INV145? |
| DEATH | DEATH? (COMPLICATIONS) | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | RUB162, is also INV145. Where/what is INV145? | INV145? |
| OTHER | OTHER? (COMPLICATIONS) | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | RUB121 | Not supported by NBS. Treat as LDF |
| OTHER | OTHER? (COMPLICATIONS) | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | RUB121 | Not supported by NBS. Treat as LDF |
| OTHER | OTHER? (COMPLICATIONS) | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | RUB121 | Not supported by NBS. Treat as LDF |
| SPECIFY | SPECIFY - DESCRIBE OTHER COMPLICATIONS - EXTOTHR=Y ONLY (COMPLICATIONS) | TEXTUAL | TEXTUAL | NOT CODED VALUE | | | | | | | | | |

| NETSS VARIABLE | CONTEXT OF CODE (SHORT NETSS QUESTION) | NETSS ORIGINAL VALUE | NETSS CODE DESCRIPTION | NETSS COMMENTS | SRT_TABLE_NM | CODE_SET_NM | CODE | CODE_DESC_TXT | CODE_SHORT_DESC_TXT | NETSS COMMENTS | NETSS - NETSS DISCREPANCY | NETSS UPDATED CODE USED | ISSUES |
|----------------|--|----------------------|--|-----------------|---|---|------|----------------------------|----------------------------|--|---------------------------|-------------------------|--|
| HOSPITAL | HOSPITALIZED? (COMPLICATIONS) | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | INV128 | |
| HOSPITAL | HOSPITALIZED? (COMPLICATIONS) | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | INV128 | |
| HOSPITAL | HOSPITALIZED? (COMPLICATIONS) | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | INV128 | |
| DAYSHOSP | TOTAL DAYS HOSPITALIZED - IF UNKNOWN, ENTER 999 (COMPLICATIONS) | NUMERIC | NUMERIC | NOT CODED VALUE | | | | | | | D (Days) | INV134 | |
| LABTEST | WAS LABORATORY TESTING DONE? (LABORATORY) | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | RUB033 | Not supported by NBS. Treat as LDF |
| LABTEST | WAS LABORATORY TESTING DONE? (LABORATORY) | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | RUB033 | Not supported by NBS. Treat as LDF |
| LABTEST | WAS LABORATORY TESTING DONE? (LABORATORY) | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | RUB033 | Not supported by NBS. Treat as LDF |
| IGMRES | IGM RESULT | P | Positive IgM | | CODE_VALUE_GENERAL | NIP_RSLT_QUAL | I | Indeterminate | Indeterminate | | | MUM111 (CDF) | |
| IGMRES | IGM RESULT | N | Negative IgM | | CODE_VALUE_GENERAL | NIP_RSLT_QUAL | ND | Not Done | Not Done | | | MUM111 (CDF) | |
| IGMRES | IGM RESULT | I | Indeterminate | | CODE_VALUE_GENERAL | NIP_RSLT_QUAL | N | Negative | Negative | | | MUM111 (CDF) | |
| IGMRES | IGM RESULT | E | Pending | | CODE_VALUE_GENERAL | NIP_RSLT_QUAL | P | Positive | Positive | | | MUM111 (CDF) | |
| IGMRES | IGM RESULT | X | Not Done | | CODE_VALUE_GENERAL | NIP_RSLT_QUAL | U | Unknown | Unknown | | | MUM111 (CDF) | |
| IGMRES | IGM RESULT | U | Unknown | | CODE_VALUE_GENERAL | NIP_RSLT_QUAL | PEND | Pending | Pending | | | MUM111 (CDF) | |
| DATEIGM | DATE IGM SPECIMEN COLLECTED (LABORATORY) | date | date | NOT CODED VALUE | | | | | | | | | |
| IGGRES | IGG RESULT (LABORATORY) | P | SIGNIFICANT RISE IN IgG | | Not tied to SRT in NEDSS/ NIP_IGG_DIFF | NIP_IGG_DIFF | SR | Significant rise in IgG | Significant rise in IgG | | | MUM 115 (CDF) | |
| IGGRES | IGG RESULT (LABORATORY) | N | NO SIGNIFICANT RISE IN IgG | | Not tied to SRT in NEDSS/ NIP_IGG_DIFF | NIP_IGG_DIFF | NR | No significant rise in IgG | No significant rise in IgG | | | MUM 115 (CDF) | |
| IGGRES | IGG RESULT (LABORATORY) | I | INDETERMINATE | | Not tied to SRT in NEDSS/ NIP_IGG_DIFF | NIP_IGG_DIFF | I | Indeterminate | Indeterminate | | | MUM 115 (CDF) | |
| IGGRES | IGG RESULT (LABORATORY) | E | PENDING | | Not tied to SRT in NEDSS/ NIP_IGG_DIFF | NIP_IGG_DIFF | PND | Pending | Pending | | | MUM 115 (CDF) | |
| IGGRES | IGG RESULT (LABORATORY) | X | NOT DONE | | Not tied to SRT in NEDSS/ NIP_IGG_DIFF | NIP_IGG_DIFF | ND | Not done | Not done | | | MUM 115 (CDF) | |
| IGGRES | IGG RESULT (LABORATORY) | U | UNKNOWN | | Not tied to SRT in NEDSS/ NIP_IGG_DIFF | NIP_IGG_DIFF | UNK | Unknown | Unknown | | | MUM 115 (CDF) | |
| DATEACUT | DATE ACUTE SPECIMEN COLLECTED (LABORATORY) | date | date | NOT CODED VALUE | | | | | | | | | |
| DATECONV | DATE CONVALESCENT COLLECTED (LABORATORY) | date | date | NOT CODED VALUE | | | | | | | | | |
| OTHERLAB | OTHER LAB RESULT - ENTER RESULT OF OTHER LABORATORY CONFIRMATION METHOD (LABORATORY) | I | INDETERMINATE | | CODE_VALUE_GENERAL | Can we use the NIP_RSLT_QUAL code_set_nm | I | | | | | MUM119 (CDF) | Not tied to SRT in NEDSS. What are the codes available in NEDSS? NETSS variable=RUB088 |
| OTHERLAB | OTHER LAB RESULT - ENTER RESULT OF OTHER LABORATORY CONFIRMATION METHOD (LABORATORY) | X | NOT DONE | | CODE_VALUE_GENERAL | Can we use the NIP_RSLT_QUAL code_set_nm | ND | | | | | MUM119 (CDF) | Not tied to SRT in NEDSS |
| OTHERLAB | OTHER LAB RESULT - ENTER RESULT OF OTHER LABORATORY CONFIRMATION METHOD (LABORATORY) | N | NEGATIVE | | CODE_VALUE_GENERAL | Can we use the NIP_RSLT_QUAL code_set_nm | N | | | | | MUM119 (CDF) | Not tied to SRT in NEDSS |
| OTHERLAB | OTHER LAB RESULT - ENTER RESULT OF OTHER LABORATORY CONFIRMATION METHOD (LABORATORY) | P | POSITIVE | | CODE_VALUE_GENERAL | Can we use the NIP_RSLT_QUAL code_set_nm | P | | | | | MUM119 (CDF) | Not tied to SRT in NEDSS |
| OTHERLAB | OTHER LAB RESULT - ENTER RESULT OF OTHER LABORATORY CONFIRMATION METHOD (LABORATORY) | U | UNKNOWN | | CODE_VALUE_GENERAL | Can we use the NIP_RSLT_QUAL code_set_nm | UNK | | | | | MUM119 (CDF) | Not tied to SRT in NEDSS |
| OTHERLAB | OTHER LAB RESULT - ENTER RESULT OF OTHER LABORATORY CONFIRMATION METHOD (LABORATORY) | E | PENDING | | CODE_VALUE_GENERAL | Can we use the NIP_RSLT_QUAL code_set_nm | PEND | | | | | MUM119 (CDF) | Not tied to SRT in NEDSS |
| METHOD | SPECIFY METHOD (LABORATORY) | TEXTUAL | TEXTUAL | NOT CODED VALUE | | | | | | | | RUB080 | |
| LABCONF | LABORATORY CONFIRMED? (LABORATORY) - NO ENTER - IF IGMRES, IGGRES, OR OTHERLAB=P, THEN LABCONF=Y | Y | POSITIVE IGM OR IGG OR OTHERLAB TEST | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | INV161 | |
| LABCONF | LABORATORY CONFIRMED? (LABORATORY) - NO ENTER - IF IGMRES, IGGRES, OR OTHERLAB=P, THEN LABCONF=Y | N | IGM AND IGG AND OTHERLAB TEST NOT POSITIVE | | CODE_VALUE_GENERAL | YNU | N | No | No | | | INV161 | |
| VACCIN | HAD CASE EVER RECEIVED MUMPS- OR RUBELLA-CONTAINING VACCINE? (VACCINE) | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | MUM122 (CDF) | |
| VACCIN | HAD CASE EVER RECEIVED MUMPS- OR RUBELLA-CONTAINING VACCINE? (VACCINE) | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | MUM122 (CDF) | |
| VACCIN | HAD CASE EVER RECEIVED MUMPS- OR RUBELLA-CONTAINING VACCINE? (VACCINE) | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | MUM122 (CDF) | |
| VACDATE | VACCINATION DATE - IF MONTH AND YEAR KNOWN, BUT DAY UNKNOWN, USE 15TH OF MONTH FOR DAY (VACCINE) | date | date | NOT CODED VALUE | | | | | | | | | Not on NEDSS to NETSS mapping documentation |
| VACDATE01 | VACCINATION DATE - IF MONTH AND YEAR KNOWN, BUT DAY UNKNOWN, USE 15TH OF MONTH FOR DAY (VACCINE) | date | date | NOT CODED VALUE | | | | | | | | VAC103 | |
| VACDATE02 | VACCINATION DATE - IF MONTH AND YEAR KNOWN, BUT DAY UNKNOWN, USE 15TH OF MONTH FOR DAY (VACCINE) | date | date | NOT CODED VALUE | | | | | | | | VAC103 | |
| VACDATE03 | VACCINATION DATE - IF MONTH AND YEAR KNOWN, BUT DAY UNKNOWN, USE 15TH OF MONTH FOR DAY (VACCINE) | date | date | NOT CODED VALUE | | | | | | | | VAC103 | |
| DOSESAFT | NUMBER OF DOSES RECEIVED ON OR AFTER 1ST BIRTHDAY (VACCINE) | 0 | NO DOSES | | not a coded value in NBS | not a coded value in NBS Can we use the P_VAC_DOSE_NUM code_set_nm for this element? | 0 | | | XREF from NETSS code to NBS numeric values | | MUM124 (CDF) | |
| DOSESAFT | NUMBER OF DOSES RECEIVED ON OR AFTER 1ST BIRTHDAY (VACCINE) | 1 | 1 DOSE | | not a coded value in NBS | not a coded value in NBS Can we use the P_VAC_DOSE_NUM code_set_nm for this element? | 1 | | | 1=1 | | MUM124 (CDF) | |
| DOSESAFT | NUMBER OF DOSES RECEIVED ON OR AFTER 1ST BIRTHDAY (VACCINE) | 2 | 2 DOSES | | not a coded value in NBS | not a coded value in NBS Can we use the P_VAC_DOSE_NUM code_set_nm for this element? | 2 | | | 2=2 | | MUM124 (CDF) | |
| DOSESAFT | NUMBER OF DOSES RECEIVED ON OR AFTER 1ST BIRTHDAY (VACCINE) | 3 | 3 DOSES | | not a coded value in NBS | not a coded value in NBS Can we use the P_VAC_DOSE_NUM code_set_nm for this element? | 3 | | | 3=3 | | MUM124 (CDF) | |
| DOSESAFT | NUMBER OF DOSES RECEIVED ON OR AFTER 1ST BIRTHDAY (VACCINE) | 9 | UNKNOWN | | not a coded value in NBS | not a coded value in NBS Can we use the P_VAC_DOSE_NUM code_set_nm for this element? | UNK | | | If unknown received, treat as LDF | | MUM124 (CDF) | |

| NETSS VARIABLE | CONTEXT OF CODE (SHORT NETSS QUESTION) | NETSS ORIGINAL VALUE | NETSS CODE DESCRIPTION | NETSS COMMENTS | SRT_TABLE_NM | CODE_SET_NM | CODE | CODE_DESC_TXT | CODE_SHORT_DESC_TXT | NEDSS COMMENTS | NETSS - NEDSS DISCREPANCY | NEDSS UPDATED CODE USED | ISSUES |
|----------------|--|----------------------|----------------------------------|-----------------|-----------------------------------|----------------|----------|--|----------------------------------|--|---------------------------|-------------------------|--|
| REASON | REASON NOT RECD - VACCIN=N ONLY (VACCINE) | 1 | RELIGIOUS EXEMPTION | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | RLGN | Religious exemption | Religious exemption | | | MUM123 (CDF) | |
| REASON | REASON NOT RECD - VACCIN=N ONLY (VACCINE) | 2 | MEDICAL CONTRAINDICATION | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | MED | Medical Contraindication | Medical Contraindication | | | MUM123 (CDF) | |
| REASON | REASON NOT RECD - VACCIN=N ONLY (VACCINE) | 3 | PHILOSOPHICAL OBJECTION | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | OBJ | Philosophical objection | Philosophical objection | | | MUM123 (CDF) | |
| REASON | REASON NOT RECD - VACCIN=N ONLY (VACCINE) | 4 | LAB EVIDENCE OF PREVIOUS DISEASE | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | LAB | Lab evidence of previous disease | Lab evidence of previous disease | | | MUM123 (CDF) | |
| REASON | REASON NOT RECD - VACCIN=N ONLY (VACCINE) | 5 | MD DIAGNOSIS OF PREVIOUS DISEASE | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | MDDX | MD diagnosis of previous disease | MD diagnosis of previous disease | | | MUM123 (CDF) | |
| REASON | REASON NOT RECD - VACCIN=N ONLY (VACCINE) | 6 | UNDER AGE FOR VACCINATION | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | AGE | Under age for vaccination | Under age for vaccination | | | MUM123 (CDF) | |
| REASON | REASON NOT RECD - VACCIN=N ONLY (VACCINE) | 7 | PARENTAL REFUSAL | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | REFUSE | Parent/Patient refusal | Parent/Patient refusal | Parent refusal = parent/patient refusal | | MUM123 (CDF) | |
| REASON | REASON NOT RECD - VACCIN=N ONLY (VACCINE) | 8 | OTHER | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | OTH | Other | Other | | | MUM123 (CDF) | |
| REASON | REASON NOT RECD - VACCIN=N ONLY (VACCINE) | 9 | UNKNOWN | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | U | Unknown | Unknown | | | MUM123 (CDF) | |
| DATEHEAL | DATE CASE FIRST REPORTED TO A HEALTH DEPARTMENT - EARLIEST DATE REPORTED (EPIDEMIOLOGIC INFORMATION) | date | date | NOT CODED VALUE | | | | | | | | INV111 | Date case FIRST REPORTED to a health department. Earliest date reported (either to a local, district, or state health department) in MM/DD/YY format. Will come from INV120 or INV121 – which ever is earliest |
| DATEINVE | DATE CASE INVESTIGATION STARTED (EPIDEMIOLOGIC INFORMATION) | date | date | NOT CODED VALUE | | | | | | | | INV147 | |
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE THE INFECTION? (EPIDEMIOLOGIC INFORMATION) | 1 | DAYCARE | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | DayCare | | | | | MUM127 (CDF) | |
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE THE INFECTION? (EPIDEMIOLOGIC INFORMATION) | 2 | SCHOOL | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | SCH | | | | | MUM127 (CDF) | |
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE THE INFECTION? (EPIDEMIOLOGIC INFORMATION) | 3 | DOCTOR'S OFFICE | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | DrOffice | Doctor's Office | Doctor's Office | | | MUM127 (CDF) | |
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE THE INFECTION? (EPIDEMIOLOGIC INFORMATION) | 4 | HOSPITAL WARD | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | WARD | Hospital Ward | Hospital Ward | | | MUM127 (CDF) | |
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE THE INFECTION? (EPIDEMIOLOGIC INFORMATION) | 5 | HOSPITAL ER | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | ER | Hospital ER | Hospital ER | | | MUM127 (CDF) | |
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE THE INFECTION? (EPIDEMIOLOGIC INFORMATION) | 6 | HOSPITAL OUTPATIENT CLINIC | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | OPCLN | Hospital outpatient clinic | Hospital outpatient clinic | | | MUM127 (CDF) | |
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE THE INFECTION? (EPIDEMIOLOGIC INFORMATION) | 7 | HOME | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | HOME | Home | Home | | | MUM127 (CDF) | |
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE THE INFECTION? (EPIDEMIOLOGIC INFORMATION) | 8 | WORK | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | WORK | Work | Work | | | MUM127 (CDF) | |
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE THE INFECTION? (EPIDEMIOLOGIC INFORMATION) | 9 | UNKNOWN | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | UNK | Unknown | Unknown | | | MUM127 (CDF) | |
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE THE INFECTION? (EPIDEMIOLOGIC INFORMATION) | 10 | COLLEGE | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | COLLEGE | College | College | | | MUM127 (CDF) | |
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE THE INFECTION? (EPIDEMIOLOGIC INFORMATION) | 11 | MILITARY | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | MILITARY | Military | Military | | | MUM127 (CDF) | |
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE THE INFECTION? (EPIDEMIOLOGIC INFORMATION) | 12 | CORRECTIONAL FACILITY | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | CORRFAC | Correctional Facility | Correctional Facility | | | MUM127 (CDF) | |
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE THE INFECTION? (EPIDEMIOLOGIC INFORMATION) | 13 | CHURCH | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | CHURCH | Place of Worship | Place of Worship | | | MUM127 (CDF) | |
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE THE INFECTION? (EPIDEMIOLOGIC INFORMATION) | 14 | INTERNATIONAL TRAVEL | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | TRAVEL | International Travel | International Travel | | | MUM127 (CDF) | |
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE THE INFECTION? (EPIDEMIOLOGIC INFORMATION) | 15 | OTHER | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | OTH | Other | Other | | | MUM127 (CDF) | |
| VERIFIED | WERE AGE AND SETTING VERIFIED? - TRANSMISSION SETTING INAPPROPRIATE FOR AGE ONLY (EPIDEMIOLOGIC INFORMATION) | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | Not supported by NBS | | MUM128 (CDF) | Map as LDF |
| VERIFIED | WERE AGE AND SETTING VERIFIED? - TRANSMISSION SETTING INAPPROPRIATE FOR AGE ONLY (EPIDEMIOLOGIC INFORMATION) | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | Not supported by NBS | | MUM128 (CDF) | Map as LDF |
| VERIFIED | WERE AGE AND SETTING VERIFIED? - TRANSMISSION SETTING INAPPROPRIATE FOR AGE ONLY (EPIDEMIOLOGIC INFORMATION) | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | Not supported by NBS | | MUM128 (CDF) | Map as LDF |
| SETOHER | IF SETTING=OTHER, EXPLAIN - TRANSMIS=15 ONLY (EPIDEMIOLOGIC INFORMATION) | TEXTUAL | TEXTUAL | NOT CODED VALUE | | | | | | | | | Map as LDF |
| OUTBREL | OUTBREAK RELATED? - IS CURRENT CASE PART OF AN OUTBREAK OF 3 OR MORE CASES? (EPIDEMIOLOGIC INFORMATION) | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | INV 150 | |
| OUTBREL | OUTBREAK RELATED? - IS CURRENT CASE PART OF AN OUTBREAK OF 3 OR MORE CASES? (EPIDEMIOLOGIC INFORMATION) | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | INV 150 | |
| OUTBREL | OUTBREAK RELATED? - IS CURRENT CASE PART OF AN OUTBREAK OF 3 OR MORE CASES? (EPIDEMIOLOGIC INFORMATION) | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | INV 150 | |
| OUTBNAME | OUTBREAK NAME - OUTBREL=Y ONLY (EPIDEMIOLOGIC INFORMATION) | TEXTUAL | TEXTUAL | NOT CODED VALUE | CODE_VALUE_GENERAL | OUTBREAK_NM | | State-assigned values are implemented by | | The existing NETSS textual Outbreak names or codes will have to be entered into this | | INV151 | |
| SOURCE | SOURCE OF EXPOSURE - IF IMPORTED=1, ENTER STATE ID NUMBER OF SOURCE CASE, IF IMPORTED=3, ENTER STATE(S) WHERE CASE EXPOSED, IF IMPORTED=2, ENTER COUNTRY(S) WHERE CASE EXPOSED (EPIDEMIOLOGIC INFORMATION) | TEXTUAL | TEXTUAL | NOT CODED VALUE | Not coded value for NEDSS either. | | | | | | | MUM129 (CDF) | |
| EPI LINK | EPI LINKED TO OTHER CONFIRMED/PROBABLE CASE(S)? (EPIDEMIOLOGIC INFORMATION) | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | MUM130 (CDF) | |
| EPI LINK | EPI LINKED TO OTHER CONFIRMED/PROBABLE CASE(S)? (EPIDEMIOLOGIC INFORMATION) | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | MUM130 (CDF) | |
| EPI LINK | EPI LINKED TO OTHER CONFIRMED/PROBABLE CASE(S)? (EPIDEMIOLOGIC INFORMATION) | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | MUM130 (CDF) | |
| TRACEABL | This field is not on the data entry screen | | | | Not supported by NBS | | | | | | | Not mapped | Space reserved in NETSS.DAT for future possibility of including this variable |

| NETSS VARIABLE | CONTEXT OF CODE (SHORT NETSS QUESTION) | NETSS ORIGINAL VALUE | NETSS CODE DESCRIPTION | NETSS COMMENTS | SRT_TABLE_NM | CODE_SET_NM | CODE | CODE_DESC_TXT | CODE_SHORT_DESC_TXT | NEDSS COMMENTS | NETSS - NEDSS DISCREPANCY | NEDSS UPDATED CODE USED | ISSUES |
|----------------|---|----------------------|------------------------|-----------------|--------------------------|-------------|------|---------------|---------------------|----------------|---------------------------|-------------------------|--------------------------|
| PREGNANT | WAS CASE PREGNANT? (RUBELLA FORM FOR PREGNANT WOMEN) | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | | Not applicable for MUMPS |
| PREGNANT | WAS CASE PREGNANT? (RUBELLA FORM FOR PREGNANT WOMEN) | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | | Not applicable for MUMPS |
| PREGNANT | WAS CASE PREGNANT? (RUBELLA FORM FOR PREGNANT WOMEN) | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | | Not applicable for MUMPS |
| GESTATIO | NUMBER OF WEEKS GESTATION (OR TRIMESTER) AT ONSET (RUBELLA FORM FOR PREGNANT WOMEN) | 1ST | 1ST TRIMESTER | | Not a coded value in NBS | | | | | | | | Not applicable for MUMPS |
| GESTATIO | NUMBER OF WEEKS GESTATION (OR TRIMESTER) AT ONSET (RUBELLA FORM FOR PREGNANT WOMEN) | 2ND | 2ND TRIMESTER | | Not a coded value in NBS | | | | | | | | Not applicable for MUMPS |
| GESTATIO | NUMBER OF WEEKS GESTATION (OR TRIMESTER) AT ONSET (RUBELLA FORM FOR PREGNANT WOMEN) | 3RD | 3RD TRIMESTER | | Not a coded value in NBS | | | | | | | | Not applicable for MUMPS |
| GESTATION | NUMBER OF WEEKS GESTATION (OR TRIMESTER) AT ONSET (RUBELLA FORM FOR PREGNANT WOMEN) | NUMERIC | NUMERIC | | | | | | | | W (Weeks) | | Not applicable for MUMPS |
| IMMUNITY | PRIOR EVIDENCE OF SEROLOGICAL IMMUNITY? (RUBELLA FORM FOR PREGNANT WOMEN) | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | | Not applicable for MUMPS |
| IMMUNITY | PRIOR EVIDENCE OF SEROLOGICAL IMMUNITY? (RUBELLA FORM FOR PREGNANT WOMEN) | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | | Not applicable for MUMPS |
| IMMUNITY | PRIOR EVIDENCE OF SEROLOGICAL IMMUNITY? (RUBELLA FORM FOR PREGNANT WOMEN) | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | | Not applicable for MUMPS |
| YEARTEST | YEAR OF TEST (RUBELLA FORM FOR PREGNANT WOMEN) | date | date | NOT CODED VALUE | | | | | | | | | Not applicable for MUMPS |
| AGETEST | OR AGE OF PATIENT AT TIME OF TEST (RUBELLA FORM FOR PREGNANT WOMEN) | NUMERIC | NUMERIC | NOT CODED VALUE | | | | | | | Y (Years) | | Not applicable for MUMPS |
| SEROCONF | WAS PREVIOUS RUBELLA SEROLOGICALLY CONFIRMED? - REFERS FOR PREVIOUS PHYSICIAN-DIAGNOSED RUBELLA DISEASE (RUBELLA FORM FOR PREGNANT WOMEN) | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | RUB127 | Not applicable for MUMPS |
| SEROCONF | WAS PREVIOUS RUBELLA SEROLOGICALLY CONFIRMED? - REFERS FOR PREVIOUS PHYSICIAN-DIAGNOSED RUBELLA DISEASE (RUBELLA FORM FOR PREGNANT WOMEN) | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | RUB127 | Not applicable for MUMPS |
| SEROCONF | WAS PREVIOUS RUBELLA SEROLOGICALLY CONFIRMED? - REFERS FOR PREVIOUS PHYSICIAN-DIAGNOSED RUBELLA DISEASE (RUBELLA FORM FOR PREGNANT WOMEN) | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | RUB127 | Not applicable for MUMPS |
| YEARDIS | YEAR OF DISEASE (RUBELLA FORM FOR PREGNANT WOMEN) | date | date | NOT CODED VALUE | | | | | | | | | Not applicable for MUMPS |
| AGEDIS | OR AGE OF PATIENT AT TIME OF DISEASE (RUBELLA FORM FOR PREGNANT WOMEN) | NUMERIC | NUMERIC | NOT CODED VALUE | | | | | | | Y (Years) | | Not applicable for MUMPS |

RUBELLA

| NETSS Entry Screen Order | NETSS Variable Name | NETSS Section Instructions from UI (if any) | NETSS Prompt from UI | NETSS Description | NETSS Codes | XML Schema Definition | XML Variable | NEDSS Unique ID and Short Name | NEDSS Section Instructions from UI | NEDSS Prompt from UI |
|--------------------------|---------------------|---|--|--|---|-----------------------|---|--|------------------------------------|--|
| 50 | AGEDIS | | Age of patient at time of disease | Age of patient at time of disease. | Range: 0 - 50, 99 = Unknown | rubella: | ageOfTheWomanAtTimeOfPreviousDisease | RUB129 Age of woman at time of previous disease? | | Age of the woman at time of previous disease? |
| 47 | AGETEST | | Age of patient at time of test | Age of patient at time of test | Range: 0 - 50, 99 = Unknown | rubella: | ageOfWomanAtTimeOfImmunityTesting | RUB125 Age of woman at time of immunity testing | | Age of the woman at time of immunity testing |
| 7 | ARTHRALG | | Arthralgia/ Arthritis | Arthralgia/ Arthritis | Y=Yes N=No U=Unknown | rubella: | arthralgiaArthritis | RUB009 Arthralgia/arthritis (symptom) | Symptoms | Arthralgia/arthritis |
| 11 | ARTHRITI | | Arthritis/ Arthralgia | Arthritis/ Arthralgia (This field is hidden for mumps.) | Y=Yes N=No U=Unknown | rubella: | arthralgiaArthritis | RUB147 Arthralgia /arthritis complication | | Arthralgia /arthritis |
| 9 | CONJUNCT | | Conjunctivitis | Conjunctivitis (This field is hidden for mumps) | Y=Yes N=No U=Unknown | rubella: | conjunctivitis | RUB011 Conjunctivitis (symptom) | | Conjunctivitis |
| 22 | DATEACUT | | Date acute specimen | Date acute specimen collected in MM/DD/YY format. | | rubella: | igGEIAAcuteDate | RUB045 Date of rubella IgG, EIA - acute | | |
| 23 | DATECONV | | Date convalescent specimen | Date convalescent specimen collected in MM/DD/YY format. | | rubella: | igGEIAConvalescentDate | RUB047 Date of rubella IgG, EIA - convalescent | | |
| 34 | DATEHEAL | Epidemiological information: | Earliest date reported (either to a local, district, or state health department) in MM/DD/YY format. | Earliest date reported (either to a local, district, or state health department) in MM/DD/YY format. | | gi: | earliestDateReportedToCounty | INV120 Earliest Date reported to County | | |
| 20 | DATEIGM | | Date IgM specimen | Date specimen collected in MM/DD/YY format. | | rubella: | igMEIACFirstDate | RUB035 Date of rubella IgM EIA test | | |
| 35 | DATEINVE | | Date case investigation started | Date case investigation started in MM/DD/YY format. | | gi: | investigationStartDate | INV147 Investigation Start Date | | |
| 17 | DAYSHOSP | | Total days hospitalized | Total days hospitalized | Range: 0-998, 999 = Unknown | gi: | durationOfStay | INV134 Total Duration of Stay Within Hospital | | |
| 13 | DEATH | | Death | Death | Y=Yes N=No U=Unknown | rubella: | didPatientDieFromRubella | RUB162 Did the patient die from rubella or complications of rubella? | | Did the patient die from rubella or complications (including a secondary infection) associated with rubella? |
| 32 | DOSESFT | | Number of doses received ON or AFTER 1st birthday | Number of doses received ON or AFTER 1st birthday | 0=No doses 1=1 dose 2=2 doses 3=3 doses 9=Unknown | rubella: | numberOfDosesPatientReceivedONOrAfterFirstBirthday | RUB096 # of doses received ON or AFTER first birthday | | Number of doses patient received ON or AFTER first birthday |
| 10 | ENCEPHAL | Complications: | Encephalitis | Encephalitis | Y=Yes N=No U=Unknown | rubella: | encephalitis | RUB019 Encephalitis complication | Complications | Encephalitis |
| 42 | EPILINK | | Epi-linked to other confirmed/ probable case(s) | Epi-linked to other confirmed/ probable case(s) | Y=Yes N=No U=Unknown | rubella: | isThisCaseEpiLinkedToAnotherLaboratoryConfirmedCase | RUB112 Epi-linked to another laboratory confirmed case | | Is this case epi-linked to another laboratory confirmed case? |
| 5 | FEVER | | Fever | Fever | Y=Yes N=No U=Unknown | rubella: | aFever | RUB006 Did the patient have a fever? | | a Fever? |

RUBELLA

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|----|----------|--------------------|---|--|--|----------|--|--|-------------------|---|
| 44 | GESTATIO | | Number of weeks gestation (or trimester) at onset | Number of weeks gestation (or trimester) at onset | 1 =1 week 2 =2 weeks 3 =3 weeks ... (choices up to 45 weeks) 45 =45 weeks 1st =First trimester 2nd =Second trimester 3rd =Third trimester NOTE: Transformation of data to take place prior to migration. | rubella: | numberOfWeeksGestationAtTimeOfRubellaDisease numberOfTrimestersGestationAtTimeOfRubellaDisease | RUB120 Number weeks gestation at time of rubella disease OR RUB121 Trimester of gestation at time of rubella disease | | Number of weeks gestation at time of rubella disease. OR Trimester of gestation at time of Rubella disease. |
| 16 | HOSPITAL | | Hospitalized | Hospitalized? | Y=Yes N=No U=Unknown | gi: | wasPatientHospitalized | INV128 Was the patient hospitalized? | Hospital | Was the patient hospitalized for this illness? |
| 21 | IGGRES | | IgG Result | IgG Result: | P=Significant rise (IgG) N=No significant rise (IgG) I=Indeterminate E=Pending X=Not Done U=Unknown | rubella: | igGEIAAcuteResultValue | RUB140 Rubella IgG, EIA --Acute Result Value | | Rubella IgG, EIA --Acute |
| 19 | IGMRES | | IgM Result | IgM Result | P=Positive IgM N=Negative IgM I=Indeterminate E=Pending X=Not Done U=Unknown | rubella: | igMEIAFirstResult | RUB036 Result of rubella IgM EIA test | | Rubella IgM EIA |
| 45 | IMMUNITY | | Prior evidence of serological immunity? | Prior evidence of serological immunity? | Y=Yes N=No U=Unknown | rubella: | isThereDocumentationOfPreviousRubellaImmunityTesting | RUB122 Documentation of previous rubella immunity test? | | Is there documentation of previous rubella immunity testing? |
| 26 | LABCONF | | Laboratory Confirmed | Laboratory Confirmed: This is a no enter field. | LABCONF = Y if positive IGM or IGG or OTHERLAB test, else LABCONF = N. | rubella: | wasRubellaLaboratoryConfirmed | RUB137 Confirmation Method | | |
| 18 | LABTEST | Laboratory: | Was laboratory testing done? | Was laboratory testing done? | Y=Yes N=No U=Unknown | rubella: | wasLaboratoryTestingDoneForRubella | RUB033 Was laboratory testing done for rubella? | Laboratory | Was laboratory testing done for rubella? |
| 8 | LYMPHADE | | Lymphadenopathy | Lymphadenopathy (This field is hidden for mumps) | Y=Yes N=No U=Unknown | rubella: | lymphadenopathy | RUB010 Lymphadenopathy (symptom) | | Lymphadenopathy |
| 25 | METHOD | | Specify method | Specify method Culture, DFA, PCR or specify other. | | rubella: | specifyOtherRubellaTest | RUB089 Specify other laboratory test for rubella | | Specify other rubella test |
| 3 | ONSET | | Rash Onset Date | Rash Onset Date of onset of rash in MM/DD/YY format. | | rubella: | maculopapularRashOnsetDate | RUB004 Rash onset date | | Rash Onset Date |
| 14 | OTHER | | Other Complications | Other Complications | | rubella: | otherComplication | RUB021 Did the patient have other complications? | | Other complications |
| 24 | OTHERLAB | | Other Lab Result | Other Lab Result <i>Enter result of other laboratory confirmation method.</i> | P=Positive N=Negative I=Indeterminate E=Pending X=Not Done U=Unknown | rubella: | otherLabTestResult | RUB089b Result of other Rubella test | | Other Laboratory Testing for Rubella |
| 40 | OUTBNAME | | Outbreak name | Outbreak name 15 character text field for the name of the outbreak this case is associated with. This field is hidden unless OUTBREL = Y. | | gi: | outbreakNameOrCode | INV151 Case Outbreak Name | | |
| 39 | OUTBREL | | Outbreak related | Outbreak related Is CURRENT CASE part of an outbreak of 3 or more cases? | Y=Yes N=No U=Unknown | rubella: | IsThisCasePartOfAnoutbreakOf3OrMoreCases | RUB110 Case part of an outbreak of three or more cases? | | Is this case a part of an outbreak of three or more cases? |

RUBELLA

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|----|----------|--|---|--|---|----------|---|--|--|--|
| 43 | PREGNANT | RUBELLA FORM FOR PREGNANT WOMEN | Was case pregnant? | Was case pregnant? This field and the following fields are displayed if the rubella report is for a female, over 12 years of age. | Y=Yes N=No U=Unknown | rubella: | ifThisIsAFemaleIsShePregnant | RUB117 If patient is female, is she pregnant? Parent question | | If this is a female, is she pregnant? |
| 2 | RASH | Clinical Data: | Rash | Rash | Y=Yes N=No U=Unknown | rubella: | maculopapularRash | RUB003 Maculopapular rash | | Maculopapular rash |
| 4 | RASHDUR | | Rash Duration (days) | Rash Duration (days) Total number of days of rash. | Range: 0-30, 99 = Unknown. | rubella: | maculopapularRashDuration | RUB005 How many days did the rash last? | | Rash Duration |
| 33 | REASON | | Reason not rec'd | Reason not rec'd | 1=Religious exemption 2=Medical contraindication 3=Philosophical exemption 4=Laboratory confirmation of previous disease 5=MD diagnosis of previous disease 6=Under age for vaccine 7=Parental refusal 8=Other 9=Unknown This field is hidden | rubella: | ifNoReason | RUB094 Reason patient did not receive rubella-containing vaccine | | If no, Reason |
| 48 | SEROCONF | | Was previous Rubella serologically confirmed? | Was previous Rubella serologically confirmed? <i>This question refers to previous physician diagnosed rubella disease.</i> | Y=Yes N=No U=Unknown | rubella: | wasPreviousRubellaDiseaseSerologicallyConfirmed | RUB127 Prior rubella serologically confirmed by physician? | | Was previous rubella disease serologically confirmed by physician? |
| 38 | SETOTHER | | If setting = other, explain | If setting = other, explain 15 character open text for a description of the transmission setting if other was indicated for transmission setting. This field is hidden unless TRANSMIS = 15 (other). | | ldf: | ldfRubellaSetOther | N/A | | |
| 41 | SOURCE | | Source of exposure | Source of exposure | For source of exposure, enter state ID number of SOURCE CASE. If IMPORTED on core = 1 enter State ID number of source case. For source of exposure, enter state(s) where CURRENT CASE was exposed. If IMPORTED on core = 3 enter state(s) where case exposed. F | rubella: | sourceOfInfection | RUB158 Source of Infection | | Source of infection (i.e. Person ID, Country): |
| 15 | SPECIFY | | Specify | Specify 15 character open text for the description of other complications. This field is hidden unless OTHER = Y. | | rubella: | otherComplicationName | RUB022 Please specify other complications | | Specify other |
| 1 | STATEID | | State ID | State identification number for this case. | | ldf: | ldfRubellaSTATEID | N/A | | |

RUBELLA

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|----|-----------|--|---|--|---------------------------------------|----------|---------------------------------------|--|----------------------------|---|
| 6 | TEMPERAT | | <i>If recorded, enter highest known temperature</i> | <i>If recorded, enter highest known temperature Celsius is converted to Fahrenheit.</i> | Range 36.0 to 110.0; 999.9 = Unknown. | rubella: | highestTemperature | RUB007 Highest measured temperature? | | Highest measured temperature? |
| 12 | THROMBO | | <i>Thrombocytopenia</i> | <i>Thrombocytopenia (This field is hidden for mumps.)</i> | Y=Yes N=No U=Unknown | rubella: | thrombocytopenia | RUB020 Thrombocytopenia complication | | Thrombocytopenia |
| 36 | TRANSMIS | | Transmission Setting | Where did this case acquire the infection? | | rubella: | transmissionSetting | ???? (WE NEED THE NEDSS ID) | | Transmission Setting |
| 27 | VACCIN | | Had case ever received RUBELLA-containing vaccine? | Had case ever received MUMPS-/RUBELLA-containing vaccine? | Y=Yes N=No U=Unknown | rubella: | didThePatientReceiveRubellaContaining | RUB093 Did patient receive rubella-containing vaccine? | Vaccine Information | Did patient receive rubella-containing vaccine? |
| 30 | VACDAT02 | | VacDate | Date the vaccine was administered NOTE: Transformation of data to take place prior to migration. | | gi: | dateAdministered | VAC103 Vaccine Administered Date | | Date Administered |
| 31 | VACDAT03 | | VacDate | Date the vaccine was administered NOTE: Transformation of data to take place prior to migration. | | gi: | dateAdministered | VAC103 Vaccine Administered Date | | Date Administered |
| 28 | VACDATE | | VacDate | Date the vaccine was administered NOTE: Transformation of data to take place prior to migration. | | gi: | dateAdministered | VAC103 Vaccine Administered Date | | Date Administered |
| 29 | VACDATE01 | | VacDate | Date the vaccine was administered NOTE: Transformation of data to take place prior to migration. | | gi: | dateAdministered | VAC103 Vaccine Administered Date | | Date Administered |
| 37 | VERIFIED | | Were age and setting verified? | Were age and setting verified Y Yes N No U Unknown | Y=Yes N=No U=Unknown | ldf: | ldfRubellaVerified | N/A | | |
| 49 | YEARDIS | | Year of disease Range: 1940 - 2010 | Year of disease | Range: 1940 - 2010 | rubella: | yearOfThePreviousDisease | RUB128 Year of the previous disease | | Year of the previous disease |
| 46 | YEARTEST | | Year of test | Year of test Range: 1940 - 2010 | Range: 1940 - 2010 | rubella: | yearOfImmunityTesting | RUB124 Year of immunity testing | | |
| | ZIPCODE | | | N/A | | | N/A | N/A | | |
| | | | | N/A | | | igmEIAFirst | RUB034 Was Rubella IgM EIA (1 st) performed? | | |
| | | | | N/A | | | rubellaIgGEIAAcute | RUB044 Was Rubella IgG, EIA, Acute testing performed? | | |
| | | | | N/A | | | igGEIAConvale | RUB046 Was Rubella IgG, Convalescent testing performed? | | |
| | | | | N/A | | | SpecifyItgerRubellaTest | RUB088 Other laboratory testing for Rubella performed? | | |
| | | | | | | | vaccineName | VAC101 Vaccine Administered (Rubella and Measles only) | | |
| | | | | Confirmation method | | | confirmationMethod | RUB137 Rubella confirmation method | | |
| | | | | N/A | | | didTheWomanEverHaveRubellaDiseaseP | RUB126 | | |

RUBELLA

| NETSS Entry Screen Order | NETSS Variable Name | NEDSS Description | SRT | Applicable Condition Codes | ADS table.column | Metadata/ Comments |
|--------------------------|---------------------|--|-----|----------------------------|---------------------------------------|--------------------|
| 50 | AGEDIS | Age of the woman at time of previous disease? | | 10200 | Obs_value_numeric.numeric_value_1 | |
| 47 | AGETEST | Age of woman at time of immunity testing | | 10200 | Obs_value_numeric.numeric_value_1 | |
| 7 | ARTHRALG | Did the patient have arthralgia/arthritis (symptom)? | YNU | 10200 | Obs_value_coded.code | |
| 11 | ARTHRITI | Did patient have arthralgia/arthritis (complication)? | YNU | 10200 | Obs_value_coded.code | |
| 9 | CONJUNCT | Did the patient have conjunctivitis (symptom)? | YNU | 10200 | Obs_value_coded.code | |
| 22 | DATEACUT | Date of rubella IgG, EIA - acute | | 10200 | ObsValueDate.fromTime | |
| 23 | DATECONV | Date of rubella IgG, EIA - convalescent | | 10200 | ObsValueDate.fromTime | |
| 34 | DATEHEAL | Earliest date reported to county public health system. | | 10200 | Public_health_case.rpt_to_county_time | |
| 20 | DATEIGM | Date of rubella IgM EIA test | | 10200 | ObsValueDate.fromTime | |
| 35 | DATEINVE | The date the investigation was started or initiated. | | 10200 | Public_health_case.activity_from_time | |
| 17 | DAYSHOSP | Subject's duration of stay at the hospital for the condition being reported | | 10200 | Obs_value_numeric.numeric_value_1 | |
| 13 | DEATH | Did the patient die from rubella or complications of rubella? | YNU | 10200 | Obs_value_coded.code | |
| 32 | DOSESAFT | Number of rubella-containing vaccine doses patient received ON or AFTER first birthday | | 10200 | Obs_value_numeric.numeric_value_1 | |
| 10 | ENCEPHAL | Did the patient have encephalitis (complication)? | YNU | 10200 | Obs_value_coded.code | |
| 42 | EPILINK | Is this case epi-linked to another laboratory confirmed case? | YNU | 10200 | Obs_value_coded.code | |
| 5 | FEVER | Did the patient have a fever? | YNU | 10200 | Obs_value_coded.code | |

RUBELLA

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|----|----------|---|--------------------------------------|-------|---|--|
| 44 | GESTATIO | Number of weeks gestation at time of rubella disease. OR Trimester of gestation at time of Rubella disease. | PREG_TRIMESTER values: 1 2 3 Unknown | 10200 | Obs_value_numeric.numeric_value_1 only if the week number is passed Obs_value_coded.code. | If weeks in NETSS, then map to RUB120. If trimester in NETSS, then map to RUB121. |
| 16 | HOSPITAL | Was the patient hospitalized as a result of this event? | YNU | 10200 | Obs_value_coded.code | |
| 21 | IGGRES | EIA - Acute Test Result Value | | 10200 | ObsValueTxt.valueTxt | |
| 19 | IGMRES | Result of rubella IgM EIA test | NIP_RSLT_QUAL | 10200 | Obs_value_coded.code | |
| 45 | IMMUNITY | Is there documentation of previous rubella immunity testing? | YNU | 10200 | Obs_value_coded.code | |
| 26 | LABCONF | What method was used to classify the case status? | NIP_CONF_M | 10200 | Confirmation_method.confirmation_method_cd | IF LABCONF = 'Y' THEN 'Laboratory Confirmed' will be sent. IF LABCONF = 'N', THEN NO DATA WILL BE MIGRATED |
| 18 | LABTEST | Was laboratory testing done for rubella? | YNU | 10200 | Obs_value_coded.code | |
| 8 | LYMPHADE | Did the patient have lymphadenopathy (symptom)? | YNU | 10200 | Obs_value_coded.code | |
| 25 | METHOD | Specify other rubella laboratory test | | 10200 | ObsValueTxt.valueTxt | |
| 3 | ONSET | What was the rash onset date? | | 10200 | ObsValueDate.fromTime | |
| 14 | OTHER | Did the patient have other complications? | YNU | 10200 | Obs_value_coded.code | |
| 24 | OTHERLAB | Result of other rubella laboratory test | | 10200 | ObsValueTxt.valueTxt | |
| 40 | OUTBNAME | A name assigned to an individual outbreak. State assigned in SRT. Should show only those outbreaks for the program area of the investigation. | OUTBREAK_NM (Not enforced.) | 10200 | Public_health_case.outbreak_name | Outbreak name will be migrated according to state-specific requirements. Also, need to reference OUTBREAKAS from the Core when mapping this field. |
| 39 | OUTBREL | Is this case a part of an outbreak of three or more cases? | YNU | 10200 | Public_health_case.outbreak_ind | |

RUBELLA

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|----|----------|--|--------------|-------|-----------------------------------|--|
| 43 | PREGNANT | If this is a female, is she pregnant? | YNU | 10200 | Obs_value_coded.code | Default parent RUB117 to 'Y' when a value is supplied for RUB120, RUB122, RUB124, RUB125, RUB127, RUB128 or RUB129. |
| 2 | RASH | Did the patient have a (maculopapular) rash? | YNU | 10200 | Obs_value_coded.code | |
| 4 | RASHDUR | How many days did the rash last? | | 10200 | Obs_value_numeric.numeric_value_1 | |
| 33 | REASON | If patient was never vaccinated, what was the reason? | VAC_NOTG_RSN | 10200 | Obs_value_coded.code | |
| 48 | SEROCONF | Was previous rubella disease serologically confirmed by physician? | YNU | 10200 | Obs_value_coded.code | |
| 38 | SETOTHER | N/A | N/A | 10200 | N/A | NEDSS does not currently support this question. If State requires the data migrated, create a DMDF. |
| 41 | SOURCE | What was the source of the 10140 infection? | | 10200 | Obs_value_txt.value_txt | |
| 15 | SPECIFY | Did the patient have other complications (Other)? | | 10200 | Obs_value_text.value_txt | |
| 1 | STATEID | N/A | N/A | 10200 | N/A | STATEID mapped to LDF because NETSS 'ID' is mapped to stateCaseID for data migration (see ID NETSS Variable Name in Core Section). |

RUBELLA

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|----|-----------|---|------------|-------|--|---|
| 6 | TEMPERAT | What was the highest measured temperature? | | 10200 | Obs_value_numeric.numeric_value_1 | |
| 12 | THROMBO | Did the patient have thrombocytopenia (complication)? | YNU | 10200 | Obs_value_coded.code | |
| 36 | TRANSMIS | | | 10200 | | |
| 27 | VACCIN | Did the patient receive rubella-containing vaccine? | YNU | 10200 | Obs_value_coded.code | |
| 30 | VACDAT02 | Date that the vaccine was administered. 1 st vaccine event | | 10200 | Intervention.activity_from_time | Part of Repeating Block (First VaccinationEvent). NOTE: Transformation of data to take place prior to migration (If month and year known, but day unknown, use 15 th of month for day). |
| 31 | VACDAT03 | Date that the vaccine was administered. 1 st vaccine event | | 10200 | Intervention.activity_from_time | Part of Repeating Block (First VaccinationEvent). NOTE: Transformation of data to take place prior to migration (If month and year known, but day unknown, use 15 th of month for day). |
| 28 | VACDATE | Date that the vaccine was administered. 1 st vaccine event | | 10200 | Intervention.activity_from_time | Part of Repeating Block (First VaccinationEvent). NOTE: Transformation of data to take place prior to migration (If month and year known, but day unknown, use 15 th of month for day). |
| 29 | VACDATE01 | Date that the vaccine was administered. 1 st vaccine event | | 10200 | Intervention.activity_from_time | Part of Repeating Block (First VaccinationEvent). NOTE: Transformation of data to take place prior to migration (If month and year known, but day unknown, use 15 th of month for day). |
| 37 | VERIFIED | N/A | N/A | 10200 | N/A | NEDSS does not currently support this question. If State requires the data migrated, create a DMDF. |
| 49 | YEARDIS | What was the year of the previous disease? | | 10200 | Obs_value_numeric.numeric_value_1 | |
| 46 | YEARTEST | Year of immunity testing | | 10200 | Obs_value_numeric.numeric_value_1 | |
| | ZIPCODE | N/A | N/A | 10200 | N/A | Not being migrated (transferred from core) |
| | | Was Rubella IgM EIA (1 st) performed? | YNU | 10200 | Obs_value_coded.code | Default RUB034 to 'Y' when a value is supplied for RUB035 or RUB036. |
| | | Was Rubella IgG, EIA, Acute testing performed? | YNU | 10200 | Obs_value_coded.code | Default RUB044 to 'Y' when a value is supplied for RUB045, RUB047 or RUB140. |
| | | Was Rubella IgG, Convalescent testing performed? | YNU | 10200 | Obs_value_coded.code | Default RUB046 to 'Y' when a value is supplied for RUB047 . |
| | | Other laboratory testing for Rubella performed? | YNU | 10200 | Obs_value_coded.code | Default RUB088 to 'Y' when a value is supplied for RUB089 or RUB089a or RUB089b . |
| | | The type of vaccine administered. | VAC_NM | 10200 | Material.nm | Part of Repeating Block (vaccination). Default to "MMR" for each vaccination date |
| | | Confirmation method | NIP_CONF_M | 10200 | Confirmation_method.confirmation_method.cd | |
| | | Did the woman ever have rubella disease prior to this pregnancy? | YNU | 10200 | Obs_value_coded.code | Default RUB126 to 'Y' when a value is supplied for RUB127, RUB128 or RUB129. |

| NETSS VARIABLE | CONTEXT OF CODE (SHORT NETSS QUESTION) | NETSS ORIGINAL VALUE | NETSS CODE DESCRIPTION | NETSS COMMENTS | SRT_TABLE_NM | CODE_SET_NM | CODE | CODE_DESC_TXT | CODE_SHORT_DESC_TXT | NETSS COMMENTS | NETSS - NEDSS DISCREPANCY | NEDSS UPDATED CODE USED | ISSUES |
|----------------|---|----------------------|------------------------|-----------------|----------------------|---------------|------|---------------|---------------------|----------------|---------------------------|-------------------------|---|
| STATEID | STATE ID | | | NOT CODED VALUE | | | | | | | | | NOT MAPPED/Confirmed by NEDSS to NETSS mapping documentation |
| ZIPCODE | ZIP CODE OF RESIDENCE AT TIME OF ILLNESS | F | | NOT CODED VALUE | | | | | | | | | |
| RASH | RASH? (CLINICAL DATA) - RUBELLA ONLY | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | | |
| RASH | RASH? (CLINICAL DATA) - RUBELLA ONLY | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | | RUB003 |
| RASH | RASH? (CLINICAL DATA) - RUBELLA ONLY | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | | RUB003 |
| ONSET | RASH ONSET (CLINICAL DATA)- RUBELLA ONLY | date | | NOT CODED VALUE | | | | | | | | | |
| RASHDUR | RASH DURATION-DAYS (CLINICAL DATA)- RUBELLA ONLY | NUMERIC | NUMERIC | NOT CODED VALUE | | | | | | | D (Days) | | |
| FEVER | FEVER? (CLINICAL DATA)- RUBELLA ONLY | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | | RUB006 |
| FEVER | FEVER? (CLINICAL DATA)- RUBELLA ONLY | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | | RUB006 |
| FEVER | FEVER? (CLINICAL DATA)- RUBELLA ONLY | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | | RUB006 |
| TEMPERAT | IF RECORDED, ENTER HIGHEST KNOWN TEMPERATURE (CLINICAL DATA) | NUMERIC | NUMERIC | NOT CODED VALUE | | | | | | | F (Fahrenheit) | | |
| ARTHRALG | ARTHRALGIA/ARTHRITIS? (CLINICAL DATA)- RUBELLA ONLY | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | | RUB009 |
| ARTHRALG | ARTHRALGIA/ARTHRITIS? (CLINICAL DATA)- RUBELLA ONLY | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | | RUB009 |
| ARTHRALG | ARTHRALGIA/ARTHRITIS? (CLINICAL DATA)- RUBELLA ONLY | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | | RUB009 |
| LYMPHADE | LYMPHADENOPATHY? (CLINICAL DATA)- RUBELLA ONLY | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | | RUB010 |
| LYMPHADE | LYMPHADENOPATHY? (CLINICAL DATA)- RUBELLA ONLY | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | | RUB010 |
| LYMPHADE | LYMPHADENOPATHY? (CLINICAL DATA)- RUBELLA ONLY | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | | RUB010 |
| CONJUNCT | CONJUNCTIVITIS? (CLINICAL DATA)- RUBELLA ONLY | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | | RUB011 |
| CONJUNCT | CONJUNCTIVITIS? (CLINICAL DATA)- RUBELLA ONLY | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | | RUB011 |
| CONJUNCT | CONJUNCTIVITIS? (CLINICAL DATA)- RUBELLA ONLY | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | | RUB011 |
| PAROTITI | PAROTITIS | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | | Not applicable for RUBELLA. Not supported by NBS. Treat as LDF |
| PAROTITI | PAROTITIS | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | | Not applicable for RUBELLA. Not supported by NBS. Treat as LDF |
| PAROTITI | PAROTITIS | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | | Not applicable for RUBELLA. Not supported by NBS. Treat as LDF |
| CLINDEF | This field is not on the data entry screen | | | | Not supported by NBS | | | | | | | NOT MAPPED | Space reserved in NETSS.DAT for future possibility of including this variable |
| MENINGIT | MENINGITIS | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | | Not applicable for RUBELLA. Not supported by NBS. Treat as LDF |
| MENINGIT | MENINGITIS | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | | Not applicable for RUBELLA. Not supported by NBS. Treat as LDF |
| MENINGIT | MENINGITIS | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | | Not applicable for RUBELLA. Not supported by NBS. Treat as LDF |
| DEAFNESS | DEAFNESS | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | | Not applicable for RUBELLA. Not supported by NBS. Treat as LDF |
| DEAFNESS | DEAFNESS | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | | Not applicable for RUBELLA. Not supported by NBS. Treat as LDF |
| DEAFNESS | DEAFNESS | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | | Not applicable for RUBELLA. Not supported by NBS. Treat as LDF |
| ORCHITIS | ORCHITIS | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | | Not applicable for RUBELLA. Not supported by NBS. Treat as LDF |
| ORCHITIS | ORCHITIS | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | | Not applicable for RUBELLA. Not supported by NBS. Treat as LDF |
| ORCHITIS | ORCHITIS | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | | Not applicable for RUBELLA. Not supported by NBS. Treat as LDF |
| ENCEPHAL | ENCEPHALITIS? (COMPLICATIONS) | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | | RUB019 |
| ENCEPHAL | ENCEPHALITIS? (COMPLICATIONS) | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | | RUB019 |
| ENCEPHAL | ENCEPHALITIS? (COMPLICATIONS) | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | | RUB019 |
| ARTHRITI | ARTHRITIS/ARTHRALGIA? (COMPLICATIONS) | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | | RUB147 |
| ARTHRITI | ARTHRITIS/ARTHRALGIA? (COMPLICATIONS) | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | | RUB147 |
| ARTHRITI | ARTHRITIS/ARTHRALGIA? (COMPLICATIONS) | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | | RUB147 |
| THROMBO | THROMBOCYTOPENIA? (COMPLICATIONS)- RUBELLA ONLY | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | | RUB020 |
| THROMBO | THROMBOCYTOPENIA? (COMPLICATIONS)- RUBELLA ONLY | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | | RUB020 |
| THROMBO | THROMBOCYTOPENIA? (COMPLICATIONS)- RUBELLA ONLY | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | | RUB020 |
| DEATH | DEATH? (COMPLICATIONS) | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | | RUB162 |
| DEATH | DEATH? (COMPLICATIONS) | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | | RUB162 |
| DEATH | DEATH? (COMPLICATIONS) | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | | RUB162 |
| OTHER | OTHER? (COMPLICATIONS) | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | | RUB021 |
| OTHER | OTHER? (COMPLICATIONS) | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | | RUB021 |
| OTHER | OTHER? (COMPLICATIONS) | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | | RUB021 |
| SPECIFY | SPECIFY - DESCRIBE OTHER COMPLICATIONS - EXTOTHR-Y ONLY (COMPLICATIONS) | TEXTUAL | TEXTUAL | NOT CODED VALUE | | | | | | | | | |
| HOSPITAL | HOSPITALIZED? (COMPLICATIONS) | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | | INV128 |
| HOSPITAL | HOSPITALIZED? (COMPLICATIONS) | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | | INV128 |
| HOSPITAL | HOSPITALIZED? (COMPLICATIONS) | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | | INV128 |
| DAYSHOSP | TOTAL DAYS HOSPITALIZED - IF UNKNOWN, ENTER 999 (COMPLICATIONS) | NUMERIC | NUMERIC | NOT CODED VALUE | | | | | | | D (Days) | | INV134 |
| LABTEST | WAS LABORATORY TESTING DONE? (LABORATORY) | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | | RUB033 |
| LABTEST | WAS LABORATORY TESTING DONE? (LABORATORY) | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | | RUB033 |
| LABTEST | WAS LABORATORY TESTING DONE? (LABORATORY) | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | | RUB033 |
| IGMRES | IGM RESULT | P | Positive Igm | | CODE_VALUE_GENERAL | NIP_RSLT_QUAL | I | Indeterminate | Indeterminate | | | | RUB036 |
| IGMRES | IGM RESULT | N | Negative Igm | | CODE_VALUE_GENERAL | NIP_RSLT_QUAL | ND | Not Done | Not Done | | | | RUB036 |
| IGMRES | IGM RESULT | I | Indeterminate | | CODE_VALUE_GENERAL | NIP_RSLT_QUAL | N | Negative | Negative | | | | RUB036 |
| IGMRES | IGM RESULT | E | Pending | | CODE_VALUE_GENERAL | NIP_RSLT_QUAL | P | Positive | Positive | | | | RUB036 |
| IGMRES | IGM RESULT | X | Not Done | | CODE_VALUE_GENERAL | NIP_RSLT_QUAL | U | Unknown | Unknown | | | | RUB036 |
| IGMRES | IGM RESULT | U | Unknown | | CODE_VALUE_GENERAL | NIP_RSLT_QUAL | PEND | Pending | Pending | | | | RUB036 |
| DATEIGM | DATE IGM SPECIMEN COLLECTED (LABORATORY) | date | date | NOT CODED VALUE | | | | | | | | | |

| NETSS VARIABLE | CONTEXT OF CODE (SHORT NETSS QUESTION) | NETSS ORIGINAL VALUE | NETSS CODE DESCRIPTION | NETSS COMMENTS | SRT_TABLE_NM | CODE_SET_NM | CODE | CODE_DESC_TXT | CODE_SHORT_DESC_TXT | NEDSS COMMENTS | NETSS - NEDSS DISCREPANCY | NEDSS UPDATED CODE USED | ISSUES |
|----------------|--|----------------------|--|-----------------|---|---|--------|----------------------------------|----------------------------------|--|---------------------------|-------------------------|---|
| IGGRES | IGG RESULT (LABORATORY) | P | SIGNIFICANT RISE IN IGG | | Not tied to SRT in NEDSS/ NIP_IGG_DIFF | NIP_IGG_DIFF | SR | Significant rise in IgG | Significant rise in IgG | | | RUB140 | |
| IGGRES | IGG RESULT (LABORATORY) | N | NO SIGNIFICANT RISE IN IGG | | Not tied to SRT in NEDSS/ NIP_IGG_DIFF | NIP_IGG_DIFF | NR | No significant rise in IgG | No significant rise in IgG | | | RUB140 | |
| IGGRES | IGG RESULT (LABORATORY) | I | INDETERMINATE | | Not tied to SRT in NEDSS/ NIP_IGG_DIFF | NIP_IGG_DIFF | I | Indeterminate | Indeterminate | | | RUB140 | |
| IGGRES | IGG RESULT (LABORATORY) | E | PENDING | | Not tied to SRT in NEDSS/ NIP_IGG_DIFF | NIP_IGG_DIFF | PND | Pending | Pending | | | RUB140 | |
| IGGRES | IGG RESULT (LABORATORY) | X | NOT DONE | | Not tied to SRT in NEDSS/ NIP_IGG_DIFF | NIP_IGG_DIFF | ND | Not done | Not done | | | RUB140 | |
| IGGRES | IGG RESULT (LABORATORY) | U | UNKNOWN | | Not tied to SRT in NEDSS/ NIP_IGG_DIFF | NIP_IGG_DIFF | UNK | Unknown | Unknown | | | RUB140 | |
| DATEACUT | DATE ACUTE SPECIMEN COLLECTED (LABORATORY) | date | date | NOT CODED VALUE | | | | | | | | | |
| DATECONV | DATE CONVALESCENT COLLECTED (LABORATORY) | date | date | NOT CODED VALUE | | | | | | | | | |
| OTHERLAB | OTHER LAB RESULT - ENTER RESULT OF OTHER LABORATORY CONFIRMATION METHOD (LABORATORY) | I | INDETERMINATE | | Not tied to SRT in NEDSS | What are the codes available in NEDSS? NEDSS variable=RUB088 | | | | | | RUB089b | |
| OTHERLAB | OTHER LAB RESULT - ENTER RESULT OF OTHER LABORATORY CONFIRMATION METHOD (LABORATORY) | X | NOT DONE | | Not tied to SRT in NEDSS | | | | | | | RUB089b | |
| OTHERLAB | OTHER LAB RESULT - ENTER RESULT OF OTHER LABORATORY CONFIRMATION METHOD (LABORATORY) | N | NEGATIVE | | Not tied to SRT in NEDSS | | | | | | | RUB089b | |
| OTHERLAB | OTHER LAB RESULT - ENTER RESULT OF OTHER LABORATORY CONFIRMATION METHOD (LABORATORY) | P | POSITIVE | | Not tied to SRT in NEDSS | | | | | | | RUB089b | |
| OTHERLAB | OTHER LAB RESULT - ENTER RESULT OF OTHER LABORATORY CONFIRMATION METHOD (LABORATORY) | U | UNKNOWN | | Not tied to SRT in NEDSS | | | | | | | RUB089b | |
| OTHERLAB | OTHER LAB RESULT - ENTER RESULT OF OTHER LABORATORY CONFIRMATION METHOD (LABORATORY) | E | PENDING | | Not tied to SRT in NEDSS | | | | | | | RUB089b | |
| METHOD | SPECIFY METHOD (LABORATORY) | TEXTUAL | TEXTUAL | NOT CODED VALUE | | | | | | | | RUB089 | |
| LABCONF | LABORATORY CONFIRMED? (LABORATORY) - NO ENTER - IF IGMRES, IGGRES, OR OTHERLAB=P, THEN LABCONF=Y | Y | POSITIVE IGM OR IGG OR OTHERLAB TEST | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | RUB137 | |
| LABCONF | LABORATORY CONFIRMED? (LABORATORY) - NO ENTER - IF IGMRES, IGGRES, OR OTHERLAB=P, THEN LABCONF=Y | N | IGM AND IGG AND OTHERLAB TEST NOT POSITIVE | | CODE_VALUE_GENERAL | YNU | N | No | No | | | RUB137 | |
| VACCIN | HAD CASE EVER RECEIVED MUMPS- OR RUBELLA- CONTAINING VACCINE? (VACCINE) | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | RUB093 | |
| VACCIN | HAD CASE EVER RECEIVED MUMPS- OR RUBELLA- CONTAINING VACCINE? (VACCINE) | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | RUB093 | |
| VACCIN | HAD CASE EVER RECEIVED MUMPS- OR RUBELLA- CONTAINING VACCINE? (VACCINE) | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | RUB093 | |
| VACDATE | VACCINATION DATE - IF MONTH AND YEAR KNOWN, BUT DAY UNKNOWN, USE 15TH OF MONTH FOR DAY (VACCINE) | date | date | NOT CODED VALUE | | | | | | | | | Not on NEDSS to NETSS mapping documentation |
| VACDATE01 | VACCINATION DATE - IF MONTH AND YEAR KNOWN, BUT DAY UNKNOWN, USE 15TH OF MONTH FOR DAY (VACCINE) | date | date | NOT CODED VALUE | | | | | | | | VAC103 | |
| VACDATE02 | VACCINATION DATE - IF MONTH AND YEAR KNOWN, BUT DAY UNKNOWN, USE 15TH OF MONTH FOR DAY (VACCINE) | date | date | NOT CODED VALUE | | | | | | | | VAC103 | |
| VACDATE03 | VACCINATION DATE - IF MONTH AND YEAR KNOWN, BUT DAY UNKNOWN, USE 15TH OF MONTH FOR DAY (VACCINE) | date | date | NOT CODED VALUE | | | | | | | | VAC103 | |
| DOSESFT | NUMBER OF DOSES RECEIVED ON OR AFTER 1ST BIRTHDAY (VACCINE) | 0 | NO DOSES | | not a coded value in NBS | not a coded value in NBS Can we use the P_VAC_DOSE_NUM code_set_nm for this element? | 0 | | | XREF from NETSS code to NBS numeric values | | RUB096 | |
| DOSESFT | NUMBER OF DOSES RECEIVED ON OR AFTER 1ST BIRTHDAY (VACCINE) | 1 | 1 DOSE | | not a coded value in NBS | not a coded value in NBS Can we use the P_VAC_DOSE_NUM code_set_nm for this element? | 1 | | | 1=1 | | RUB096 | |
| DOSESFT | NUMBER OF DOSES RECEIVED ON OR AFTER 1ST BIRTHDAY (VACCINE) | 2 | 2 DOSES | | not a coded value in NBS | not a coded value in NBS Can we use the P_VAC_DOSE_NUM code_set_nm for this element? | 2 | | | 2=2 | | RUB096 | |
| DOSESFT | NUMBER OF DOSES RECEIVED ON OR AFTER 1ST BIRTHDAY (VACCINE) | 3 | 3 DOSES | | not a coded value in NBS | not a coded value in NBS Can we use the P_VAC_DOSE_NUM code_set_nm for this element? | 3 | | | 3=3 | | RUB096 | |
| DOSESFT | NUMBER OF DOSES RECEIVED ON OR AFTER 1ST BIRTHDAY (VACCINE) | 9 | UNKNOWN | | not a coded value in NBS | not a coded value in NBS Can we use the P_VAC_DOSE_NUM code_set_nm for this element? | UNK | | | If unknown received, treat as LDF | | RUB096 | |
| REASON | REASON NOT RECD - VACCIN=N ONLY (VACCINE) | 1 | RELIGIOUS EXEMPTION | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | RLGN | Religious exemption | Religious exemption | | | RUB094 | |
| REASON | REASON NOT RECD - VACCIN=N ONLY (VACCINE) | 2 | MEDICAL CONTRAINDICATION | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | MED | Medical Contraindication | Medical Contraindication | | | RUB094 | |
| REASON | REASON NOT RECD - VACCIN=N ONLY (VACCINE) | 3 | PHILOSOPHICAL OBJECTION | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | OBJ | Philosophical objection | Philosophical objection | | | RUB094 | |
| REASON | REASON NOT RECD - VACCIN=N ONLY (VACCINE) | 4 | LAB EVIDENCE OF PREVIOUS DISEASE | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | LAB | Lab evidence of previous disease | Lab evidence of previous disease | | | RUB094 | |
| REASON | REASON NOT RECD - VACCIN=N ONLY (VACCINE) | 5 | MD DIAGNOSIS OF PREVIOUS DISEASE | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | MDDX | MD diagnosis of previous disease | MD diagnosis of previous disease | | | RUB094 | |
| REASON | REASON NOT RECD - VACCIN=N ONLY (VACCINE) | 6 | UNDER AGE FOR VACCINATION | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | AGE | Under age for vaccination | Under age for vaccination | | | RUB094 | |
| REASON | REASON NOT RECD - VACCIN=N ONLY (VACCINE) | 7 | PARENTAL REFUSAL | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | REFUSE | Parent/Patient refusal | Parent/Patient refusal | Parent refusal = parent/patient refusal | | RUB094 | |
| REASON | REASON NOT RECD - VACCIN=N ONLY (VACCINE) | 8 | OTHER | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | OTH | Other | Other | | | RUB094 | |

| NETSS VARIABLE | CONTEXT OF CODE (SHORT NETSS QUESTION) | NETSS ORIGINAL VALUE | NETSS CODE DESCRIPTION | NETSS COMMENTS | SRT_TABLE_NM | CODE_SET_NM | CODE | CODE_DESC_TXT | CODE_SHORT_DESC_TXT | NEDSS COMMENTS | NETSS - NEDSS DISCREPANCY | NEDSS UPDATED CODE USED | ISSUES |
|-----------------|--|----------------------|----------------------------|-----------------|-----------------------------------|----------------|---|----------------------------|----------------------------|--|---------------------------|-------------------------|---|
| REASON DATEHEAL | REASON NOT RECD - VACCIN=N ONLY (VACCINE) DATE CASE FIRST REPORTED TO A HEALTH DEPARTMENT - EARLIEST DATE REPORTED (EPIDEMIOLOGIC INFORMATION) | 9 date | UNKNOWN date | | CODE_VALUE_GENERAL | VAC NOTG RSN | U | Unknown | Unknown | | | RUB094 | |
| DATEINVE | DATE CASE INVESTIGATION STARTED (EPIDEMIOLOGIC INFORMATION) | date | date | NOT CODED VALUE | | | | | | | | INV111 | Date case FIRST REPORTED to a health department Earliest date reported (either to a local, district, or state health department) in MM/DD/YY format. Will come from INV120 or INV121 – which ever is earliest |
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE THE INFECTION? (EPIDEMIOLOGIC INFORMATION) | 1 | DAYCARE | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | DayCare | Daycare | Daycare | | | RUB108 | |
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE THE INFECTION? (EPIDEMIOLOGIC INFORMATION) | 2 | SCHOOL | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | SCH | School | School | | | RUB108 | |
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE THE INFECTION? (EPIDEMIOLOGIC INFORMATION) | 3 | DOCTOR'S OFFICE | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | DrOffice | Doctor's Office | Doctor's Office | | | RUB108 | |
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE THE INFECTION? (EPIDEMIOLOGIC INFORMATION) | 4 | HOSPITAL WARD | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | WARD | Hospital Ward | Hospital Ward | | | RUB108 | |
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE THE INFECTION? (EPIDEMIOLOGIC INFORMATION) | 5 | HOSPITAL ER | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | ER | Hospital ER | Hospital ER | | | RUB108 | |
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE THE INFECTION? (EPIDEMIOLOGIC INFORMATION) | 6 | HOSPITAL OUTPATIENT CLINIC | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | OPCLN | Hospital outpatient clinic | Hospital outpatient clinic | | | RUB108 | |
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE THE INFECTION? (EPIDEMIOLOGIC INFORMATION) | 7 | HOME | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | HOME | Home | Home | | | RUB108 | |
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE THE INFECTION? (EPIDEMIOLOGIC INFORMATION) | 8 | WORK | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | WORK | Work | Work | | | RUB108 | |
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE THE INFECTION? (EPIDEMIOLOGIC INFORMATION) | 9 | UNKNOWN | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | UNK | Unknown | Unknown | | | RUB108 | |
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE THE INFECTION? (EPIDEMIOLOGIC INFORMATION) | 10 | COLLEGE | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | COLLEGE | College | College | | | RUB108 | |
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE THE INFECTION? (EPIDEMIOLOGIC INFORMATION) | 11 | MILITARY | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | MILITARY | Military | Military | | | RUB108 | |
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE THE INFECTION? (EPIDEMIOLOGIC INFORMATION) | 12 | CORRECTIONAL FACILITY | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | CORRFAC | Correctional Facility | Correctional Facility | | | RUB108 | |
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE THE INFECTION? (EPIDEMIOLOGIC INFORMATION) | 13 | CHURCH | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | CHURCH | Place of Worship | Place of Worship | | | RUB108 | |
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE THE INFECTION? (EPIDEMIOLOGIC INFORMATION) | 14 | INTERNATIONAL TRAVEL | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | TRAVEL | International Travel | International Travel | | | RUB108 | |
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE THE INFECTION? (EPIDEMIOLOGIC INFORMATION) | 15 | OTHER | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | OTH | Other | Other | | | RUB108 | |
| VERIFIED | WERE AGE AND SETTING VERIFIED? - TRANSMISSION SETTING INAPPROPRIATE FOR AGE ONLY (EPIDEMIOLOGIC INFORMATION) | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | Not supported by NBS | | Map as LDF | |
| VERIFIED | WERE AGE AND SETTING VERIFIED? - TRANSMISSION SETTING INAPPROPRIATE FOR AGE ONLY (EPIDEMIOLOGIC INFORMATION) | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | Not supported by NBS | | Map as LDF | |
| VERIFIED | WERE AGE AND SETTING VERIFIED? - TRANSMISSION SETTING INAPPROPRIATE FOR AGE ONLY (EPIDEMIOLOGIC INFORMATION) | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | Not supported by NBS | | Map as LDF | |
| SETOHER | IF SETTING=OTHER, EXPLAIN - TRANSMIS=15 ONLY (EPIDEMIOLOGIC INFORMATION) | TEXTUAL | TEXTUAL | NOT CODED VALUE | | | | | | | | Map as LDF | |
| OUTBREL | OUTBREAK RELATED? - IS CURRENT CASE PART OF AN OUTBREAK OF 3 OR MORE CASES? (EPIDEMIOLOGIC INFORMATION) | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | RUB110 | |
| OUTBREL | OUTBREAK RELATED? - IS CURRENT CASE PART OF AN OUTBREAK OF 3 OR MORE CASES? (EPIDEMIOLOGIC INFORMATION) | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | RUB110 | |
| OUTBREL | OUTBREAK RELATED? - IS CURRENT CASE PART OF AN OUTBREAK OF 3 OR MORE CASES? (EPIDEMIOLOGIC INFORMATION) | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | RUB110 | |
| OUTBNAME | OUTBREAK NAME - OUTBRELY ONLY (EPIDEMIOLOGIC INFORMATION) | TEXTUAL | TEXTUAL | NOT CODED VALUE | CODE_VALUE_GENERAL | OUTBREAK_NM | State-assigned values are implemented by deployment | | | The existing NETSS textual Outbreak names or codes will have to be entered into this SRT for the outbreaks to be recognized, or the conversion will fail. The other solution would be to not validate the outbreak names and let them be stored in ODS as they | | INV151 | |
| SOURCE | SOURCE OF EXPOSURE - IF IMPORTED=1, ENTER STATE ID NUMBER OF SOURCE CASE; IF IMPORTED=3, ENTER STATE(S) WHERE CASE EXPOSED; IF IMPORTED=2, ENTER COUNTRY(S) WHERE CASE EXPOSED (EPIDEMIOLOGIC INFORMATION) | TEXTUAL | TEXTUAL | NOT CODED VALUE | Not coded value for NEDSS either. | | | | | | | RUB158 | |
| EPLINK | EPI-LINKED TO OTHER CONFIRMED/PROBABLE CASE(S)? (EPIDEMIOLOGIC INFORMATION) | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | RUB112 | |
| EPLINK | EPI-LINKED TO OTHER CONFIRMED/PROBABLE CASE(S)? (EPIDEMIOLOGIC INFORMATION) | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | RUB112 | |
| EPLINK | EPI-LINKED TO OTHER CONFIRMED/PROBABLE CASE(S)? (EPIDEMIOLOGIC INFORMATION) | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | RUB112 | |

| NETSS VARIABLE | CONTEXT OF CODE (SHORT NETSS QUESTION) | NETSS ORIGINAL VALUE | NETSS CODE DESCRIPTION | NETSS COMMENTS | SRT_TABLE_NM | CODE_SET_NM | CODE | CODE_DESC_TXT | CODE_SHORT_DESC_TXT | NEDSS COMMENTS | NETSS - NEDSS DISCREPANCY | NEDSS UPDATED CODE USED | ISSUES |
|----------------|---|----------------------|------------------------|-----------------|--------------------------|-------------|------|---------------|---------------------|----------------|---------------------------|-------------------------|---|
| TRACEABL | This field is not on the data entry screen | | | | Not supported by NBS | | | | | | | Not mapped | Space reserved in NETSS.DAT for future possibility of including this variable |
| PREGNANT | WAS CASE PREGNANT? (RUBELLA FORM FOR PREGNANT WOMEN) | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | RUB117 | |
| PREGNANT | WAS CASE PREGNANT? (RUBELLA FORM FOR PREGNANT WOMEN) | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | RUB117 | |
| PREGNANT | WAS CASE PREGNANT? (RUBELLA FORM FOR PREGNANT WOMEN) | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | RUB117 | |
| GESTATIO | NUMBER OF WEEKS GESTATION (OR TRIMESTER) AT ONSET (RUBELLA FORM FOR PREGNANT WOMEN) | 1ST | 1ST TRIMESTER | | Not a coded value in NBS | | | | | | | RUB120 | treat the trimesters as LDF and map the weeks directly? |
| GESTATIO | NUMBER OF WEEKS GESTATION (OR TRIMESTER) AT ONSET (RUBELLA FORM FOR PREGNANT WOMEN) | 2ND | 2ND TRIMESTER | | Not a coded value in NBS | | | | | | | RUB120 | treat as LDF |
| GESTATIO | NUMBER OF WEEKS GESTATION (OR TRIMESTER) AT ONSET (RUBELLA FORM FOR PREGNANT WOMEN) | 3RD | 3RD TRIMESTER | | Not a coded value in NBS | | | | | | | RUB120 | treat as LDF |
| GESTATIO | NUMBER OF WEEKS GESTATION (OR TRIMESTER) AT ONSET (RUBELLA FORM FOR PREGNANT WOMEN) | NUMERIC | NUMERIC | | | | | | | | | W (Weeks) | |
| IMMUNITY | PRIOR EVIDENCE OF SEROLOGICAL IMMUNITY? (RUBELLA FORM FOR PREGNANT WOMEN) | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | RUB122 | |
| IMMUNITY | PRIOR EVIDENCE OF SEROLOGICAL IMMUNITY? (RUBELLA FORM FOR PREGNANT WOMEN) | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | RUB122 | |
| IMMUNITY | PRIOR EVIDENCE OF SEROLOGICAL IMMUNITY? (RUBELLA FORM FOR PREGNANT WOMEN) | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | RUB122 | |
| YEARTEST | YEAR OF TEST (RUBELLA FORM FOR PREGNANT WOMEN) | date | date | NOT CODED VALUE | | | | | | | | | |
| AGETEST | OR AGE OF PATIENT AT TIME OF TEST (RUBELLA FORM FOR PREGNANT WOMEN) | NUMERIC | NUMERIC | NOT CODED VALUE | | | | | | | | Y (Years) | |
| SEROCONF | WAS PREVIOUS RUBELLA SEROLOGICALLY CONFIRMED? - REFERS FOR PREVIOUS PHYSICIAN-DIAGNOSED RUBELLA DISEASE (RUBELLA FORM FOR PREGNANT WOMEN) | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | RUB127 | |
| SEROCONF | WAS PREVIOUS RUBELLA SEROLOGICALLY CONFIRMED? - REFERS FOR PREVIOUS PHYSICIAN-DIAGNOSED RUBELLA DISEASE (RUBELLA FORM FOR PREGNANT WOMEN) | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | RUB127 | |
| SEROCONF | WAS PREVIOUS RUBELLA SEROLOGICALLY CONFIRMED? - REFERS FOR PREVIOUS PHYSICIAN-DIAGNOSED RUBELLA DISEASE (RUBELLA FORM FOR PREGNANT WOMEN) | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | RUB127 | |
| YEARDIS | YEAR OF DISEASE (RUBELLA FORM FOR PREGNANT WOMEN) | date | date | NOT CODED VALUE | | | | | | | | | |
| AGEDIS | OR AGE OF PATIENT AT TIME OF DISEASE (RUBELLA FORM FOR PREGNANT WOMEN) | NUMERIC | NUMERIC | NOT CODED VALUE | | | | | | | | Y (Years) | |

| NETSS Variable Name | XML Variable | NETSS Description/Codes as Applicable | NEDSS Unique ID and Short Name | SRT | NEDSS Description | ADS Column.table | Metadata/Comments |
|---------------------|-------------------------------|---------------------------------------|--|------------|--|-----------------------------|---|
| STATEID | stateCaseID | Repeat of STATEID in positions 7-12. | INV173 State Case ID | | States use this field to link NEDSS (NETSS) investigations back to their own state investigations. | Public_health_case.local_id | |
| | birthState | | CRS009 Infant's Birth State | STATE_CODE | Where the patient was born Required Attribute: No | Obs_value_coded.code | For possible future state use |
| ZIPCODE | zip | Transferred from Core screen. | INV118 Reporting Source Zip Code | | Zip Code of the reporting source for this case. | Postal_locator.zip_cd | Use entity with participation type code of 'OrgAsReporterOfPHC' _ |
| RASH | motherHaveRash | RASH | CRS022 Did the mother have a rash? | | Did the mother have a maculopapular rash? | Obs_value_coded.code | |
| | motherHaveRashOnsetDate | | CRS022a | | | | |
| ONSET | | N/A for CRS | N/A | N/A | | | NOT EXPECTED FOR CRS |
| RASHDUR | | N/A for CRS | N/A | N/A | | | NOT EXPECTED FOR CRS |
| FEVER | motherHaveFever | FEVER | CRS024 Did the mother have a fever? | | Did the mother have a fever? | Obs_value_coded.code | |
| TEMPERAT | | N/A for CRS | N/A | N/A | | | NOT EXPECTED FOR CRS |
| ARTHRALG | motherHaveArthralgiaArthritis | Arthralgia/arthritis | CRS027 Did the mother have arthralgia/arthritis? | | Did the mother have arthralgia/arthritis? | Obs_value_coded.code | |
| LYMPHADE | motherHaveLymphadenopathy | Lymphadenopathy? | CRS028 | | Did the mother have lymphadenopathy? | Obs_value_coded.code | |
| CONJUNCT | CongenitalHeartDisease | Congenital heart disease | CRS017 | N/A | | | NOT EXPECTED FOR CRS |

CRS

| | | | | | | | |
|----------|---------------------|--|---|-----|---|----------------------|-------------------------------|
| PAROTITI | | Y Yes N No U Unknown <i>This field is hidden for CRS.</i> | N/A | N/A | | | NOT EXPECTED FOR CRS |
| MENINGIT | | Y Yes N No U Unknown <i>This field is hidden for rubella.</i> | | | | | NOT EXPECTED FOR CRS |
| DEAFNESS | | Y Yes N No U Unknown <i>This field is hidden for rubella.</i> | N/A | N/A | | | NOT EXPECTED FOR CRS |
| ORCHITIS | | Y Yes N No U Unknown <i>This field is hidden for rubella or if female.</i> | | | | | NOT EXPECTED FOR CRS |
| ENCEPHAL | meningoencephalitis | Encephalitis Y Yes N No U Unknown | CRS033 Did the infant have meningoencephalitis? | YNU | Did the infant have meningoencephalitis? SRT: YNU | Obs_value_coded.code | |
| | microcephaly | | CRS034 Microcephaly | YNU | Did the infant have microcephaly? (Group B) Required Attribute: No | Obs_value_coded.code | For possible future state use |
| | purpura | | CRS035 Purpura | YNU | Did the infant have purpura? (Group B) Required Attribute: No | Obs_value_coded.code | For possible future state use |
| | enlargedSpleen | | CRS036 Enlarged Spleen | YNU | Did/does the infant have an enlarged spleen? (Group B) Required Attribute: No | Obs_value_coded.code | For possible future state use |
| | enlargedLiver | | CRS037 Enlarged Liver | YNU | Did/does the infant have an enlarged liver? (Group B) Required Attribute: No | Obs_value_coded.code | For possible future state use |

CRS

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|----------|------------------------|----------------------|---|-----|--|----------------------|-------------------------------|
| | radiolucentBoneDisease | | CRS038 Radiolucent Bone Disease | YNU | Did the infant have radiolucent bone disease? (Group B) Required Attribute: No | Obs_value_coded.code | For possible future state use |
| | neonatalJaundice | | CRS039 Neonatal Jaundice | YNU | Did the infant have jaundice? (Group B) Required Attribute: No | Obs_value_coded.code | For possible future state use |
| | LowPlatelets | | CRS040 Low Platelets | YNU | Did the infant have low platelets? (Group B) Required Attribute: No | Obs_value_coded.code | For possible future state use |
| | dermalErythroipoiesis | | CRS041 Dermal Erythroipoieses (Blueberry Muffin Syndrome) | YNU | Did infant have dermal erythroipoiesis? (Group B) Required Attribute: No | Obs_value_coded.code | For possible future state use |
| ARTHRITI | | N/A | N/A | N/A | | | NOT EXPECTED FOR CRS |
| THROMBO | | N/A | N/A | N/A | | | NOT EXPECTED FOR CRS |
| DEATH | | N/A | N/A | N/A | | | NOT EXPECTED FOR CRS |
| OTHER | hasOther Abnormalities | Other abnormalities? | CRS042 Other Abnormalities? | | Did the infant have any other abnormalities? (Group B) | Obs_value_coded.code | |

| | | | | | | | |
|----------|---------------------------------|--|--|-----|---|-----------------------------------|---|
| SPECIFY | otherAbnormality | Specify other abnormalities. | CRS043 Specify other abnormalities 1 CRS044 Specify other abnormalities 2 CRS045 Specify other abnormalities 3 CRS046 Specify other abnormalities 4 | | If the infant had other abnormalities, what was the first other abnormality? If the infant had other abnormalities, what was the second other abnormality? If the infant had other abnormalities, what was the third other abnormality? If the infant had other abnormalities, what was the fourth other abnormality? | Obs_value_txt.value_txt | NETSS has 15 characters to specify other abnormalities. Recommend not trying to parse them out to the CRS044 – CRS046 fields and just using CRS043. |
| HOSPITAL | admissionDate | If hospitalized, what is the admission date? | INV132 Admission Date | | Subject's admission date to the hospital for the condition covered by the investigation. | ObsValueDate.fromTime | |
| | dischargeDate | | INV133 Discharge Date | | Subject's discharge date from the hospital for the condition covered by the investigation. | Obs_value_txt.value_txt | Not expecting from NETSS |
| DAYSHOSP | durationOfStay | Total days hospitalized <i>Enter total days hospitalized, if unknown enter 999. Range: 0 - 998, 999 = Unknown</i> | INV134 Total Duration of Stay within Hospital | | Subject's duration of stay at the hospital for the condition covered by the investigation. | Obs_value_numeric.numeric_value_1 | |
| LABTEST | HasLabTestingForRubellaOnInfant | Was laboratory testing done? Y Yes N No U Unknown | CRS049 Was laboratory testing done for rubella? | YNU | Was laboratory testing done for rubella on this infant? | Obs_value_coded.code | |

| | | | | | | | |
|----------|-------------------------|---|--|---------------|--|--|-------------------------------|
| | rubellaIgMEIATestNumber | THESE DO NOT APPEAR TO BE "TestNumbers" – XML already mapped | CRS050 Was Rubella IgM EIA performed? CRS053 Rubella IgM EIA capture? | YNU | Was a rubella IgM EIA test done? Required Attribute: No Was a rubella IgM EIA capture test done? Required Attribute: No | Obs_value_coded.code Obs_value_coded.code | For possible future state use |
| IGGRES | crslgGTest2Result | IgG Result P Significant rise (IgG) N No significant rise (IgG) I Indeterminate E Pending X Not Done U Unknown | CRS141 Result of Rubella IgG Test #2 | NIP_RSLT_QUAL | Result of rubella IgG test #2 | Obs_value_coded.code | |
| DATEACUT | crslgGTest1Date | Date acute specimen collected in MM/DD/YY format. | CRS061 Date of rubella test #1 | | | ObsValueDate.fromTime | |
| DATECONV | crslgGTest2Date | Date convalescent specimen Date convalescent specimen collected in MM/DD/YY format. | CRS063 Date of rubella IgG test #2 | | | ObsValueDate.fromTime | |
| OTHERLAB | otherLabTestResult | Other Lab Result <i>Enter result of other laboratory confirmation method.</i> P Positive N Negative I Indeterminate E Pending X Not Done U Unknown | CRS076 Result for other rubella lab test | | Result of the other rubella lab test | Obs_value_text.value_txt | |
| METHOD | otherLabTestName | Specify method Culture, DFA, PCR or specify other. | CRS075 Specify other rubella lab test | | Specify the other rubella lab test | ObsValueTxt.valueTxt | |

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|-----------|-------------------------|---|---|--|---|---|--|
| LABCONF | | Set to 'Y' if IGGRES, IGMRES, or OTHERLAB is "P". Otherwise, it should be set to "N". | INV161 Confirmation Method | | What method was used to classify the case status? | Confirmation_method. confirmation_method_cd | Use SRT Code LD for Lab Confirmed IF LABCONF=N, THEN NO DATA WILL BE MIGRATED |
| VACCIN | motherHadRubellaVaccine | Had case ever received <i>MUMPS-/RUBELLA-</i> containing vaccine? Y Yes N No U Unknown | CRS147 Was the mother immunized with rubella vaccine? | | Was the mother immunized with rubella vaccine? | Obs_value_coded.code | |
| VACDATE | dateAdministered | Vacdate Enter Mumps or Rubella vaccination date in MM/DD/YY format (if month and year known, but day unknown, use 15th of month for day). | CRS148 VAC103 Vaccine Administered Date | | Date the vaccine was administered (first VaccineEvent) | Intervention.activity_from_time (1.1 specifications for vaccines map it to Intervention.effectiveFromTime, but I still see it here) | Part of Repeating Block Put first vac date encountered here – otherwise, Not expected for CRS |
| VACDATE01 | dateAdministered | Vacdate Enter Mumps or Rubella vaccination date in MM/DD/YY format (if month and year known, but day unknown, use 15th of month for day). | VAC103 Vaccine Administered Date | | Date the vaccine was administered (second VaccineEvent) | Intervention.activity_from_time | Part of Repeating Block Put second vac date encountered here – otherwise, Not expected for CRS |

| | | | | | | | |
|-----------|------------------|--|----------------------------------|-----|---|---------------------------------|--|
| VACDATE02 | dateAdministered | Vacdate Enter Mumps or Rubella vaccination date in MM/DD/YY format (if month and year known, but day unknown, use 15th of month for day). | VAC103 Vaccine Administered Date | | Date the vaccine was administered (third VaccineEvent) | Intervention.activity_from_time | Part of Repeating Block Put third vac date encountered here – otherwise, Not expected for CRS |
| VACDATE03 | dateAdministered | Vacdate Enter Mumps or Rubella vaccination date in MM/DD/YY format (if month and year known, but day unknown, use 15th of month for day). | VAC103 Vaccine Administered Date | | Date the vaccine was administered (fourth VaccineEvent) | Intervention.activity_from_time | Part of Repeating Block Put fourth vac date encountered here – otherwise, Not expected for CRS |
| DOSESFT | | # doses on/after 1 st birthday | N/A | N/A | | | Send as LDF |
| REASON | | Reason not rec'd 1 Religious exemption 2 Medical contraindication 3 Philosophical exemption 4 Laboratory confirmation of previous disease 5 MD diagnosis of previous disease 6 Under age for vaccine 7 Parental refusal 8 Other 9 Unknown | N/A | N/A | | | Send as LDF |

| | | | | | | | |
|----------|---|--|---|-----|---|---|--|
| DATEHEAL | earliestDateReportedToCounty OR earliestDateReportedToState (ADD) | Earliest date reported (either to a local, district, or state health department) in MM/DD/YY format. | INV120 INV121 Earliest Date reported to county. Earliest Date reported to state | | Earliest date reported to county public health system. Earliest date reported to state public health system. | Public_health_case.rpt_to_cnty_time <or> Public_health_case.rpt_to_state_time | Assuming that NETSS will send date in county or state variable which ever is applicable. |
| DATEINVE | InvestigationStartDate | Date case investigation started in MM/DD/YY format. | INV147 Investigation Start Date | | | Public_health_case.activity_from_time | |
| TRANSMIS | LDF | N/A | N/A | N/A | | | Send as LDF |
| VERIFIED | LDF | N/A | N/A | N/A | | | Send as LDF |
| SETOTHER | LDF | N/A | N/A | N/A | | | Send as LDF |
| OUTBREL | outbreakInd | Outbreak indicator | INV150 Case outbreak indicator | | | Public_health_case.outbreak_ind | If UNKNOWN sent, send as LDF. |
| OUTBNAME | outbreakNameOrCode | 15 character text field for the name of the outbreak this case is associated with. | INV151 Case Outbreak Name | | A name assigned to an individual outbreak. State assigned in SRT. Should show only those outbreaks for the program area of the investigation. | Public_health_case.outbreak_name | Note that the Outbreak names are from a drop-down list (not text entry) that is part of the general SRT code_set_nm OUTBREAK_NM. These must be populated by a DBA. |

| SOURCE | ImportedState (154) ImportedCntry (153) | Source of exposure If IMPORTED on core = 1 enter State ID number of source case. For source of exposure, enter state(s) where CURRENT CASE was exposed. If IMPORTED on core = 3 enter state(s) where case exposed. For source of exposure, enter country(s) where CURRENT CASE was exposed If IMPORTED on core = 2 enter country(s) where case exposed. | INV153 Imported Country or> INV154 Imported State | STATE_CD | If the disease or condition was imported, indicate the state in which the disease was likely acquired. If the disease or condition was imported, indicate the country in which the disease was likely acquired. | Obs_value_coded.code LDF | Send ImportedCountry as LDF – the SRT for Country codes do not match what is sent from NETSS. |
|---|---|---|---|----------|---|--------------------------|---|
| EPILINK | LDF | N/A | N/A | N/A | | | LDF |
| TRACEABL | LDF | N/A | N/A | N/A | | | LDF |
| <u>RUBELLA FORM FOR PREGNANT WOMEN</u> PREGNANT | LDF | Was case pregnant? This field and the following fields are displayed if the rubella report is for a female, over 12 years of age. Y Yes N No U Unknown | N/A | N/A | | | LDF |

| | | | | | | | |
|----------|---|---|--|-----|--|--|--|
| GESTATIO | gestationalAgeAtBirth | Number of weeks gestation (or trimester) at onset 1st =First trimester 2nd =Second trimester 3rd =Third trimester 1 =1 week 2 =2 weeks 3 =3 weeks ... (choices up to 45 weeks) 45 =45 weeks | CRS010 Infant's Gestational Age at Birth (in weeks) | | The patient's gestational age (in weeks) at time of birth. | Obs_value_numeric.numeric_value_1 if the week number is passed. If the Trimester number is passed, will map as LDF | NOTICE THIS ONE – I JUST NOTICED THE XML MAY BE INCORRECT. |
| IMMUNITY | LDF | Prior evidence of serological immunity? Y Yes N No U Unknown | N/A | N/A | | | LDF |
| YEARTEST | LDF | Year of test Range: 1940 - 2010 | N/A | | | | LDF |
| AGETEST | LDF | or age of patient at time of test Range: 0 - 50, 99 = Unknown | N/A | | | | LDF |
| SEROCONF | crsSeriologicallyConfirmedAtTimeOfIllness | Was previous Rubella serologically confirmed? <i>This question refers to previous physician diagnosed rubella disease.</i> Y Yes N No U Unknown | CRS095 Was rubella serologically confirmed at time of illness? | | Was rubella serologically confirmed at time of illness? | Obs_value_coded.code | |
| | crsSeriologicallyConfirmedAtTimeOfIllnessDate | | CRS174 | | | | |
| | crsSeriologicallyConfirmedAtTimeOfIllnessResult | | CRS175 | | | | |
| YEARDIS | LDF | Year of disease Range: 1940 - 2010 | N/A | | | | LDF |
| AGEDIS | motherAgeAtDelivery | Age of patient at time of disease. Range: 0 - 50, 99 = Unknown | CRS081 Mother's age at delivery | | The age of the mother when this infant was delivered | Obs_value_numeric.numeric_value_1 | |

| | | | | | |
|--|---------------------|---------|----------------|--|--|
| infantsAgeAtDiagnosis | Age at diagnosis | CRS011 | | | |
| InfantsAgeAtDiagnosisUnit | Days, Months, Years | CRS011a | | | |
| birthWeight | Weight | CRS013 | | | |
| birthWeightUnit | Kilograms, Pounds | CRS014 | | | |
| didInfantDieFromCRS | | CRS180 | | | |
| primaryCauseOnDeathCertificate | | CRS006 | | | |
| autopsyPerformed | | CRS007 | | | |
| finalAnatomicalDiagnosisOfDeathFromAutopsy | | CRS008 | | | |
| cataracts | | CRS015 | YNU | | |
| hearingLoss | | CRS016 | YNU | Did/does the child have hearing impairment (loss)? | |
| patientDuctusArteriosus | | CRS018 | YNU | Did the child have patent ductus arteriosus? | |
| peripheralPulmonicStenosis | | CRS019 | YNU | Did the child have peripheral pulmonic | |
| otherCongenitalHeartDisease | Yes or no. | CRS020 | YNU | Did child have other congenital heart disease? | |
| specifyOtherCongenitalHeartDisease | | CRS021 | | Specify other congenital heart disease | |
| congenitalGlaucoma | | CRS030 | YNU | Did the child have congenital glaucoma? | |
| pigmentaryRetinopathy | | CRS031 | YNU | Did the child have pigmentary retinopathy? | |
| developmentalDelay | | CRS032 | YNU | Child has development delay or mental retardation? | |
| VirusIsolatedSpecimenSource | | CRS067 | CRS_SPECMN_SRC | Source of virus isolation specimen | |
| virusIsolatedOtherSpecimenSource | | CRS068 | YNU | | |
| resultOfVirusIsolated | | CRS069 | RUB_VIR_RSLT | | |

| | | | | | |
|--|--|--------|----------------|--|--|
| RtPCR | | CRS070 | YNU | RT-PCR performed? | |
| RtPCR Date | | CRS071 | | | |
| rtPcrSpecimenSource | | CRS072 | CRS_SPECMN_SRC | Throat, Nasopharyngeal, Urine, | |
| rtPcrOtherSpecimenSource | | CRS157 | | | |
| RtPcrResult | | CRS073 | RUB_VIR_RSLT | Rubella virus detected, Rubella virus not | |
| hasOtherLabTest | | CRS074 | | | |
| otherLabTestName | | CRS075 | | | |
| dateSpecimenSentForGenotyping | | CRS143 | | | |
| specimenTypeForGenotyping | | CRS172 | | | |
| otherSpecimenTypeForGenotyping | | CRS173 | | | |
| MotherAgeAtDelivery | | CRS080 | PSL_CNTRY | FIPS Standard (Countries) | |
| motherAttendFamilyPlanningPriorToConception | | CRS087 | YNU | | |
| numberOfChildrenLessThan18InHouseholdDuringPregnancy | | CRS084 | | Number of children <18 years living in | |
| childrenImmunizedForRubella | | CRS085 | YNU | | |
| childrenImmunizedForRubellaHowMany | | CRS086 | | | |
| prenatalCare | | CRS088 | YNU | Was prenatal care obtained for this pregnancy? | |
| prenatalCareDateOfFirstVisit | | CRS089 | | | |
| prenatalCareWhere | | CRS090 | RUB_PRE_CARE_T | Public sector, Private sector, Unknown | |
| motherHaveOtherSymptom | | CRS152 | | | |
| motherKnowWhereExposedToRubella | | CRS096 | | | |
| motherTravelOutsideUSDuringFirstTrimester< | | CRS100 | | | |
| countryOfTravel1 | | CRS164 | | | |
| dateMotherLeft1 | | CRS101 | | | |
| DateMotherReturned1 | | CRS102 | | | |
| CountryOfTravel2 | | CRS165 | | | |
| DateMotherLeft2 | | CRS103 | | | |
| DateMotherReturned2 | | CRS104 | | | |
| motherExposedToConfirmedRubellaCase | | CRS105 | | | |
| motherExposedToConfirmedRubellaCaseRelationship | | CRS106 | | | |
| motherExposedToConfirmedRubellaCaseDate< | | CRS107 | | | |
| motherExposedToConfirmedRubellaCaseOtherRelationship | | CRS166 | | | |
| motherHaveSerologicalTestingPriorToPregnancy | | CRS161 | | | |
| crsLabTestingDoneForMotherForThisPregnancy | | CRS176 | | | |
| motherHadRubella | | CRS177 | | | |

| | | | | | | |
|--|---|--|--------|----------------|--|--|
| | rubellaLikeIllnessDuringPregnancy | | CRS091 | | | |
| | monthDuringPregnancyFirstSymptomOccurred | | CRS092 | | Month of pregnancy rubella-like symptoms appeared | |
| | rubellaDiagnosedAtTimeOfIllnessByPhysician | | CRS093 | | Rubella diagnosed by physician at time of illness? | |
| | rubellaDiagnosedAtTimeOfIllnessNotByPhysician | | CRS094 | | If rubella not diagnosed by MD, then by whom? | |
| | sourceOfVaccinatedInformation | | CRS149 | CRS_VAC_INFO | Source of Mother's Rubella Immunization Info | |
| | sourceOfVaccinatedInformationOther | | CRS150 | | | |
| | sourceOfVaccination | | CRS151 | RUB_PRE_CARE_T | | |
| | numberOfPreviousPregnancies | | CRS158 | | | |
| | totalNumberOfLiveBirths | | CRS159 | | | |
| | givenBirthPreviouslyInUSNumberOfBirths | | CRS160 | | | |
| | givenBirthPreviouslyInUSDate | | CRS153 | | | |
| | givenBirthPreviouslyInUSNumberOfBirths | | CRS160 | | | |

PERTUSSIS

| Original Order | NETSS Entry Screen Order | NETSS Variable Name | NETSS Section Instructions from UI | NETSS Prompt from UI | NETSS Description, Context, or Full Question (Data Entry Instructions) | NETSS Description/Codes as Applicable | NETSS Codes as Applicable | XML Schema | XML Variable | NEDSS Unique ID and Short Name |
|----------------|--------------------------|---------------------|------------------------------------|---|--|--|--|------------|---|--|
| 20 | 18 | ANTIBIOT | Treatment | Were antibiotics given? | Were antibiotics given? | Y Yes N No U Unknown | Y=Yes N=No U=Unknown | pertussis: | antiBioticGiven | PRT020 Were antibiotics given? |
| 9 | 7 | APNEA | | Apnea | Apnea | Y Yes N No U Unknown | Y=Yes N=No U=Unknown | pertussis: | apnea | PRT006 Apnea |
| 13 | 11 | CLINDEF | | Was CDC clinical case definition met? | | Was CDC clinical case definition met? | | ldf: | ldfPertCDCClinicalCaseDef | N/A |
| 89 | 65 | CONTACTS | | Number of contacts in any setting recommended antibiotics | Number of contacts in any setting recommended antibiotics | Numbers of contacts in any setting recommended antibiotics. | Range 0-998, 999 Unknown | pertussis: | numberOfContactsToReceiveAntibioticProphylaxis | PRT080 Number of contacts in this case recommended to receive prophylaxis. |
| 4 | 2 | COUGH | Clinical Data | Any cough? | Did patient have a cough? | Y Yes N No U Unknown | Y=Yes N=No U=Unknown | pertussis: | didThePatientHaveCough | PRT001 Did the patient have a cough? |
| 11 | 9 | COUGHFIN | | Cough at final interview | Still coughing at time of final interview | Still coughing at time of final interview? | Y=Yes N=No U=Unknown | pertussis: | patientHaveCoughAtFinalInterview | PRT008 Was there a cough at final interview? |
| 29 | 26 | CULRES | | Culture result | Culture result | P Positive N Negative I Indeterminate E Pending X Not Done S Parapertussis U Unknown | P=Positive N=Negative I=Indeterminate E=Pending X=Not Done S=Parapertussis U=Unknown | pertussis: | bordetellaPertussisCultureResult | PRT031 Bordetella pertussis culture result |
| 30 | 27 | DATECULT | | Date culture specimen collected | Date culture specimen collected | Date first specimen collected in MM/DD/YY format. | | pertussis: | bordetellaPertussisCultureDate | PRT030 Culture Date |
| 34 | 29 | DATEDFA | | Date DFA specimen collected | Date DFA specimen collected | Date DFA specimen collected. | | pertussis: | otherLabTestDate | PRT083 |
| 22 | 20 | DATEFIR | | Date first started | Date first antibiotic started | Date first antibiotic started in MM/DD/YY format | | pertussis: | startDate | PRT023 Antibiotic Start Date |
| 72 | 58 | DATEHEAL | Epidemiologic information | Date case first reported to a health department | Earliest date reported (either to a local, district, or state health department) | Earliest date reported (either to a local, district, or state health department) in MM/DD/YY format. | | gi: | earliestDateReportedToState or earliestDateReportedToCounty | INV121 Earliest Date reported to state |
| 73 | 59 | DATEINVE | | Date case investigation started | Date this case investigation started | Date case investigation started in MM/DD/YY format. | | gi: | investigationStartDate | INV147 Investigation Start Date |
| 43 | 34 | DATEPCR | | Date PCR specimen collected | Date PCR specimen collected | Date second specimen collected in MM/DD/YY format. | | pertussis: | bordetellaPertussisPcrSpecimenDate | PRT040 PCR specimen date |
| 25 | 23 | DATESEC | | Date second started | Date second antibiotic started | Date first antibiotic started in MM/DD/YY format | | pertussis: | startDate | PRT023 Antibiotic Start Date |
| 23 | 21 | DAYSFIR | | Number of days first antibiotic actually taken | Number of days first antibiotic actually taken | Number of days first antibiotic actually taken Range 0-98, 99=Unknown | Range 0-98, 99=Unknown | pertussis: | daysTaken | PRT024 Number of days antibiotic actually taken |
| 18 | 16 | DAYSHOSP | | Total days hospitalized | Enter total days hospitalized, if unknown enter 999 | Duration of stay at the hospital. | Range 0-998, 999=Unknown | gi: | durationOfStay | INV134 Duration of Stay |
| 26 | 24 | DAYSSEC | | Number of days second antibiotic actually taken | Number of days second antibiotic actually taken | Number of days first antibiotic actually taken | Range 0-98, 99=Unknown | pertussis: | daysTaken | PRT024 Number of days antibiotic actually taken |
| 33 | 28 | DFARES | | DFA Result | DFA Result | DFA Result | P=Positive N=Negative I=Indeterminate E=Pending X=Not Done S=Parapertussis U=Unknown | pertussis: | otherLabTestResult | PRT084 |

PERTUSSIS

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|----|----|----------|------------|--|--|--|---|------------|---|---|
| 19 | 17 | DIED | | Died | Did the patient die from pertussis or complications associated with pertussis? | Y Yes N No U Unknown | Y=Yes N=No U=Unknown | pertussis: | didThePatientDieFromPertussis | PRT103 Patient Death from Pertussis |
| 50 | 56 | DOSES | | Doses of pertussis containing vaccine prior to illness onset | Count doses of any of the following: DTP, DTaP, DTP-Hib, P only: | Doses of pertussis containing vaccine prior to illness onset Count doses of any of the following: DTP, DTaP, DTP-Hib, P only: | 0=No doses 1=1 dose 2=2 doses 3=3 doses 4=4 Doses 5=5 Doses 6=6 Doses 9=Unknown | pertussis: | NumberOfDosesOfPertussis-containingVaccineGiven | PRT046 Number of doses of pertussis-containing vaccine given |
| 12 | 10 | DURCOUGH | | Duration of cough at final interview | Enter total days of cough or best estimate | Enter total days of cough or best estimate. | Range 0 - 150, 999 Unknown | pertussis: | coughDurationInDays | PRT009 Duration of cough in days |
| 16 | 14 | ENCEPHAL | | Acute encephalopathy | Acute encephalo-pathy due to Pertussis | Y Yes N No U Unknown | Y=Yes N=No U=Unknown | pertussis: | encephalopathy | PRT013 Acute encephalopathy due to pertussis? |
| 74 | 60 | EPILINK | | Epi-linked to other confirmed/probable case (s) | Epi-linked to other confirmed/probable case (s) | Epi-linked Y Yes N No U Unknown | Y=Yes N=No U=Unknown | gi: | isThisCaseEpiLinkedToAnotherLaboratoryConfirmedCase | PRT060 Epi-linked to another confirmed/probable case? |
| 10 | 8 | FINALINT | | Final Interview Date | Enter latest interview date | Enter latest interview date in MM/DD/YY format. | | pertussis: | dateOfFinalInterview | PRT007 Date of final interview |
| 37 | 31 | FIRSPEC | | Date first specimen collected | Date first specimen collected | Date first specimen collected in MM/DD/YY format. | | pertussis: | bordetellaPertussisSerology1Date | PRT033 Serology #1 Date |
| 21 | 19 | FIRSTANT | | First antibiotic patient received | First antibiotic patient received | 1 Erythromycin (incl. pediazole) 2 Cotrimoxazole (bactrim/sepra) 3 Clarithromycin/azithromycin 4 Tetracycline/Doxycycline 5 Amoxicillin/Penicillin/ Ampicillin/Augmentin/Ceclor 6 Other 7 None 9 Unknown | | pertussis: | antibioticName | PRT021 Antibiotic Name |
| 17 | 15 | HOSPITAL | | Hospitalized | Was the patient hospitalized for pertussis? | Was the patient hospitalized? | Y=Yes N=No U=Unknown | gi: | wasPatientHospitalized | INV128 Was the patient hospitalized for this illness? |
| 47 | 35 | LABCONF | | Is case laboratory confirmed? | Is case laboratory confirmed? | Is case laboratory confirmed? This is a no enter field. | LABCONF = Y if positive IGM or IGG or OTHERLAB test, else LABCONF = N. | pertussis: | wasPertussisLaboratoryConfirmed | PRT085 Confirmation Method |
| 27 | 25 | LABTEST | Laboratory | Was laboratory testing for pertussis done? | Was laboratory testing for pertussis done? | Y Yes N No U Unknown | Y=Yes N=No U=Unknown | pertussis: | labTestingForPertussis | PRT029 Was laboratory testing for pertussis done? |
| 52 | 37 | LASTPERT | | Date of last pertussis vaccine prior to illness onset | Date of last pertussis-containing vaccine prior to illness onset | Date of last pertussis-containing vaccine prior to illness onset in MM/DD/YY format. | | pertussis: | dateOfLastPertussisVaccine | PRT045 Date of last pertussis-containing vaccine before illness |
| 5 | 3 | ONSET | | Cough Onset | Date of cough onset | Date of cough onset in MM/DD/YY format | | pertussis: | coughOnsetDate | PRT002 Cough onset date |
| 77 | 62 | OUTBNAME | | Outbreak name | Enter the name of the outbreak this case is associated with. | 15 character text field | | gi: | outbreakNameOrCode | INV151 Outbreak Name |
| 76 | 61 | OUTBREL | | Outbreak related | Is current case part of an outbreak of 3 or more cases? | Outbreak related If OUTBREAK ASSOC field on core screen indicates the case is outbreak related, this field is automatically set to Y. | Y=Yes N=No U=Unknown | gi: | associatedWithOutbreak | PRT062 Case part of an outbreak of 2 or more cases? |
| 6 | 4 | PAROXYSM | | Paroxysmal cough | Did patient have paroxysmal cough? | Y Yes N No U Unknown | Y=Yes N=No U=Unknown | pertussis: | paroxysmalCough | PRT003 Paroxysmal Cough |

PERTUSSIS

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|----|----|----------|--|--|--|--|---|------------|---------------------------------------|--|
| 42 | 33 | PCRRES | | PCR Result | PCR Result | PCR Result | P=Positive N=Negative I=Indeterminate E=Pending X=Not Done S=Parapertussis U=Unknown | pertussis: | bordetellaPertussisPcrSpecimenResult | PRT041 Bordetella pertussis PCR result |
| 51 | 57 | REASON | | If not vaccinated, reason | Give reason 3 or fewer doses pertussis vaccine given | If not vaccinated, reason Give reason 3 or fewer doses pertussis vaccine given. | 1=Religious exemption 2=Medical contraindication 3=Philosophical exemption 4=Previous disease confirmed by culture or MD 5=Parental refusal 6=Age less than 7 months 7=Other 9=Unknown | pertussis: | reasonForNotReceivingThreeDoses | PRT047 Give reason if not vaccinated with 3 or more doses |
| 24 | 22 | SECONDAN | | Second antibiotic patient received | Second antibiotic patient received | 1 Erythromycin (incl. pediazole) 2 Cotrimoxazole (bactrim/sepra) 3 Clarithromycin/azithromycin 4 Tetracycline/Doxycycline 5 Amoxicillin/Penicillin/ Ampicillin/Augmentin/Ceclor 6 Other 7 None 9 Unknown | | pertussis: | antibioticName | PRT021 Antibiotic Name |
| 39 | 32 | SECSPEC | | Date second specimen collected | Date second specimen collected | Date second specimen collected in MM/DD/YY format. | | pertussis: | bordetellaPertussisSerology2Date | PRT037 Serology #2 Date |
| 15 | 13 | SEIZURES | | Generalized or focal seizures due to Pertussis | Did the patient have generalized or focal seizures due to pertussis? | Y Yes N No U Unknown | Y=Yes N=No U=Unknown | pertussis: | seizures | PRT012 Generalized/focal seizures due to pertussis? |
| 36 | 30 | SERRES | | Serology result | Serology result | Serology Result | P=Positive N=Negative I=Indeterminate E=Pending X=Not Done S=Parapertussis U=Unknown | pertussis: | bordetellaPertussisSerology1Result | PRT034 Bordetella pertussis serology #1 result |
| 79 | 64 | SPREAD | | Setting for further spread from this case | Setting (outside household) of further documented spread from this case. | Setting (outside household) of further documented spread from this case | 1=Day Care 2=School 3=Doctor's Office 4=Hospital Ward 5=Hospital ER 6=Hospital Outpatient Clinic 7=> 1 Setting Outside Household 8= Work 9=Unknown 10=College 11=Military 12=Correctional Facility 13=Church 14=International Travel 15=Other 16=No Documented Spread Outside Household | pertussis: | transmissionSettingOutsideOfHousehold | PRT068 Transmission Setting for spread of this case outside household? |
| 2 | 1 | STATEID | | State ID | Enter state identification number for this case | State identification number for this case. | | | IdfPertSTATEID | N/A |
| 78 | 63 | TRANSMIS | | Transmission setting | Where did this case acquire pertussis | Transmission setting Where did this case acquire pertussis? | 1=Day Care 2=School 3=Doctor's Office 4=Hospital Ward 5=Hospital ER 6=Hospital Outpatient Clinic 7=Home 8=Work 9=Unknown 10=College 11=Military 12=Correctional Facility 13=Church 14=International Travel 15=Other | pertussis: | transmissionSetting | PRT065 Transmission setting |
| 55 | 39 | TYPE1 | | Type 1 | Type of pertussis-containing and/or diphtheria-containing vaccine | Complete for children under 6 years of age. | W=DTP Whole cell A=DtaP D=DT T=DTP-Hib Tetramune P=P only O=Other (passed as 'Other Pertussis') U=Unknown (passed as 'Unknown Pertussis Type') | gi: | vaccineName | VAC101 Vaccine Administered |

PERTUSSIS

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|----|----|----------|-----------------|------------|--|--|--|------------|--------------------------------|--|
| 58 | 42 | TYPE2 | | Type 2 | Type of pertussis-containing and/or diphtheria-containing vaccine | Complete for children under 6 years of age. | W=DTP Whole cell A=DtaP D=DT T=DTP-Hib Tetramune P=P only O=Other (passed as 'Other Pertussis') U=Unknown (passed as 'Unknown Pertussis Type') | gi: | vaccineName | VAC101 Vaccine Administered |
| 61 | 45 | TYPE3 | | Type 3 | Type of pertussis-containing and/or diphtheria-containing vaccine | Complete for children under 6 years of age. | W=DTP Whole cell A=DtaP D=DT T=DTP-Hib Tetramune P=P only O=Other (passed as 'Other Pertussis') U=Unknown (passed as 'Unknown Pertussis Type') | gi: | vaccineName | VAC101 Vaccine Administered |
| 64 | 48 | TYPE4 | | Type 4 | Type of pertussis-containing and/or diphtheria-containing vaccine | Complete for children under 6 years of age. | W=DTP Whole cell A=DtaP D=DT T=DTP-Hib Tetramune P=P only O=Other (passed as 'Other Pertussis') U=Unknown (passed as 'Unknown Pertussis Type') | gi: | vaccineName | VAC101 Vaccine Administered |
| 67 | 51 | TYPE5 | | Type 5 | Type of pertussis-containing and/or diphtheria-containing vaccine | Complete for children under 6 years of age. | W=DTP Whole cell A=DtaP D=DT T=DTP-Hib Tetramune P=P only O=Other (passed as 'Other Pertussis') U=Unknown (passed as 'Unknown Pertussis Type') | gi: | vaccineName | VAC101 Vaccine Administered |
| 70 | 54 | TYPE6 | | Type 6 | Type of pertussis-containing and/or diphtheria-containing vaccine | Complete for children under 6 years of age. | W=DTP Whole cell A=DtaP D=DT T=DTP-Hib Tetramune P=P only O=Other (passed as 'Other Pertussis') U=Unknown (passed as 'Unknown Pertussis Type') | gi: | vaccineName | VAC101 Vaccine Administered |
| 48 | 36 | VACCIN | Vaccine History | Vaccinated | Had case ever received any doses of diphtheria, tetanus, and or pertussis-containing vaccines? | Had case ever received any doses of diphtheria, tetanus, and or pertussis-containing vaccines? | Y=Yes N=No U=Unknown | pertussis: | patientReceivePertussisVaccine | PRT044 Did the patient ever receive a pertussis vaccine? |
| 54 | 38 | VACDATE1 | | VacDate 1 | Date of first pertussis-containing and/or diphtheria-containing vaccine | Date of pertussis-containing and/or diphtheria-containing vaccine in MM/DD/YY format. | | gi: | dateAdministered | VAC103 Vaccine Administered Date |
| 57 | 41 | VACDATE2 | | VacDate 2 | Date of second pertussis-containing and/or diphtheria-containing vaccine | Date of pertussis-containing and/or diphtheria-containing vaccine in MM/DD/YY format. | | gi: | dateAdministered | VAC103 Vaccine Administered Date |
| 60 | 44 | VACDATE3 | | VacDate 3 | Date of third pertussis-containing and/or diphtheria-containing vaccine | Date of pertussis-containing and/or diphtheria-containing vaccine in MM/DD/YY format. | | gi: | dateAdministered | VAC103 Vaccine Administered Date |
| 63 | 47 | VACDATE4 | | VacDate 4 | Date of fourth pertussis-containing and/or diphtheria-containing vaccine | Date of pertussis-containing and/or diphtheria-containing vaccine in MM/DD/YY format. | | gi: | dateAdministered | VAC103 Vaccine Administered Date |
| 66 | 50 | VACDATE5 | | VacDate 5 | Date of fifth pertussis-containing and/or diphtheria-containing vaccine | Date of pertussis-containing and/or diphtheria-containing vaccine in MM/DD/YY format. | | gi: | dateAdministered | VAC103 Vaccine Administered Date |
| 69 | 53 | VACDATE6 | | VacDate 6 | Date of sixth pertussis-containing and/or diphtheria-containing vaccine | Date of pertussis-containing and/or diphtheria-containing vaccine in MM/DD/YY format. | | gi: | dateAdministered | VAC103 Vaccine Administered Date |

PERTUSSIS

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|----|----|----------|---------------|---------------------------|--|---|--|------------|------------------------------------|--|
| 56 | 40 | VACNAME1 | | VacName 1 | Name/manufacture of first pertussis-containing and/or diphtheria-containing vaccine | Complete for children under 6 years of age. | L=Lederle C=Connaught M=Massachusetts Health Department I=Michigan Health Department O=Other U=Unknown | gi: | manufacturer | VAC107 Vaccine Manufacturer |
| 59 | 43 | VACNAME2 | | VacName 2 | Name/manufacture of second pertussis-containing and/or diphtheria-containing vaccine | Complete for children under 6 years of age. | L=Lederle C=Connaught M=Massachusetts Health Department I=Michigan Health Department O=Other U=Unknown | gi: | manufacturer | VAC107 Vaccine Manufacturer |
| 62 | 46 | VACNAME3 | | VacName 3 | Name/manufacture of third pertussis-containing and/or diphtheria-containing vaccine | Complete for children under 6 years of age. | L=Lederle C=Connaught M=Massachusetts Health Department I=Michigan Health Department O=Other U=Unknown | gi: | manufacturer | VAC107 Vaccine Manufacturer |
| 65 | 49 | VACNAME4 | | VacName 4 | Name/manufacture of fourth pertussis-containing and/or diphtheria-containing vaccine | Complete for children under 6 years of age. | L=Lederle C=Connaught M=Massachusetts Health Department I=Michigan Health Department O=Other U=Unknown | gi: | manufacturer | VAC107 Vaccine Manufacturer |
| 68 | 52 | VACNAME5 | | VacName 5 | Name/manufacture of fifth pertussis-containing and/or diphtheria-containing vaccine | Complete for children under 6 years of age. | L=Lederle C=Connaught M=Massachusetts Health Department I=Michigan Health Department O=Other U=Unknown | gi: | manufacturer | VAC107 Vaccine Manufacturer |
| 71 | 55 | VACNAME6 | | VacName 6 | Name/manufacture of sixth pertussis-containing and/or diphtheria-containing vaccine | Complete for children under 6 years of age. | L=Lederle C=Connaught M=Massachusetts Health Department I=Michigan Health Department O=Other U=Unknown | gi: | manufacturer | VAC107 Vaccine Manufacturer |
| 8 | 6 | VOMIT | | Posttussive vomiting? | Posttussive vomiting? | Y Yes N No U Unknown | Y=Yes N=No U=Unknown | pertussis: | posttussiveVomiting | PRT005 Post-tussive vomiting |
| 7 | 5 | WHOOOP | | Whoop | Whoop | Y Yes N No U Unknown | Y=Yes N=No U=Unknown | pertussis: | whoopCough | PRT004 Did the patient have whoop? |
| 14 | 12 | XRAY | Complications | Chest X-Ray for pneumonia | Result of chest X-ray for pneumonia | P Positive N Negative X Not Done U Unknown | P=Positive N=Negative X=Not Done U=Unknown | pertussis: | pneumonia | PRT011 Result chest X-ray for pneumonia |
| 28 | | | | | | | | | bordetellaPertussisCulture | PRT089 Bordetella Pertussis Culture? |
| 31 | | | | | | | | | otherLaboratoryTestingDone. | PRT081 Was other laboratory testing done? |
| 32 | | | | | | | | | otherLabTestName | PRT082 Specify other test. |
| 35 | | | | | | | | | bordetellaPertussisSerology1 | PRT090 Bordetella Pertussis Serology #1? |
| 38 | | | | | | | | | bordetellaPertussisSerology2 | PRT091 Bordetella Pertussis Serology #2? |
| 40 | | | | | | | | | bordetellaPertussisSerology2Result | PRT038 Bordetella Pertussis Serology #2 Result |
| 41 | | | | | | | | | bordetellaPertussisPcrSpecimen | PRT092 Bordetella Pertussis PCR Specimen? |

PERTUSSIS

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|----|--|--|--|--|--|---------------------|--|--|--------------------------------|---|
| 44 | | | | | | | | | specimenSentToCdcForGenotyping | PRT093 Were clinical specimens sent to CDC for genotyping (molecular typing)? |
| 45 | | | | | | | | | dateForGenotyping | PRT094 Date specimens sent for genotyping |
| 46 | | | | | | | | | specimenType | PRT102 Genotyping Specimen Type |
| 49 | | | | | | | | | otherReasonNotVaccinated | PRT104 If not vaccinated, give reason. |
| 53 | | | | | | | | | dosesTwoWeeksBeforeIllness | PRT105 Doses Pertussis Vaccine 2 Weeks Before Illness |
| 75 | | | | | | Confirmation method | | | confirmationMethod | PRT085 Pertussis Confirmation Method |
| 80 | | | | | | | | | suspectedSource | PRT070 Were there one or more suspected sources of infection? |
| 81 | | | | | | | | | numberOfSuspectedSources | PRT071 Number of suspected sources of infection |
| 82 | | | | | | | | | age | PRT074 Suspected Source of Infection Age |
| 83 | | | | | | | | | pertussisAgeUnit | PRT075 Suspected Source of Infection Age (unit) |
| 84 | | | | | | | | | sex | PRT076 Suspected Source of Infection Sex |
| 85 | | | | | | | | | relationship | PRT077 Suspected Source of Infection Relationship to Case |
| 86 | | | | | | | | | other | PRT078 Other Suspected Source of Infection Relationship to Case |
| 87 | | | | | | | | | dosesOfVaccineReceived | PRT087 How many doses of pertussis-containing vaccine has this suspected source received? |
| 88 | | | | | | | | | coughOnsetDate | PRT088 Estimated cough onset date of this source |

PERTUSSIS

| Original Order | NETSS Entry Screen Order | NEDSS Section Instructions from UI | NEDSS Prompt From UI | NEDSS Unique ID for Prompt | NEDSS Description (Full Question or Data Entry Instructions) From Page Specs. | NEDSS Description | SRT | Applicable Condition Codes | ADS Column.table | Metadata/ Comments | Comments |
|----------------|--------------------------|------------------------------------|---|----------------------------|---|--|--------------|----------------------------|---------------------------------------|--|--|
| 20 | 18 | Treatment | Were antibiotics given? | PRT020 | Were antibiotics given to the patient? | Were antibiotics given to the patient? | YNU | 10190 | Obs_value_coded.code | | |
| 9 | 7 | | Apnea | PRT006 | Did the patient's illness include the symptom of apnea? | Did the patient's illness include the symptom of apnea? | YNU | 10190 | Obs_value_coded.code | | |
| 13 | 11 | | N/A | | | CDC Clinical Definition met | N/A | 10190 | | NEDSS does not currently support this question. If State requires the data migrated, create a | Not available in NEDSS |
| 89 | 65 | | Number of contacts of this case recommended to receive antibiotic prophylaxis | PRT080 | Number of contacts of this case recommended to receive antibiotic prophylaxis | Number of contacts of this case recommended to receive antibiotic prophylaxis | | 10190 | Obs_value_numeric.numeric_value_1 | | Antibiotics (NETSS) vs. antibiotic prophylaxis (NEDSS) |
| 4 | 2 | Clinical/Symptoms | Did patient have a cough? | PRT001 | Did the patient's illness include the symptom of cough? | Did the patient's illness include the symptom of cough? | YNU | 10190 | Obs_value_coded.code | | |
| 11 | 9 | | Did the patient have a cough at final interview? | PRT008 | Was there a cough at the patient's final interview? | Was there a cough at the patient's final interview? | YNU | 10190 | Obs_value_coded.code | | |
| 29 | 26 | | Bordetella pertussis culture result | PRT031 | Bordetella pertussis culture result | Bordetella pertussis culture result | PER_LAB_RSLT | 10190 | Obs_value_coded.code | | Any other culture besides bordetella pertussis? There is an additional question (PRT089) asking about whether the culture is bordetella pertussis in NEDSS. |
| 30 | 27 | | Culture date | PRT030 | Date that the bordetella pertussis culture was taken | Date that the bordetella pertussis culture was taken | | 10190 | ObsValueDate.fromTime | | |
| 34 | 29 | | N/A | N/A | | Date of other test | | 10190 | Obs_value_coded.code | If DFARES or DATEDFA have data, THEN auto-populate 1. PRT081 to "Yes", 2. PRT082 to "DFA" | Not available in NEDSS |
| 22 | 20 | | Start date | PRT023 | Date the patient first started taking the antibiotic | Date the patient first started taking the antibiotic | | 10190 | ObsValueDate.fromTime | This is a reoccurring element for the antibiotic table. | |
| 72 | 58 | | Earliest date reported to county public health system. | INV120 or INV121 | Earliest date reported to county public health system. or | Earliest date reported to state public health system. | | 10190 | Public_health_case.rpt_to_state_time | If mapping conflicts with mapping of EVENTDATE (as with EVENTTYPE = 4 or 5), then DATEHEAL will supercede EVENTDATE. | Choose the appropriate XML element for the date contained in DATEHEAL (either earliest date reported to state or to county). This depends on the State's practice. |
| 73 | 59 | | Investigation start date | INV147 | The date the investigation was started or initiated. | The date the investigation was started or initiated. | | 10190 | Public_health_case.activity_from_time | If mapping conflicts with mapping of EVENTDATE (as with EVENTTYPE = 9), then DATEINVE will | |
| 43 | 34 | | PCR specimen date | PRT040 | Bordetella pertussis PCR specimen date | Bordetella pertussis PCR specimen date | | 10190 | ObsValueDate.fromTime | | |
| 25 | 23 | | Start date | PRT023 | Date the patient first started taking the antibiotic | Date the patient first started taking the antibiotic | | 10190 | ObsValueDate.fromTime | This is a reoccurring element for the antibiotic table. | |
| 23 | 21 | | Number of days antibiotic actually took the antibiotic referenced | PRT024 | Number of days the patient actually took the antibiotic referenced | Number of days the patient actually took the antibiotic referenced | | 10190 | Obs_value_numeric.numeric_value_1 | This is a reoccurring element for the antibiotic table. | |
| 18 | 16 | | Total duration of stay within hospital | INV134 | Total duration of stay within hospital | Duration of stay at the hospital for the condition covered by the investigation. | | 10190 | Obs_value_numeric.numeric_value_1 | durationOfStay | |
| 26 | 24 | | Number of days antibiotic actually took the antibiotic referenced | PRT024 | Number of days the patient actually took the antibiotic referenced | Number of days the patient actually took the antibiotic referenced | | 10190 | Obs_value_numeric.numeric_value_1 | This is a reoccurring element for the antibiotic table. | |
| 33 | 28 | | N/A | N/A | | Specify other test | | 10190 | Obs_value_txt.value.txt | If DFARES or DATEDFA has data, THEN auto-populate: 1. PRT081 to "Yes", 2. PRT082 to "DFA", | Not available in NEDSS |

PERTUSSIS

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|----|----|--|--|--------|---|---|----------------|-------|--|--|---|
| 19 | 17 | | Did the patient die from pertussis or complications associated with pertussis? | PRT103 | Did the patient die from pertussis or complications (including secondary infection) associated with pertussis? | Did the patient die from pertussis or complications of pertussis? | YNU | 10190 | Public_health_case.outcome_cd | | |
| 50 | 56 | | Number of doses of pertussis-containing vaccine given | PRT046 | Number of doses of pertussis-containing vaccine given | Number of doses of pertussis-containing vaccine given | P_VAC_DOSE_NUM | 10190 | Obs_value_coded.code | | There are 4 types of vaccines counted in NETSS. However, NEDSS may include other vaccines outside of the limit of the 4 types listed. |
| 12 | 10 | | Total cough duration | PRT009 | What was the duration (in days) of the patient's cough? | What was the duration (in days) of the patient's cough? | | 10190 | Obs_value_numeric.numeric_value_1 | | |
| 16 | 14 | | Did the patient have acute encephalopathy? | PRT013 | Did the patient have acute encephalopathy due to pertussis | Did the patient have acute encephalopathy due to pertussis | YNU | 10190 | Obs_value_coded.code | | |
| 74 | 60 | | Is this case epi linked to a laboratory confirmed case | PRT060 | Is this case epi-linked to a laboratory-confirmed case? | Is this case epi-linked to a laboratory-confirmed case? | YNU | 10190 | Obs_value_coded.code | | |
| 10 | 8 | | Date of final interview | PRT007 | Date of the patient's final interview | Date of the patient's final interview | | 10190 | ObsValueDate.fromTime | | |
| 37 | 31 | | Serology #1 date | PRT033 | Bordetella pertussis serology #1 date | Bordetella pertussis serology #1 date | | 10190 | ObsValueDate.fromTime | | |
| 21 | 19 | | Antibiotic | PRT021 | What antibiotic did the patient receive? | What antibiotic did the patient receive? | PER_ANTIBIOTIC | 10190 | Obs_value_coded.code | | |
| 17 | 15 | | Was the patient hospitalized for this illness? | INV128 | Was the patient hospitalized as a result of this event? | Was patient admitted to hospital? | YNU | 10190 | Obvs_value_coded | wasPatientHospitalized | |
| 47 | 35 | | | | | What method was used to classify the case status? | NIP_CONF_M | 10190 | Confirmation_method.confirmation_method_cd | IF LABCONF = 'Y' THEN set PRT085 to 'Laboratory Confirmed' IF LABCONF = 'N', THEN NO DATA WILL | |
| 27 | 25 | | Was laboratory testing for pe | PRT029 | Was laboratory testing done for pertussis? | Was laboratory testing done for pertussis? | YNU | 10190 | Obs_value_coded.code | | |
| 52 | 37 | | Date of last pertussis containing vaccine before illness | PRT045 | Date of last pertussis-containing vaccine before illness | Date of last pertussis-containing vaccine before illness | | 10190 | ObsValueDate.fromTime | | |
| 5 | 3 | | Cough onset date | PRT002 | Cough onset date | Cough onset date | | 10190 | ObsValueDate.fromTime | | |
| 77 | 62 | | Outbreak Name | INV151 | A name assigned to an individual outbreak. State assigned in SRT. Should show only those outbreaks for the program area of the investigation. | A name assigned to an individual outbreak. State assigned. | | 10190 | Public_health_case.outbreak_name | Outbreak name will be migrated according to state-specific requirements. Also, need to reference OUTBREAKAS from | |
| 76 | 61 | | Is this case part of a cluster or outbreak? | PRT062 | Is this case part of a cluster or outbreak (e.g. total is 2 or more cases)? | Is this case part of a cluster or outbreak (e.g. total is 2 or more cases)? | YNU | 10190 | Public_health_case.outbreak_ind | the Core when | |
| 6 | 4 | | Paroxysmal cough | PRT003 | Did the patient's illness include the symptom of paroxysmal cough? | Did the patient's illness include the symptom of paroxysmal cough? | YNU | 10190 | Obs_value_coded.code | | |

PERTUSSIS

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|----|----|--|--|-------------------------------|---|--|----------------|-------|--|--|---|
| 42 | 33 | | Bordetella pertussis PCR spe | PRT041 | Bordetella pertussis PCR result | Bordetella pertussis PCR result | PER_LAB_RSLT | 10190 | Obs_value_coded.code | | |
| 51 | 57 | | Give reason if not vaccinated | PRT047 | Give reason if not vaccinated with 3 or more doses of pertussis-containing vaccine | Give reason if not vaccinated with 3 or more doses of pertussis-containing vaccine | VAC_NOTG_RSN | 10190 | Obs_value_coded.code | | |
| 24 | 22 | | Antibiotic | PRT021 | What antibiotic did the patient receive? | What antibiotic did the patient receive? | PER_ANTIBIOTIC | 10190 | Obs_value_coded.code | | |
| 39 | 32 | | Serology #2 date | PRT037 | Bordetella pertussis serology #2 date | Bordetella pertussis serology #2 date | | 10190 | ObsValueDate.fromTime | | |
| 15 | 13 | | Did the patient have generalized or focal seizures due to pertussis? | PRT012 | Did the patient have generalized or focal seizures due to pertussis? | Did the patient have generalized or focal seizures due to pertussis? | YNU | 10190 | Obs_value_coded.code | | |
| 36 | 30 | | Bordetella pertussis serology | PRT033 | Bordetella pertussis serology #1 result | Bordetella pertussis serology #1 result | PER_LAB_RSLT | 10190 | Obs_value_coded.code | | Does serology result refer to the result of first specimen or the second specimen in NETSS? |
| 79 | 64 | | What was the new setting (outside the household) for transmission of pertussis from this case? | PRT068 | What was the new setting (outside of the household) for transmission of pertussis from this case? | What is the setting for spread of this case outside the household? | PHC_TRAN_SETNG | 10190 | Obs_value_coded.code | | text field |
| 2 | 1 | | State Case ID | INV173 | Stae use this field to link NEDSS (NETSS) investigations back to their own state investigations | N/A | N/A | 10190 | N/A | STATEID mapped to DMDF because NETSS 'ID' is mapped to stateCaseID for data migration (see ID NETSS Variable Name in Core Section). | Need to follow up with CSC. |
| 78 | 63 | | Transmission setting | PRT065 | Transmission setting (Where did this case acquire pertussis?) | Transmission setting (Where did this case acquire pertussis?) PRT065 | PHC_TRAN_SETNG | 10190 | Public_health_case.transmission_mod_cd | | |
| 55 | 39 | | Vaccine Administered | VAC101 (Vaccine Administered) | The type of vaccine administered, (I.E. MMR, DaPT,HepB). Use CVX codes, HL7 Table 0292. | The type of vaccine administered. | VAC_NM | 10190 | Material.nm | Part of Repeating Block (vaccination). EACH vaccine given is sent in the notification as its own VaccineEvent. "O" and "U" will be transformed and passed as 'Other Pertussis' and | |

PERTUSSIS

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|----|----|--|--|------------------------------------|---|---|--------|-------|---------------------------------|--|---|
| 58 | 42 | | Vaccine Administered | VAC101 (Vaccine Administered) | The type of vaccine administered, (I.E, MMR, DaPT,HepB). Use CVX codes, HL7 Table 0292. | The type of vaccine administered. | VAC_NM | 10190 | Material.nm | Part of Repeating Block (vaccination). EACH vaccine given is sent in the notification as its own VaccineEvent. "O" and "U" will be transformed and passed as 'Other Pertussis' and | |
| 61 | 45 | | Vaccine Administered | VAC101 (Vaccine Administered) | The type of vaccine administered, (I.E, MMR, DaPT,HepB). Use CVX codes, HL7 Table 0292. | The type of vaccine administered. | VAC_NM | 10190 | Material.nm | Part of Repeating Block (vaccination). EACH vaccine given is sent in the notification as its own VaccineEvent. "O" and "U" will be transformed and passed as 'Other Pertussis' and | |
| 64 | 48 | | Vaccine Administered | VAC101 (Vaccine Administered) | The type of vaccine administered, (I.E, MMR, DaPT,HepB). Use CVX codes, HL7 Table 0292. | The type of vaccine administered. | VAC_NM | 10190 | Material.nm | Part of Repeating Block (vaccination). EACH vaccine given is sent in the notification as its own VaccineEvent. "O" and "U" will be transformed and passed as 'Other Pertussis' and | |
| 67 | 51 | | Vaccine Administered | VAC101 (Vaccine Administered) | The type of vaccine administered, (I.E, MMR, DaPT,HepB). Use CVX codes, HL7 Table 0292. | The type of vaccine administered. | VAC_NM | 10190 | Material.nm | Part of Repeating Block (vaccination). EACH vaccine given is sent in the notification as its own VaccineEvent. "O" and "U" will be transformed and passed as 'Other Pertussis' and | |
| 70 | 54 | | Vaccine Administered | VAC101 (Vaccine Administered) | The type of vaccine administered, (I.E, MMR, DaPT,HepB). Use CVX codes, HL7 Table 0292. | The type of vaccine administered. | VAC_NM | 10190 | Material.nm | Part of Repeating Block (vaccination). EACH vaccine given is sent in the notification as its own VaccineEvent. "O" and "U" will be transformed and passed as 'Other Pertussis' and | |
| 48 | 36 | | Did the patient received a pertussis containing vaccine? | PRT044 | Did the patient ever receive a pertussis-containing vaccine? | Did the patient ever receive a pertussis-containing vaccine? | YNU | 10190 | Obs_value_coded.code | | DTP (3-in-1) |
| 54 | 38 | | Vaccine Date | VAC103 (Vaccine Administered Date) | The date that the vaccine was administered. | The date that the vaccine was administered. 1 st vaccine event | | 10190 | Intervention.activity_from_time | Part of Repeating Block (vaccination). EACH vaccine given is sent in the notification as its own Vaccine | 1st vaccine record. Pertussis and/or diphtheria vaccine = pertussis (DTP) |
| 57 | 41 | | Vaccine Date | VAC103 (Vaccine Administered Date) | The date that the vaccine was administered. | The date that the vaccine was administered. 1 st vaccine event | | 10190 | Intervention.activity_from_time | Part of Repeating Block (vaccination). EACH vaccine given is sent in the notification as its own Vaccine | 2nd vaccine record |
| 60 | 44 | | Vaccine Date | VAC103 (Vaccine Administered Date) | The date that the vaccine was administered. | The date that the vaccine was administered. 1 st vaccine event | | 10190 | Intervention.activity_from_time | Part of Repeating Block (vaccination). EACH vaccine given is sent in the notification as its own Vaccine | 3rd vaccine record |
| 63 | 47 | | Vaccine Date | VAC103 (Vaccine Administered Date) | The date that the vaccine was administered. | The date that the vaccine was administered. 1 st vaccine event | | 10190 | Intervention.activity_from_time | Part of Repeating Block (vaccination). EACH vaccine given is sent in the notification as its own Vaccine | 4th vaccine record |
| 66 | 50 | | Vaccine Date | VAC103 (Vaccine Administered Date) | The date that the vaccine was administered. | The date that the vaccine was administered. 1 st vaccine event | | 10190 | Intervention.activity_from_time | Part of Repeating Block (vaccination). EACH vaccine given is sent in the notification as its own Vaccine | 5th vaccine record |
| 69 | 53 | | Vaccine Date | VAC103 (Vaccine Administered Date) | The date that the vaccine was administered. | The date that the vaccine was administered. 1 st vaccine event | | 10190 | Intervention.activity_from_time | Part of Repeating Block (vaccination). EACH vaccine given is sent in the notification as its own Vaccine | 6th vaccine record |

PERTUSSIS

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|----|----|------------------------|------------------------------|-------------------------------|---|---|----------------|-------|-------------------------|---|
| 56 | 40 | | N/A | VAC107 (Vaccine Manufacturer) | Manufacturer of Vaccine | Vaccine Manufacturer | VAC_MFGR | 10190 | | Part of Repeating Block (vaccination). Based on receipt of this value, will create an Organization. |
| 59 | 43 | | N/A | VAC107 (Vaccine Manufacturer) | Manufacturer of Vaccine | Vaccine Manufacturer | VAC_MFGR | 10190 | | Part of Repeating Block (vaccination). Based on receipt of this value, will create an Organization. |
| 62 | 46 | | N/A | VAC107 (Vaccine Manufacturer) | Manufacturer of Vaccine | Vaccine Manufacturer | VAC_MFGR | 10190 | | Part of Repeating Block (vaccination). Based on receipt of this value, will create an Organization. |
| 65 | 49 | | N/A | VAC107 (Vaccine Manufacturer) | Manufacturer of Vaccine | Vaccine Manufacturer | VAC_MFGR | 10190 | | Part of Repeating Block (vaccination). Based on receipt of this value, will create an Organization. |
| 68 | 52 | | N/A | VAC107 (Vaccine Manufacturer) | Manufacturer of Vaccine | Vaccine Manufacturer | VAC_MFGR | 10190 | | Part of Repeating Block (vaccination). Based on receipt of this value, will create an Organization. |
| 71 | 55 | | N/A | VAC107 (Vaccine Manufacturer) | Manufacturer of Vaccine | Vaccine Manufacturer | VAC_MFGR | 10190 | | Part of Repeating Block (vaccination). Based on receipt of this value, will create an Organization. |
| 8 | 6 | | Posttussive vomiting? | PRT005 | Did the patient's illness include the symptom of post-tussive vomiting? | Did the patient's illness include the symptom of post-tussive vomiting? | YNU | 10190 | Obs_value_coded.code | |
| 7 | 5 | | Whoop | PRT004 | Did the patient's illness include the symptom of whoop? | Did the patient's illness include the symptom of whoop? | YNU | 10190 | Obs_value_coded.code | |
| 14 | 12 | Clinical/Complications | Result of chest X-ray for pn | PRT011 | Result of chest x-ray for pneumonia | Result of chest x-ray for pneumonia | PER_CHEST_XRAY | 10190 | Obs_value_coded.code | |
| 28 | | | | | | Was Bordetella Pertussis culture taken? | YNU | | Obs_value_coded.code | Default PRT089 to 'Y' when a value is supplied for PRT030 or PRT031. |
| 31 | | | | | | Was other laboratory testing done for Pertussis? | YNU | | Obs_value_coded.code | PRT081 is the Parent to PRT082, PRT083 and PRT084. Default PRT081 to 'Y' when a value is supplied for PRT082, PRT083 or PRT084. |
| 32 | | | | | | Specify other lab test | | | Obs_value_txt.value.txt | Default PRT082 to "DFA" when a value is supplied for PRT083 or PRT084. |
| 35 | | | | | | Was Bordetella pertussis serology #1 done? | YNU | | Obs_value_coded.code | Default PRT090 to 'Y' when a value is supplied for PRT033 or PRT034. |
| 38 | | | | | | Was Bordetella Pertussis Serology #2 done? | YNU | | Obs_value_coded.code | Default PRT091 to 'Y' when a value is supplied for PRT037. |
| 40 | | | | | | Bordetella pertussis serology #2 result | PER_LAB_RSLT | | | |
| 41 | | | | | | Was Bordetella Pertussis PCR specimen taken? | | | Obs_value_coded.code | Default PRT092 to 'Y' when a value is supplied for PRT041 or PRT040. |

PERTUSSIS

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|----|--|--|--|--|--|----------------|--|--|--|
| 44 | | | | | Were clinical specimens sent to CDC for genotyping (molecular typing)? | YNU | | Obs_value_coded.code | |
| 45 | | | | | Date clinical specimens sent to CDC for genotyping | | | Obs_value_date.from_time | |
| 46 | | | | | The type of specimen that was sent to the CDC for genotyping. | | | Obs_value_txt.value_txt | |
| 49 | | | | | If the patient was not vaccinated with pertussis-containing vaccine, give reason. | VAC_NOTG_RSN | | Obs_value_coded.code | |
| 53 | | | | | How many doses of pertussis-containing vaccine were given 2 weeks or more before illness onset? | P_VAC_DOSE_NUM | | Obs_value_coded.code | |
| 75 | | | | | Confirmation method (Multi-select do not erase other selections) | NIP_CONF_M | | Confirmation_method.confirmation_method_cd | |
| 80 | | | | | Were there one or more suspected sources of infection? A suspected source is another person with a cough who was in contact with the case 7-20 days before the case's cough. | YNU | | Obs_value_coded.code | |
| 81 | | | | | Number of suspected sources of infection | | | Obs_value_numeric.numeric_value_1 | |
| 82 | | | | | Suspected source of infection age | | | Obs_value_numeric.numeric_value_1 | |
| 83 | | | | | Suspected source of infection age type (unit) | AGE_UNIT | | Obs_value_coded.code | |
| 84 | | | | | Suspected source of infection sex | | | Obs_value_coded.code | |
| 85 | | | | | Suspected source of infection relationship to case | PER_REL_TY | | Obs_value_coded.code | |
| 86 | | | | | Suspected source of infection relationship to case (Other) | | | Obs_value_txt.value_txt | |
| 87 | | | | | How many doses of pertussis-containing vaccine has the suspected source received? | P_VAC_DOSE_NUM | | Obs_value_coded.code | |
| 88 | | | | | Estimated cough onset date of suspected source of infection Required Attribute: No | | | Obs_value_date.from_date | |

NETSS CODES TO NEDSS SRT CODE MAPPING FOR : PERTUSSIS

| NETSS VARIABLE | CONTEXT OF CODE (SHORT NETSS QUESTION) | NETSS ORIGINAL VALUE | NETSS CODE DESCRIPTION | NETSS COMMENTS | SRT_TABLE_NM | CODE_SET_NM | CODE | CODE_DESC_TXT | CODE_SHORT_DESC_TXT | NETSS COMMENTS | NETSS - NEDSS DISCREPANCY |
|----------------|---|----------------------|------------------------|-----------------|--------------------|----------------|------|---------------|---------------------|----------------|---------------------------|
| STATEID | STATE ID | | | NOT CODED VALUE | | | | | | | |
| ZIPCODE | ZIP CODE OF RESIDENCE AT TIME OF ILLNESS | | | NOT CODED VALUE | | | | | | | |
| COUGH | ANY COUGH? (CLINICAL DATA) | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| COUGH | ANY COUGH? (CLINICAL DATA) | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| COUGH | ANY COUGH? (CLINICAL DATA) | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| ONSET | COUGH ONSET (CLINICAL DATA) | date | | NOT CODED VALUE | | | | date | | | |
| PAROXYSM | PAROXYSMAL COUGH? (CLINICAL DATA) | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| PAROXYSM | PAROXYSMAL COUGH? (CLINICAL DATA) | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| PAROXYSM | PAROXYSMAL COUGH? (CLINICAL DATA) | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| WHOOP | WHOOP? (CLINICAL DATA) | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| WHOOP | WHOOP? (CLINICAL DATA) | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| WHOOP | WHOOP? (CLINICAL DATA) | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| VOMIT | POST-TUSSIVE VOMITING? (CLINICAL DATA) | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| VOMIT | POST-TUSSIVE VOMITING? (CLINICAL DATA) | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| VOMIT | POST-TUSSIVE VOMITING? (CLINICAL DATA) | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| APNEA | APNEA? (CLINICAL DATA) | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| APNEA | APNEA? (CLINICAL DATA) | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| APNEA | APNEA? (CLINICAL DATA) | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| FINALINT | FINAL INTERVIEW DATE - ENTER LATEST INTERVIEW DATE (CLINICAL DATA) | date | | NOT CODED VALUE | | | | date | | | |
| COUGHFIN | COUGH AT FINAL INTERVIEW - STILL COUGHING AT TIME OF FINAL INTERVIEW? (CLINICAL DATA) | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| COUGHFIN | COUGH AT FINAL INTERVIEW - STILL COUGHING AT TIME OF FINAL INTERVIEW? (CLINICAL DATA) | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| COUGHFIN | COUGH AT FINAL INTERVIEW - STILL COUGHING AT TIME OF FINAL INTERVIEW? (CLINICAL DATA) | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| DURCOUGH | DURATION OF COUGH AT FINAL INTERVIEW - "ENTER TOTAL DAYS OF COUGH OR BEST ESTIMATE" | numeric | | NOT CODED VALUE | | | | numeric | | D (DAYS) | |
| CLINDEF | WAS CDC CLINICAL CASE DEFINITION MET? (CLINICAL DATA) | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| CLINDEF | WAS CDC CLINICAL CASE DEFINITION MET? (CLINICAL DATA) | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| CLINDEF | WAS CDC CLINICAL CASE DEFINITION MET? (CLINICAL DATA) | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| XRAY | CHEST XRAY FOR PNEUMONIA (COMPLICATIONS) | P | POSITIVE | | CODE_VALUE_GENERAL | PER_CHEST_XRAY | P | POSITIVE | POSITIVE | | |
| XRAY | CHEST XRAY FOR PNEUMONIA (COMPLICATIONS) | N | NEGATIVE | | CODE_VALUE_GENERAL | PER_CHEST_XRAY | N | NEGATIVE | NEGATIVE | | |
| XRAY | CHEST XRAY FOR PNEUMONIA (COMPLICATIONS) | X | NOT DONE | | CODE_VALUE_GENERAL | PER_CHEST_XRAY | ND | NOT DONE | NOT DONE | | |

NETSS CODES TO NEDSS SRT CODE MAPPING FOR : PERTUSSIS

| NETSS VARIABLE | CONTEXT OF CODE (SHORT NETSS QUESTION) | NETSS ORIGINAL VALUE | NETSS CODE DESCRIPTION | NETSS COMMENTS | SRT_TABLE_NM | CODE_SET_NM | CODE | CODE_DESC_TXT | CODE_SHORT_DESC_TXT | NEDSS COMMENTS | NETSS - NEDSS DISCREPANCY |
|----------------|---|----------------------|--|-----------------|--------------------|----------------|----------|--|--|---|--|
| XRAY | CHEST XRAY FOR PNEUMONIA (COMPLICATIONS) | U | UNKNOWN | | CODE_VALUE_GENERAL | PER_CHEST_XRAY | UNK | UNKNOWN | UNKNOWN | | |
| SEIZURES | GENERALIZED OR FOCAL SEIZURES DUE TO PERTUSSIS? (COMPLICATIONS) | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| SEIZURES | GENERALIZED OR FOCAL SEIZURES DUE TO PERTUSSIS? (COMPLICATIONS) | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| SEIZURES | GENERALIZED OR FOCAL SEIZURES DUE TO PERTUSSIS? (COMPLICATIONS) | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| ENCEPHAL | ACUTE ENCEPHALOPATHY DUE TO PERTUSSIS? (COMPLICATIONS) | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| ENCEPHAL | ACUTE ENCEPHALOPATHY DUE TO PERTUSSIS? (COMPLICATIONS) | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| ENCEPHAL | ACUTE ENCEPHALOPATHY DUE TO PERTUSSIS? (COMPLICATIONS) | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| HOSPITAL | HOSPITALIZED? (COMPLICATIONS) | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| HOSPITAL | HOSPITALIZED? (COMPLICATIONS) | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| HOSPITAL | HOSPITALIZED? (COMPLICATIONS) | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| DAYSHOSP | DAYS HOSPITALIZED (COMPLICATIONS) | numeric | | NOT CODED VALUE | | | | numeric | | D (DAYS) | |
| DIED | DIED? (COMPLICATIONS) | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| DIED | DIED? (COMPLICATIONS) | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| DIED | DIED? (COMPLICATIONS) | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| ANTIBIOT | WERE ANTIBIOTICS GIVEN? (TREATMENT) | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| ANTIBIOT | WERE ANTIBIOTICS GIVEN? (TREATMENT) | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| ANTIBIOT | WERE ANTIBIOTICS GIVEN? (TREATMENT) | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| FIRSTANT | FIRST ANTIBIOTIC PATIENT RECEIVED (TREATMENT) | 1 | ERYTHROMYCIN (INCLUDING PEDIAZOLE) | | CODE_VALUE_GENERAL | PER_ANTIBIOTIC | C0014806 | ERYTHROMYCIN | ERYTHROMYCIN | | |
| FIRSTANT | FIRST ANTIBIOTIC PATIENT RECEIVED (TREATMENT) | 2 | COTRIMOXAAZOLE (BACTRIM/SEPTRA) | | CODE_VALUE_GENERAL | PER_ANTIBIOTIC | | COTRIMOXAAZOLE (BACTRIM/SEPTRA) | COTRIMOXAAZOLE (BACTRIM/SEPTRA) | NOT CROSS-REFERENCED | No cotrimoxazole, Bactrim, Septra on SRT |
| FIRSTANT | FIRST ANTIBIOTIC PATIENT RECEIVED (TREATMENT) | 3 | CLARITHROMYCIN /AZITHROMYCIN | | CODE_VALUE_GENERAL | PER_ANTIBIOTIC | | CLARITHROMYCIN/ AZITHROMYCIN | CLARITHROMYCIN/ AZITHROMYCIN | the drugs are split up on the SRT C0052796=AZITHROMYCIN C0055856=CLARITHROMYCIN | |
| FIRSTANT | FIRST ANTIBIOTIC PATIENT RECEIVED (TREATMENT) | 4 | TETRACYCLINE/ DOXYCYCLINE | | CODE_VALUE_GENERAL | PER_ANTIBIOTIC | | TETRACYCLINE/ DOXYCYCLINE | TETRACYCLINE/ DOXYCYCLINE | the drugs are split up on the SRT C0039644=TETRACYCLINE C0013090=DOXYCYCLINE | |
| FIRSTANT | FIRST ANTIBIOTIC PATIENT RECEIVED (TREATMENT) | 5 | AMOXICILLIN/ PENICILLIN/ AMPICILLIN/ AGUMENTIN/ CECLOR | | CODE_VALUE_GENERAL | PER_ANTIBIOTIC | | AMOXICILLIN/ PENICILLIN/ AMPICILLIN/ AGUMENTIN/ CECLOR | AMOXICILLIN/ PENICILLIN/ AMPICILLIN/ AGUMENTIN/ CECLOR | the drugs are split up on the SRT C0002645=AMOXICILLIN C0220892=PENICILLIN C0002680=AMPICILLIN No Code For AGUMENTIN and CECLOR | |
| FIRSTANT | FIRST ANTIBIOTIC PATIENT RECEIVED (TREATMENT) | 6 | OTHER | | CODE_VALUE_GENERAL | PER_ANTIBIOTIC | C0205394 | OTHER | OTHER | | |

NETSS CODES TO NEDSS SRT CODE MAPPING FOR : PERTUSSIS

| NETSS VARIABLE | CONTEXT OF CODE (SHORT NETSS QUESTION) | NETSS ORIGINAL VALUE | NETSS CODE DESCRIPTION | NETSS COMMENTS | SRT_TABLE_NM | CODE_SET_NM | CODE | CODE_DESC_TXT | CODE_SHORT_DESC_TXT | NETSS COMMENTS | NETSS - NEDSS DISCREPANCY |
|----------------|--|----------------------|--|-----------------|--------------------|----------------|----------|--------------------------|--------------------------|--|---|
| FIRSTANT | FIRST ANTIBIOTIC PATIENT RECEIVED (TREATMENT) | 9 | UNKNOWN | | CODE_VALUE_GENERAL | PER_ANTIBIOTIC | C0439673 | UNKNOWN | UNKNOWN | | |
| DATEFIR | DATE FIRST STARTED - DATE FIRST ANTIBIOTIC STARTED (TREATMENT) | date | | NOT CODED VALUE | | | | date | | | |
| DAYSFIR | NUMBER OF DAYS FIRST ANTIBIOTIC ACTUALLY TAKEN (TREATMENT) | numeric | | NOT CODED VALUE | | | | numeric | | D (DAYS) | |
| SECONDAN | SECOND ANTIBIOTIC PATIENT RECEIVED (TREATMENT) | 1 | ERYTHROMYCIN (INCLUDING PEDIAZOLE) | | CODE_VALUE_GENERAL | PER_ANTIBIOTIC | C0014806 | ERYTHROMYCIN | ERYTHROMYCIN | | |
| SECONDAN | SECOND ANTIBIOTIC PATIENT RECEIVED (TREATMENT) | 2 | COTRIMOXAZOLE (BACTRIM/SEPTRA) | | CODE_VALUE_GENERAL | PER_ANTIBIOTIC | | NO COMPARISON | | NOT CROSS-REFERENCED | No cotrimoxazole, Bactrim, Septra on SRT - treat as LDF |
| SECONDAN | SECOND ANTIBIOTIC PATIENT RECEIVED (TREATMENT) | 3 | CLARITHROMYCIN /AZITHROMYCIN | | CODE_VALUE_GENERAL | PER_ANTIBIOTIC | C0055856 | CLARITHROMYCIN | CLARITHROMYCIN | the drugs are split up on the SRT C0052796=AZITHROMYCIN C0055856=CLARITHROMYCIN | treat as LDF |
| SECONDAN | SECOND ANTIBIOTIC PATIENT RECEIVED (TREATMENT) | 4 | TETRACYCLINE/ DOXYCYCLINE | | CODE_VALUE_GENERAL | PER_ANTIBIOTIC | C0052796 | | | the drugs are split up on the SRT C0038644=TETRACYCLINE C0013090=DOXYCYCLINE | treat as LDF |
| SECONDAN | SECOND ANTIBIOTIC PATIENT RECEIVED (TREATMENT) | 5 | AMOXICILLIN/ PENICILLIN/ AMPICILLIN/ AGUMENTIN/ CECLOR | | CODE_VALUE_GENERAL | PER_ANTIBIOTIC | C0002645 | AMOXICILLIN | AMOXICILLIN | the drugs are split up on the SRT C0002645=AMOXICILLIN C0020892=PENICILLIN C0002680=AMPICILLIN No Code For AGUMENTIN and CECLOR | treat as LDF |
| SECONDAN | SECOND ANTIBIOTIC PATIENT RECEIVED (TREATMENT) | 6 | OTHER | | CODE_VALUE_GENERAL | PER_ANTIBIOTIC | C0205394 | OTHER | OTHER | | |
| SECONDAN | SECOND ANTIBIOTIC PATIENT RECEIVED (TREATMENT) | 9 | UNKNOWN | | CODE_VALUE_GENERAL | PER_ANTIBIOTIC | C0439673 | UNKNOWN | UNKNOWN | | |
| DATESEC | DATE SECOND STARTED - DATE SECOND ANTIBIOTIC STARTED (TREATMENT) | date | | NOT CODED VALUE | | | | date | | | |
| DAYSSEC | NUMBER OF DAYS SECOND ANTIBIOTIC ACTUALLY TAKEN (TREATMENT) | numeric | | NOT CODED VALUE | | | | numeric | | D (DAYS) | |
| LABTEST | WAS LABORATORY TESTING FOR PERTUSSIS DONE? (LABORATORY) | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| LABTEST | WAS LABORATORY TESTING FOR PERTUSSIS DONE? (LABORATORY) | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| LABTEST | WAS LABORATORY TESTING FOR PERTUSSIS DONE? (LABORATORY) | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| CULRES | CULTURE RESULT (LABORATORY) | I | INDETERMINATE | | CODE_VALUE_GENERAL | PER_LAB_RSLT | I | Indeterminate | Indeterminate | | |
| CULRES | CULTURE RESULT (LABORATORY) | X | NOT DONE | | CODE_VALUE_GENERAL | PER_LAB_RSLT | ND | Not Done | Not Done | | |
| CULRES | CULTURE RESULT (LABORATORY) | N | NEGATIVE | | CODE_VALUE_GENERAL | PER_LAB_RSLT | N | Negative | Negative | | |
| CULRES | CULTURE RESULT (LABORATORY) | P | POSITIVE | | CODE_VALUE_GENERAL | PER_LAB_RSLT | P | Positive | Positive | | |
| CULRES | CULTURE RESULT (LABORATORY) | U | UNKNOWN | | CODE_VALUE_GENERAL | PER_LAB_RSLT | UNK | Unknown | Unknown | | |
| CULRES | CULTURE RESULT (LABORATORY) | E | PENDING | | CODE_VALUE_GENERAL | PER_LAB_RSLT | PEND | Pending | Pending | | |
| CULRES | CULTURE RESULT (LABORATORY) | S | PARAPERTUSSIS | | CODE_VALUE_GENERAL | PER_LAB_RSLT | BORDPARA | Bordetella Parapertussis | Bordetella Parapertussis | | |
| | | | | | CODE_VALUE_GENERAL | PER_LAB_RSLT | OTHBORD | Other Bordetella spp. | Other Bordetella spp. | Not used | |
| DATECULT | DATE CULTURE SPECIMEN COLLECTED (LABORATORY) | date | | NOT CODED VALUE | | | | date | | | |

NETSS CODES TO NEDSS SRT CODE MAPPING FOR : PERTUSSIS

| NETSS VARIABLE | CONTEXT OF CODE (SHORT NETSS QUESTION) | NETSS ORIGINAL VALUE | NETSS CODE DESCRIPTION | NETSS COMMENTS | SRT_TABLE_NM | CODE_SET_NM | CODE | CODE_DESC_TXT | CODE_SHORT_DESC_TXT | NETSS COMMENTS | NETSS - NEDSS DISCREPANCY |
|----------------|--|----------------------|-------------------------------------|-----------------|----------------------|--------------|----------|--------------------------|--------------------------|----------------|---------------------------|
| DFARES | DFA RESULT (LABORATORY) | I | INDETERMINATE | | Not supported in NBS | | | | | | |
| DFARES | DFA RESULT (LABORATORY) | X | NOT DONE | | CODE_VALUE_GENERAL | PER_LAB_RSLT | ND | | | | |
| DFARES | DFA RESULT (LABORATORY) | N | NEGATIVE | | CODE_VALUE_GENERAL | PER_LAB_RSLT | N | | | | |
| DFARES | DFA RESULT (LABORATORY) | P | POSITIVE | | CODE_VALUE_GENERAL | PER_LAB_RSLT | P | | | | |
| DFARES | DFA RESULT (LABORATORY) | U | UNKNOWN | | CODE_VALUE_GENERAL | PER_LAB_RSLT | UNK | | | | |
| DFARES | DFA RESULT (LABORATORY) | E | PENDING | | CODE_VALUE_GENERAL | PER_LAB_RSLT | PEND | | | | |
| DFARES | DFA RESULT (LABORATORY) | S | PARAPERTUSSIS | | CODE_VALUE_GENERAL | PER_LAB_RSLT | BORDPARA | | | | |
| DATEDFA | DATE DFA SPECIMEN COLLECTED (LABORATORY) | date | | NOT CODED VALUE | | | | date | | | |
| SERRES | SEROLOGY RESULT (LABORATORY) | I | INDETERMINATE | | CODE_VALUE_GENERAL | PER_LAB_RSLT | I | Indeterminate | Indeterminate | | |
| SERRES | SEROLOGY RESULT (LABORATORY) | X | NOT DONE | | CODE_VALUE_GENERAL | PER_LAB_RSLT | ND | Not Done | Not Done | | |
| SERRES | SEROLOGY RESULT (LABORATORY) | N | NEGATIVE | | CODE_VALUE_GENERAL | PER_LAB_RSLT | N | Negative | Negative | | |
| SERRES | SEROLOGY RESULT (LABORATORY) | P | POSITIVE | | CODE_VALUE_GENERAL | PER_LAB_RSLT | P | Positive | Positive | | |
| SERRES | SEROLOGY RESULT (LABORATORY) | U | UNKNOWN | | CODE_VALUE_GENERAL | PER_LAB_RSLT | UNK | Unknown | Unknown | | |
| SERRES | SEROLOGY RESULT (LABORATORY) | E | PENDING | | CODE_VALUE_GENERAL | PER_LAB_RSLT | PEND | Pending | Pending | | |
| SERRES | SEROLOGY RESULT (LABORATORY) | S | PARAPERTUSSIS | | CODE_VALUE_GENERAL | PER_LAB_RSLT | BORDPARA | Bordetella Parapertussis | Bordetella Parapertussis | | |
| | | | | | CODE_VALUE_GENERAL | PER_LAB_RSLT | OTHBORD | Other Bordetella spp. | Other Bordetella spp. | Not used | |
| FIRSPEC | DATE FIRST SPECIMEN COLLECTED (LABORATORY) | date | | NOT CODED VALUE | | | | date | | | |
| SECSPEC | DATE SECOND SPECIMEN COLLECTED | date | | NOT CODED VALUE | | | | date | | | |
| PCRRES | PCR RESULT (LABORATORY) | I | INDETERMINATE | | CODE_VALUE_GENERAL | PER_LAB_RSLT | I | Indeterminate | Indeterminate | | |
| PCRRES | PCR RESULT (LABORATORY) | X | NOT DONE | | CODE_VALUE_GENERAL | PER_LAB_RSLT | ND | Not Done | Not Done | | |
| PCRRES | PCR RESULT (LABORATORY) | N | NEGATIVE | | CODE_VALUE_GENERAL | PER_LAB_RSLT | N | Negative | Negative | | |
| PCRRES | PCR RESULT (LABORATORY) | P | POSITIVE | | CODE_VALUE_GENERAL | PER_LAB_RSLT | P | Positive | Positive | | |
| PCRRES | PCR RESULT (LABORATORY) | U | UNKNOWN | | CODE_VALUE_GENERAL | PER_LAB_RSLT | UNK | Unknown | Unknown | | |
| PCRRES | PCR RESULT (LABORATORY) | E | PENDING | | CODE_VALUE_GENERAL | PER_LAB_RSLT | PEND | Pending | Pending | | |
| PCRRES | PCR RESULT (LABORATORY) | S | PARAPERTUSSIS | | CODE_VALUE_GENERAL | PER_LAB_RSLT | BORDPARA | Bordetella Parapertussis | Bordetella Parapertussis | | |
| | | | | | CODE_VALUE_GENERAL | PER_LAB_RSLT | OTHBORD | Other Bordetella spp. | Other Bordetella spp. | Not used | |
| DATEPCR | DATE PCR SPECIMEN COLLECTED (LABORATORY) | date | | NOT CODED VALUE | | | | date | | | |
| LABCONF | IS CASE LABORATORY CONFIRMED? - IF CULRES=P THEN LABCONF=Y (LABORATORY) | Y | | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| LABCONF | IS CASE LABORATORY CONFIRMED? - IF CULRES=P THEN LABCONF=Y (LABORATORY) | N | CULTURE AND PCR RESULT NOT POSITIVE | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| VACCIN | VACCINATED? (VACCINE HISTORY) | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| VACCIN | VACCINATED? (VACCINE HISTORY) | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| VACCIN | VACCINATED? (VACCINE HISTORY) | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| LASTPERT | DATE OF LAST PERTUSSIS VACCINE PRIOR TO ILLNESS ONSET | date | | NOT CODED VALUE | | | | date | | | |
| VACDATE1 | VAC DATE 1 - DATE OF PERTUSSIS- AND/OR DIPHTHERIA-CONTAINING VACCINE (VACCINE HISTORY) | date | | NOT CODED VALUE | | | | date | | | |
| TYPE1 | TYPE 1 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | W | DTP WHOLE CELL | | CODE_VALUE_GENERAL | VAC_NM | 1 | DTP | DTP | | |
| TYPE1 | TYPE 1 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | A | DTaP | | CODE_VALUE_GENERAL | VAC_NM | 20 | DTaP | DTaP | | |
| TYPE1 | TYPE 1 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | D | DT | | CODE_VALUE_GENERAL | VAC_NM | 28 | DT(pediatric) | DT(pediatric) | | |

NETSS CODES TO NEDSS SRT CODE MAPPING FOR : PERTUSSIS

| NETSS VARIABLE | CONTEXT OF CODE (SHORT NETSS QUESTION) | NETSS ORIGINAL VALUE | NETSS CODE DESCRIPTION | NETSS COMMENTS | SRT_TABLE_NM | CODE_SET_NM | CODE | CODE_DESC_TXT | CODE_SHORT_DESC_TXT | NEDSS COMMENTS | NETSS - NEDSS DISCREPANCY |
|----------------|--|----------------------|---------------------------------|-----------------|----------------------|-------------|------|------------------------|------------------------|---|--|
| TYPE1 | TYPE 1 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | T | DTP-Hib TETRAMUNE | | CODE_VALUE_GENERAL | VAC_NM | 22 | DTP-Hib | DTP-Hib | | |
| TYPE1 | TYPE 1 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | P | P ONLY | | CODE_VALUE_GENERAL | VAC_NM | 11 | Pertussis | Pertussis | | |
| TYPE1 | TYPE 1 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | O | OTHER | | CODE_VALUE_GENERAL | VAC_NM | N/A | Other Pertussis | Other Pertussis | | |
| TYPE1 | TYPE 1 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | U | UNKNOWN | | CODE_VALUE_GENERAL | VAC_NM | N/A | Unknown Pertussis Type | Unknown Pertussis Type | | |
| VACNAME1 | VAC NAME 1 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | L | LEDERLE | | VAC_MFGR? | | | | | | Will either be mapped as an Organization entity or will be treated as LDF. |
| VACNAME1 | VAC NAME 1 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | C | CONNAUGHT | | VAC_MFGR? | | | | | | Will either be mapped as an Organization entity or will be treated as LDF. |
| VACNAME1 | VAC NAME 1 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | M | MASSACHUSETTS HEALTH DEPARTMENT | | VAC_MFGR? | | | | | | Will either be mapped as an Organization entity or will be treated as LDF. |
| VACNAME1 | VAC NAME 1 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | I | MICHIGAN HEALTH DEPARTMENT | | VAC_MFGR? | | | | | | Will either be mapped as an Organization entity or will be treated as LDF. |
| VACNAME1 | VAC NAME 1 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | O | OTHER | | VAC_MFGR? | | | | | | Will either be mapped as an Organization entity or will be treated as LDF. |
| VACNAME1 | VAC NAME 1 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | U | UNKNOWN | | VAC_MFGR? | | | | | | Will either be mapped as an Organization entity or will be treated as LDF. |
| VACDATE2 | VAC DATE 2 - DATE OF PERTUSSIS- AND/OR DIPHTHERIA-CONTAINING VACCINE (VACCINE HISTORY) | date | | NOT CODED VALUE | | | | date | | | |
| TYPE2 | TYPE 2 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | W | DTP WHOLE CELL | | CODE_VALUE_GENERAL | VAC_NM | 1 | DTP | DTP | | |
| TYPE2 | TYPE 2 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | A | DTaP | | CODE_VALUE_GENERAL | VAC_NM | 20 | DTaP | DTaP | | |
| TYPE2 | TYPE 2 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | D | DT | | CODE_VALUE_GENERAL | VAC_NM | 28 | DT(pediatric) | DT(pediatric) | | |
| TYPE2 | TYPE 2 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | T | DTP-Hib TETRAMUNE | | CODE_VALUE_GENERAL | VAC_NM | 22 | DTP-Hib | DTP-Hib | | |
| TYPE2 | TYPE 2 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | P | P ONLY | | CODE_VALUE_GENERAL | VAC_NM | 11 | Pertussis | Pertussis | | |
| TYPE2 | TYPE 2 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | O | OTHER | | CODE_VALUE_GENERAL | VAC_NM | N/A | | | OTHER doesn't exist on this code_set_nm | |
| TYPE2 | TYPE 2 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | U | UNKNOWN | | CODE_VALUE_GENERAL | VAC_NM | N/A | | | UNKNOWN doesn't exist on this code_set_nm. Any other code=O | |
| VACNAME2 | VAC NAME 2 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | L | LEDERLE | | N/A - not SRT driven | | | | | | Will either be mapped as an Organization entity or will be treated as LDF. |
| VACNAME2 | VAC NAME 2 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | C | CONNAUGHT | | N/A - not SRT driven | | | | | | Will either be mapped as an Organization entity or will be treated as LDF. |
| VACNAME2 | VAC NAME 2 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | M | MASSACHUSETTS HEALTH DEPARTMENT | | N/A - not SRT driven | | | | | | Will either be mapped as an Organization entity or will be treated as LDF. |
| VACNAME2 | VAC NAME 2 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | I | MICHIGAN HEALTH DEPARTMENT | | N/A - not SRT driven | | | | | | Will either be mapped as an Organization entity or will be treated as LDF. |

NETSS CODES TO NEDSS SRT CODE MAPPING FOR : PERTUSSIS

| NETSS VARIABLE | CONTEXT OF CODE (SHORT NETSS QUESTION) | NETSS ORIGINAL VALUE | NETSS CODE DESCRIPTION | NETSS COMMENTS | SRT_TABLE_NM | CODE_SET_NM | CODE | CODE_DESC_TXT | CODE_SHORT_DESC_TXT | NETSS COMMENTS | NETSS - NEDSS DISCREPANCY |
|----------------|---|----------------------|---------------------------------|-----------------|----------------------|-------------|------|---------------|---------------------|---|--|
| VACNAME2 | VAC NAME 2 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | O | OTHER | | N/A - not SRT driven | | | | | | Will either be mapped as an Organization entity or will be treated as LDF. |
| VACNAME2 | VAC NAME 2 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | U | UNKNOWN | | N/A - not SRT driven | | | | | | Will either be mapped as an Organization entity or will be treated as LDF. |
| VACDATE3 | VAC DATE 3- DATE OF PERTUSSIS- AND/OR DIPHTHERIA-CONTAINING VACCINE (VACCINE HISTORY) | date | | NOT CODED VALUE | | | | date | | | |
| TYPE3 | TYPE 3 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | W | DTP WHOLE CELL | | CODE_VALUE_GENERAL | VAC_NM | 1 | DTP | DTP | | |
| TYPE3 | TYPE 3 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | A | DTaP | | CODE_VALUE_GENERAL | VAC_NM | 20 | DTaP | DTaP | | |
| TYPE3 | TYPE 3 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | D | DT | | CODE_VALUE_GENERAL | VAC_NM | 28 | DT(pediatric) | DT(pediatric) | | |
| TYPE3 | TYPE 3 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | T | DTP-Hib TETRAMUNE | | CODE_VALUE_GENERAL | VAC_NM | 22 | DTP-Hib | DTP-Hib | | |
| TYPE3 | TYPE 3 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | P | P ONLY | | CODE_VALUE_GENERAL | VAC_NM | 11 | Pertussis | Pertussis | | |
| TYPE3 | TYPE 3 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | O | OTHER | | CODE_VALUE_GENERAL | VAC_NM | N/A | | | OTHER doesn't exist on this code_set_nm | |
| TYPE3 | TYPE 3 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | U | UNKNOWN | | CODE_VALUE_GENERAL | VAC_NM | N/A | | | UNKNOWN doesn't exist on this code_set_nm. Any other code=O | |
| VACNAME3 | VAC NAME 3 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | L | LEDERLE | | N/A - not SRT driven | | | | | | Will either be mapped as an Organization entity or will be treated as LDF. |
| VACNAME3 | VAC NAME 3 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | C | CONNAUGHT | | N/A - not SRT driven | | | | | | Will either be mapped as an Organization entity or will be treated as LDF. |
| VACNAME3 | VAC NAME 3 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | M | MASSACHUSETTS HEALTH DEPARTMENT | | N/A - not SRT driven | | | | | | Will either be mapped as an Organization entity or will be treated as LDF. |
| VACNAME3 | VAC NAME 3 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | I | MICHIGAN HEALTH DEPARTMENT | | N/A - not SRT driven | | | | | | Will either be mapped as an Organization entity or will be treated as LDF. |
| VACNAME3 | VAC NAME 3 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | O | OTHER | | N/A - not SRT driven | | | | | | Will either be mapped as an Organization entity or will be treated as LDF. |
| VACNAME3 | VAC NAME 3 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | U | UNKNOWN | | N/A - not SRT driven | | | | | | Will either be mapped as an Organization entity or will be treated as LDF. |
| VACDATE4 | VAC DATE 4- DATE OF PERTUSSIS- AND/OR DIPHTHERIA-CONTAINING VACCINE (VACCINE HISTORY) | date | | NOT CODED VALUE | | | | date | | | |
| TYPE4 | TYPE 4 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | W | DTP WHOLE CELL | | CODE_VALUE_GENERAL | VAC_NM | 1 | DTP | DTP | | |
| TYPE4 | TYPE 4 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | A | DTaP | | CODE_VALUE_GENERAL | VAC_NM | 20 | DTaP | DTaP | | |
| TYPE4 | TYPE 4 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | D | DT | | CODE_VALUE_GENERAL | VAC_NM | 28 | DT(pediatric) | DT(pediatric) | | |
| TYPE4 | TYPE 4 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | T | DTP-Hib TETRAMUNE | | CODE_VALUE_GENERAL | VAC_NM | 22 | DTP-Hib | DTP-Hib | | |
| TYPE4 | TYPE 4 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | P | P ONLY | | CODE_VALUE_GENERAL | VAC_NM | 11 | Pertussis | Pertussis | | |
| TYPE4 | TYPE 4 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | O | OTHER | | CODE_VALUE_GENERAL | VAC_NM | N/A | | | OTHER doesn't exist on this code_set_nm | |

NETSS CODES TO NEDSS SRT CODE MAPPING FOR : PERTUSSIS

| NETSS VARIABLE | CONTEXT OF CODE (SHORT NETSS QUESTION) | NETSS ORIGINAL VALUE | NETSS CODE DESCRIPTION | NETSS COMMENTS | SRT_TABLE_NM | CODE_SET_NM | CODE | CODE_DESC_TXT | CODE_SHORT_DESC_TXT | NETSS COMMENTS | NETSS - NEDSS DISCREPANCY |
|----------------|---|----------------------|---------------------------------|-----------------|----------------------|-------------|------|---------------|---------------------|---|--|
| TYPE4 | TYPE 4 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | U | UNKNOWN | | CODE_VALUE_GENERAL | VAC_NM | N/A | | | UNKNOWN doesn't exist on this code_set_nm. Any other code=O | |
| VACNAME4 | VAC NAME 4 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | L | LEDERLE | | N/A - not SRT driven | | | | | | Will either be mapped as an Organization entity or will be treated as LDF. |
| VACNAME4 | VAC NAME 4 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | C | CONNAUGHT | | N/A - not SRT driven | | | | | | Will either be mapped as an Organization entity or will be treated as LDF. |
| VACNAME4 | VAC NAME 4 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | M | MASSACHUSETTS HEALTH DEPARTMENT | | N/A - not SRT driven | | | | | | Will either be mapped as an Organization entity or will be treated as LDF. |
| VACNAME4 | VAC NAME 4 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | I | MICHIGAN HEALTH DEPARTMENT | | N/A - not SRT driven | | | | | | Will either be mapped as an Organization entity or will be treated as LDF. |
| VACNAME4 | VAC NAME 4 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | O | OTHER | | N/A - not SRT driven | | | | | | Will either be mapped as an Organization entity or will be treated as LDF. |
| VACNAME4 | VAC NAME 4 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | U | UNKNOWN | | N/A - not SRT driven | | | | | | Will either be mapped as an Organization entity or will be treated as LDF. |
| VACDATE5 | VAC DATE 5- DATE OF PERTUSSIS- AND/OR DIPHTHERIA-CONTAINING VACCINE (VACCINE HISTORY) | date | | NOT CODED VALUE | | | | date | | | |
| TYPE5 | TYPE 5 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | W | DTP WHOLE CELL | | CODE_VALUE_GENERAL | VAC_NM | 1 | DTP | DTP | | |
| TYPE5 | TYPE 5 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | A | DTaP | | CODE_VALUE_GENERAL | VAC_NM | 20 | DTaP | DTaP | | |
| TYPE5 | TYPE 5 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | D | DT | | CODE_VALUE_GENERAL | VAC_NM | 28 | DT(pediatric) | DT(pediatric) | | |
| TYPE5 | TYPE 5 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | T | DTP-Hib TETRAMUNE | | CODE_VALUE_GENERAL | VAC_NM | 22 | DTP-Hib | DTP-Hib | | |
| TYPE5 | TYPE 5 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | P | P ONLY | | CODE_VALUE_GENERAL | VAC_NM | 11 | Pertussis | Pertussis | | |
| TYPE5 | TYPE 5 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | O | OTHER | | CODE_VALUE_GENERAL | VAC_NM | N/A | | | OTHER doesn't exist on this code_set_nm | |
| TYPE5 | TYPE 5 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | U | UNKNOWN | | CODE_VALUE_GENERAL | VAC_NM | N/A | | | UNKNOWN doesn't exist on this code_set_nm. Any other code=O | |
| VACNAME5 | VAC NAME 5 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | L | LEDERLE | | N/A - not SRT driven | | | | | | Will either be mapped as an Organization entity or will be treated as LDF. |
| VACNAME5 | VAC NAME 5 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | C | CONNAUGHT | | N/A - not SRT driven | | | | | | Will either be mapped as an Organization entity or will be treated as LDF. |
| VACNAME5 | VAC NAME 5 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | M | MASSACHUSETTS HEALTH DEPARTMENT | | N/A - not SRT driven | | | | | | Will either be mapped as an Organization entity or will be treated as LDF. |
| VACNAME5 | VAC NAME 5 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | I | MICHIGAN HEALTH DEPARTMENT | | N/A - not SRT driven | | | | | | Will either be mapped as an Organization entity or will be treated as LDF. |
| VACNAME5 | VAC NAME 5 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | O | OTHER | | N/A - not SRT driven | | | | | | Will either be mapped as an Organization entity or will be treated as LDF. |

NETSS CODES TO NEDSS SRT CODE MAPPING FOR : PERTUSSIS

| NETSS VARIABLE | CONTEXT OF CODE (SHORT NETSS QUESTION) | NETSS ORIGINAL VALUE | NETSS CODE DESCRIPTION | NETSS COMMENTS | SRT_TABLE_NM | CODE_SET_NM | CODE | CODE_DESC_TXT | CODE_SHORT_DESC_TXT | NETSS COMMENTS | NETSS - NEDSS DISCREPANCY |
|----------------|--|----------------------|---------------------------------|-----------------|----------------------|----------------|------|---------------|---------------------|---|--|
| VACNAME5 | VAC NAME 5 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | U | UNKNOWN | | N/A - not SRT driven | | | | | | Will either be mapped as an Organization entity or will be treated as LDF. |
| VACDATE6 | VAC DATE 6- DATE OF PERTUSSIS- AND/OR DIPHTHERIA-CONTAINING VACCINE (VACCINE HISTORY) | date | | NOT CODED VALUE | | | | date | | | |
| TYPE6 | TYPE 6 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | W | DTP WHOLE CELL | | CODE_VALUE_GENERAL | VAC_NM | 1 | DTP | DTP | | |
| TYPE6 | TYPE 6 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | A | DTaP | | CODE_VALUE_GENERAL | VAC_NM | 20 | DTaP | DTaP | | |
| TYPE6 | TYPE 6 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | D | DT | | CODE_VALUE_GENERAL | VAC_NM | 28 | DT(pediatric) | DT(pediatric) | | |
| TYPE6 | TYPE 6 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | T | DTP-Hib TETRAMUNE | | CODE_VALUE_GENERAL | VAC_NM | 22 | DTP-Hib | DTP-Hib | | |
| TYPE6 | TYPE 6 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | P | P ONLY | | CODE_VALUE_GENERAL | VAC_NM | 11 | Pertussis | Pertussis | | |
| TYPE6 | TYPE 6 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | O | OTHER | | CODE_VALUE_GENERAL | VAC_NM | N/A | | | OTHER doesn't exist on this code_set_nm | |
| TYPE6 | TYPE 6 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | U | UNKNOWN | | CODE_VALUE_GENERAL | VAC_NM | N/A | | | UNKNOWN doesn't exist on this code_set_nm. Any other code=O | |
| VACNAME6 | VAC NAME 6 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | L | LEDERLE | | | | | | | | |
| VACNAME6 | VAC NAME 6 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | C | CONNAUGHT | | N/A - not SRT driven | | | | | | Will either be mapped as an Organization entity or will be treated as LDF. |
| VACNAME6 | VAC NAME 6 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | M | MASSACHUSETTS HEALTH DEPARTMENT | | N/A - not SRT driven | | | | | | Will either be mapped as an Organization entity or will be treated as LDF. |
| VACNAME6 | VAC NAME 6 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | I | MICHIGAN HEALTH DEPARTMENT | | N/A - not SRT driven | | | | | | Will either be mapped as an Organization entity or will be treated as LDF. |
| VACNAME6 | VAC NAME 6 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | O | OTHER | | N/A - not SRT driven | | | | | | Will either be mapped as an Organization entity or will be treated as LDF. |
| VACNAME6 | VAC NAME 6 - IF AGE < 6 YRS ONLY (VACCINE HISTORY) | U | UNKNOWN | | N/A - not SRT driven | | | | | | Will either be mapped as an Organization entity or will be treated as LDF. |
| DOSES | DOSES OF PERTUSSIS CONTAINING VACCINE PRIOR TO ILLNESS ONSET - COUNT DOSES OF ANY OF THE FOLLOWING: DTP, DTaP, DTP-Hib, P ONLY (VACCINE HISTORY) | numeric | | NOT CODED VALUE | | | | numeric | | NUM DOSES | |
| DOSES | DOSES OF PERTUSSIS CONTAINING VACCINE PRIOR TO ILLNESS ONSET - COUNT DOSES OF ANY OF THE FOLLOWING: DTP, DTaP, DTP-Hib, P ONLY (VACCINE HISTORY) | 9 | UNKNOWN | | CODE_VALUE_GENERAL | P_VAC_DOSE_NUM | UNK | Unknown | Unknown | | have to XREF the numbers to a code table in SRT |
| DOSES | DOSES OF PERTUSSIS CONTAINING VACCINE PRIOR TO ILLNESS ONSET - COUNT DOSES OF ANY OF THE FOLLOWING: DTP, DTaP, DTP-Hib, P ONLY (VACCINE HISTORY) | 0 | numeric zero entered | | CODE_VALUE_GENERAL | P_VAC_DOSE_NUM | 0 | 0 | 0 | | |

NETSS CODES TO NEDSS SRT CODE MAPPING FOR : PERTUSSIS

| NETSS VARIABLE | CONTEXT OF CODE (SHORT NETSS QUESTION) | NETSS ORIGINAL VALUE | NETSS CODE DESCRIPTION | NETSS COMMENTS | SRT_TABLE_NM | CODE_SET_NM | CODE | CODE_DESC_TXT | CODE_SHORT_DESC_TXT | NEDSS COMMENTS | NETSS - NEDSS DISCREPANCY |
|----------------|--|----------------------|--------------------------|----------------|--------------------|----------------|------|--------------------------|--------------------------|----------------|---------------------------|
| DOSES | DOSES OF PERTUSSIS CONTAINING VACCINE PRIOR TO ILLNESS ONSET - COUNT DOSES OF ANY OF THE FOLLOWING: DTP, DTaP, DTP-Hib, P ONLY (VACCINE HISTORY) | 1 | numeric one entered | | CODE_VALUE_GENERAL | P_VAC_DOSE_NUM | 1 | 1 | 1 | | |
| DOSES | DOSES OF PERTUSSIS CONTAINING VACCINE PRIOR TO ILLNESS ONSET - COUNT DOSES OF ANY OF THE FOLLOWING: DTP, DTaP, DTP-Hib, P ONLY (VACCINE HISTORY) | 2 | numeric two entered | | CODE_VALUE_GENERAL | P_VAC_DOSE_NUM | 2 | 2 | 2 | | |
| DOSES | DOSES OF PERTUSSIS CONTAINING VACCINE PRIOR TO ILLNESS ONSET - COUNT DOSES OF ANY OF THE FOLLOWING: DTP, DTaP, DTP-Hib, P ONLY (VACCINE HISTORY) | 3 | numeric three entered | | CODE_VALUE_GENERAL | P_VAC_DOSE_NUM | 3 | 3 | 3 | | |
| DOSES | DOSES OF PERTUSSIS CONTAINING VACCINE PRIOR TO ILLNESS ONSET - COUNT DOSES OF ANY OF THE FOLLOWING: DTP, DTaP, DTP-Hib, P ONLY (VACCINE HISTORY) | 4 | numeric four entered | | CODE_VALUE_GENERAL | P_VAC_DOSE_NUM | 4 | 4 | 4 | | |
| DOSES | DOSES OF PERTUSSIS CONTAINING VACCINE PRIOR TO ILLNESS ONSET - COUNT DOSES OF ANY OF THE FOLLOWING: DTP, DTaP, DTP-Hib, P ONLY (VACCINE HISTORY) | 5 | numeric five entered | | CODE_VALUE_GENERAL | P_VAC_DOSE_NUM | 5 | 5 | 5 | | |
| DOSES | DOSES OF PERTUSSIS CONTAINING VACCINE PRIOR TO ILLNESS ONSET - COUNT DOSES OF ANY OF THE FOLLOWING: DTP, DTaP, DTP-Hib, P ONLY (VACCINE HISTORY) | 6 | numeric six entered | | CODE_VALUE_GENERAL | P_VAC_DOSE_NUM | 6 | 6 | 6 | | |
| DOSES | DOSES OF PERTUSSIS CONTAINING VACCINE PRIOR TO ILLNESS ONSET - COUNT DOSES OF ANY OF THE FOLLOWING: DTP, DTaP, DTP-Hib, P ONLY (VACCINE HISTORY) | 9 | UNKNOWN | | CODE_VALUE_GENERAL | P_VAC_DOSE_NUM | UNK | Unknown | Unknown | | |
| REASON | IF NOT VACCINATED, REASON - GIVE REASON 3 OR FEWER DOSES PERTUSSIS VACCINE GIVEN - IF DOSES<4 ONLY (VACCINE HISTORY) | 1 | RELIGIOUS EXEMPTION | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | RLGN | Religious exemption | Religious exemption | | |
| REASON | IF NOT VACCINATED, REASON - GIVE REASON 3 OR FEWER DOSES PERTUSSIS VACCINE GIVEN - IF DOSES<4 ONLY (VACCINE HISTORY) | 2 | MEDICAL CONTRAINDICATION | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | MED | Medical Contraindication | Medical Contraindication | | |
| REASON | IF NOT VACCINATED, REASON - GIVE REASON 3 OR FEWER DOSES PERTUSSIS VACCINE GIVEN - IF DOSES<4 ONLY (VACCINE HISTORY) | 3 | PHILOSOPHICAL EXEMPTION | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | OBJ | Philosophical objection | Philosophical objection | | |

NETSS CODES TO NEDSS SRT CODE MAPPING FOR : PERTUSSIS

| NETSS VARIABLE | CONTEXT OF CODE (SHORT NETSS QUESTION) | NETSS ORIGINAL VALUE | NETSS CODE DESCRIPTION | NETSS COMMENTS | SRT_TABLE_NM | CODE_SET_NM | CODE | CODE_DESC_TXT | CODE_SHORT_DESC_TXT | NEDSS COMMENTS | NETSS - NEDSS DISCREPANCY |
|----------------|--|----------------------|---|---|--------------------|--------------|--------|----------------------------------|----------------------------------|---------------------------------|---------------------------|
| REASON | IF NOT VACCINATED, REASON - GIVE REASON 3 OR FEWER DOSES PERTUSSIS VACCINE GIVEN - IF DOSES<4 ONLY (VACCINE HISTORY) | 4 | PREVIOUS DISEASE CONFIRMED BY CULTURE OR MD | Use either MDDX or LAB according to state practice. | CODE_VALUE_GENERAL | VAC_NOTG_RSN | MDDX | MD diagnosis of previous disease | MD diagnosis of previous disease | | |
| REASON | IF NOT VACCINATED, REASON - GIVE REASON 3 OR FEWER DOSES PERTUSSIS VACCINE GIVEN - IF DOSES<4 ONLY (VACCINE HISTORY) | 4 | PREVIOUS DISEASE CONFIRMED BY CULTURE OR MD | Use either MDDX or LAB according to state practice. | CODE_VALUE_GENERAL | VAC_NOTG_RSN | LAB | Lab evidence of previous disease | Lab evidence of previous disease | | |
| REASON | IF NOT VACCINATED, REASON - GIVE REASON 3 OR FEWER DOSES PERTUSSIS VACCINE GIVEN - IF DOSES<4 ONLY (VACCINE HISTORY) | 5 | PARENTAL REFUSAL | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | REFUSE | Parent/Patient refusal | Parent/Patient refusal | these codes are split up on SRT | |
| REASON | IF NOT VACCINATED, REASON - GIVE REASON 3 OR FEWER DOSES PERTUSSIS VACCINE GIVEN - IF DOSES<4 ONLY (VACCINE HISTORY) | 6 | AGE LESS THAN 7 MONTHS | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | AGE | Under age for vaccination | Under age for vaccination | | |
| REASON | IF NOT VACCINATED, REASON - GIVE REASON 3 OR FEWER DOSES PERTUSSIS VACCINE GIVEN - IF DOSES<4 ONLY (VACCINE HISTORY) | 7 | OTHER | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | OTH | Other | Other | | |
| REASON | IF NOT VACCINATED, REASON - GIVE REASON 3 OR FEWER DOSES PERTUSSIS VACCINE GIVEN - IF DOSES<4 ONLY (VACCINE HISTORY) | 9 | UNKNOWN | | CODE_VALUE_GENERAL | VAC_NOTG_RSN | UNK | Unknown | Unknown | | |
| DATEHEAL | DATE CASE FIRST REPORTED TO A HEALTH DEPARTMENT - EARLIEST DATE REPORTED (EPIDEMIOLOGIC INFORMATION) | date | | NOT CODED VALUE | | | | date | | | |
| DATEINVE | DATE CASE INVESTIGATION STARTED (EPIDEMIOLOGIC INFORMATION) | date | | NOT CODED VALUE | | | | date | | | |
| EPILINK | EPI-LINKED? (EPIDEMIOLOGIC INFORMATION) | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| EPILINK | EPI-LINKED? (EPIDEMIOLOGIC INFORMATION) | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| EPILINK | EPI-LINKED? (EPIDEMIOLOGIC INFORMATION) | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| OUTBREL | OUTBREAK RELATED? (EPIDEMIOLOGIC INFORMATION) | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | |
| OUTBREL | OUTBREAK RELATED? (EPIDEMIOLOGIC INFORMATION) | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | |
| OUTBREL | OUTBREAK RELATED? (EPIDEMIOLOGIC INFORMATION) | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | |
| OUTBNAME | OUTBREAK NAME (EPIDEMIOLOGIC INFORMATION) | textual | | NOT CODED VALUE | | | | textual | | | |

NETSS CODES TO NEDSS SRT CODE MAPPING FOR : PERTUSSIS

| NETSS VARIABLE | CONTEXT OF CODE (SHORT NETSS QUESTION) | NETSS ORIGINAL VALUE | NETSS CODE DESCRIPTION | NETSS COMMENTS | SRT_TABLE_NM | CODE_SET_NM | CODE | CODE_DESC_TXT | CODE_SHORT_DESC_TXT | NEDSS COMMENTS | NETSS - NEDSS DISCREPANCY |
|----------------|---|----------------------|----------------------------|----------------|--------------------|----------------|----------|----------------------------|----------------------------|----------------|---------------------------|
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE PERTUSSIS? (EPIDEMIOLOGIC INFORMATION) | 1 | DAYCARE | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | Daycare | Daycare | Daycare | | |
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE PERTUSSIS? (EPIDEMIOLOGIC INFORMATION) | 2 | SCHOOL | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | SCH | School | School | | |
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE PERTUSSIS? (EPIDEMIOLOGIC INFORMATION) | 3 | DOCTOR'S OFFICE | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | DrOffice | Doctor's Office | Doctor's Office | | |
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE PERTUSSIS? (EPIDEMIOLOGIC INFORMATION) | 4 | HOSPITAL WARD | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | WARD | Hospital Ward | Hospital Ward | | |
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE PERTUSSIS? (EPIDEMIOLOGIC INFORMATION) | 5 | HOSPITAL ER | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | ER | Hospital ER | Hospital ER | | |
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE PERTUSSIS? (EPIDEMIOLOGIC INFORMATION) | 6 | HOSPITAL OUTPATIENT CLINIC | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | OPCLN | Hospital outpatient clinic | Hospital outpatient clinic | | |
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE PERTUSSIS? (EPIDEMIOLOGIC INFORMATION) | 7 | HOME | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | HOME | Home | Home | | |
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE PERTUSSIS? (EPIDEMIOLOGIC INFORMATION) | 8 | WORK | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | Work | Work | Work | | |
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE PERTUSSIS? (EPIDEMIOLOGIC INFORMATION) | 9 | UNKNOWN | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | UNK | Unknown | Unknown | | |
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE PERTUSSIS? (EPIDEMIOLOGIC INFORMATION) | 10 | COLLEGE | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | COLLEGE | College | College | | |
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE PERTUSSIS? (EPIDEMIOLOGIC INFORMATION) | 11 | MILITARY | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | MILITARY | Military | Military | | |
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE PERTUSSIS? (EPIDEMIOLOGIC INFORMATION) | 12 | CORRECTIONAL FACILITY | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | CORRFAC | Correctional Facility | Correctional Facility | | |
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE PERTUSSIS? (EPIDEMIOLOGIC INFORMATION) | 13 | CHURCH | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | CHURCH | Place of Worship | Place of Worship | | |

NETSS CODES TO NEDSS SRT CODE MAPPING FOR : PERTUSSIS

| NETSS VARIABLE | CONTEXT OF CODE (SHORT NETSS QUESTION) | NETSS ORIGINAL VALUE | NETSS CODE DESCRIPTION | NETSS COMMENTS | SRT_TABLE_NM | CODE_SET_NM | CODE | CODE_DESC_TXT | CODE_SHORT_DESC_TXT | NEDSS COMMENTS | NETSS - NEDSS DISCREPANCY |
|----------------|--|----------------------|----------------------------|----------------|--------------------|----------------|----------|----------------------------|----------------------------|----------------|---------------------------|
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE PERTUSSIS? (EPIDEMIOLOGIC INFORMATION) | 14 | INTERNATIONAL TRAVEL | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | TRAVEL | International Travel | International Travel | | |
| TRANSMIS | TRANSMISSION SETTING - WHERE DID THIS CASE ACQUIRE PERTUSSIS? (EPIDEMIOLOGIC INFORMATION) | 15 | OTHER | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | OTH | Other | Other | | |
| SPREAD | SETTING FOR FURTHER SPREAD FROM THIS CASE - SETTING (OUTSIDE HOUSEHOLD) FOR FURTHER DOCUMENTED SPREAD FROM THIS CASE (EPIDEMIOLOGIC INFORMATION) | 1 | DAYCARE | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | Daycare | Daycare | Daycare | | |
| SPREAD | SETTING FOR FURTHER SPREAD FROM THIS CASE - SETTING (OUTSIDE HOUSEHOLD) FOR FURTHER DOCUMENTED SPREAD FROM THIS CASE (EPIDEMIOLOGIC INFORMATION) | 2 | SCHOOL | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | SCH | School | School | | |
| SPREAD | SETTING FOR FURTHER SPREAD FROM THIS CASE - SETTING (OUTSIDE HOUSEHOLD) FOR FURTHER DOCUMENTED SPREAD FROM THIS CASE (EPIDEMIOLOGIC INFORMATION) | 3 | DOCTOR'S OFFICE | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | DrOffice | Doctor's Office | Doctor's Office | | |
| SPREAD | SETTING FOR FURTHER SPREAD FROM THIS CASE - SETTING (OUTSIDE HOUSEHOLD) FOR FURTHER DOCUMENTED SPREAD FROM THIS CASE (EPIDEMIOLOGIC INFORMATION) | 4 | HOSPITAL WARD | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | WARD | Hospital Ward | Hospital Ward | | |
| SPREAD | SETTING FOR FURTHER SPREAD FROM THIS CASE - SETTING (OUTSIDE HOUSEHOLD) FOR FURTHER DOCUMENTED SPREAD FROM THIS CASE (EPIDEMIOLOGIC INFORMATION) | 5 | HOSPITAL ER | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | ER | Hospital ER | Hospital ER | | |
| SPREAD | SETTING FOR FURTHER SPREAD FROM THIS CASE - SETTING (OUTSIDE HOUSEHOLD) FOR FURTHER DOCUMENTED SPREAD FROM THIS CASE (EPIDEMIOLOGIC INFORMATION) | 6 | HOSPITAL OUTPATIENT CLINIC | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | OPCLN | Hospital outpatient clinic | Hospital outpatient clinic | | |
| SPREAD | SETTING FOR FURTHER SPREAD FROM THIS CASE - SETTING (OUTSIDE HOUSEHOLD) FOR FURTHER DOCUMENTED SPREAD FROM THIS CASE (EPIDEMIOLOGIC INFORMATION) | 7 | HOME | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | HOME | Home | Home | | |

NETSS CODES TO NEDSS SRT CODE MAPPING FOR : PERTUSSIS

| NETSS VARIABLE | CONTEXT OF CODE (SHORT NETSS QUESTION) | NETSS ORIGINAL VALUE | NETSS CODE DESCRIPTION | NETSS COMMENTS | SRT_TABLE_NM | CODE_SET_NM | CODE | CODE_DESC_TXT | CODE_SHORT_DESC_TXT | NEDSS COMMENTS | NETSS - NEDSS DISCREPANCY |
|----------------|--|----------------------|------------------------|----------------|--------------------|----------------|----------|-----------------------|-----------------------|----------------|---------------------------|
| SPREAD | SETTING FOR FURTHER SPREAD FROM THIS CASE - SETTING (OUTSIDE HOUSEHOLD) FOR FURTHER DOCUMENTED SPREAD FROM THIS CASE (EPIDEMIOLOGIC INFORMATION) | 8 | WORK | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | Work | Work | Work | | |
| SPREAD | SETTING FOR FURTHER SPREAD FROM THIS CASE - SETTING (OUTSIDE HOUSEHOLD) FOR FURTHER DOCUMENTED SPREAD FROM THIS CASE (EPIDEMIOLOGIC INFORMATION) | 9 | UNKNOWN | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | UNK | Unknown | Unknown | | |
| SPREAD | SETTING FOR FURTHER SPREAD FROM THIS CASE - SETTING (OUTSIDE HOUSEHOLD) FOR FURTHER DOCUMENTED SPREAD FROM THIS CASE (EPIDEMIOLOGIC INFORMATION) | 10 | COLLEGE | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | COLLEGE | College | College | | |
| SPREAD | SETTING FOR FURTHER SPREAD FROM THIS CASE - SETTING (OUTSIDE HOUSEHOLD) FOR FURTHER DOCUMENTED SPREAD FROM THIS CASE (EPIDEMIOLOGIC INFORMATION) | 11 | MILITARY | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | MILITARY | Military | Military | | |
| SPREAD | SETTING FOR FURTHER SPREAD FROM THIS CASE - SETTING (OUTSIDE HOUSEHOLD) FOR FURTHER DOCUMENTED SPREAD FROM THIS CASE (EPIDEMIOLOGIC INFORMATION) | 12 | CORRECTIONAL FACILITY | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | CORRFAC | Correctional Facility | Correctional Facility | | |
| SPREAD | SETTING FOR FURTHER SPREAD FROM THIS CASE - SETTING (OUTSIDE HOUSEHOLD) FOR FURTHER DOCUMENTED SPREAD FROM THIS CASE (EPIDEMIOLOGIC INFORMATION) | 13 | CHURCH | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | CHURCH | Place of Worship | Place of Worship | | |
| SPREAD | SETTING FOR FURTHER SPREAD FROM THIS CASE - SETTING (OUTSIDE HOUSEHOLD) FOR FURTHER DOCUMENTED SPREAD FROM THIS CASE (EPIDEMIOLOGIC INFORMATION) | 14 | INTERNATIONAL TRAVEL | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | TRAVEL | International Travel | International Travel | | |
| SPREAD | SETTING FOR FURTHER SPREAD FROM THIS CASE - SETTING (OUTSIDE HOUSEHOLD) FOR FURTHER DOCUMENTED SPREAD FROM THIS CASE (EPIDEMIOLOGIC INFORMATION) | 15 | OTHER | | CODE_VALUE_GENERAL | PHC_TRAN_SETNG | OTH | Other | Other | | |

NETSS CODES TO NEDSS SRT CODE MAPPING FOR : PERTUSSIS

| NETSS VARIABLE | CONTEXT OF CODE (SHORT NETSS QUESTION) | NETSS ORIGINAL VALUE | NETSS CODE DESCRIPTION | NETSS COMMENTS | SRT_TABLE_NM | CODE_SET_NM | CODE | CODE_DESC_TXT | CODE_SHORT_DESC_TXT | NEDSS COMMENTS | NETSS - NEDSS DISCREPANCY |
|----------------|--|----------------------|---|-----------------|--------------------|-------------|------|---------------|---------------------|---|---|
| SPREAD | SETTING FOR FURTHER SPREAD FROM THIS CASE - SETTING (OUTSIDE HOUSEHOLD) FOR FURTHER DOCUMENTED SPREAD FROM THIS CASE (EPIDEMIOLOGIC INFORMATION) | 16 | NO DOCUMENTED SPREAD OUTSIDE OF HOUSEHOLD | | CODE_VALUE_GENERAL | YNU | N | No | No | Please note that choice of "NO DOCUMENTED SPREAD OUTSIDE OF HOUSEHOLD" in NETSS maps to PRT067 with answer of "No" to the question: "Was there documented transmission (outside of the household) for transmission from this case?" | Please note that choice of "NO DOCUMENTED SPREAD OUTSIDE OF HOUSEHOLD" in NETSS maps to PRT067 with answer of "No" to the question: "Was there documented transmission (outside of the household) for transmission from this case?" |
| CONTACTS | NUMBER OF CONTACTS IN ANY SETTING RECOMMENDED ANTIBIOTICS (EPIDEMIOLOGIC INFORMATION) | numeric | | NOT CODED VALUE | | | | numeric | | | PRT080 |

TETANUS

| Mapping Guide Order | NETSS Entry Screen Order | NETSS Variable Name | NETSS Section Instructions from UI (if any) | NETSS Prompt from UI | NETSS Description, Context, or Full Question (Data Entry Instructions) | NETSS Description/Codes as Applicable | NETSS Description/Codes as Applicable | XML Schema Definition | XML Variable or LDF Unique Name |
|---------------------|--------------------------|---------------------|---|---------------------------|--|---------------------------------------|--|-----------------------|---------------------------------|
| 9 | 8 | ACUTEWOU | CLINICAL HISTORY: | Acute wound | | | Acute Wound Y Yes N No U Unkiown | Idf: | IdfTETAcuteWoundOrInjury |
| 36 | 35 | AFTERONS | COURSE OF TETANUS DISEASE | Time after illness onset? | If YES, how soon after illness onset? 1 - < 6 Hrs 2 - 7-23 Hrs 3 - 1-4 Days 4 - 5-9 Days 5 - 10-14 Days 6 - 15+ Days 9 - Unknown | | Time after illness onset? 1 - < 6 Hrs 2 - 7-23 Hrs 3 - 1-4 Days 4 - 5-9 Days 5 - 10-14 Days 6 - 15+ Days 9 - Unknown | Idf: | |
| 11 | 10 | ANATOMIC | CLINICAL HISTORY: | Anatomic site | If acute wound indicated, specify one principal anatomic site: 1 - Head 2 - Trunk 3 - Upper Extremity 4 - Lower Extremity 9 - Unspecified | | Anatomic site of acute wound 1 - Head 2 - Trunk 3 - Upper Extremity 4 - Lower Extremity 9 - Unspecified | Idf: | IdfTETAcuteAnatomicSite |
| 28 | 27 | ASSOCCON | | Associated condition | If No acute injury, identify associated condition: 1 - Abscess 2 - Ulcer 3 - Blister 4 - Gangrene 5 - Cellulitis 6 - Other infection 9 - None | | 1 Associated condition 1 - Abscess 2 - Ulcer 3 - Blister 4 - Gangrene 5 - Cellulitis 6 - Other infection 9 - None | Idf: | IdfTETAbcessCellulitis |
| | 27 | ASSOCCON | | Associated condition | If No acute injury, identify associated condition: 1 - Abscess 2 - Ulcer 3 - Blister 4 - Gangrene 5 - Cellulitis 6 - Other infection 9 - None | | 2 Associated condition 1 - Abscess 2 - Ulcer 3 - Blister 4 - Gangrene 5 - Cellulitis 6 - Other infection 9 - None | Idf: | IdfTETUlcer |
| | 27 | ASSOCCON | | Associated condition | If No acute injury, identify associated condition: 1 - Abscess 2 - Ulcer 3 - Blister 4 - Gangrene 5 - Cellulitis 6 - Other infection 9 - None | | 3 Associated condition 1 - Abscess 2 - Ulcer 3 - Blister 4 - Gangrene 5 - Cellulitis 6 - Other infection 9 - None | Idf: | IdfTETBlister |

TETANUS

| | | | | | | | | |
|----|----------|----------|---------------------------------------|--|---|---|------|----------------------------|
| 27 | ASSOCCON | | Associated condition | If No acute injury, identify associated condition: 1 - Abscess 2 - Ulcer 3 - Blister 4 - Gangrene 5 - Cellulitis 6 - Other infection 9 - None | 4 | Associated condition 1 – Abscess 2 – Ulcer 3 – Blister 4 – Gangrene 5 – Cellulitis 6 – Other infection 9 – None | Idf: | IdfTETGangrene |
| 27 | ASSOCCON | | Associated condition | If No acute injury, identify associated condition: 1 - Abscess 2 - Ulcer 3 - Blister 4 - Gangrene 5 - Cellulitis 6 - Other infection 9 - None | 5 | Associated condition 1 – Abscess 2 – Ulcer 3 – Blister 4 – Gangrene 5 – Cellulitis 6 – Other infection 9 – None | Idf: | IdfTETAbscessCellulitis |
| 27 | ASSOCCON | | Associated condition | If No acute injury, identify associated condition: 1 - Abscess 2 - Ulcer 3 - Blister 4 - Gangrene 5 - Cellulitis 6 - Other infection 9 - None | 6 | Associated condition 1 – Abscess 2 – Ulcer 3 – Blister 4 – Gangrene 5 – Cellulitis 6 – Other infection 9 – None | Idf: | IdfTETOtherCondition |
| 27 | ASSOCCON | | Associated condition | If No acute injury, identify associated condition: 1 - Abscess 2 - Ulcer 3 - Blister 4 - Gangrene 5 - Cellulitis 6 - Other infection 9 - None | 9 | Associated condition 1 – Abscess 2 – Ulcer 3 – Blister 4 – Gangrene 5 – Cellulitis 6 – Other infection 9 – None | Idf: | |
| 53 | 48 | BIRTHATT | NEONATAL PATIENTS (under 28 days old) | Birth attendant(s) | Birth attended by: 1 Physician 2 Nurse 3 Licensed Midwife 4 Unlicensed Midwife 5 Other 9 Unknown | Birth Attendant(s) 1 – Physician 2 – Nurse 3 – Licensed Midwife 4 – Unlicensed Midwife 5 – Other 9 – Unknown | Idf: | IdfTETBirthAttendants |
| 52 | 47 | BIRTHPLA | NEONATAL PATIENTS (under 28 days old) | Birth place | Patient Born in: 1 Hospital 2 Home 3 Other 9 Unknown | Patient Birth Place 1 – Hospital 2 – Home 3 – Other 9 – Unknown | Idf: | IdfTETPatientBirthLocation |
| 14 | 13 | CIRCUMST | CLINICAL HISTORY: | Circumstances | Describe in detail circumstances of wound (e.g., stepped on a nail); 20 characters of open text for circumstances of wound. | Circumstances | Idf: | IdfTETAcuteCircumstances |

TETANUS

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| 55 | 50 | COMMENTS | NEONATAL PATIENTS (under 28 days old) | Comments? | This indicates whether there are additional comments on the case report form that might be helpful. Y Yes N No | | Comments? Indicates whether there are additional comments on the case report form that might be helpful. | Idf: | IdfTETCOMMENTS |
| 16 | 15 | CONTAM | CLINICAL HISTORY: | Contaminated | Was the wound contaminated (by dirt, feces, soil, saliva, etc.)? Y Yes N No U Unknown | | Contaminated Y Yes N No U Unknown | Idf: | ?? |
| 45 | 41 | DATEEXP | COURSE OF TETANUS DISEASE | Date expired | Date of death in MM/DD/YY format. | | Date Expired (died) | person: | deceasedDate |
| 39 | 37 | DAYSHOSP | COURSE OF TETANUS DISEASE | Days Hospitalized | Range 0-998, 999-Unknown If less than 1, cursor skips to "Outcome". | | Total days hospitalized | gi: | durationOfStay |
| 41 | 38 | DAYSICU | COURSE OF TETANUS DISEASE | Days in ICU | | | Days in ICU | Idf: | IdfTETDaysInIcu |
| 24 | 23 | DEBRTIME | MEDICAL CARE PRIOR TO ILLNESS ONSET: | Debr - time after injury | If Yes, how soon after injury? 1 - < 6 Hrs 2 - 7-23 Hrs 3 - 1-4 Days 4 - 5-9 Days 5 - 10-14 Days 6 - 15+ Days 9 - Unknown | | Debrided time after injury 1 - < 6 Hrs 2 - 7-23 Hrs 3 - 1-4 Days 4 - 5-9 Days 5 - 10-14 Days 6 - 15+ Days 9 - Unknown | Idf: | ?? |
| 17 | 16 | DEPTHWOU | CLINICAL HISTORY: | Depth of wound | | | Depth of wound 1 - 1 cm. Or less 2 - More than 1 cm. 9 - Unknown | Idf: | ?? |
| 33 | 32 | DESCR | | Describe | Twenty character open text for description of type of parenteral drug abuse. | | Describe type of parenteral drug abuse | Idf: | ?? |
| 29 | 28 | DESCRIBE | | Describe | Twenty characters of open text for description of associated condition. | | Describe Other associated condition | Idf: | IdfTETSpecifyOtherCondition |
| 30 | 29 | DIABETES | | Diabetes? | | | Diabetes? Y Yes N No U Unknown | Idf: | IdfTETDiabetes |
| 27 | 26 | DOSAGE | MEDICAL CARE PRIOR TO ILLNESS ONSET: | Dosage (units) | If Yes, enter dosage (in units). RANGE 0 - 998 999 Unknown | | Dosage (units) of TIG | Idf: | IdfTETigBeforeDosageUnits |
| 32 | 31 | DRUGABUS | | Parenteral drug abuse? | | | Parenteral drug abuse? Y Yes N No U Unknown | Idf: | IdfTETInjectionDrugAbuse |
| 13 | 12 | ENVIRONM | CLINICAL HISTORY: | Environment | | | Environment 1 - Home 2 - Other Indoors 3 - Farm/Yard 4 - Automobile 5 - Other Outdoors 9 - Unknown | Idf: | IdfTETAcuteEnvironment |

TETANUS

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| 18 | 17 | INFECT | CLINICAL HISTORY: | Signs of infection | Were there signs of infection? Y Yes N No U Unknown | Infected Y Yes N No U Unknown | Idf: | IdfTETInfected |
| 58 | 53 | INSTITUT | REPORT SUBMITTED BY: | Institution | Thirty character open space for the name of the reporting Institution. | Reporting Institution | Idf: | ?? |
| 31 | 30 | INSULIN | | Insulin-dependent? | If diabetes indicated, is it insulin-dependent diabetes? Y Yes N No U Unknown | Insulin dependent? Y Yes N No U Unknown | Idf: | IdfTETInsulinDependent |
| 50 | 46 | LASTDOSE | NEONATAL PATIENTS (under 28 days old) | YRs since last dose | Number of years since last TT dose. Range 0-98, 99=Unknown | Years since last dose | Idf: | IdfTETMothersLastDose |
| 48 | 44 | MARRIVAL | NEONATAL PATIENTS (under 28 days old) | Mother's arrival in US | Enter the date of the mother's arrival in the U.S. in MM/DD/YY format. | Mother's arrival in US | Idf: | IdfTETMothersResideUs |
| 47 | 43 | MBIRTH | NEONATAL PATIENTS (under 28 days old) | Mother's Birthdate | Enter mother's birthdate in MM/DD/YY format. | Mother's Birthdate | Idf: | IdfTETMothersBirthDate |
| 20 | 19 | MEDCARE | MEDICAL CARE PRIOR TO ILLNESS ONSET: | Medical care for this acute injury? | Was medical care obtained for this acute injury? Y Yes N No U Unknown If No, cursor skips to Associated Condition | Medical care for this acute injury? Y Yes N No U Unknown | Idf: | IdfTETAcuteMedicalCare |
| 5 | 4 | MILITARY | | Military-Natl.Guard | Did the patient have a history of Military or National Guard Service? Y Yes N No U Unknown If No, cursor skips to question about Tetanus Toxoid History. | Military or National Guard Y Yes N No U Unknown | Idf: | ?? |
| 46 | 42 | MOTHAGE | NEONATAL PATIENTS (under 28 days old) | Mother's Age | Age of mother in years: Range 12-60, Unknown=99 | Mother's Age | Idf: | IdfTETMothersAge |
| 49 | 45 | MTTHIST | NEONATAL PATIENTS (under 28 days old) | Mother's TT history | Mother's TETANUS TOXOID History PRIOR to Child's Disease (Known Doses Only): 0 - Never 1 - 1 Dose 2 - 2 Doses 3 - 3 Doses 4 - 4+ Doses 9 - Unknown If 0, cursor skips "Last Dose". | Mother's Tetanus Toxoid history (number of doses) 0 - Never 1 - 1 Dose 2 - 2 Doses 3 - 3 Doses 4 - 4+ Doses 9 - Unknown | Idf: | IdfTETMothersTetToxoidDoses |

TETANUS

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| 4 | 3 | OCCUP | | Occup. | Fifteen characters of open text for occupation of patient. | | Primary Occupation Free-text | Idf: | IdfTETOccupation |
| | | ONSETYR | | Onset Yr | Enter the Year of onset of tetanus illness in YY format. The event date from the core screen is displayed as a reminder. | | Onset Year | Idf: | IdfTETOnsetYear |
| 3 | 2 | OTHER | NEONATAL PATIENTS (under 28 days old) | Other | Ten character open text to list birth attendant if other than the ones listed previously. | | Other birth attendant(s) | Idf: | ?? |
| 54 | 49 | OUTCOME | COURSE OF TETANUS DISEASE | One month outcome | Outcome One Month After Onset: R - Recovered C - Convalescing D - Died If patient did not die, cursor skips "Date Expired". | | One month outcome R – Recovered C – Convalescing D – Died | Idf: | IdfTETFinalOutcome |
| 44 | 40 | PHONE | REPORT SUBMITTED BY: | Phone | Phone number (including area code) of person reporting. | | Reporter's Phone Number | Idf: | ?? |
| 59 | 54 | REPNAME | REPORT SUBMITTED BY: | Reporter's Name | Thirty character open space for the entry of the name of the reporter. | | Reporter's Name | Idf: | ?? |
| 56 | 51 | REPORTED | REPORT SUBMITTED BY: | Date Reported | Date reported to local health facility in MM/DD/YY format. | | Date Reported to local health facility | Idf: | ?? |
| 60 | 55 | STATEID | | State ID | Enter state identification number for this case. | | State identification number for this case. | Idf: | IdfTETStateID |
| 2 | 1 | TDOSAGE | COURSE OF TETANUS DISEASE | Total dosage | Total dosage given in units (five digit field). | | Total TIG dosage | Idf: | IdfTETigAfterDosageUnits |
| 37 | 36 | TIGPROPH | MEDICAL CARE PRIOR TO ILLNESS ONSET: | TIG prophylaxis before tetanus onset? | Was TETANUS IMMUNE GLOBULIN prophylaxis given before onset? Y Yes N No U Unknown If No, cursor skips to Associated Condition. | | TIG prophylaxis before tetanus onset? Y Yes N No U Unknown | Idf: | IdfTETigBefore |
| 25 | 24 | TIGTHERA | COURSE OF TETANUS DISEASE | TIG therapy given? | Was TETANUS IMMUNE GLOBULIN therapy given? Y Yes N No U Unknown If No, cursor skips to "Days hospitalized" | | TIG therapy given? Y Yes N No U Unknown | Idf: | IdfTETigAfter |
| 35 | 34 | | | | | | | | |

TETANUS

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| 26 | 25 | TIGTIME | MEDICAL CARE PRIOR TO ILLNESS ONSET: | TIG - time after injury | If Yes, how soon after onset? 1 - < 6 Hrs 2 - 7 23 Hrs 3 - 1 4 Days 4 - 5 9 Days 5 - 10 14 Days 6 - 15+ Days 9 - Unknown | | TIG time after injury 1 - < 6 Hrs 2 - 7-23 Hrs 3 - 1-4 Days 4 - 5-9 Days 5 - 10-14 Days 6 - 15+ Days 9 - Unknown | Idf: | |
| 19 | 18 | TISSUE | CLINICAL HISTORY: | Devitalized tissue | Did the patient have devitalized, ischemic or denervated tissue? Y Yes N No U Unknown | | Devitalized Tissue Y Yes N No U Unknown | Idf: | ?? |
| 57 | 52 | TITLE | REPORT SUBMITTED BY: | Title | Thirty character open space for the title of the reporter. | | Reporter's Title | Idf: | ?? |
| 21 | 20 | TTADMIN | MEDICAL CARE PRIOR TO ILLNESS ONSET: | TT administered before tetanus onset? | If Yes, was TETANUS TOXOID administered after acute injury, but before tetanus onset? Y Yes N No U Unknown If No cursor skips to Wound Debrided. | | Tetanus Toxoid administered before onset? Y Yes N No U Unknown | Idf: | IdfTETTetanusToxoidBefore |
| 7 | 6 | TTHIST | | TT history PRIOR to tetanus disease | | 0 - Never 1 - 1 Dose 2 - 2 Doses 3 - 3 Doses 4 - 4+ Doses 9 - Unknown (EXCLUDE doses received since acute injury). | Tetanus Toxoid History Prior to Tetanus Disease 0 - Never 1 - 1 Dose 2 - 2 Doses 3 - 3 Doses 4 - 4+ Doses 9 - Unknown | Idf: | IdfTETTetanusToxoidDoses |
| 22 | 21 | TTTIME | MEDICAL CARE PRIOR TO ILLNESS ONSET: | TT - time after injury | If Yes, how soon after injury? 1 - < 6 Hrs 2 - 7 23 Hrs 3 - 1 4 Days 4 - 5 9 Days 5 - 10 14 Days 6 - 15+ Days 9 - Unknown | | Tetanus Toxoid time after injury 1 - < 6 Hrs 2 - 7-23 Hrs 3 - 1-4 Days 4 - 5-9 Days 5 - 10-14 Days 6 - 15+ Days 9 - Unknown | Idf: | ?? |
| 34 | 33 | TYPEDIS | COURSE OF TETANUS DISEASE | Type of tetanus disease | | | Type of Tetanus disease 1 - Generalized 2 - Localized 3 - Cephalic 9 - Unknown | Idf: | IdfTETTetanusType |
| 43 | 39 | VENTILAT | COURSE OF TETANUS DISEASE | Days mech. Ventilation | Received mechanical ventilation? Range 0-998, 999-Unknown | | Days in Mechanical Ventilation | Idf: | IdfTETDaysInMechanicalVent |
| 12 | 11 | WORKRELA | CLINICAL HISTORY: | Work related | | | Work Related? Y Yes N No U Unknown | Idf: | IdfTETAcuteWorkRelated |

TETANUS

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| 9 | WOUND DAT | CLINICAL HISTORY: | Wound date | Date acute wound occurred in MM/DD/YY format. | | Wound Date | Idf: | IdfTETAcuteWoundOrInjuryDate |
| 22 | WOUND DEB | MEDICAL CARE PRIOR TO ILLNESS ONSET: | Wound debrided before tetanus onset? | Was wound debrided before tetanus onset? Y Yes N No U Unknown If No, cursor skips to TIG prophylaxis. | | Wound debrided before tetanus onset? Y Yes N No U Unknown | Idf: | ?? |
| 14 | WOUND TYP | CLINICAL HISTORY: | Wound type | Specify ONE principal wound type. 1 - Puncture 2 - Stellate Laceration 3 - Linear Laceration 4 - Crush 5 - Abrasion 6 - Avulsion 7 - Burn 8 - Frostbite 9 - Compound Fracture 10 - Other 99 - Unknown | | Wound Type 1 – Puncture 2 – Stellate Laceration 3 – Linear Laceration 4 – Crush 5 – Abrasion 6 – Avulsion 7 – Burn 8 – Frostbite 9 – Compound Fracture 10 – Other 99 – Unknown | Idf: | IdfTETInjuryType |
| 5 | YR ENTRY | | Yr Entry | Two-digit Year of entry into Military or National Guard. | | Year of Entry | Idf: | ?? |
| 7 | YR SINCE | | Yrs since last dose | Enter the two digit number of years since the last TT dose. | | Years since last tetanus dose? | Idf: | IdfTETYearsLastDose |
| | | | | | | Hospitalized? Y Yes N No U Unknown | | |
| | | | | | | Was this patient in the Intensive Care Unit (ICU)? | | |
| | | | | | | Was this case mechanically ventilated? | | |
| | | | | | | How long has it been since the mother received her last tetanus vaccination? (UNIT) | | |

TETANUS

| Mapping Guide Order | NETSS Entry Screen Order | NEDSS Unique ID and Short Name | NEDSS Section Instructions from UI (if any) | NEDSS Prompt from UI | NEDSS Description (Full Question or Data Entry Instructions) From Page Specs. | SRT | Applicable Condition Codes | NEDSS Description | ADS Column.table | Metadata/ Comments |
|---------------------|--------------------------|---|---|----------------------|---|--|----------------------------|--|------------------|--|
| 9 | 8 | TET106 Was there an acute wound or injury | | | | YNU | 10210 | Was there an acute wound or injury? | | This is a CDF in NEDSS. |
| 36 | 35 | N/A | | | | N/A | 10210 | | | NEDSS does not currently support this question. If State requires the data migrated, create a DMDF. |
| 11 | 10 | TET111 Principle anatomic site of acute wound or injury | | | | NIP_TET_SITE | 10210 | Principle anatomic site of acute wound or injury | | This is a CDF in NEDSS. |
| 28 | 27 | TET123 Abcess/Cellulitis | | | | TET123 YNU TET124 YNU TET125 YNU TET126 YNU TET131 YNU | 10210 | Abcess/Cellulitis Ulcer Blister Gangrene Other | | TET123, TET124, TET125, TET126 and TET 131 are all CDFs in NEDSS. If any of these values is selected in NETSS, then the applicable field is set to 'Yes' in NEDSS. |
| | 27 | TET124 Ulcer | | | | TET123 YNU TET124 YNU TET125 YNU TET126 YNU TET131 YNU | 10210 | Abcess/Cellulitis Ulcer Blister Gangrene Other | | TET123, TET124, TET125, TET126 and TET 131 are all CDFs in NEDSS. If any of these values is selected in NETSS, then the applicable field is set to 'Yes' in NEDSS. |
| | 27 | TET125 Blister | | | | TET123 YNU TET124 YNU TET125 YNU TET126 YNU TET131 YNU | 10210 | Abcess/Cellulitis Ulcer Blister Gangrene Other | | TET123, TET124, TET125, TET126 and TET 131 are all CDFs in NEDSS. If any of these values is selected in NETSS, then the applicable field is set to 'Yes' in NEDSS. |

TETANUS

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|----|-----------------|---|--|--|--|--------------------|--|--|--|
| 27 | TET126 Gangrene | | | | TET123 YNU TET124 YNU TET125 YNU TET126 YNU TET131 YNU | 10210 | Abcess/Cellulitis Ulcer Blister Gangrene Other | | TET123, TET124, TET125, TET126 and TET 131 are all CDFs in NEDSS. If any of these values is selected in NETSS, then the applicable field is set to 'Yes' in NEDSS. |
| 27 | TET131 Other | | | | TET123 YNU TET124 YNU TET125 YNU TET126 YNU TET131 YNU | 10210 | Abcess/Cellulitis Ulcer Blister Gangrene Other | | TET123, TET124, TET125, TET126 and TET 131 are all CDFs in NEDSS. If any of these values is selected in NETSS, then the applicable field is set to 'Yes' in NEDSS. |
| 27 | TET131 Other | | | | TET123 YNU TET124 YNU TET125 YNU TET126 YNU TET131 YNU | 10210 | Abcess/Cellulitis Ulcer Blister Gangrene Other | | TET123, TET124, TET125, TET126 and TET 131 are all CDFs in NEDSS. If any of these values is selected in NETSS, then the applicable field is set to 'Yes' in NEDSS. |
| 27 | TET131 Other | | | | TET123 YNU TET124 YNU TET125 YNU TET126 YNU TET131 YNU | 10210 | Abcess/Cellulitis Ulcer Blister Gangrene Other | | TET123, TET124, TET125, TET126 and TET 131 are all CDFs in NEDSS. If any of these values is selected in NETSS, then the applicable field is set to 'Yes' in NEDSS. |
| 53 | 48 | TET187 Birth attendees | | | | NIP_TET_BIRTH_ROLE | 10210 | Birth attendees | This is a CDF in NEDSS. |
| 52 | 47 | TET185 Infant's (case's) birth place location | | | | NIP_TET_BIRTH_LOC | 10210 | Infant's (case's) birth place location | This is a CDF in NEDSS. |
| 14 | 13 | TET110 Circumstances of acute wound or injury (e.g., stepped on a nail) | | | | | 10210 | Circumstances of acute wound or injury (e.g., stepped on a nail) | This is a CDF in NEDSS. |

TETANUS

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| 55 | 50 | | | | 10210 | | | This is a YES/NO question in NETSS. NEDSS does not currently support this question. If State requires the data migrated, create a DMDF. |
| | | N/A | | | N/A | 10210 | | NEDSS does not currently support this question. If State requires the data migrated, create a DMDF. |
| 16 | 15 | | | | | | | |
| 45 | 41 | DEM128 Deceased Date | | | | 10210 | Date on which the individual died. | Person.deceased_time |
| 39 | 37 | INV134 Total Duration of Stay Within Hospital | | | | 10210 | Subject's duration of stay at the hospital for the condition being reported | Obs_value_numeric.numeric_value_1 |
| 41 | 38 | TET101 Number of days patient was in ICU | | | | 10210 | Number of days patient was in ICU | This is a CDF in NEDSS. |
| | | N/A | | | N/A | 10210 | | NEDSS does not currently support this question. If State requires the data migrated, create a DMDF. |
| 24 | 23 | | | | | | | |
| 17 | 16 | | | | | 10210 | | NEDSS does not currently support this question. If State requires the data migrated, create a DMDF. |
| 33 | 32 | N/A | | | N/A | 10210 | | NEDSS does not currently support this question. If State requires the data migrated, create a DMDF. |
| 29 | 28 | TET131 Specify other | | | | 10210 | Specify other | This is a CDF in NEDSS. |
| 30 | 29 | TET160 Does the patient have diabetes? | | | YNU | 10210 | Does the patient have diabetes? | This is a CDF in NEDSS. |
| 27 | 26 | TET120 Prophylactic TIG dosage (units) | | | | 10210 | Prophylactic TIG dosage (units) | This is a CDF in NEDSS. |
| 32 | 31 | TET162 Is there a history of injection drug use? | | | YNU | 10210 | Is there a history of injection drug use? | This is a CDF in NEDSS. |
| 13 | 12 | TET109 What was the environment where acute wound or injury occurred? | | | NIP_TET_ENV | 10210 | What was the environment where acute wound or injury occurred? | This is a CDF in NEDSS. |

TETANUS

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|----|----|--|--|--|--|-----------------|-------|---|--|---|
| 18 | 17 | TET137 Was the wound infected at the time of tetanus diagnosis? | | | | YNU | 10210 | Was the wound infected at the time of tetanus diagnosis? | | This is a CDF in NEDSS. |
| 58 | 53 | | | | | | 10210 | | | NEDSS does not currently support this question. If State requires the data migrated, create a DMDF. |
| 31 | 30 | TET161 Is the diabetic insulin dependent? | | | | YNU | 10210 | Is the diabetic insulin dependent? | | This is a CDF in NEDSS. |
| 50 | 46 | TET176 How long has it been since the mother received her last tetanus vaccination? | | | | | 10210 | How long has it been since the mother received her last tetanus vaccination? | | This is a CDF in NEDSS. |
| 48 | 44 | TET171 If not U.S. born, date mother first resided in the U.S. | | | | | 10210 | If not U.S. born, date mother first resided in the U.S. | | This is a CDF in NEDSS. The NETSS Source Data need to be changed to mm/dd/yyyy format. |
| 47 | 43 | TET167 Mother's date of birth | | | | | 10210 | Mother's date of birth | | This is a CDF in NEDSS. The NETSS Source Data need to be changed to mm/dd/yyyy format. |
| 20 | 19 | TET114 Was medical care obtained for the acute wound or injury before tetanus symptom onset? | | | | YNU | 10210 | Was medical care obtained for the acute wound or injury before tetanus symptom onset? | | This is a CDF in NEDSS |
| 5 | 4 | N/A | | | | | 10210 | | | NEDSS does not currently support this question. If State requires the data migrated, create a DMDF. |
| 46 | 42 | TET166 Mother's age in years | | | | | 10210 | Mother's age in years | | This is a CDF in NEDSS. |
| 49 | 45 | TET175 If Yes, then give the number of known doses | | | | NIP_TET_NUMDOSE | 10210 | If Yes, then give the number of known doses | | This is a CDF in NEDSS. |

TETANUS

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| 4 | 3 | TET159 Patient's primary occupation | | | | 10210 | Patient's primary occupation | | This is a CDF in NEDSS. |
| 3 | 2 | | | | | 10210 | | | NEDSS does not currently support this question (NEDSS asks an onset day, not just year). If State requires the data migrated, create a DMDF. |
| 54 | 49 | N/A | | | N/A | 10210 | | | NEDSS does not currently support this question. If State requires the data migrated, create a DMDF. |
| 44 | 40 | TET141 Final Outcome | | | NIP_TET_RXOUTCOME | 10210 | Final outcome | | This is a CDF in NEDSS. |
| 59 | 54 | | | | | 10210 | | | NEDSS does not currently support this question. If State requires the data migrated, create a DMDF. |
| 56 | 51 | | | | | 10210 | | | NEDSS does not currently support this question. If State requires the data migrated, create a DMDF. |
| 60 | 55 | | | | | 10210 | | | NEDSS does not currently support this question. If State requires the data migrated, create a DMDF. This question is actually asked in the Core. |
| 2 | 1 | N/A | | | | 10210 | N/A | N/A | STATEID mapped to DMDF because NETSS 'ID' is mapped to stateCaseID for data migration (see ID NETSS Variable Name in Core Section). |
| 37 | 36 | TET140 Total therapeutic TIG dosage | | | | 10210 | Total therapeutic TIG dosag | | This is a CDF in NEDSS. |
| 25 | 24 | TET118 Was tetanus immune globulin (TIG) prophylaxis given as part of wound care before tetanus symptom onset? | | | YNU | 10210 | Was tetanus immune globulin (TIG) prophylaxis given as part of wound care before tetanus symptom onset? | | This is a CDF in NEDSS. |
| 35 | 34 | TET140 Was tetanus immune globulin (TIG) therapy given after tetanus symptom onset? | | | YNU | 10210 | Was tetanus immune globulin (TIG) therapy given after tetanus symptom onset? | | This is a CDF in NEDSS. |

TETANUS

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|----|----|---|--|--|--|-----------------|-------|--|--|---|
| 26 | 25 | N/A | | | | N/A | 10210 | | | NEDSS does not currently support this question. If State requires the data migrated, create a DMDF. |
| 19 | 18 | N/A | | | | N/A | 10210 | | | NEDSS does not currently support this question. If State requires the data migrated, create a DMDF. |
| 57 | 52 | | | | | | 10210 | | | NEDSS does not currently support this question. If State requires the data migrated, create a DMDF. |
| 21 | 20 | TET116 Was tetanus toxoid (Td, TT, DT, DTaP) administered for the acute wound or injury before tetanus symptom onset? | | | | YNU | 10210 | Was tetanus toxoid (Td, TT, DT, DTaP) administered for the acute wound or injury before tetanus symptom onset? | | This is a CDF in NEDSS. |
| 7 | 6 | TET147 Total # doses | | | | NIP_TET_NUMDOSE | 10210 | Total # doses | | This is a CDF in NEDSS. |
| 22 | 21 | N/A | | | | N/A | 10210 | | | NEDSS does not currently support this question. If State requires the data migrated, create a DMDF. |
| 34 | 33 | TET105 Type of Tetanus | | | | NIP_TET_TYPE | 10210 | Type of tetanus | | This is a CDF in NEDSS. |
| 43 | 39 | TET103 Number of days patient received mechanical ventilation | | | | | 10210 | Number of days patient received mechanical ventilation | | This is a CDF in NEDSS. |
| 12 | 11 | TET108 Was the acute wound or injury work related | | | | YNU | 10210 | Was the acute wound or injury work related? | | This is a CDF in NEDSS. |

TETANUS

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|----|----|---|--|--|------------------|-------|---|----------------------|---|
| 10 | 9 | TET107 Date acute wound or injury occurred | | | | 10210 | Date acute wound or injury occurred | | This is a CDF in NEDSS. The NETSS Source Data need to be changed to mm/dd/yyyy format. |
| 23 | 22 | N/A | | | N/A | 10210 | | | NEDSS does not currently support this question. If State requires the data migrated, create a DMDF. |
| 15 | 14 | TET112 Principle acute wound or injury type | | | NIP_TET_INJURY | 10210 | Principle acute wound or injury type | | This is a CDF in NEDSS. |
| 6 | 5 | N/A | | | | 10210 | | | NEDSS does not currently support this question. If State requires the data migrated, create a DMDF. |
| 8 | 7 | TET148 Number of years since last tetanus dose | | | | 10210 | OR, approximate number of years since the patient's last tetanus dose | | This is a CDF in NEDSS. |
| 38 | | INV128 Was the patient hospitalized? | | | YNU | | Was the patient hospitalized as a result of this event? | Obs_value_coded.code | If data entered for DAYSHOSP, then set this field to 'Yes'. Note: This field will not be populated with 'Yes' due to coding issues associated with CDFs. |
| 40 | | TET100 Was this patient in the Intensive Care Unit (ICU)? | | | YNU | | | | If data entered for DAYSICU, then set this field to 'Yes'. Note: This field will not be populated with 'Yes' due to coding issues associated with CDFs. |
| 42 | | TET102 Was this case mechanically ventilated? | | | YNU | | | | If data is entered for VENTILAT, then set this field to 'Yes'. Note: This field will not be populated with 'Yes' due to coding issues associated with CDFs. |
| 51 | | TET177 (units for the previous question) | | | NIP_TET_DUR_UNIT | | | | This is a CDF in NEDSS. If data entered for LASTDOSE, need to set this field to 'Years'. Note: This field will not be populated with 'Years' due to coding issues associated with CDFs. |

TETANUS CODES

| NETSS FILE | Mapping Guide Order | ORDER IN NETSS FORMAT | NETSS Variable Name | NETSS Prompt | NETSS ORIGINAL VALUE | NETSS CODE DESCRIPTION | NETSS COMMENTS | SRT_TABLE_NM |
|------------|---------------------|-----------------------|---------------------|-------------------------------------|----------------------|------------------------|-----------------|------------------------|
| TETANUS | 2 | 1 | STATEID | State ID | | | NOT CODED VALUE | |
| TETANUS | 3 | 2 | ONSETYR | Onset Yr | Numeric | | NOT CODED VALUE | |
| TETANUS | 4 | 3 | OCCUP | Occup. | | | | |
| TETANUS | 5 | 4 | MILITARY | Military-Natl.Guard | Y | Yes | | CODE_VALUE_GENER AL |
| TETANUS | 5 | 4 | MILITARY | Military-Natl.Guard | N | No | | CODE_VALUE_GENER AL |
| TETANUS | 5 | 4 | MILITARY | Military-Natl.Guard | U | Unknown | | CODE_VALUE_GENER AL |
| TETANUS | 6 | 5 | YRENTY | Yr Entry | Numeric | | NOT CODED VALUE | |
| TETANUS | 7 | 6 | TTHIST | TT history PRIOR to tetanus disease | | 0 Never | | 6 |
| TETANUS | 7 | 6 | TTHIST | TT history PRIOR to tetanus disease | | 1 1 Dose | | 6 |
| TETANUS | 7 | 6 | TTHIST | TT history PRIOR to tetanus disease | | 2 2 Doses | | 6 |
| TETANUS | 7 | 6 | TTHIST | TT history PRIOR to tetanus disease | | 3 3 Doses | | 6 |
| TETANUS | 7 | 6 | TTHIST | TT history PRIOR to tetanus disease | | 4 4+ Doses | | 6 |
| TETANUS | 7 | 6 | TTHIST | TT history PRIOR to tetanus disease | | 9 Unknown | | 6 |
| TETANUS | 8 | 7 | YRSSINCE | Yrs since last dose | Numeric | | NOT CODED VALUE | |
| TETANUS | 9 | 8 | ACUTEWOU | Acute wound | Y | Yes | | CODE_VALUE_GENER AL |
| TETANUS | 9 | 8 | ACUTEWOU | Acute wound | N | No | | CODE_VALUE_GENER AL |
| TETANUS | 9 | 8 | ACUTEWOU | Acute wound | U | Unknown | | CODE_VALUE_GENER AL |
| TETANUS | 10 | 9 | WOUNDDAT | Wound date | Date | | NOT CODED VALUE | |
| TETANUS | 11 | 10 | ANATOMIC | Anatomic site | | 1 Head | | 5 |
| TETANUS | 11 | 10 | ANATOMIC | Anatomic site | | 2 Trunk | | 5 |
| TETANUS | 11 | 10 | ANATOMIC | Anatomic site | | 3 Upper Extremity | | 5 |
| TETANUS | 11 | 10 | ANATOMIC | Anatomic site | | 4 Lower Extremity | | 5 |
| TETANUS | 11 | 10 | ANATOMIC | Anatomic site | | 9 Unspecified | | 5 |
| TETANUS | 12 | 11 | WORKRELA | Work related | Y | Yes | | CODE_VALUE_GENER AL |
| TETANUS | 12 | 11 | WORKRELA | Work related | N | No | | CODE_VALUE_GENER AL |
| TETANUS | 12 | 11 | WORKRELA | Work related | U | Unknown | | CODE_VALUE_GENER AL |
| TETANUS | 13 | 12 | ENVIRONM | Environment | | 1 Home | | 6 |
| TETANUS | 13 | 12 | ENVIRONM | Environment | | 2 Other Indoors | | 6 |
| TETANUS | 13 | 12 | ENVIRONM | Environment | | 3 Farm/Yard | | 6 |
| TETANUS | 13 | 12 | ENVIRONM | Environment | | 4 Automobile | | 6 |
| TETANUS | 13 | 12 | ENVIRONM | Environment | | 5 Other Outdoors | | 6 |
| TETANUS | 13 | 12 | ENVIRONM | Environment | | 9 Unknown | | 6 |

TETANUS CODES

Attachment 6

| TETANUS | 14 | 13 | CIRCUMST | Circumstances | Text | | NOT CODED VALUE | |
|---------|----|----|----------|---------------------------------------|------|----|---------------------|------------------------|
| TETANUS | 15 | 14 | WOUNDTYP | Wound type | | 1 | Puncture | 11 |
| TETANUS | 15 | 14 | WOUNDTYP | Wound type | | 2 | Stellate Laceration | 11 |
| TETANUS | 15 | 14 | WOUNDTYP | Wound type | | 3 | Linear Laceration | 11 |
| TETANUS | 15 | 14 | WOUNDTYP | Wound type | | 4 | Crush | 11 |
| TETANUS | 15 | 14 | WOUNDTYP | Wound type | | 5 | Abrasion | 11 |
| TETANUS | 15 | 14 | WOUNDTYP | Wound type | | 6 | Avulsion | 11 |
| TETANUS | 15 | 14 | WOUNDTYP | Wound type | | 7 | Burn | 11 |
| TETANUS | 15 | 14 | WOUNDTYP | Wound type | | 8 | Frostbite | 11 |
| TETANUS | 15 | 14 | WOUNDTYP | Wound type | | 9 | Compound Fracture | 11 |
| TETANUS | 15 | 14 | WOUNDTYP | Wound type | | 10 | Other | 11 |
| TETANUS | 15 | 14 | WOUNDTYP | Wound type | | 99 | Unknown | 11 |
| TETANUS | 16 | 15 | CONTAM | Contaminated | Y | | Yes | CODE_VALUE_GENER AL |
| TETANUS | 16 | 15 | CONTAM | Contaminated | N | | No | CODE_VALUE_GENER AL |
| TETANUS | 16 | 15 | CONTAM | Contaminated | U | | Unknown | CODE_VALUE_GENER AL |
| TETANUS | 17 | 16 | DEPTHWOU | Depth of wound | | 1 | 1 cm. or less | 3 |
| TETANUS | 17 | 16 | DEPTHWOU | Depth of wound | | 2 | More than 1 cm. | 3 |
| TETANUS | 17 | 16 | DEPTHWOU | Depth of wound | | 9 | Unknown | 3 |
| TETANUS | 18 | 17 | INFECT | Signs of infection | Y | | Yes | CODE_VALUE_GENER AL |
| TETANUS | 18 | 17 | INFECT | Signs of infection | N | | No | CODE_VALUE_GENER AL |
| TETANUS | 18 | 17 | INFECT | Signs of infection | U | | Unknown | CODE_VALUE_GENER AL |
| TETANUS | 19 | 18 | TISSUE | Devitalized tissue | Y | | Yes | CODE_VALUE_GENER AL |
| TETANUS | 19 | 18 | TISSUE | Devitalized tissue | N | | No | CODE_VALUE_GENER AL |
| TETANUS | 19 | 18 | TISSUE | Devitalized tissue | U | | Unknown | CODE_VALUE_GENER AL |
| TETANUS | 20 | 19 | MEDCARE | Medical care for this acute injury? | Y | | Yes | CODE_VALUE_GENER AL |
| TETANUS | 20 | 19 | MEDCARE | Medical care for this acute injury? | N | | No | CODE_VALUE_GENER AL |
| TETANUS | 20 | 19 | MEDCARE | Medical care for this acute injury? | U | | Unknown | CODE_VALUE_GENER AL |
| TETANUS | 21 | 20 | TTADMIN | TT administered before tetanus onset? | Y | | Yes | CODE_VALUE_GENER AL |
| TETANUS | 21 | 20 | TTADMIN | TT administered before tetanus onset? | N | | No | CODE_VALUE_GENER AL |
| TETANUS | 21 | 20 | TTADMIN | TT administered before tetanus onset? | U | | Unknown | CODE_VALUE_GENER AL |
| TETANUS | 22 | 21 | TTTIME | TT - time after injury | | 1 | < 6 Hrs | 7 |
| TETANUS | 22 | 21 | TTTIME | TT - time after injury | | 2 | 7-23 Hrs | 7 |
| TETANUS | 22 | 21 | TTTIME | TT - time after injury | | 3 | 1-4 Days | 7 |
| TETANUS | 22 | 21 | TTTIME | TT - time after injury | | 4 | 5-9 Days | 7 |
| TETANUS | 22 | 21 | TTTIME | TT - time after injury | | 5 | 10-14 Days | 7 |

TETANUS CODES

| | | | | | | | | | |
|---------|----|----|----------|---------------------------------------|---------|---|-----------------|------------------------|--------------------|
| TETANUS | 22 | 21 | TTTIME | TT - time after injury | | 6 | 15 + Days | | 7 |
| TETANUS | 22 | 21 | TTTIME | TT - time after injury | | 9 | Unknown | | 7 |
| TETANUS | 23 | 22 | WOUNDDEB | Wound debrided before tetanus onset? | Y | | Yes | | CODE_VALUE_GENERAL |
| TETANUS | 23 | 22 | WOUNDDEB | Wound debrided before tetanus onset? | N | | No | | CODE_VALUE_GENERAL |
| TETANUS | 23 | 22 | WOUNDDEB | Wound debrided before tetanus onset? | U | | Unknown | | CODE_VALUE_GENERAL |
| TETANUS | 24 | 23 | DEBRTIME | Debr - time after injury | | 1 | < 6 Hrs | | 7 |
| TETANUS | 24 | 23 | DEBRTIME | Debr - time after injury | | 2 | 7-23 Hrs | | 7 |
| TETANUS | 24 | 23 | DEBRTIME | Debr - time after injury | | 3 | 1-4 Days | | 7 |
| TETANUS | 24 | 23 | DEBRTIME | Debr - time after injury | | 4 | 5-9 Days | | 7 |
| TETANUS | 24 | 23 | DEBRTIME | Debr - time after injury | | 5 | 10-14 Days | | 7 |
| TETANUS | 24 | 23 | DEBRTIME | Debr - time after injury | | 6 | 15 + Days | | 7 |
| TETANUS | 24 | 23 | DEBRTIME | Debr - time after injury | | 9 | Unknown | | 7 |
| TETANUS | 25 | 24 | TIGPROPH | TIG prophylaxis before tetanus onset? | Y | | Yes | | CODE_VALUE_GENERAL |
| TETANUS | 25 | 24 | TIGPROPH | TIG prophylaxis before tetanus onset? | N | | No | | CODE_VALUE_GENERAL |
| TETANUS | 25 | 24 | TIGPROPH | TIG prophylaxis before tetanus onset? | U | | Unknown | | CODE_VALUE_GENERAL |
| TETANUS | 26 | 25 | TIGTIME | TIG - time after injury | | 1 | < 6 Hrs | | 7 |
| TETANUS | 26 | 25 | TIGTIME | TIG - time after injury | | 2 | 7-23 Hrs | | 7 |
| TETANUS | 26 | 25 | TIGTIME | TIG - time after injury | | 3 | 1-4 Days | | 7 |
| TETANUS | 26 | 25 | TIGTIME | TIG - time after injury | | 4 | 5-9 Days | | 7 |
| TETANUS | 26 | 25 | TIGTIME | TIG - time after injury | | 5 | 10-14 Days | | 7 |
| TETANUS | 26 | 25 | TIGTIME | TIG - time after injury | | 6 | 15 + Days | | 7 |
| TETANUS | 26 | 25 | TIGTIME | TIG - time after injury | | 9 | Unknown | | 7 |
| TETANUS | 27 | 26 | DOSAGE | Dosage (units) | Numeric | | | NOT CODED VALUE | |
| TETANUS | 28 | 27 | ASSOCCON | Associated condition | | 1 | Abscess | | CODE_VALUE_GENERAL |
| TETANUS | 28 | 27 | ASSOCCON | Associated condition | | 2 | Ulcer | | CODE_VALUE_GENERAL |
| TETANUS | 28 | 27 | ASSOCCON | Associated condition | | 3 | Blister | | CODE_VALUE_GENERAL |
| TETANUS | 28 | 27 | ASSOCCON | Associated condition | | 4 | Gangrene | | CODE_VALUE_GENERAL |
| TETANUS | 28 | 27 | ASSOCCON | Associated condition | | 5 | Cellulitis | | CODE_VALUE_GENERAL |
| TETANUS | 28 | 27 | ASSOCCON | Associated condition | | 6 | Other infection | | CODE_VALUE_GENERAL |
| TETANUS | 28 | 27 | ASSOCCON | Associated condition | | 9 | None | | CODE_VALUE_GENERAL |
| TETANUS | 29 | 28 | DESCRIBE | Describe | Text | | | NOT CODED VALUE | |
| TETANUS | 30 | 29 | DIABETES | Diabetes? | Y | | Yes | | CODE_VALUE_GENERAL |
| TETANUS | 30 | 29 | DIABETES | Diabetes? | N | | No | | CODE_VALUE_GENERAL |
| TETANUS | 30 | 29 | DIABETES | Diabetes? | U | | Unknown | | CODE_VALUE_GENERAL |

TETANUS CODES

| | | | | | | | | |
|---------|----|----|----------|---------------------------|---------|---------------|------------------------|------------------------|
| TETANUS | 31 | 30 | INSULIN | Insulin-dependent? | Y | Yes | | CODE_VALUE_GENER AL |
| TETANUS | 31 | 30 | INSULIN | Insulin-dependent? | N | No | | CODE_VALUE_GENER AL |
| TETANUS | 31 | 30 | INSULIN | Insulin-dependent? | U | Unknown | | CODE_VALUE_GENER AL |
| TETANUS | 32 | 31 | DRUGABUS | Parenteral drug abuse? | Y | Yes | | CODE_VALUE_GENER AL |
| TETANUS | 32 | 31 | DRUGABUS | Parenteral drug abuse? | N | No | | CODE_VALUE_GENER AL |
| TETANUS | 32 | 31 | DRUGABUS | Parenteral drug abuse? | U | Unknown | | CODE_VALUE_GENER AL |
| TETANUS | 33 | 32 | DESCR | Describe | Text | | NOT CODED VALUE | |
| TETANUS | 34 | 33 | TYPEDIS | Type of tetanus disease | | 1 Generalized | | 4 |
| TETANUS | 34 | 33 | TYPEDIS | Type of tetanus disease | | 2 Localized | | 4 |
| TETANUS | 34 | 33 | TYPEDIS | Type of tetanus disease | | 3 Cephalic | | 4 |
| TETANUS | 34 | 33 | TYPEDIS | Type of tetanus disease | | 9 Unknown | | 4 |
| TETANUS | 35 | 34 | TIGTHERA | TIG therapy given? | Y | Yes | | CODE_VALUE_GENER AL |
| TETANUS | 35 | 34 | TIGTHERA | TIG therapy given? | N | No | | CODE_VALUE_GENER AL |
| TETANUS | 35 | 34 | TIGTHERA | TIG therapy given? | U | Unknown | | CODE_VALUE_GENER AL |
| TETANUS | 36 | 35 | AFTERONS | Time after illness onset? | | 1 < 6 Hrs | | 7 |
| TETANUS | 36 | 35 | AFTERONS | Time after illness onset? | | 2 7-23 Hrs | | 7 |
| TETANUS | 36 | 35 | AFTERONS | Time after illness onset? | | 3 1-4 Days | | 7 |
| TETANUS | 36 | 35 | AFTERONS | Time after illness onset? | | 4 5-9 Days | | 7 |
| TETANUS | 36 | 35 | AFTERONS | Time after illness onset? | | 5 10-14 Days | | 7 |
| TETANUS | 36 | 35 | AFTERONS | Time after illness onset? | | 6 15 + Days | | 7 |
| TETANUS | 36 | 35 | AFTERONS | Time after illness onset? | | 9 Unknown | | 7 |
| TETANUS | 37 | 36 | TDOSAGE | Total dosage | Numeric | | NOT CODED VALUE | |
| TETANUS | 39 | 37 | DAYSHOSP | Days Hospitalized | Numeric | | NOT CODED VALUE | |
| TETANUS | 41 | 38 | DAYSICU | Days in ICU | Numeric | | NOT CODED VALUE | |
| TETANUS | 43 | 39 | VENTILAT | Days mech. Ventilation | | | NOT CODED VALUE | |
| TETANUS | 44 | 40 | OUTCOME | One month outcome | R | Recovered | | 3 |
| TETANUS | 44 | 40 | OUTCOME | One month outcome | C | Convalescing | | 3 |
| TETANUS | 44 | 40 | OUTCOME | One month outcome | D | Died | | 3 |
| TETANUS | 45 | 41 | DATEEXP | Date expired | Date | | NOT CODED VALUE | |
| TETANUS | 46 | 42 | MOTHAGE | Mother's Age | Numeric | | NOT CODED VALUE | |
| TETANUS | 47 | 43 | MBIRTH | Mother's Birthdate | Date | | NOT CODED VALUE | |
| TETANUS | 48 | 44 | MARRIVAL | Mother's arrival in US | Date | | NOT CODED VALUE | |
| TETANUS | 49 | 45 | MTTHIST | Mother's TT history | | 0 Never | | 6 |
| TETANUS | 49 | 45 | MTTHIST | Mother's TT history | | 1 1 Dose | | 6 |
| TETANUS | 49 | 45 | MTTHIST | Mother's TT history | | 2 2 Doses | | 6 |

TETANUS CODES

| | | | | | | | | | |
|---------|----|----|----------|---------------------|---------|---|--------------------|-----------------|------------------|
| TETANUS | 49 | 45 | MTTHIST | Mother's TT history | | 3 | 3 Doses | | 6 |
| TETANUS | 49 | 45 | MTTHIST | Mother's TT history | | 4 | 4+ Doses | | 6 |
| TETANUS | 49 | 45 | MTTHIST | Mother's TT history | | 9 | Unknown | | 6 |
| TETANUS | 50 | 46 | LASTDOSE | YRs since last dose | Numeric | | | NOT CODED VALUE | |
| TETANUS | 52 | 47 | BIRTHPLA | Birth place | | 1 | Hospital | | 4 |
| TETANUS | 52 | 47 | BIRTHPLA | Birth place | | 2 | Home | | 4 |
| TETANUS | 52 | 47 | BIRTHPLA | Birth place | | 3 | Other | | 4 |
| TETANUS | 52 | 47 | BIRTHPLA | Birth place | | 9 | Unknown | | 4 |
| TETANUS | 53 | 48 | BIRTHATT | Birth attendant(s) | | 1 | Physician | | 6 |
| TETANUS | 53 | 48 | BIRTHATT | Birth attendant(s) | | 2 | Nurse | | 6 |
| TETANUS | 53 | 48 | BIRTHATT | Birth attendant(s) | | 3 | Licensed Midwife | | 6 |
| TETANUS | 53 | 48 | BIRTHATT | Birth attendant(s) | | 4 | Unlicensed Midwife | | 6 |
| TETANUS | 53 | 48 | BIRTHATT | Birth attendant(s) | | 5 | Other | | 6 |
| TETANUS | 54 | 49 | OTHER | Other | Text | | | NOT CODED VALUE | |
| TETANUS | 55 | 50 | COMMENTS | Comments? | Y | | Yes | | CODE_VALUE_GENER |
| TETANUS | 55 | 50 | COMMENTS | Comments? | N | | No | | CODE_VALUE_GENER |
| TETANUS | 55 | 50 | COMMENTS | Comments? | U | | Unknown | | CODE_VALUE_GENER |
| TETANUS | 56 | 51 | REPNAME | Reporter's Name | Text | | | NOT CODED VALUE | |
| TETANUS | 57 | 52 | TITLE | Title | Text | | | NOT CODED VALUE | |
| TETANUS | 58 | 53 | INSTITUT | Institution | Text | | | NOT CODED VALUE | |
| TETANUS | 59 | 54 | PHONE | Phone | Text | | | NOT CODED VALUE | |
| TETANUS | 60 | 55 | REPORTED | Date Reported | Date | | | NOT CODED VALUE | |
| | 38 | | | | | | | | |
| | 40 | | | | | | | | |
| | 42 | | | | | | | | |
| | 51 | | | | | | | | |

TETANUS CODES

| NETSS FILE | Mapping Guide Order | CODE_SET_NM | CODE | CODE_DESC_TXT | CODE_SHORT_D ESC_TXT | NEDSS COMMENTS | NETSS - NEDSS DISCREPANCY | NEDSS UNIQUE ID | NEDSS COMMENTS |
|------------|---------------------|-----------------|------|---------------|----------------------|----------------|---------------------------|-----------------|----------------|
| TETANUS | 2 | | | | | | | | |
| TETANUS | 3 | | | | | | | | |
| TETANUS | 4 | | | | | | | | |
| TETANUS | 5 | YNU | Y | Yes | Yes | | | | |
| TETANUS | 5 | YNU | N | No | No | | | | |
| TETANUS | 5 | YNU | UNK | Unknown | Unknown | | | | |
| TETANUS | 6 | | | | | | | | |
| TETANUS | 7 | NIP_TET_NUMDOSE | | | | | | | |
| TETANUS | 7 | NIP_TET_NUMDOSE | | | | | | | |
| TETANUS | 7 | NIP_TET_NUMDOSE | | | | | | | |
| TETANUS | 7 | NIP_TET_NUMDOSE | | | | | | | |
| TETANUS | 7 | NIP_TET_NUMDOSE | | | | | | | |
| TETANUS | 7 | NIP_TET_NUMDOSE | | | | | | | |
| TETANUS | 8 | | | | | | | | |
| TETANUS | 9 | YNU | Y | Yes | Yes | | | | |
| TETANUS | 9 | YNU | N | No | No | | | | |
| TETANUS | 9 | YNU | UNK | Unknown | Unknown | | | | |
| TETANUS | 10 | | | | | | | | |
| TETANUS | 11 | NIP_TET_SITE | | | | | | | |
| TETANUS | 11 | NIP_TET_SITE | | | | | | | |
| TETANUS | 11 | NIP_TET_SITE | | | | | | | |
| TETANUS | 11 | NIP_TET_SITE | | | | | | | |
| TETANUS | 11 | NIP_TET_SITE | | | | | | | |
| TETANUS | 12 | YNU | Y | Yes | Yes | | | | |
| TETANUS | 12 | YNU | N | No | No | | | | |
| TETANUS | 12 | YNU | UNK | Unknown | Unknown | | | | |
| TETANUS | 13 | NIP_TET_ENV | | | | | | | |
| TETANUS | 13 | NIP_TET_ENV | | | | | | | |
| TETANUS | 13 | NIP_TET_ENV | | | | | | | |
| TETANUS | 13 | NIP_TET_ENV | | | | | | | |
| TETANUS | 13 | NIP_TET_ENV | | | | | | | |
| TETANUS | 13 | NIP_TET_ENV | | | | | | | |

TETANUS CODES

| | | | | | | | | | |
|---------|----|----------------|-----|---------|---------|--|--|--|--|
| TETANUS | 14 | | | | | | | | |
| TETANUS | 15 | NIP_TET_INJURY | | | | | | | |
| TETANUS | 15 | NIP_TET_INJURY | | | | | | | |
| TETANUS | 15 | NIP_TET_INJURY | | | | | | | |
| TETANUS | 15 | NIP_TET_INJURY | | | | | | | |
| TETANUS | 15 | NIP_TET_INJURY | | | | | | | |
| TETANUS | 15 | NIP_TET_INJURY | | | | | | | |
| TETANUS | 15 | NIP_TET_INJURY | | | | | | | |
| TETANUS | 15 | NIP_TET_INJURY | | | | | | | |
| TETANUS | 15 | NIP_TET_INJURY | | | | | | | |
| TETANUS | 15 | NIP_TET_INJURY | | | | | | | |
| TETANUS | 15 | NIP_TET_INJURY | | | | | | | |
| TETANUS | 15 | NIP_TET_INJURY | | | | | | | |
| TETANUS | 16 | YNU | Y | Yes | Yes | | | | |
| TETANUS | 16 | YNU | N | No | No | | | | |
| TETANUS | 16 | YNU | UNK | Unknown | Unknown | | | | |
| TETANUS | 17 | | | | | | | | |
| TETANUS | 17 | | | | | | | | |
| TETANUS | 17 | | | | | | | | |
| TETANUS | 18 | YNU | Y | Yes | Yes | | | | |
| TETANUS | 18 | YNU | N | No | No | | | | |
| TETANUS | 18 | YNU | UNK | Unknown | Unknown | | | | |
| TETANUS | 19 | YNU | Y | Yes | Yes | | | | |
| TETANUS | 19 | YNU | N | No | No | | | | |
| TETANUS | 19 | YNU | UNK | Unknown | Unknown | | | | |
| TETANUS | 20 | YNU | Y | Yes | Yes | | | | |
| TETANUS | 20 | YNU | N | No | No | | | | |
| TETANUS | 20 | YNU | UNK | Unknown | Unknown | | | | |
| TETANUS | 21 | YNU | Y | Yes | Yes | | | | |
| TETANUS | 21 | YNU | N | No | No | | | | |
| TETANUS | 21 | YNU | UNK | Unknown | Unknown | | | | |
| TETANUS | 22 | n/a | | | | | | | |
| TETANUS | 22 | n/a | | | | | | | |
| TETANUS | 22 | n/a | | | | | | | |
| TETANUS | 22 | n/a | | | | | | | |
| TETANUS | 22 | n/a | | | | | | | |

TETANUS CODES

| | | | | | | | | | |
|---------|----|-----|-----|---------|---------|--|--|--|--|
| TETANUS | 22 | n/a | | | | | | | |
| TETANUS | 22 | n/a | | | | | | | |
| TETANUS | 23 | YNU | Y | Yes | Yes | | | | |
| TETANUS | 23 | YNU | N | No | No | | | | |
| TETANUS | 23 | YNU | UNK | Unknown | Unknown | | | | |
| TETANUS | 24 | n/a | | | | | | | |
| TETANUS | 24 | n/a | | | | | | | |
| TETANUS | 24 | n/a | | | | | | | |
| TETANUS | 24 | n/a | | | | | | | |
| TETANUS | 24 | n/a | | | | | | | |
| TETANUS | 24 | n/a | | | | | | | |
| TETANUS | 24 | n/a | | | | | | | |
| TETANUS | 25 | YNU | Y | Yes | Yes | | | | |
| TETANUS | 25 | YNU | N | No | No | | | | |
| TETANUS | 25 | YNU | UNK | Unknown | Unknown | | | | |
| TETANUS | 26 | | | | | | | | |
| TETANUS | 26 | | | | | | | | |
| TETANUS | 26 | | | | | | | | |
| TETANUS | 26 | | | | | | | | |
| TETANUS | 26 | | | | | | | | |
| TETANUS | 26 | | | | | | | | |
| TETANUS | 26 | | | | | | | | |
| TETANUS | 26 | | | | | | | | |
| TETANUS | 27 | | | | | | | | |
| TETANUS | 28 | | | | | | | | |
| TETANUS | 28 | | | | | | | | |
| TETANUS | 28 | | | | | | | | |
| TETANUS | 28 | | | | | | | | |
| TETANUS | 28 | | | | | | | | |
| TETANUS | 28 | | | | | | | | |
| TETANUS | 28 | | | | | | | | |
| TETANUS | 29 | | | | | | | | |
| TETANUS | 30 | YNU | Y | Yes | Yes | | | | |
| TETANUS | 30 | YNU | N | No | No | | | | |
| TETANUS | 30 | YNU | UNK | Unknown | Unknown | | | | |

TETANUS CODES

| | | | | | | | | | |
|---------|----|------------------|-----|---------|---------|--|--|--|---|
| TETANUS | 31 | YNU | Y | Yes | Yes | | | | |
| TETANUS | 31 | YNU | N | No | No | | | | |
| TETANUS | 31 | YNU | UNK | Unknown | Unknown | | | | |
| TETANUS | 32 | YNU | Y | Yes | Yes | | | | |
| TETANUS | 32 | YNU | N | No | No | | | | |
| TETANUS | 32 | YNU | UNK | Unknown | Unknown | | | | |
| TETANUS | 33 | | | | | | | | |
| TETANUS | 34 | NIP_TET_TYPE | | | | | | | |
| TETANUS | 34 | NIP_TET_TYPE | | | | | | | |
| TETANUS | 34 | NIP_TET_TYPE | | | | | | | |
| TETANUS | 34 | NIP_TET_TYPE | | | | | | | |
| TETANUS | 35 | YNU | Y | Yes | Yes | | | | |
| TETANUS | 35 | YNU | N | No | No | | | | |
| TETANUS | 35 | YNU | UNK | Unknown | Unknown | | | | |
| TETANUS | 36 | n/a | | | | | | | NEDSS does not currently support this question. If State requires the data migrated, create a DMDF. |
| TETANUS | 36 | n/a | | | | | | | Same as above |
| TETANUS | 36 | n/a | | | | | | | Same as above |
| TETANUS | 36 | n/a | | | | | | | Same as above |
| TETANUS | 36 | n/a | | | | | | | Same as above |
| TETANUS | 36 | n/a | | | | | | | Same as above |
| TETANUS | 36 | n/a | | | | | | | Same as above |
| TETANUS | 37 | | | | | | | | |
| TETANUS | 39 | | | | | | | | |
| TETANUS | 41 | | | | | | | | |
| TETANUS | 43 | | | | | | | | |
| TETANUS | 44 | NIP_TET_RXOUTCOM | | | | | | | |
| TETANUS | 44 | NIP_TET_RXOUTCOM | | | | | | | |
| TETANUS | 44 | NIP_TET_RXOUTCOM | | | | | | | |
| TETANUS | 45 | | | | | | | | |
| TETANUS | 46 | | | | | | | | |
| TETANUS | 47 | | | | | | | | |
| TETANUS | 48 | | | | | | | | |
| TETANUS | 49 | NIP_TET_NUMDOSE | | | | | | | |
| TETANUS | 49 | NIP_TET_NUMDOSE | | | | | | | |
| TETANUS | 49 | NIP_TET_NUMDOSE | | | | | | | |

TETANUS CODES

| | | | | | | | | | |
|---------|----|--------------------|-----|---------|---------|--|--|--|------------------------------------|
| TETANUS | 49 | NIP_TET_NUMDOSE | | | | | | | |
| TETANUS | 49 | NIP_TET_NUMDOSE | | | | | | | |
| TETANUS | 49 | NIP_TET_NUMDOSE | | | | | | | |
| TETANUS | 50 | | | | | | | | |
| TETANUS | 52 | NIP_TET_BIRTH_LOC | | | | | | | |
| TETANUS | 52 | NIP_TET_BIRTH_LOC | | | | | | | |
| TETANUS | 52 | NIP_TET_BIRTH_LOC | | | | | | | |
| TETANUS | 52 | NIP_TET_BIRTH_LOC | | | | | | | |
| TETANUS | 53 | NIP_TET_BIRTH_ROLE | | | | | | | |
| TETANUS | 53 | NIP_TET_BIRTH_ROLE | | | | | | | |
| TETANUS | 53 | NIP_TET_BIRTH_ROLE | | | | | | | |
| TETANUS | 53 | NIP_TET_BIRTH_ROLE | | | | | | | |
| TETANUS | 53 | NIP_TET_BIRTH_ROLE | | | | | | | |
| TETANUS | 54 | | | | | | | | |
| TETANUS | 55 | YNU | Y | Yes | Yes | | | | This is a YES/NO question in NETSS |
| TETANUS | 55 | YNU | N | No | No | | | | This is a YES/NO question in NETSS |
| TETANUS | 55 | YNU | UNK | Unknown | Unknown | | | | This is a YES/NO question in NETSS |
| TETANUS | 56 | | | | | | | | |
| TETANUS | 57 | | | | | | | | |
| TETANUS | 58 | | | | | | | | |
| TETANUS | 59 | | | | | | | | |
| TETANUS | 60 | | | | | | | | |
| | 38 | | | | | | | | |
| | 40 | | | | | | | | |
| | 42 | | | | | | | | |
| | 51 | | | | | | | | |

LYME

| NETSS Entry Screen Order | NETSS Variable Name | NETSS Section Instructions from UI (if any) | NETSS Prompt from UI | NETSS Description/Codes as Applicable | XML Schema | XML Variable | NETSS Unique ID and Short Name |
|--------------------------|---------------------|---|--|--|------------|------------------------------|---|
| 1 | EM | Symptoms and Signs of Current Episode (Respond Y=Yes N=No U=Unknown) Dermatologic: | Erythema Migrans Y Yes N No U Unknown | Erythema Migrans Y Yes N No U Unknown | Idf: | IdfLYMEErythemaMigrans | LYM100 Erythema Migrans |
| 2 | SWELLING | Rheumatologic: | Arthritis characterized by brief attacks of joint swelling? Y Yes N No U Unknown | Arthritis characterized by brief attacks of joint swelling? Y Yes N No U Unknown | Idf: | IdfLYMEArthritis | LYM101 Swelling |
| 3 | BELLSPALSY | Neurologic: | Bell's Palsy or other cranial neuritis? Y Yes N No U Unknown | Bell's Palsy or other cranial neuritis? Y Yes N No U Unknown | Idf: | IdfLYMEBellsPalsy | LYM102 Bell's Palsy or other cranial neuritis |
| 4 | RADICULONE | | Radiculoneuropathy? Y Yes N No U Unknown | Radiculoneuropathy? Y Yes N No U Unknown | Idf: | IdfLYMERadiculoneuropathy | LYM103 Radiculoneuropathy |
| 5 | LYMPHOCYTI | | Lymphocytic meningitis? Y Yes N No U Unknown | Lymphocytic meningitis? Y Yes N No U Unknown | Idf: | IdfLYMELymphocyticMeningitis | LYM104 Lymphocytic meningitis |
| 6 | ENCEPHALIT | | Encephalitis/Encephalomyelitis? Y Yes N No U Unknown | Encephalitis/Encephalomyelitis? Y Yes N No U Unknown | Idf: | IdfLYMEEncephalitis | LYM105 Encephalitis/Encephalomyelitis |
| 7 | CSFTESTED | | CSF tested for antibodies to B. burgdorferi? Y Yes N No U Unknown | CSF tested for antibodies to B. burgdorferi? Y Yes N No U Unknown | Idf: | IdfLYMECSfTested | LYM106 CSF tested for antibodies to B. burgdorferi |
| 8 | SERUM | | Antibody to B. burgdorferi higher in CSF than in serum? Y Yes N No U Unknown | Antibody to B. burgdorferi higher in CSF than in serum? Y Yes N No U Unknown | Idf: | IdfLYMEAntibodyHigher | LYM107 Antibody to B. burgdorferi higher in CSF than in serum |
| 9 | BLOCK | Cardiologic: | 2 nd or 3 rd degree atrioventricular block? Y Yes N No U Unknown | 2 nd or 3 rd degree atrioventricular block? Y Yes N No U Unknown | Idf: | IdfLYMEAtrioventricularBlock | LYM108 2 nd or 3 rd degree atrioventricular block |
| 10 | OTHERCLINI | | Other Clinical | Other Clinical | Idf: | IdfLymeOtherClinical | LYM109 Other Clinical |
| 11 | DIAGNOSIS | | Date Diagnosis | Date Diagnosis | gi: | diagnosisDate | INV136 Investigation Diagnosis Date |
| 12 | HOSPITALIZ | Other History (Where appropriate, respond Y=Yes N=No U=Unknown) | Was the patient hospitalized for the current episode? Y Yes N No U Unknown | Was the patient hospitalized for the current episode? Y Yes N No U Unknown | gi: | wasPatientHospitalized | INV128 Investigation Patient Hospitalized |
| 13 | ANTIBIOTIC | | Name of antibiotic(s) used this episode? 15 Characters in NETSS | Name of antibiotic(s) used this episode? 15 Characters in NETSS | Idf: | IdfLYMEAntibioticName | LYM110 Name of antibiotic(s) used this episode |
| 14 | DAYS | | Use of antibiotic(s) in days 5 digit field in NETSS | Use of antibiotic(s) in days 5 digit field in NETSS | Idf: | IdfLYMEAntibioticUse | LYM111 User of antibiotic(s) in days |
| 15 | PREGNANT | | Was the patient pregnant at the time of illness? Y Yes N No U Unknown | Was the patient pregnant at the time of illness? Y Yes N No U Unknown | Idf: | pregnancyStatus | INV178 Investigation Pregnancy Status |
| 16 | STATE | Where was the patient most likely exposed? | State 15 Characters in NETSS | State 15 Characters in NETSS | gi: | importedState | INV154 Investigation Imported State |

LYME

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|----|------------|--|--|--|------|-------------------------|--------------------------------------|
| 17 | COUNTY | | County 15 Characters in NETSS | County 15 Characters in NETSS | gi: | importedCounty | INV156 Investigation Imported County |
| 18 | SEROLOGICR | Laboratory Results (Respond Y=Yes N=No U=Unknown) | Serologic results P Positive N Negative E Equivocal ND or U Not Done/Unknown | Serologic results P Positive N Negative E Equivocal ND or U Not Done/Unknown | ldf: | ldfLYMESerologicResults | LYM112 Serologic Results |
| 19 | CULTURERES | | Culture Results P Positive N Negative E Equivocal ND or U Not Done/Unknown | Culture Results P Positive N Negative E Equivocal ND or U Not Done/Unknown | ldf: | ldfLYMECultureResults | LYM113 Culture Results |
| 20 | OTHERSPECI | | Other (Specify) 10 Characters in NETSS | Other (Specify) 10 Characters in NETSS | ldf: | ldfLYMEOtherTest | LYM114 Other Test |
| 21 | RESULTS | | Results P Positive N Negative E Equivocal ND or U Not Done/Unknown | Results P Positive N Negative E Equivocal ND or U Not Done/Unknown | ldf: | ldfLYMEOtherResults | LYM115 Other Test Results |

LYME

| NETSS Entry Screen Order | NETSS Variable Name | NEDSS Section Instructions from UI | NEDSS Prompt from UI | NEDSS Description, Context, or Full Question | SRT | Applicable Condition Codes | ADS Column.table | Metadata/ Comments |
|--------------------------|---------------------|------------------------------------|----------------------|---|-----------|----------------------------|----------------------------------|---|
| 1 | EM | | | Erythema migrans (physician diagnosed EM at least 5cm in diameter)? | YNU | 11080 | | This is a CDF in NEDSS. |
| 2 | SWELLING | | | Arthritis characterized by brief attacks of joint swelling? | YNU | 11080 | | This is a CDF in NEDSS. |
| 3 | BELLSPALSY | | | Bell's palsy or other cranial neuritis? | YNU | 11080 | | This is a CDF in NEDSS. |
| 4 | RADICULONE | | | Radiculoneuropathy? | YNU | 11080 | | This is a CDF in NEDSS. |
| 5 | LYMPHOCYTI | | | Lymphocytic meningitis? | YNU | 11080 | | This is a CDF in NEDSS. |
| 6 | ENCEPHALIT | | | Encephalitis/ Encephalomyelitis? | YNU | 11080 | | This is a CDF in NEDSS. |
| 7 | CSFTESTED | | | CSF tested for antibodies to B. burgdorferi? | YNU | 11080 | | This is a CDF in NEDSS. |
| 8 | SERUM | | | Antibody to B. burgdorferi higher in CSF than in serum? | YNU | 11080 | | This is a CDF in NEDSS. |
| 9 | BLOCK | | | 2nd or 3rd degree atrioventricular block? | YNU | 11080 | | This is a CDF in NEDSS. |
| 10 | OTHERCLINI | | | Other Clinical Comments | | 11080 | | This is a CDF in NEDSS. |
| 11 | DIAGNOSIS | | | | | 11080 | Public_Health_Case.dianosis_time | |
| 12 | HOSPITALIZ | | | Was the patient hospitalized as a result of this event? | YNU | 11080 | Obs_value_coded.code | |
| 13 | ANTIBIOTIC | | | | | 11080 | | NEDSS does not currently support this question. If State requires the data migrated, create a DMDF. |
| 14 | DAYS | | | | | 11080 | | NEDSS does not currently support this question. If State requires the data migrated, create a DMDF. |
| 15 | PREGNANT | | | | YNU | 11080 | Obs_value_coded.code | |
| 16 | STATE | | | | STATE_CCD | 11080 | Obs_value_coded.code | This field will be migrated, but will not be viewable on the screen unless a value of 'Out of Country', 'Out of Jurisdiction' or 'Out of State' is entered for INV152 ('Where was the disease acquired?'). Also, the state will be responsible for cleaning |

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|----|------------|--|--|--|------------|-------|--------------------------|---|
| 17 | COUNTY | | | | COUNTY_CCD | 11080 | Obs_value_coded. code | This field will be migrated, but will not be viewable on the screen unless a value of 'Out of Country', 'Out of Jurisdiction' or 'Out of State' is entered for INV152 ('Where was the disease acquired?'). Also, the state will be responsible for cleaning |
| 18 | SEROLOGICR | | | | | 11080 | | NEDSS does not currently support this question. If State requires the data migrated, create a DMDF. |
| 19 | CULTURERES | | | | | 11080 | | NEDSS does not currently support this question. If State requires the data migrated, create a DMDF. |
| 20 | OTHERSPECI | | | | | 11080 | | NEDSS does not currently support this question. If State requires the data migrated, create a DMDF. |
| 21 | RESULTS | | | | | 11080 | | NEDSS does not currently support this question. If State requires the data migrated, create a DMDF. |

NETSS CODES TO NEDSS SRT CODE MAPPING FOR : PERTUSSIS

| NETSS VARIABLE | CONTEXT OF CODE (SHORT NETSS QUESTION) | NETSS ORIGINAL VALUE | NETSS CODE DESCRIPTION | NETSS COMMENTS | SRT_TABLE_NM | CODE_SET_NM | CODE | CODE_DESC_TXT | CODE_SHORT_DESC_TXT | NEDSS COMMENTS | NEDSS UPDATED CODE USED | NETSS - NEDSS DISCREPANCY |
|----------------|---|----------------------|------------------------|-----------------|--------------------|-------------|------|---------------|---------------------|----------------|-------------------------|---------------------------|
| STATEID | STATE ID | | | NOT CODED VALUE | | | | | | | | |
| ZIPCODE | ZIP CODE OF RESIDENCE AT TIME OF ILLNESS | | | NOT CODED VALUE | | | | | | | | |
| EM | Erythema Migrans | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | |
| EM | Erythema Migrans | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | |
| EM | Erythema Migrans | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | |
| SWELLING | Arthritis characterized by brief attacks of joint swelling? | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | |
| SWELLING | Arthritis characterized by brief attacks of joint swelling? | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | |
| SWELLING | Arthritis characterized by brief attacks of joint swelling? | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | |
| BELLSPALSY | Bell's Palsy or other cranial neuritis? | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | |
| BELLSPALSY | Bell's Palsy or other cranial neuritis? | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | |
| BELLSPALSY | Bell's Palsy or other cranial neuritis? | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | |
| RADICULONE | Radiculoneuropathy? | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | |
| RADICULONE | Radiculoneuropathy? | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | |
| RADICULONE | Radiculoneuropathy? | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | |
| LYMPHOCYTI | Lymphocytic meningitis? | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | |
| LYMPHOCYTI | Lymphocytic meningitis? | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | |
| LYMPHOCYTI | Lymphocytic meningitis? | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | |
| ENCEPHALIT | Encephalitis/Encephalomyelitis? | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | |
| ENCEPHALIT | Encephalitis/Encephalomyelitis? | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | |
| ENCEPHALIT | Encephalitis/Encephalomyelitis? | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | |
| CSFTESTED | CSF tested for antibodies to B. burgdorferi? | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | |
| CSFTESTED | CSF tested for antibodies to B. burgdorferi? | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | |
| CSFTESTED | CSF tested for antibodies to B. burgdorferi? | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | |
| SERUM | Antibody to B. burgdorferi higher in CSF than in serum? | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | |
| SERUM | Antibody to B. burgdorferi higher in CSF than in serum? | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | |
| SERUM | Antibody to B. burgdorferi higher in CSF than in serum? | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | |
| BLOCK | 2 nd or 3 rd degree atrioventricular block? | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | |
| BLOCK | 2 nd or 3 rd degree atrioventricular block? | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | |
| BLOCK | 2 nd or 3 rd degree atrioventricular block? | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | |
| OTHERCLINI | Other Clinical | Text | | NOT CODED VALUE | | | | | | | | |
| DIAGNOSIS | Date Diagnosis | Date | | NOT CODED VALUE | | | | | | | | |
| REPORTED | Date Reported | Date | | NOT CODED VALUE | | | | | | | | |
| HOSPITALIZ | Was the patient hospitalized for the current episode? | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | |
| HOSPITALIZ | Was the patient hospitalized for the current episode? | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | |
| HOSPITALIZ | Was the patient hospitalized for the current episode? | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | |
| ANTIBIOTIC | Name of antibiotic(s) used this episode? 15 Characters in NETSS | Text | | NOT CODED VALUE | | | | | | | | |
| DAYS | Use of antibiotic(s) in days | Text | | NOT CODED VALUE | | | | | | | | |
| PREGNANT | Was the patient pregnant at the time of illness? | Y | YES | | CODE_VALUE_GENERAL | YNU | Y | Yes | Yes | | | |

NETSS CODES TO NEDSS SRT CODE MAPPING FOR : PERTUSSIS

| NETSS VARIABLE | CONTEXT OF CODE (SHORT NETSS QUESTION) | NETSS ORIGINAL VALUE | NETSS CODE DESCRIPTION | NETSS COMMENTS | SRT_TABLE_NM | CODE_SET_NM | CODE | CODE_DESC_TXT | CODE_SHORT_DESC_TXT | NEDSS COMMENTS | NEDSS UPDATED CODE USED | NETSS - NEDSS DISCREPANCY |
|----------------|--|----------------------|------------------------|------------------------|--------------------|-------------|------|---------------|---------------------|----------------|-------------------------|---------------------------|
| PREGNANT | Was the patient pregnant at the time of illness? | N | NO | | CODE_VALUE_GENERAL | YNU | N | No | No | | | |
| PREGNANT | Was the patient pregnant at the time of illness? | U | UNKNOWN | | CODE_VALUE_GENERAL | YNU | UNK | Unknown | Unknown | | | |
| STATE | Where was the patient most likely exposed? | Text | | NOT CODED VALUE | | | | | | | | |
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