

# Influenza Transmission File Structure

The transmission protocol calls for the required influenza data to be transmitted via an ASCII file using the csv (comma separated values) file structure. A value enclosed within double quotes is optional; however, any value that contains a comma must be enclosed in double quotes. The data dictionary defined below describes the file and the corresponding values expected by the receiving application at the CDC. The column name may not be the exact variable in your database but provides a description to help place your corresponding variable into the right location. Should you require assistance please contact the PHLIS help desk at 404-639-3365 or email at [phlissupport@cdc.gov](mailto:phlissupport@cdc.gov).

Variable*	Type (Length)	Description	Accepted Values
Site ID	Character (10)	Site ID assigned by CDC	NSFLU+State Abbreviation+Number :‘NSFLUWV01’
<b>Must include both Specimen ID and Patient ID. If you don’t have both, repeat the one you do have.</b>			
Specimen ID	Character (30)	Unique specimen ID	Specimen/Accession/Aliquot ID assigned by each lab
Patient ID	Character (30)	Unique patient ID	Patient ID assigned by each lab
<b>Must include at least either Patient birth date –or- patient age AND age type, if not all 3</b>			
Patient Birth Date	Date (10)	Date of patient birth	(mm/dd/yyyy)
Patient Age	Numeric (3)	Patient Age	Numeric age; must be used with Patient Age Type
Patient Age Type	Character (1)	Patient Age Type	‘D’: day, ‘W’: Week, ‘M’: Month, ‘Y’: Year
Patient Gender	Character (1)	Patient gender	‘M’, ‘Male’, ‘F’, ‘Female’, ‘U’, ‘Unknown’
Patient State	Character (2)	Patient state of residence	State Abbreviation e.g.: GA, WV, MD
Patient County	Character (30)	Patient county of residence	County Name
Patient Zip Code	Numeric (9)	Patient zip code	Zip code or Zip code + 4 : e.g. 30329 or 30329-4018
Submitting Lab Name	Character (40)	Submitting laboratory name	Submitting Laboratory Name
Submitting Phys. Name	Character (40)	Submitting physician name	Submitting Physician Name
<b>Must include at least 1 of the following 3 dates, if not all</b>			
Collection Date	Date (10)	Date clinical specimen collected	(mm/dd/yyyy)
Receive Date	Date (10)	Date specimen/isolate received at laboratory	(mm/dd/yyyy)
Test Date	Date (10)	Date specimen/isolate tested	(mm/dd/yyyy)
Specimen Type	Character (40)	Specimen type	‘Original clinical material’, ‘Isolate’, or ‘Unknown’
Specimen Source	Character (40)	Description of specimen source	Nasal (swab or other method), Bronchial-Alveolar Lavage, Nasopharyngeal (swab or other method), Sputum, Throat (swab or other method), Serum, Unknown
Test Method	Character (40)	Description of test method	‘Virus isolation’, ‘Commercial Rapid Diagnostic Test’, ‘Antigen detection’, ‘IFA’, ‘EIA’, ‘PCR’

<b>Test Result</b>	<b>Character (40)</b>	<b>Description of test result</b>	<b>Influenza A(H1), Influenza A(H3), Influenza B, Influenza A(H5), Influenza A(subtype unknown), Influenza A(H1N1 Swine), Influenza A(could not be subtyped), Other virus, Negative</b>
Isolate Sent to CDC	Character (1or7)	Was the isolate sent to CDC?	'Y', 'Yes', 'N', 'No', 'U', 'Unknown'
Isolate Sent to CDC ID	Character (30)	Laboratory ID for the isolate sent to CDC	Laboratory ID for isolate sent to CDC
Comments	Character (66)	Comments	Comments
Antiviral Medication	Character (1or7)	Was the patient receiving influenza antiviral medication?	'Y', 'Yes', 'N', 'No', 'U', 'Unknown'
Outbreak Related	Character (1or7)	Was the specimen outbreak related?	'Y', 'Yes', 'N', 'No', 'U', 'Unknown'
Facility Type	Character (22)	Did the specimen come from and outpatient, inpatient, or long-term care facility?	'Outpatient', 'Inpatient', 'Long-Term Care Facility', 'U', 'Unknown'
Travel Outside US	Character (1or7)	Did the patient travel outside the US within 10 days of illness onset?	'Y', 'Yes', 'N', 'No', 'U', 'Unknown' (If yes, provide name of countries in text box below)
Countries Traveled To	Character (50)	List the countries the patient has traveled to within 10 days of illness onset.	List the countries the patient has traveled to within 10 days of illness onset.
Vaccination	Character (1or7)	Was the patient vaccinated?	'Y', 'Yes', 'N', 'No', 'U', 'Unknown'

\*Note: Bold variables are required. You may not have all the variables described above. You may leave them Blank or Null, but they must have a position in the transmitted file. Either two double quotes "" or no value must be between the commas.

Example

"NSFLUWV01","CDC01152007","077659846","01/28/1982","25","Y","M","TN","Hamilton","11111","Public Health Lab","Dr. Smith""11/11/2007","11/12/2007","11/12/2007","Original clinical material","Nasal swab","PCR","Influenza A(H1)","N","","","N","N","N","U","N",""