Label/Short Name	Description	Value Set Code. Search in PHIN VADS using the following link (https://phinvads.cdc.gov/vads/SearchHome.action)
Notification ID	The unique identifier for the notification record	
Receiving Application	$\ensuremath{CDC}\xspace's \ensuremath{PHIN}\xspace$ CDC's PHIN Common Data Store (CDS) is the Receiving Application for this message.	
Message Profile ID	First instance is the reference to the structural specification used to validate the message.	
	Second instance is the reference to the PHIN Message Mapping Guide from which the content is derived.	
Local Subject ID	The local ID of the subject/entity.	
Subject Name Type	Name is not requested by the program, but the Patient Name field is required to be populated for the HL7 message to be valid. Have adopted the HL7 convention for processing a field where the name has been removed for de-identification purposes.	PHVS_NameType_HL7_2x
Current US Resident	Does the subject currently reside in the USA?	PHVS_YesNoUnknown_CDC
Foreign Resident	Is the subject a Foreign Resident? Refer to CSTE position statement 11- SI-04 for more information: http://www.cste.org/ps2011/11-SI-04.pdf	
Immediate National Notifiable Condition	Does this case meet the criteria for immediate (extremely urgent or urgent) notification to CDC? Refer to the CSTE list of NNC at the following link: http://www.cste.org/dnn/LinkClick.aspx? fileticket=A5oAgCiPNT0%3d&tabid=36∣=1496	PHVS_YesNoUnknown_CDC
Local Record ID	Sending system-assigned local ID of the case investigation with which	
	the subject is associated.	
Subject Type	Type of subject for the notification. "Person," "Place/Location," or "Non-Person Living Subject" are the appropriate subject types for Notifications to CDC.	PHVS_NotificationSectionHeader_CDC
Notification Type	Type of notification. Notification types are "Individual Case," "Environmental," "Summary," and "Laboratory Report".	PHVS_NotificationSectionHeader_CDC
Date First Electronically Submitted	Date/time the notification was first sent to CDC. This value does not change after the original notification.	
Date of Report	Date/time this version of the notification was sent. It will be the same value as NOT103 for the original notification. For updates, this is the update/send date/time.	
Notification Result Status	Status of the notification.	PHVS_ResultStatus_NETSS
Condition Code	Condition or event that constitutes the reason the notification is being sent	PHVS_NotifiableEvent_Disease_Condition_CDC_NNDSS
Birth Date	Date of birth in YYYYMMDD format	DUNG County of Birth CDC
Country of Birth Subject's Sex	Country of Birth Subject's current sex	PHVS_CountryofBirth_CDC PHVS_Sex_MFU
Race Category		PHVS_RaceCategory_CDC
Country of Usual Residence	Where does the person usually* live (defined as their residence)	PHVS_CountryofBirth_CDC
	*For the definition of 'usual residence' refer to CSTE position statement # 11-SI-04 titled "Revised Guidelines for Determining Residency for Disease Reporting" at http://www.cste.org/ps2011/11-SI-04.pdf.	
Subject Address County	County of residence of the subject	PHVS_County_FIPS_6-4
Subject Address State	State of residence of the subject	PHVS_State_FIPS_5-2
Subject Address ZIP Code	ZIP Code of residence of the subject	
Ethnic Group Code	Based on the self-identity of the subject as Hispanic or Latino	PHVS_EthnicityGroup_CDC_Unk
Reporting State Reporting County	State reporting the notification. County reporting the notification.	PHVS_State_FIPS_5-2 PHVS_County_FIPS_6-4
National Reporting Jurisdiction	National jurisdiction reporting the notification to CDC.	PHVS_NationalReportingJurisdiction_NND
Jurisdiction Code	Identifier for the physical site from which the notification is being submitted.	
Date of Report/Referral	Date the event or illness was first reported by the reporting source (physician or lab reported to the local/county/state health department).	
Reporting Source Type Code	Type of facility or provider associated with the source of information sent to Public Health.	PHVS_ReportingSourceType_NND
Reporting Source ZIP Code	ZIP Code of the reporting source for this case.	
Earliest Date Reported to County	Earliest date reported to county public health system	
Earliest Date Reported to State Hospitalized	Earliest date reported to state public health system Was subject hospitalized because of this event?	PHVS_YesNoUnknown_CDC
Admission Date	Subject's first admission date to the hospital for the condition covered by the investigation.	
Discharge Date	Subject's first discharge date from the hospital for the condition covered by the investigation.	
Duration of hospital stay in days	Subject's duration of stay at the hospital for the condition covered by the investigation.	
Diagnosis Date	Earliest date of diagnosis (clinical or laboratory) of condition being reported to public health system	

Date of Illness Onset Date of the beginning of the illness. Reported date of the onset of

symptoms of the condition being reported to the public health system

Illness End Date Time at which the disease or condition ends.

Illness Duration Length of time this subject had this disease or condition.

Illness Duration Units Unit of time used to describe the length of the illness or condition. PHVS_AgeUnit_UCUM Did the subject die from this illness or complications of this illness? Subject Died PHVS YesNoUnknown CDC

> If the subject died from this illness or complications associated with this illness, indicate the date of death

Case Investigation Start Date The date the case investigation was initiated.

Case Outbreak indicator Denotes whether the reported case was associated with an identified PHVS_YesNoUnknown_CDC

Case Outbreak Name A state-assigned name for an indentified outbreak.

Case Disease Imported Code Indication of where the disease/condition was likely acquired. PHVS_DiseaseAcquiredJurisdiction_NETSS

Imported Country If the disease or condition was imported, indicates the country in PHVS_Country_ISO_3166-1

which the disease was likely acquired.

Imported State If the disease or condition was imported, indicates the state in which PHVS_State_FIPS_5-2

the disease was likely acquired.

If the disease or condition was imported, indicates the city in which Imported City PHVS_City_USGS_GNIS

the disease was likely acquired.

Imported County If the disease or condition was imported, contains the county of origin PHVS_County_FIPS_6-4

of the disease or condition

Transmission Mode Code for the mechanism by which disease or condition was acquired PHVS_CaseTransmissionMode_NND

by the subject of the investigation.

Case Class Status Code Status of the case/event as suspect, probable, confirmed, or not a case PHVS_CaseClassStatus_NND

per CSTE/CDC/ surveillance case definitions.

MMWR Week MMWR Week for which case information is to be counted for MMWR

MMWR Year MMWR Year (YYYY) for which case information is to be counted for

MMWR publication

States use this field to link NEDSS investigations back to their own State Case ID

state investigations

Date of First Report to CDC Date the case was first reported to the CDC

Date First Reported PHD Earliest date the case was reported to the public health department

whether at the local, county, or state public health level.

Indicates whether the subject was pregnant at the time of the event. Pregnancy status

Person Reporting to CDC - Name Name of the person who is reporting the case to the CDC. This is the

person that CDC should contract in a state if there are questions

regarding this case notification.

Phone Number of the person who is reporting the case to the CDC. This is the person that CDC should contract in a state if there are Person Reporting to CDC - Phone Number

PHVS YesNoUnknown CDC

PHVS_AgeUnit_UCUM_NETSS

questions regarding this case notification.

Email Address of Sender Email address of person who sent the report

CDC uses this field to link current case notifications to case Legacy Case ID

notifications submitted by a previous system (NETSS, STD-MIS, etc.)

Country of Exposure or Country Where Disease Indicates the country in which the disease was potentially acquired. PHVS CountryofBirth CDC

Deceased Date

Note: use exposure or acquired consistently

State or Province of Exposure Indicates the state in which the disease was potentially acquired. PHVS_State_FIPS_5-2

> Business Rule: If Country of exposure was US, populate with US State. If Country of exposure was Mexico, populate with Mexican State. If country of exposure was Canada, populated with Canadian Province.

For all other countries, leave null.

City of Exposure Indicates the city in which the disease was potentially acquired.

> Business Rule: If country of exposure is US, populate with US city. For all other cities, can be populated but not required.
>
> Note: Since value set only includes US cities, would allow states to populate the CWE 9th component with another city.

County of Exposure Indicates the county in which the disease was potentially acquired.

Business Rule: If country of exposure is US, populate with US county.

Otherwise, leave null.

Binational Reporting Criteria For cases meeting the binational criteria, select all the criteria which PHVS_BinationalReportingCriteria_CDC

Age at case investigation Subject age at time of case investigation Age units at case investigation Subject age units at time of case investigation

Case Count Number of cases being reported in the notification

General comments to CDC Comment

Current Occupation What kind of work do you do?

PHVS_Occupation_CDC_Census_2010 **Current Industry** What kind of business or industry do you work in? PHVS_Industry_CDC_Census_2010