

PHIN Variable	DE Identifier Sent in HL7 Message	FN Variable Name
	INV953	DtRptComp
	INV954	RptComp
	FDD_Q_400	
	FDD_Q_401	DtAdmit2
	FDD_Q_402	DtDisch2
	INV955	
	448551000124100	HospTrans
	309904001	AR_hosp_icu
	INV956	Immigrate
	TRAVEL38	TravelInt
	INV663	
	FDD_Q_1034	AR_travel6mo
	FDD_Q_1035	AR_travel6mo_country
	FDD_Q_1036	AR_HHtrav6mo
	FDD_Q_1037	AR_HHtrav6mo_country
	INV664	
	82754-3	
	82764-2	
	TRAVEL06	DtUSDepart?
	TRAVEL07	DtUSReturn?
	INV665	
	FDD_Q_969	CEA_Beef
	FDD_Q_970	CEA_Beef_grnd

FDD_Q_971	CEA_Beef_out
FDD_Q_972	CEA_Beef_unckgrnd
FDD_Q_973	CEA_Berries
FDD_Q_974	CEA_Bird
FDD_Q_975	CEA_Cantaloupe
FDD_Q_976	CEA_Cat
FDD_Q_977	CEA_Chicken
FDD_Q_978	CEA_Chx_fresh
FDD_Q_979	CEA_Chx_frozen
FDD_Q_980	CEA_Chx_grnd
FDD_Q_981	CEA_Chx_out
FDD_Q_982	CEA_Dairy
FDD_Q_983	CEA_Dog
FDD_Q_984	CEA_Eggs
FDD_Q_985	CEA_Eggs_out
FDD_Q_986	CEA_Eggs_unck
FDD_Q_987	CEA_Farm_ranch
FDD_Q_988	CEA_Fish
FDD_Q_989	CEA_Fish_unck
FDD_Q_990	CEA_Handle_raw_meat
FDD_Q_991	CEA_Handle_raw_poultry

FDD_Q_992	CEA_Handle_raw_seafood
FDD_Q_993	CEA_Herbs
FDD_Q_994	CEA_Lamb
FDD_Q_995	CEA_Lettuce
FDD_Q_996	CEA_Live_poultry
FDD_Q_998	CEA_Liver_raw
FDD_Q_999	CEA_Milk_pasteurized
FDD_Q_1000	CEA_Milk_raw
FDD_Q_1002	CEA_Ountreat_water
FDD_Q_1003	CEA_Pig
FDD_Q_1005	CEA_Pork
FDD_Q_1006	CEA_Raw_cider
FDD_Q_1007	CEA_Reptile_amphib
FDD_Q_1008	CEA_Ruminants
FDD_Q_1009	CEA_Sampled
FDD_Q_1010	CEA_Seafd
FDD_Q_1011	CEA_Seafd_unck
FDD_Q_1012	CEA_Sewer_water
FDD_Q_1013	CEA_Sick_contact
FDD_Q_1014	CEA_Sick_pet

FDD_Q_1015	CEA_Softcheese
FDD_Q_1017	CEA_Spinach
FDD_Q_1018	CEA_Sprouts
FDD_Q_1019	CEA_Swim_treat
FDD_Q_1020	CEA_Swim_untreat
FDD_Q_1021	CEA_Tomatoes
FDD_Q_1022	CEA_Turkey
FDD_Q_1023	CEA_Turkey_grnd
FDD_Q_1024	CEA_Turkey_out
FDD_Q_1025	CEA_Watermelon
FDD_Q_1026	CEA_Well_water
FDD_Q_1027	AR_Diet_veal
FDD_Q_1028	AR_antacid_any
FDD_Q_1029	AR_antacid_any_1, AR_antacid_any_2, AR_antacid_any_3
FDD_Q_1030	AR_comorb_cancer
FDD_Q_1031	AR_comorb_diabetes
FDD_Q_1032	AR_comorb_abdominal
FDD_Q_1033	AR_probiotic_use30
INV947	AR_antibiotic_use

INV948	AR_antibiotic_use_1- AR_antibiotic_use_8
INV957	AR_antibiotic_use30
INV958	AR_antibiotic_use30_1- AR_antibiotic_use30_8
FDD_Q_97	Pregnant
63893-2	OutFetal
76425-8	
56831-1	
INV919	
INV937	
FDD_Q_1038	Outcome
FDD_Q_89	Audit
INV959	Interview
FDD_Q_88	EforsNum
FDD_Q_1129	OutbrkStID
FDD_Q_404	OutbrkType
FDD_Q_902	SalGroup
44087-5	DxO157
INV949	WGS_ID
32911000	Homeless
LAB202	LabNum?
82771-7	
INV290	
85069-3	
INV291	
41852-5	
LAB628	
LAB115	

LAB629	
8251-1	
66746-9	
68963-8	
LAB595	
45375-3	
82773-3	
LAB515	SentCDC
85930-6	
LAB331	StLabRcvd

Data Element Description	Campy	Shigella	STEC	Salmonella
Date case report form was completed	•	•	•	•
Is all of the information for this case complete?	•	•	•	•
Second hospitalization	•	•	•	•
Subject's second admission date to the hospital for the condition covered by the investigation.	•	•	•	•
Subject's second discharge date from the hospital for the condition covered by the investigation.	•	•	•	•
Subject's duration of stay during the 2nd hospital stay for the condition covered by the investigation.	•	•	•	•
If the subject was hospitalized, was s/he transferred to another hospital?	•	•	•	•
During any part of the hospitalization, did the subject stay in an Intensive Care Unit (ICU) or a Critical Care Unit (CCU)?	•	•	•	•
Did the subject immigrate to the U.S.? (within 30 days of onset for Salmonella Typhi & Listeria, 15 days for Cryptosporidium and Cyclospora, and 7 days for all other pathogens)	•	•	•	•
Did the case patient travel internationally? (within 30 days of onset for Salmonella Typhi & Listeria, 15 days for Cryptosporidium and Cyclospora, and 7 days for all other pathogens)	•		•	
If the travel exposure window used by the jurisdiction is different from that stated in the travel exposure questions, specify the time interval in days here. Otherwise, leave blank.	•			
In the 6 months before the subject's illness began, did the subject travel outside of the United States?	•	•		•
In the 6 months before the subject's illness began, what countries did they visit?	•	•		•
In the 6 months before the subject's illness began, did any member(s) of your household travel outside of the United States?	•	•		•
In the 6 months before the subject's illness began, what countries did the member(s) of your household visit?	•	•		•
Indicates whether the case traveled domestically prior to illness onset and within program specific timeframe	•		•	
Domestic destination, state(s) traveled to	•			
International destination or countries the patient traveled to	•			
Date of arrival to travel destination	•	•		•
Date of departure from travel destination	•	•		•
If the epidemiologic exposure window used by the jurisdiction is different from that stated in the exposure questions, specify the time interval in days here. Otherwise, leave blank.	•	•		•
In the 7 days before illness, did the subject eat beef or any foods containing beef?	•			•
In the 7 days before illness, did the subject eat any ground beef?	•			•

In the 7 days before illness, did the subject eat any beef made outside of home at a business such as a restaurant, deli, fast food, take-out, or catered event?			
In the 7 days before illness, did you/your child eat any ground beef that was undercooked or raw?	•		•
In the 7 days before illness, did the subject eat any fresh (unfrozen) berries?	•		•
In the 7 days before illness, did the subject have any contact with a bird, not including live poultry such as chickens or turkeys?	•		•
In the 7 days before illness, did the subject eat any fresh cantaloupe?	•		•
In the 7 days before illness, did the subject have any contact with a cat?	•		•
In the 7 days before illness, did the subject eat chicken or any foods containing chicken?	•		•
In the 7 days before illness, did the subject eat any chicken at home that was bought fresh (refrigerated)?	•		
In the 7 days before illness, did the subject eat any chicken at home that was bought frozen?	•		
In the 7 days before illness, did the subject eat any ground chicken?	•		•
In the 7 days before illness, did the subject eat any chicken made outside of home at a business such as a restaurant, deli, fast food, take-out, or catered event?	•		•
In the 7 days before illness, did the subject eat or drink any dairy products (e.g., milk, yogurt, cheese, ice cream, etc.)?	•		•
In the 7 days before illness, did the subject have any contact with a dog?	•		•
In the 7 days before illness, did the subject eat any eggs?	•		•
In the 7 days before illness, did the subject eat any eggs made outside of home at a business such as a restaurant, deli, fast food, take-out, or catered event?	•		•
In the 7 days before illness, did the subject eat any eggs that were runny or raw, or uncooked foods made with raw eggs?	•		•
In the 7 days before illness, did the subject visit, work, or live on farm, ranch, petting zoo, or other setting that has animals?	•		•
In the 7 days before illness, did the subject eat any fish or fish products?	•		•
In the 7 days before illness, did the subject eat any fish or fish products that was raw or undercooked (e.g., sushi, sashimi)?	•		•
In the 7 days before illness, did the subject or anyone in your household handle raw meat?	•		
In the 7 days before illness, did the subject or anyone in your household handle raw poultry?	•		

In the 7 days before illness, did the subject or anyone in your household handle raw seafood?	•	
In the 7 days before illness, did the subject eat any fresh (not dried) herbs (basil, cilantro, parsley)?	•	•
In the 7 days before illness, did the subject eat any lamb or mutton?	•	
In the 7 days before illness, did the subject eat any fresh, raw lettuce?	•	•
In the 7 days before illness, did the subject have any contact with any live poultry (e.g., chickens, turkeys, hens, etc.)?	•	•
In the 7 days before illness, did the subject eat any raw or undercooked liver?	•	
In the 7 days before illness, did the subject have any pasteurized cow's or goat's milk?	•	
In the 7 days before illness, did the subject drink any unpasteurized milk?	•	•
In the 7 days before illness, did the subject drink any water directly from a natural spring, lake, pond, stream, or river?	•	•
In the 7 days before illness, did the subject have any contact with any pigs?	•	•
In the 7 days before illness, did the subject eat pork or any foods containing pork?	•	•
In the 7 days before illness, did the subject drink any juice that was not pasteurized and not from a concentrate (often bought from farms or orchards, but may be sold commercially with a label saying it is unpasteurized and may contain bacteria)?	•	•
In the 7 days before illness, did the subject have any contact with a reptile or amphibian (e.g., frog, snake, turtle, etc.)?	•	•
In the 7 days before illness, did the subject have any contact with any cattle, goats, or sheep?	•	•
Denotes whether or not a case was chosen as part of a sampling scheme for CEA. Does not denote eligibility or interview completion. Sites not using sampling schemes can leave this variable blank.	•	•
In the 7 days before illness, did the subject eat any seafood (e.g., crab, shrimp, oysters, clams, etc.)?	•	•
In the 7 days before illness, did the subject eat any seafood that was raw or undercooked (e.g., raw oysters, clams, etc.)?	•	•
In the 7 days before illness, did the subject reside in a home with a septic system?	•	•
In the 7 days before illness, did the subject have a household member or a close contact with diarrhea?	•	•
In the 7 days before illness, did the subject have any contact with a pet that had diarrhea?	•	•

In the 7 days before illness, did the subject eat any soft cheese (queso fresco, etc.)?	•		•
In the 7 days before illness, did the subject eat any fresh (unfrozen), raw spinach?	•		•
In the 7 days before illness, did the subject eat any sprouts?	•		•
In the 7 days before illness, did the subject swim in, wade in, or enter a pool, hot tub/spa, fountain, or waterpark with treated water (chlorinated, etc.)?	•		•
In the 7 days before illness, did the subject swim in, wade in, or enter an ocean, lake, pond, river, stream, or natural spring?	•		•
In the 7 days before illness, did the subject eat any fresh, raw tomatoes?	•		•
In the 7 days before illness, did the subject eat any turkey or any foods containing turkey?	•		•
In the 7 days before illness, did the subject eat any ground turkey?	•		•
In the 7 days before illness, did the subject eat any turkey made outside of home at a business such as a restaurant, deli, fast food, take-out, or catered event?	•		•
In the 7 days before illness, did the subject eat any fresh watermelon?	•		•
In the 7 days before illness, did the subject use water from a private well as the primary source of drinking water?	•		•
In the past 7 days before illness, did the subject eat any veal?	•	•	•
In the 30 days before the subject's illness began, did the subject take any medications to block acids?	•	•	•
What medications to block acids did the subject take in the 30 days before illness began?	•	•	•
In the 6 months before the subject's illness began, was the subject diagnosed or treated for cancer (including leukemia/lymphoma)?	•	•	•
In the 6 months before (your/your child's) illness began, were (the subject) diagnosed or treated for diabetes?	•	•	•
In the 6 months before the subject's illness began, did the subject have abdominal surgery (e.g., removal of appendix or gallbladder, or any surgery of the stomach or large intestine)?	•	•	•
In the 30 days before the subject's illness began, did the subject take a probiotic? Probiotics are live microorganisms (such as certain types of bacteria) that may benefit your health. These can take the form of pills, powders, yogurts, and other fermented dairy products, as well as anything labeled as containing "live and active cultures" or "probiotics."	•	•	•
Did the subject take antibiotics for this illness?	•	•	•

If antibiotics were taken, provide the names of antibiotics	•	•	•
In the 30 days before the subject's illness began, did they take any antibiotics?	•	•	•
If antibiotics were taken, provide the names of antibiotics	•	•	•
Is this Listeria case pregnancy-associated?			
If Listeria case was pregnancy-associated, what was the outcome of the pregnancy? Note: fetal death includes miscarriage or stillbirth; delivery is a live birth.			
Onset date and time associated with each of the signs and symptoms. Include onset time for Diarrhea.		•	•
Clinical signs and symptoms (e.g. Fever, Diarrhea, Cough)			
Response for each of the signs and symptoms			
Did the subject have a diagnosis of Thrombotic Thrombocytopenia (TTP)?	•	•	•
Subject's outcome (assessed for non-hospitalized cases within 7 days of specimen collection date and hospitalized cases at hospital discharge)	•	•	•
Was case found during an audit?	•	•	•
Was the subject interviewed by public health (i.e. state or local health department or FoodNet staff)?	•	•	•
CDC FDOSS outbreak ID number	•	•	•
State outbreak identification number	•	•	•
Type of outbreak that the subject was part of	•	•	•
Salmonella serogroup			
For possible <i>E.coli</i> cases: What was the result of specimen testing for O157 by EIA or PCR at a clinical laboratory?			•
Whole Genome Sequencing (WGS) ID Number	•	•	•
No fixed residence for any given period of time		•	
A laboratory generated number that identifies the specimen related to this test.			
Performing laboratory type			
Test Type (Antigen, Culture, Antigen, Antibody, Toxin, etc..)			
Test method information e.g. Biofire FilmArray; Crypto CELISA (Cellabs);			
Epidemiologic interpretation of the results of the test(s) performed for this case. This is a qualitative test result. (e.g, positive, detected, negative)			
Test result including organism, serotype, serogroup, species, toxins			
Quantitative Test Result Value			
Units of measure for the Quantitative Test Result Value			

Textual result value, used if result is neither numeric nor coded.	•
Comments having to do specifically with the lab result test. These are the comments from the NTE segment if the result was originally an Electronic Laboratory Report.	
Specimen type	
Date and/or time of collection of laboratory specimen	
Specimen received date/time	•
The date the specimen/isolate was tested	•
Date result sent from reporting laboratory	•
Was specimen or isolate forwarded to CDC for testing or confirmation?	
Date specimen sent to CDC	•
Was the isolate sent to a state public health laboratory? (Answer 'Yes' if it was sent to any state lab, even if it was sent to a lab outside of the case's state of residence)	

Typhoid & Paratyphoid	Vibrio	Yersinia	Listeria	Cyclospora
		•	•	•
•	•	•	•	•
•	•	•	•	•
•	•	•	•	•
•	•	•	•	•
•	•	•	•	•
•		•	•	
		•	•	
•				
•				
•				
•				
•	•	•	•	
•		•	•	
•		•	•	
•		•	•	
•		•	•	
•		•	•	
•				
•				

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

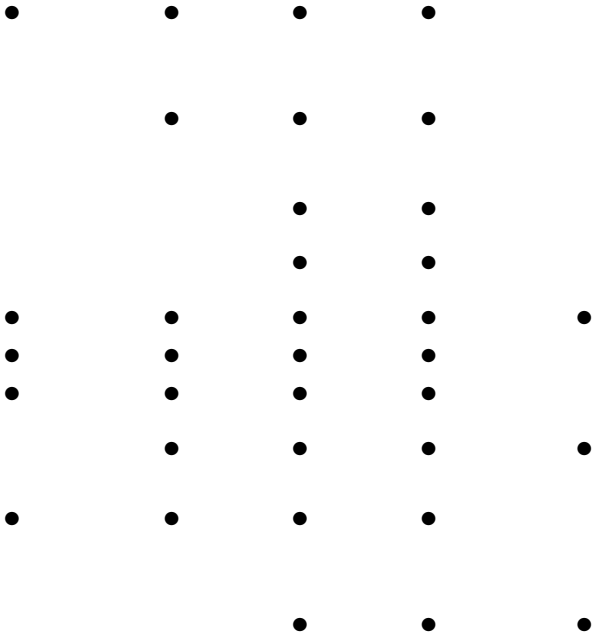
•

•

•

•

•



PHIN Variable	DE Identifier Sent in HL7 Message	FN Variable Name
NOT115	N/A: MSH-21	
DEM197	N/A: PID-3	
DEM115	N/A: PID-7	
DEM113	N/A: PID-8	
DEM152	N/A: PID-10	
DEM154	32624-9	
DEM155	N/A: PID-22	
DEM126	78746-5	
DEM304	21842-0	
INV501	77983-5	
DEM165	N/A: PID-11.9	
DEM162	N/A: PID-11.4	
DEM163	N/A: PID-11.5	
INV137	11368-8	
INV138	77976-9	
INV139	77977-7	
INV140	N/A: OBX-6	
INV178	77996-7	
INV136	77975-1	
INV128	77974-4	
INV132	8656-1	
INV133	8649-6	
INV134	78033-8	
INV145	77978-5	

INV146	N/A: PID-29	
INV169	N/A: OBR-31	
INV168	N/A: OBR-3	
INV173	77993-4	
INV200	77997-5	
INV2001	77998-3	
INV2002	N/A: OBX-6	
INV152	77982-7	
INV153	INV153	
INV154	INV154	
INV155	INV155	
INV156	INV156	
INV502	77984-3	
INV503	77985-0	
INV504	77986-8	
INV505	77987-6	
INV157	77989-2	
INV163	77990-0	
NOT120	77965-2	
INV150	77980-1	
INV151	77981-9	
NOT118	N/A: OBR-25	
INV107	77969-4	

INV112	48766-0	
INV118	52831-5	
INV515	77988-4	
INV190	74549-7	
INV191	74548-9	
INV193	74547-1	
INV147	77979-3	
NOT103	N/A: OBR-7	
NOT106	N/A: OBR-22	
INV111	77995-9	
INV120	77972-8	
INV121	77973-6	
INV165	77991-8	
INV166	77992-6	
INV176	77994-2	
INV177	77970-2	
NOT109	77966-0	
NOT113	77967-8	
NOT116	77968-6	
INV886	77999-1	
	INV953	DtRptComp
	INV954	RptComp
	FDD_Q_400	
	FDD_Q_401	DtAdmit2
	FDD_Q_402	DtDisch2
	INV955	
	448551000124100	HospTrans

309904001	AR_hosp_icu
INV956	Immigrate
TRAVEL38	TravelInt
INV663	
FDD_Q_1034	AR_travel6mo
FDD_Q_1035	AR_travel6mo_country
FDD_Q_1036	AR_HHtrav6mo
FDD_Q_1037	AR_HHtrav6mo_country
INV664	
82754-3	
82764-2	
TRAVEL06	DtUSDepart?
TRAVEL07	DtUSReturn?
INV665	
FDD_Q_969	CEA_Beef
FDD_Q_970	CEA_Beef_grnd
FDD_Q_971	CEA_Beef_out
FDD_Q_972	CEA_Beef_unckgrnd
FDD_Q_973	CEA_Berries
FDD_Q_974	CEA_Bird
FDD_Q_975	CEA_Cantaloupe
FDD_Q_976	CEA_Cat
FDD_Q_977	CEA_Chicken
FDD_Q_978	CEA_Chx_fresh
FDD_Q_979	CEA_Chx_frozen

FDD_Q_980	CEA_Chx_grnd
FDD_Q_981	CEA_Chx_out
FDD_Q_982	CEA_Dairy
FDD_Q_983	CEA_Dog
FDD_Q_984	CEA_Eggs
FDD_Q_985	CEA_Eggs_out
FDD_Q_986	CEA_Eggs_unck
FDD_Q_987	CEA_Farm_ranch
FDD_Q_988	CEA_Fish
FDD_Q_989	CEA_Fish_unck
FDD_Q_990	CEA_Handle_raw_meat
FDD_Q_991	CEA_Handle_raw_poultry
FDD_Q_992	CEA_Handle_raw_seafood
FDD_Q_993	CEA_Herbs
FDD_Q_994	CEA_Lamb
FDD_Q_995	CEA_Lettuce
FDD_Q_996	CEA_Live_poultry
FDD_Q_998	CEA_Liver_raw
FDD_Q_999	CEA_Milk_pasteurized
FDD_Q_1000	CEA_Milk_raw
FDD_Q_1002	CEA_Ountreat_water
FDD_Q_1003	CEA_Pig
FDD_Q_1005	CEA_Pork
FDD_Q_1006	CEA_Raw_cider
FDD_Q_1007	CEA_Reptile_amphib
FDD_Q_1008	CEA_Ruminants

FDD_Q_1009	CEA_Sampled
FDD_Q_1010	CEA_Seafd
FDD_Q_1011	CEA_Seafd_unck
FDD_Q_1012	CEA_Sewer_water
FDD_Q_1013	CEA_Sick_contact
FDD_Q_1014	CEA_Sick_pet
FDD_Q_1015	CEA_Softcheese
FDD_Q_1017	CEA_Spinach
FDD_Q_1018	CEA_Sprouts
FDD_Q_1019	CEA_Swim_treat
FDD_Q_1020	CEA_Swim_untreat
FDD_Q_1021	CEA_Tomatoes
FDD_Q_1022	CEA_Turkey
FDD_Q_1023	CEA_Turkey_grnd
FDD_Q_1024	CEA_Turkey_out
FDD_Q_1025	CEA_Watermelon
FDD_Q_1026	CEA_Well_water
FDD_Q_1027	AR_Diet_veal
FDD_Q_1028	AR_antacid_any
FDD_Q_1029	AR_antacid_any_1, AR_antacid_any_2, AR_antacid_any_3
FDD_Q_1030	AR_comorb_cancer
FDD_Q_1031	AR_comorb_diabetes
FDD_Q_1032	AR_comorb_abdominal

	FDD_Q_1033	AR_probiotic_use30
	FDD_Q_97	Pregnant
	63893-2	OutFetal
	INV947	AR_antibiotic_use
	INV948	AR_antibiotic_use_1- AR_antibiotic_use_8
	INV957	AR_antibiotic_use30
	INV958	AR_antibiotic_use30_1- AR_antibiotic_use30_8
	76425-8	
	56831-1	
	INV919	
	INV936	HUS
	INV937	
	FDD_Q_1038	Outcome
	FDD_Q_89	Audit
	INV959	Interview
	FDD_Q_88	EforsNum
	FDD_Q_1129	OutbrkStID
	FDD_Q_404	OutbrkType
	44087-5	DxO157
	32777-5	StecH7
	FDD_Q_900	StecHAg
	INV944	StecNM
	INV945	StecO157
	FDD_Q_901	StecOAg
	INV946	StecStx
	FDD_Q_902	SalGroup
	INV949	WGS_ID
	LAB202	LabNum?
	82771-7	
	INV290	

85069-3	
INV291	
41852-5	
LAB628	
LAB115	
LAB629	
8251-1	
66746-9	
68963-8	
LAB595	
45375-3	
82773-3	
LAB515	SentCDC
85930-6	
LAB331	StLabRcvd
FDD_Q_1109	
FDD_Q_1110	
85658-3	
85659-1	
85078-4	
85657-5	

Data Element Description	Gen V2	FN Tab
<p>Message Profile Identifiers provide a literal value to use for the references in MSH-21. MSH-21 will always contain a reference to the notification type in the "PHINProfileID" namespace and a reference to the implemented version of the Generic MMG in the "PHINMsgMapID" namespace. For conditions that have a condition-specific MMG, MSH-21 will also contain a reference to that MMG that is also in the "PHINMsgMapID" namespace.</p>	●	●
The local ID of the subject/entity	●	
Patient's date of birth	●	
Subject's current sex	●	
Race category - Major OMB Race Categories. Detailed race information would be rolled up to these major OMB race categories.	●	
Other Race Text	●	
Based on the self-identity of the subject as Hispanic or Latino	●	
Country of Birth	●	
Other Birth Place	●	
<p>Where does the person usually live (defined as their residence).</p> <p>This variable replaces the Foreign Resident variable mentioned in 11-SI-04 titled "Revised Guidelines for Determining Residency for Disease Reporting" located at http://c.ymcdn.com/sites/www.cste.org/resource/resmgr/PS/11-SI-04.pdf.</p> <p>Cases with country of usual residence equal to the US, Puerto Rico, and US Virgin Islands as well as unknown and null responses will be included in the state-specific counts and rates.</p>	●	
County of residence of the subject	●	
State of residence of the subject	●	
ZIP Code of residence of the subject	●	
Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system.	●	
Date at which the disease or condition ends.	●	
Length of time this subject had this disease or condition.	●	
Unit of time used to describe the length of the illness or condition.	●	
Indicates whether the subject was pregnant at the time of the event.	●	
Earliest date of diagnosis (clinical or laboratory) of condition being reported to public health system.	●	
Was subject hospitalized because of this event?	●	
Subject's most recent admission date to the hospital for the condition covered by the investigation.	●	
Subject's most recent discharge date from the hospital for the condition covered by the investigation.	●	
Subject's duration of stay at the hospital for the condition covered by the investigation.	●	
Did the subject die from this illness or complications of this illness?	●	

If the subject died from this illness or complications associated with this illness, indicate the date of death.	•
Condition or event that constitutes the reason the notification is being sent.	•
Sending system-assigned local ID of the case investigation with which the subject is associated.	•
States use this identifier to link NEDSS investigations back to their own state investigations.	•
CDC uses this identifier to link current case notifications to case notifications submitted by a previous system (NETSS, STD-MIS, etc.).	•
Subject age at time of case investigation	•
Subject age unit at time of case investigation	•
Indication of where the disease/condition was likely acquired.	•
If the disease or condition was imported, indicates the country in which the disease was likely acquired.	•
If the disease or condition was imported, indicates the state in which the disease was likely acquired.	•
If the disease or condition was imported, indicates the city in which the disease was likely acquired.	•
If the disease or condition was imported, contains the county of origin of the disease or condition.	•
Indicates the country in which the disease was likely acquired.	•
Indicates the state (or Province) in which the disease was likely acquired. Note: 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.	•
Indicates the city in which the disease was likely acquired Note: If country of exposure is US, populate with US city. For all other cities, can be populated but not required.	•
Indicates the county in which the disease was likely acquired Note: If country of exposure is US, populate with US county. Otherwise, leave null.	•
Code for the mechanism by which disease or condition was acquired by the subject of the investigation.	•
Status of the case/event as suspect, probable, confirmed, or not a case per CSTE/CDC/ surveillance case definitions.	•
Does this case meet the criteria for immediate (extremely urgent or urgent) notification to CDC? Refer to the 2015 list of NNC by type of notification category (extremely urgent, urgent, and standard) at the following link: http://wwwn.cdc.gov/nndss/document/NNC_2015_Notification_Requirements_By_Category.pdf	•
Denotes whether the reported case was associated with an identified outbreak.	•
A state-assigned name for an identified outbreak.	•
Status of the notification	•
Identifier for the physical site from which the notification is being submitted.	•

Type of facility or provider associated with the source of information sent to Public Health.	•
ZIP Code of the reporting source for this case.	•
For cases meeting the binational criteria, select all the criteria which are met.	•
Name of the person who is reporting the case to the CDC. This is the person that CDC should contact 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 contact in a state if there are questions regarding this case notification.	•
Email Address of the person reporting the case to the CDC. This is the person that CDC should contact in a state if there are questions regarding this case notification.	•
The date the case investigation was initiated.	•
Date/time the notification was first electronically sent to CDC. This value does not change after the original notification.	•
Date/time this version of the electronic case notification was sent. It will be the same value as NOT103 for the original notification. For updates, this is the update/send date/time.	•
Date that a health department first suspected the subject might have the condition.	•
Earliest date reported to county public health system.	•
Earliest date reported to state public health system.	•
MMWR Week for which case information is to be counted for MMWR publication.	•
MMWR Year (YYYY) for which case information is to be counted for MMWR publication.	•
Date the case of an Immediately National Notifiable Condition was first verbally reported to the CDC Emergency Operation Center or the CDC Subject Matter Expert responsible for this condition.	•
Date the report was first sent to the public health department (local, county or state) by reporter (physician, lab, etc.).	•
State reporting the notification	•
County reporting the notification	•
National jurisdiction reporting the notification to CDC	•
Use this field, if needed, to communicate anything unusual about this case, which is not already covered with the other data elements.	•
Do not send personally identifiable information to CDC in this field.	•
Date case report form was completed	•
Is all of the information for this case complete?	•
Second hospitalization	•
Subject's second admission date to the hospital for the condition covered by the investigation.	•
Subject's second discharge date from the hospital for the condition covered by the investigation.	•
Subject's duration of stay during the 2nd hospital stay for the condition covered by the investigation.	•
If the subject was hospitalized, was s/he transferred to another hospital?	•

During any part of the hospitalization, did the subject stay in an Intensive Care Unit (ICU) or a Critical Care Unit (CCU)?	•
Did the subject immigrate to the U.S.? (within 30 days of onset for Salmonella Typhi & Listeria, 15 days for Cryptosporidium and Cyclospora, and 7 days for all other pathogens)	•
Did the case patient travel internationally? (within 30 days of onset for Salmonella Typhi & Listeria, 15 days for Cryptosporidium and Cyclospora, and 7 days for all other pathogens)	•
If the travel exposure window used by the jurisdiction is different from that stated in the travel exposure questions, specify the time interval in days here. Otherwise, leave blank.	•
In the 6 months before the subject's illness began, did the subject travel outside of the United States?	•
In the 6 months before the subject's illness began, what countries did they visit?	•
In the 6 months before the subject's illness began, did any member(s) of your household travel outside of the United States?	•
In the 6 months before the subject's illness began, what countries did the member(s) of your household visit?	•
Indicates whether the case traveled domestically prior to illness onset and within program specific timeframe	•
Domestic destination, state(s) traveled to	•
International destination or countries the patient traveled to	•
Date of arrival to travel destination	•
Date of departure from travel destination	•
If the epidemiologic exposure window used by the jurisdiction is different from that stated in the exposure questions, specify the time interval in days here. Otherwise, leave blank.	•
In the 7 days before illness, did the subject eat beef or any foods containing beef?	•
In the 7 days before illness, did the subject eat any ground beef?	•
In the 7 days before illness, did the subject eat any beef made outside of home at a business such as a restaurant, deli, fast food, take-out, or catered event?	
In the 7 days before illness, did you/your child eat any ground beef that was undercooked or raw?	•
In the 7 days before illness, did the subject eat any fresh (unfrozen) berries?	•
In the 7 days before illness, did the subject have any contact with a bird, not including live poultry such as chickens or turkeys?	•
In the 7 days before illness, did the subject eat any fresh cantaloupe?	•
In the 7 days before illness, did the subject have any contact with a cat?	•
In the 7 days before illness, did the subject eat chicken or any foods containing chicken?	•
In the 7 days before illness, did the subject eat any chicken at home that was bought fresh (refrigerated)?	•
In the 7 days before illness, did the subject eat any chicken at home that was bought frozen?	•

In the 7 days before illness, did the subject eat any ground chicken?	•
In the 7 days before illness, did the subject eat any chicken made outside of home at a business such as a restaurant, deli, fast food, take-out, or catered event?	•
In the 7 days before illness, did the subject eat or drink any dairy products (e.g., milk, yogurt, cheese, ice cream, etc.)?	•
In the 7 days before illness, did the subject have any contact with a dog?	•
In the 7 days before illness, did the subject eat any eggs?	•
In the 7 days before illness, did the subject eat any eggs made outside of home at a business such as a restaurant, deli, fast food, take-out, or catered event?	•
In the 7 days before illness, did the subject eat any eggs that were runny or raw, or uncooked foods made with raw eggs?	•
In the 7 days before illness, did the subject visit, work, or live on farm, ranch, petting zoo, or other setting that has animals?	•
In the 7 days before illness, did the subject eat any fish or fish products?	•
In the 7 days before illness, did the subject eat any fish or fish products that was raw or undercooked (e.g., sushi, sashimi)?	•
In the 7 days before illness, did the subject or anyone in your household handle raw meat?	•
In the 7 days before illness, did the subject or anyone in your household handle raw poultry?	•
In the 7 days before illness, did the subject or anyone in your household handle raw seafood?	•
In the 7 days before illness, did the subject eat any fresh (not dried) herbs (basil, cilantro, parsley)?	•
In the 7 days before illness, did the subject eat any lamb or mutton?	•
In the 7 days before illness, did the subject eat any fresh, raw lettuce?	•
In the 7 days before illness, did the subject have any contact with any live poultry (e.g., chickens, turkeys, hens, etc.)?	•
In the 7 days before illness, did the subject eat any raw or undercooked liver?	•
In the 7 days before illness, did the subject have any pasteurized cow's or goat's milk?	•
In the 7 days before illness, did the subject drink any unpasteurized milk?	•
In the 7 days before illness, did the subject drink any water directly from a natural spring, lake, pond, stream, or river?	•
In the 7 days before illness, did the subject have any contact with any pigs?	•
In the 7 days before illness, did the subject eat pork or any foods containing pork?	•
In the 7 days before illness, did the subject drink any juice that was not pasteurized and not from a concentrate (often bought from farms or orchards, but may be sold commercially with a label saying it is unpasteurized and may contain bacteria)?	•
In the 7 days before illness, did the subject have any contact with a reptile or amphibian (e.g., frog, snake, turtle, etc.)?	•
In the 7 days before illness, did the subject have any contact with any cattle, goats, or sheep?	•

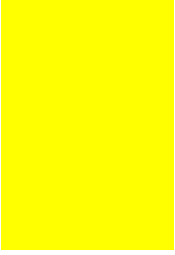
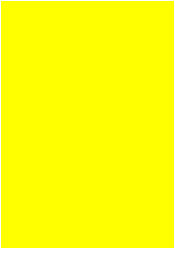
Denotes whether or not a case was chosen as part of a sampling scheme for CEA. Does not denote eligibility or interview completion. Sites not using sampling schemes can leave this variable blank.	•
In the 7 days before illness, did the subject eat any seafood (e.g., crab, shrimp, oysters, clams, etc.)?	•
In the 7 days before illness, did the subject eat any seafood that was raw or undercooked (e.g., raw oysters, clams, etc.)?	•
In the 7 days before illness, did the subject reside in a home with a septic system?	•
In the 7 days before illness, did the subject have a household member or a close contact with diarrhea?	•
In the 7 days before illness, did the subject have any contact with a pet that had diarrhea?	•
In the 7 days before illness, did the subject eat any soft cheese (queso fresco, etc.)?	•
In the 7 days before illness, did the subject eat any fresh (unfrozen), raw spinach?	•
In the 7 days before illness, did the subject eat any sprouts?	•
In the 7 days before illness, did the subject swim in, wade in, or enter a pool, hot tub/spa, fountain, or waterpark with treated water (chlorinated, etc.)?	•
In the 7 days before illness, did the subject swim in, wade in, or enter an ocean, lake, pond, river, stream, or natural spring?	•
In the 7 days before illness, did the subject eat any fresh, raw tomatoes?	•
In the 7 days before illness, did the subject eat any turkey or any foods containing turkey?	•
In the 7 days before illness, did the subject eat any ground turkey?	•
In the 7 days before illness, did the subject eat any turkey made outside of home at a business such as a restaurant, deli, fast food, take-out, or catered event?	•
In the 7 days before illness, did the subject eat any fresh watermelon?	•
In the 7 days before illness, did the subject use water from a private well as the primary source of drinking water?	•
In the past 7 days before illness, did the subject eat any veal?	•
In the 30 days before the subject's illness began, did the subject take any medications to block acids?	•
What medications to block acids did the subject take in the 30 days before illness began?	•
In the 6 months before the subject's illness began, was the subject diagnosed or treated for cancer (including leukemia/lymphoma)?	•
In the 6 months before (your/your child's) illness began, were (the subject) diagnosed or treated for diabetes?	•
In the 6 months before the subject's illness began, did the subject have abdominal surgery (e.g., removal of appendix or gallbladder, or any surgery of the stomach or large intestine)?	•

In the 30 days before the subject's illness began, did the subject take a probiotic? Probiotics are live microorganisms (such as certain types of bacteria) that may benefit your health. These can take the form of pills, powders, yogurts, and other fermented dairy products, as well as anything labeled as containing "live and active cultures" or "probiotics."	•
Is this Listeria case pregnancy-associated?	
If Listeria case was pregnancy-associated, what was the outcome of the pregnancy? Note: fetal death includes miscarriage or stillbirth; delivery is a live birth.	
Did the subject take antibiotics for this illness?	•
If antibiotics were taken, provide the names of antibiotics	•
In the 30 days before the subject's illness began, did they take any antibiotics?	•
If antibiotics were taken, provide the names of antibiotics	•
Onset date and time associated with each of the signs and symptoms. Include onset time for Diarrhea.	•
Clinical signs and symptoms (e.g. Fever, Diarrhea, Cough)	•
Response for each of the signs and symptoms	•
Did the subject have a diagnosis of HUS?	
Did the subject have a diagnosis of Thrombotic Thrombocytopenia (TTP)?	•
Subject's outcome (assessed for non-hospitalized cases within 7 days of specimen collection date and hospitalized cases at hospital discharge)	•
Was case found during an audit?	•
Was the subject interviewed by public health (i.e. state or local health department or FoodNet staff)?	•
CDC FDOSS outbreak ID number	•
State outbreak identification number	•
Type of outbreak that the subject was part of	•
For possible <i>E.coli</i> cases: What was the result of specimen testing for O157 by EIA or PCR at a clinical laboratory?	
If <i>E. coli</i> , was it H7 antigen positive?	
If <i>E. coli</i> , what was the H-antigen number?	
If <i>E. coli</i> , was the isolate non-motile?	
If <i>E. coli</i> , was it O157 positive?	
If <i>E. coli</i> , what was the O-antigen number?	
Was <i>E. coli</i> Shiga toxin-producing?	
Salmonella serogroup	
Whole Genome Sequencing (WGS) ID Number	•
A laboratory generated number that identifies the specimen related to this test.	•
Performing laboratory type	•
Test Type (Antigen, Culture, Antigen, Antibody, Toxin, etc..)	•

Test method information e.g. Biofire FilmArray; Crypto CELISA (Cellabs);	•
Epidemiologic interpretation of the results of the test(s) performed for this case. This is a qualitative test result. (e.g, positive, detected, negative)	•
Test result including organism, serotype, serogroup, species, toxins	•
Quantitative Test Result Value	•
Units of measure for the Quantitative Test Result Value	•
Textual result value, used if result is neither numeric nor coded.	•
Comments having to do specifically with the lab result test. These are the comments from the NTE segment if the result was originally an Electronic Laboratory Report.	•
Specimen type	•
Date and/or time of collection of laboratory specimen	•
Specimen received date/time	•
The date the specimen/isolate was tested	•
Date result sent from reporting laboratory	•
Was specimen or isolate forwarded to CDC for testing or confirmation?	•
Date specimen sent to CDC	•
Was the isolate sent to a state public health laboratory? (Answer 'Yes' if it was sent to any state lab, even if it was sent to a lab outside of the case's state of residence)	•
Probable case is laboratory diagnosed	
Probable case is epi linked	
This data element is used to capture the narrative text of a subject's current occupation.	
This data element is used to capture the CDC NIOSH standard occupation code based upon the narrative text of a subject's current occupation. (The National Institute for Occupational Safety and Health (NIOSH) has developed a web-based software tool designed to translate industry and occupation text to standardized Industry and Occupation codes. The NIOSH Industry and Occupational Computerized Coding System (NIOCCS) is available here: http://www.cdc.gov/niosh/topics/coding/overview.html)	
This data element is used to capture the narrative text of subject's current industry.	
This data element is used to capture the CDC NIOSH standard industry code based upon the narrative text of a subject's current industry. (The National Institute for Occupational Safety and Health (NIOSH) has developed a web-based software tool designed to translate industry and occupation text to standardized Industry and Occupation codes. The NIOSH Industry and Occupational Computerized Coding System (NIOCCS) is available here: http://www.cdc.gov/niosh/topics/coding/overview.html)	

Campy Tab

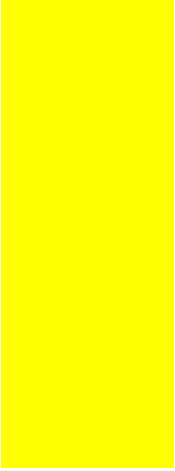
-



•

•

•



•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

PHIN Variable	DE Identifier Sent in HL7 Message	FN Variable Name	Data Element Description	GenV2	FN Tab
NOT115	N/A: MSH-21		Message Profile Identifiers provide a literal value to use for the references in MSH-21. MSH-21 will always contain a reference to the notification type in the "PHINProfileID" namespace and a reference to the implemented version of the Generic MMG in the "PHINMsgMapID" namespace. For conditions that have a condition-specific MMG, MSH-21 will also contain a reference to that MMG that is also in the "PHINMsgMapID" namespace.	•	•
DEM197	N/A: PID-3		The local ID of the subject/entity	•	
DEM115	N/A: PID-7		Patient's date of birth	•	
DEM113	N/A: PID-8		Subject's current sex	•	
DEM152	N/A: PID-10		Race category - Major OMB Race Categories. Detailed race information would be rolled up to these major OMB race categories.	•	
DEM154	32624-9		Other Race Text	•	
DEM155	N/A: PID-22		Based on the self-identity of the subject as Hispanic or Latino	•	
DEM126	78746-5		Country of Birth	•	
DEM304	21842-0		Other Birth Place	•	
INV501	77983-5		Where does the person usually live (defined as their residence). This variable replaces the Foreign Resident variable mentioned in 11-SI-04 titled "Revised Guidelines for Determining Residency for Disease Reporting" located at http://c.ymcdn.com/sites/www.cste.org/resource/resmgr/PS/11-SI-04.pdf . Cases with country of usual residence equal to the US, Puerto Rico, and US Virgin Islands as well as unknown and null responses will be included in the state-specific counts and rates.	•	
DEM165	N/A: PID-11.9		County of residence of the subject	•	
DEM162	N/A: PID-11.4		State of residence of the subject	•	

DEM163	N/A: PID-11.5		ZIP Code of residence of the subject
INV137	11368-8		Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system.
INV138	77976-9		Date at which the disease or condition ends.
INV139	77977-7		Length of time this subject had this disease or condition.
INV140	N/A: OBX-6		Unit of time used to describe the length of the illness or condition.
INV178	77996-7		Indicates whether the subject was pregnant at the time of the event.
INV136	77975-1		Earliest date of diagnosis (clinical or laboratory) of condition being reported to public health system.
INV128	77974-4		Was subject hospitalized because of this event?
INV132	8656-1		Subject's most recent admission date to the hospital for the condition covered by the investigation.
INV133	8649-6		Subject's most recent discharge date from the hospital for the condition covered by the investigation.
INV134	78033-8		Subject's duration of stay at the hospital for the condition covered by the investigation.
INV145	77978-5		Did the subject die from this illness or complications of this illness?
INV146	N/A: PID-29		If the subject died from this illness or complications associated with this illness, indicate the date of death.
INV169	N/A: OBR-31		Condition or event that constitutes the reason the notification is being sent.
INV168	N/A: OBR-3		Sending system-assigned local ID of the case investigation with which the subject is associated.
INV173	77993-4		States use this identifier to link NEDSS investigations back to their own state investigations.
INV200	77997-5		CDC uses this identifier to link current case notifications to case notifications submitted by a previous system (NETSS, STD-MIS, etc.).

INV2001	77998-3		Subject age at time of case investigation	•
INV2002	N/A: OBX-6		Subject age unit at time of case investigation	•
INV152	77982-7		Indication of where the disease/condition was likely acquired.	•
INV153	INV153		If the disease or condition was imported, indicates the country in which the disease was likely acquired.	•
INV154	INV154		If the disease or condition was imported, indicates the state in which the disease was likely acquired.	•
INV155	INV155		If the disease or condition was imported, indicates the city in which the disease was likely acquired.	•
INV156	INV156		If the disease or condition was imported, contains the county of origin of the disease or condition.	•
INV502	77984-3		Indicates the country in which the disease was likely acquired.	•
INV503	77985-0		Indicates the state (or Province) in which the disease was likely acquired. Note: 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.	•
INV504	77986-8		Indicates the city in which the disease was likely acquired Note: If country of exposure is US, populate with US city. For all other cities, can be populated but not required.	•
INV505	77987-6		Indicates the county in which the disease was likely acquired Note: If country of exposure is US, populate with US county. Otherwise, leave null.	•

INV157	77989-2		Code for the mechanism by which disease or condition was acquired by the subject of the investigation.	●
INV163	77990-0		Status of the case/event as suspect, probable, confirmed, or not a case per CSTE/CDC/ surveillance case definitions.	●
NOT120	77965-2		Does this case meet the criteria for immediate (extremely urgent or urgent) notification to CDC? Refer to the 2015 list of NNC by type of notification category (extremely urgent, urgent, and standard) at the following link: http://wwwn.cdc.gov/nndss/document/ NNC_2015_Notification_Requirements_By_Category.pdf	●
INV150	77980-1		Denotes whether the reported case was associated with an identified outbreak.	●
INV151	77981-9		A state-assigned name for an identified outbreak.	●
NOT118	N/A: OBR-25		Status of the notification	●
INV107	77969-4		Identifier for the physical site from which the notification is being submitted.	●
INV112	48766-0		Type of facility or provider associated with the source of information sent to Public Health.	●
INV118	52831-5		ZIP Code of the reporting source for this case.	●
INV515	77988-4		For cases meeting the binational criteria, select all the criteria which are met.	●
INV190	74549-7		Name of the person who is reporting the case to the CDC. This is the person that CDC should contact in a state if there are questions regarding this case notification.	●
INV191	74548-9		Phone Number of the person who is reporting the case to the CDC. This is the person that CDC should contact in a state if there are questions regarding this case notification.	●

INV886	77999-1		Use this field, if needed, to communicate anything unusual about this case, which is not already covered with the other data elements. Do not send personally identifiable information to CDC in this field.	•
	INV953	DtRptComp	Date case report form was completed	•
	INV954	RptComp	Is all of the information for this case complete?	•
	FDD_Q_400		Second hospitalization	•
	FDD_Q_401	DtAdmit2	Subject's second admission date to the hospital for the condition covered by the investigation.	•
	FDD_Q_402	DtDisch2	Subject's second discharge date from the hospital for the condition covered by the investigation.	•
	INV955		Subject's duration of stay during the 2nd hospital stay for the condition covered by the investigation.	•
	448551000124100	HospTrans	If the subject was hospitalized, was s/he transferred to another hospital?	•
	309904001	AR_hosp_icu	During any part of the hospitalization, did the subject stay in an Intensive Care Unit (ICU) or a Critical Care Unit (CCU)?	•
	INV956	Immigrate	Did the subject immigrate to the U.S.? (within 30 days of onset for Salmonella Typhi & Listeria, 15 days for Cryptosporidium and Cyclospora, and 7 days for all other pathogens)	•
	TRAVEL38	TravelInt	Did the case patient travel internationally? (within 30 days of onset for Salmonella Typhi & Listeria, 15 days for Cryptosporidium and Cyclospora, and 7 days for all other pathogens)	•
	INV663		If the travel exposure window used by the jurisdiction is different from that stated in the travel exposure questions, specify the time interval in days here. Otherwise, leave blank.	•
	FDD_Q_1034	AR_travel6mo	In the 6 months before the subject's illness began, did the subject travel outside of the United States?	•

FDD_Q_1035	AR_travel6mo_country	In the 6 months before the subject's illness began, what countries did they visit?	•
FDD_Q_1036	AR_HHtrav6mo	In the 6 months before the subject's illness began, did any member(s) of your household travel outside of the United States?	•
FDD_Q_1037	AR_HHtrav6mo_country	In the 6 months before the subject's illness began, what countries did the member(s) of your household visit?	•
INV664		Indicates whether the case traveled domestically prior to illness onset and within program specific timeframe	•
82754-3		Domestic destination, state(s) traveled to	•
82764-2		International destination or countries the patient traveled to	•
TRAVEL06	DtUSDepart?	Date of arrival to travel destination	•
TRAVEL07	DtUSReturn?	Date of departure from travel destination	•
INV665		If the epidemiologic exposure window used by the jurisdiction is different from that stated in the exposure questions, specify the time interval in days here. Otherwise, leave blank.	•
FDD_Q_969	CEA_Beef	In the 7 days before illness, did the subject eat beef or any foods containing beef?	
FDD_Q_970	CEA_Beef_grnd	In the 7 days before illness, did the subject eat any ground beef?	
FDD_Q_971	CEA_Beef_out	In the 7 days before illness, did the subject eat any beef made outside of home at a business such as a restaurant, deli, fast food, take-out, or catered event?	
FDD_Q_972	CEA_Beef_unckgrnd	In the 7 days before illness, did you/your child eat any ground beef that was undercooked or raw?	
FDD_Q_973	CEA_Berries	In the 7 days before illness, did the subject eat any fresh (unfrozen) berries?	
FDD_Q_974	CEA_Bird	In the 7 days before illness, did the subject have any contact with a bird, not including live poultry such as chickens or turkeys?	
FDD_Q_975	CEA_Cantaloupe	In the 7 days before illness, did the subject eat any fresh cantaloupe?	

FDD_Q_976	CEA_Cat	In the 7 days before illness, did the subject have any contact with a cat?
FDD_Q_977	CEA_Chicken	In the 7 days before illness, did the subject eat chicken or any foods containing chicken?
FDD_Q_978	CEA_Chx_fresh	In the 7 days before illness, did the subject eat any chicken at home that was bought fresh (refrigerated)?
FDD_Q_979	CEA_Chx_frozen	In the 7 days before illness, did the subject eat any chicken at home that was bought frozen?
FDD_Q_980	CEA_Chx_grnd	In the 7 days before illness, did the subject eat any ground chicken?
FDD_Q_981	CEA_Chx_out	In the 7 days before illness, did the subject eat any chicken made outside of home at a business such as a restaurant, deli, fast food, take-out, or catered event?
FDD_Q_982	CEA_Dairy	In the 7 days before illness, did the subject eat or drink any dairy products (e.g., milk, yogurt, cheese, ice cream, etc.)?
FDD_Q_983	CEA_Dog	In the 7 days before illness, did the subject have any contact with a dog?
FDD_Q_984	CEA_Eggs	In the 7 days before illness, did the subject eat any eggs?
FDD_Q_985	CEA_Eggs_out	In the 7 days before illness, did the subject eat any eggs made outside of home at a business such as a restaurant, deli, fast food, take-out, or catered event?
FDD_Q_986	CEA_Eggs_unck	In the 7 days before illness, did the subject eat any eggs that were runny or raw, or uncooked foods made with raw eggs?
FDD_Q_987	CEA_Farm_ranch	In the 7 days before illness, did the subject visit, work, or live on farm, ranch, petting zoo, or other setting that has animals?
FDD_Q_988	CEA_Fish	In the 7 days before illness, did the subject eat any fish or fish products?
FDD_Q_989	CEA_Fish_unck	In the 7 days before illness, did the subject eat any fish or fish products that was raw or undercooked (e.g., sushi, sashimi)?

FDD_Q_990	CEA_Handle_raw_meat	In the 7 days before illness, did the subject or anyone in your household handle raw meat?
FDD_Q_991	CEA_Handle_raw_poultry	In the 7 days before illness, did the subject or anyone in your household handle raw poultry?
FDD_Q_992	CEA_Handle_raw_seafood	In the 7 days before illness, did the subject or anyone in your household handle raw seafood?
FDD_Q_993	CEA_Herbs	In the 7 days before illness, did the subject eat any fresh (not dried) herbs (basil, cilantro, parsley)?
FDD_Q_994	CEA_Lamb	In the 7 days before illness, did the subject eat any lamb or mutton?
FDD_Q_995	CEA_Lettuce	In the 7 days before illness, did the subject eat any fresh, raw lettuce?
FDD_Q_996	CEA_Live_poultry	In the 7 days before illness, did the subject have any contact with any live poultry (e.g., chickens, turkeys, hens, etc.)?
FDD_Q_998	CEA_Liver_raw	In the 7 days before illness, did the subject eat any raw or undercooked liver?
FDD_Q_999	CEA_Milk_pasteurized	In the 7 days before illness, did the subject have any pasteurized cow's or goat's milk?
FDD_Q_1000	CEA_Milk_raw	In the 7 days before illness, did the subject drink any unpasteurized milk?
FDD_Q_1002	CEA_Ountreat_water	In the 7 days before illness, did the subject drink any water directly from a natural spring, lake, pond, stream, or river?
FDD_Q_1003	CEA_Pig	In the 7 days before illness, did the subject have any contact with any pigs?
FDD_Q_1005	CEA_Pork	In the 7 days before illness, did the subject eat pork or any foods containing pork?
FDD_Q_1006	CEA_Raw_cider	In the 7 days before illness, did the subject drink any juice that was not pasteurized and not from a concentrate (often bought from farms or orchards, but may be sold commercially with a label saying it is unpasteurized and may contain bacteria)?
FDD_Q_1007	CEA_Reptile_amphib	In the 7 days before illness, did the subject have any contact with a reptile or amphibian (e.g., frog, snake, turtle, etc.)?

FDD_Q_1008	CEA_Ruminants	In the 7 days before illness, did the subject have any contact with any cattle, goats, or sheep?
FDD_Q_1009	CEA_Sampled	Denotes whether or not a case was chosen as part of a sampling scheme for CEA. Does not denote eligibility or interview completion. Sites not using sampling schemes can leave this variable blank.
FDD_Q_1010	CEA_Seafd	In the 7 days before illness, did the subject eat any seafood (e.g., crab, shrimp, oysters, clams, etc.)?
FDD_Q_1011	CEA_Seafd_unck	In the 7 days before illness, did the subject eat any seafood that was raw or undercooked (e.g., raw oysters, clams, etc.)?
FDD_Q_1012	CEA_Sewer_water	In the 7 days before illness, did the subject reside in a home with a septic system?
FDD_Q_1013	CEA_Sick_contact	In the 7 days before illness, did the subject have a household member or a close contact with diarrhea?
FDD_Q_1014	CEA_Sick_pet	In the 7 days before illness, did the subject have any contact with a pet that had diarrhea?
FDD_Q_1015	CEA_Softcheese	In the 7 days before illness, did the subject eat any soft cheese (queso fresco, etc.)?
FDD_Q_1017	CEA_Spinach	In the 7 days before illness, did the subject eat any fresh (unfrozen), raw spinach?
FDD_Q_1018	CEA_Sprouts	In the 7 days before illness, did the subject eat any sprouts?
FDD_Q_1019	CEA_Swim_treat	In the 7 days before illness, did the subject swim in, wade in, or enter a pool, hot tub/spa, fountain, or waterpark with treated water (chlorinated, etc.)?
FDD_Q_1020	CEA_Swim_untreat	In the 7 days before illness, did the subject swim in, wade in, or enter an ocean, lake, pond, river, stream, or natural spring?
FDD_Q_1021	CEA_Tomatoes	In the 7 days before illness, did the subject eat any fresh, raw tomatoes?
FDD_Q_1022	CEA_Turkey	In the 7 days before illness, did the subject eat any turkey or any foods containing turkey?
FDD_Q_1023	CEA_Turkey_ground	In the 7 days before illness, did the subject eat any ground turkey?

FDD_Q_1024	CEA_Turkey_out	In the 7 days before illness, did the subject eat any turkey made outside of home at a business such as a restaurant, deli, fast food, take-out, or catered event?
FDD_Q_1025	CEA_Watermelon	In the 7 days before illness, did the subject eat any fresh watermelon?
FDD_Q_1026	CEA_Well_water	In the 7 days before illness, did the subject use water from a private well as the primary source of drinking water?
FDD_Q_1027	Ar_Diet_veal	In the past 7 days before illness, did the subject eat any veal?
FDD_Q_1028	AR_antacid_any	In the 30 days before the subject's illness began, did the subject take any medications to block acids?
FDD_Q_1029	AR_antacid_any_1, AR_antacid_any_2, AR_antacid_any_3	What medications to block acids did the subject take in the 30 days before illness began?
FDD_Q_1030	AR_comorb_cancer	In the 6 months before the subject's illness began, was the subject diagnosed or treated for cancer (including leukemia/lymphoma)?
FDD_Q_1031	AR_comorb_diabetes	In the 6 months before (your/your child's) illness began, were (the subject) diagnosed or treated for diabetes?
FDD_Q_1032	AR_comorb_abdominal	In the 6 months before the subject's illness began, did the subject have abdominal surgery (e.g., removal of appendix or gallbladder, or any surgery of the stomach or large intestine)?
FDD_Q_1033	AR_probiotic_use_30	In the 30 days before the subject's illness began, did the subject take a probiotic? Probiotics are live microorganisms (such as certain types of bacteria) that may benefit your health. These can take the form of pills, powders, yogurts, and other fermented dairy products, as well as anything labeled as containing "live and active cultures" or "probiotics."
FDD_Q_97	Pregnant	Is this Listeria case pregnancy-associated?

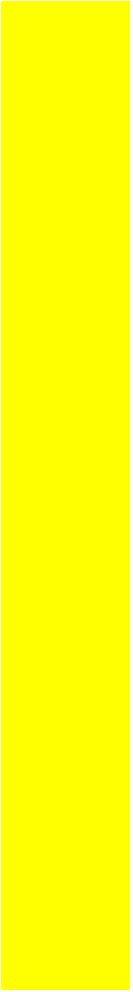
-
-
-
-
-
-
-
-

63893-2	OutFetal	If Listeria case was pregnancy-associated, what was the outcome of the pregnancy? Note: fetal death includes miscarriage or stillbirth; delivery is a live birth.
INV947	AR_antibiotic_use	Did the subject take antibiotics for this illness?
INV948	AR_antibiotic_use_1- AR_antibiotic_use_8	If antibiotics were taken, provide the names of antibiotics
INV957	AR_antibiotic_use_30	In the 30 days before the subject's illness began, did they take any antibiotics?
INV958	AR_antibiotic_use_30_1- AR_antibiotic_use_30_8	If antibiotics were taken, provide the names of antibiotics
76425-8		Onset date and time associated with each of the signs and symptoms. Include onset time for Diarrhea.
56831-1		Clinical signs and symptoms (e.g. Fever, Diarrhea, Cough)
INV919		Response for each of the signs and symptoms
INV936	HUS	Did the subject have a diagnosis of HUS?
INV937		Did the subject have a diagnosis of Thrombotic Thrombocytopenia (TTP)?
FDD_Q_1038	Outcome	Subject's outcome (assessed for non-hospitalized cases within 7 days of specimen collection date and hospitalized cases at hospital discharge)
FDD_Q_89	Audit	Was case found during an audit?
INV959	Interview	Was the subject interviewed by public health (i.e. state or local health department or FoodNet staff)?
FDD_Q_88	EforsNum	CDC FDOSS outbreak ID number
FDD_Q_1129	OutbrkStID	State outbreak identification number
FDD_Q_404	OutbrkType	Type of outbreak that the subject was part of

82773-3		Date result sent from reporting laboratory	•
LAB515	SentCDC	Was specimen or isolate forwarded to CDC for testing or confirmation?	•
85930-6		Date specimen sent to CDC	•
LAB331	StLabRcvd	Was the isolate sent to a state public health laboratory? (Answer 'Yes' if it was sent to any state lab, even if it was sent to a lab outside of the case's state of residence)	•
FDD_Q_1		Did the subject attend a day care center?	
FDD_Q_1111		Is the subject a resident in a long term care facility?	
FDD_Q_1109		Probable case is laboratory diagnosed	
FDD_Q_1110		Probable case is epi linked	
85658-3		This data element is used to capture the narrative text of a subject's current occupation.	
85659-1		This data element is used to capture the CDC NIOSH standard occupation code based upon the narrative text of a subject's current occupation. (The National Institute for	
85078-4		This data element is used to capture the narrative text of subject's current industry.	
85657-5		This data element is used to capture the CDC NIOSH standard industry code based upon the narrative text of a subject's current industry. (The National Institute for Occupational Safety and Health	
32911000	Homeless	No fixed residence for any given period of time	•

**Shigella
Tab**

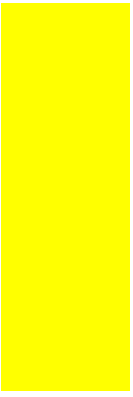
•



•

•

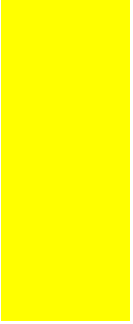


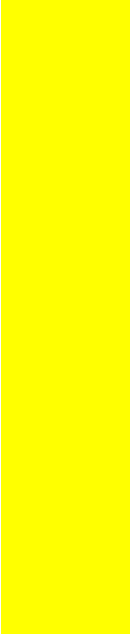


•

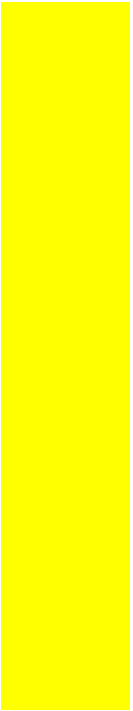
•

•





-
-



•

•

•

•

•

•

•

•

•

•

•

•



PHIN Variable	DE Identifier Sent in HL7 Message	FN Variable Name	Data Element Description	GenV2
NOT115	N/A: MSH-21		Message Profile Identifiers provide a literal value to use for the references in MSH-21. MSH-21 will always contain a reference to the notification type in the "PHINProfileID" namespace and a reference to the implemented version of the Generic MMG in the "PHINMsgMapID" namespace. For conditions that have a condition-specific MMG, MSH-21 will also contain a reference to that MMG that is also in the "PHINMsgMapID" namespace.	•
DEM197	N/A: PID-3		The local ID of the subject/entity	•
DEM115	N/A: PID-7		Patient's date of birth	•
DEM113	N/A: PID-8		Subject's current sex	•
DEM152	N/A: PID-10		Race category - Major OMB Race Categories. Detailed race information would be rolled up to these major OMB race categories.	•
DEM154	32624-9		Other Race Text	•
DEM155	N/A: PID-22		Based on the self-identity of the subject as Hispanic or Latino	•
DEM126	78746-5		Country of Birth	•
DEM304	21842-0		Other Birth Place	•
INV501	77983-5		Where does the person usually live (defined as their residence). This variable replaces the Foreign Resident variable mentioned in 11-SI-04 titled "Revised Guidelines for Determining Residency for Disease Reporting" located at http://c.ymcdn.com/sites/www.cste.org/resource/resmgr/PS/11-SI-04.pdf . Cases with country of usual residence equal to the US, Puerto Rico, and US Virgin Islands as well as unknown and null responses will be included in the state-specific counts and rates.	•
DEM165	N/A: PID-11.9		County of residence of the subject	•
DEM162	N/A: PID-11.4		State of residence of the subject	•
DEM163	N/A: PID-11.5		ZIP Code of residence of the subject	•

INV137	11368-8		Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system.	•
INV138	77976-9		Date at which the disease or condition ends.	•
INV139	77977-7		Length of time this subject had this disease or condition.	•
INV140	N/A: OBX-6		Unit of time used to describe the length of the illness or condition.	•
INV178	77996-7		Indicates whether the subject was pregnant at the time of the event.	•
INV136	77975-1		Earliest date of diagnosis (clinical or laboratory) of condition being reported to public health system.	•
INV128	77974-4		Was subject hospitalized because of this event?	•
INV132	8656-1		Subject's most recent admission date to the hospital for the condition covered by the investigation.	•
INV133	8649-6		Subject's most recent discharge date from the hospital for the condition covered by the investigation.	•
INV134	78033-8		Subject's duration of stay at the hospital for the condition covered by the investigation.	•
INV145	77978-5		Did the subject die from this illness or complications of this illness?	•
INV146	N/A: PID-29		If the subject died from this illness or complications associated with this illness, indicate the date of death.	•
INV169	N/A: OBR-31		Condition or event that constitutes the reason the notification is being sent.	•
INV168	N/A: OBR-3		Sending system-assigned local ID of the case investigation with which the subject is associated.	•
INV173	77993-4		States use this identifier to link NEDSS investigations back to their own state investigations.	•
INV200	77997-5		CDC uses this identifier to link current case notifications to case notifications submitted by a previous system (NETSS, STD-MIS, etc.).	•
INV2001	77998-3		Subject age at time of case investigation	•
INV2002	N/A: OBX-6		Subject age unit at time of case investigation	•
INV152	77982-7		Indication of where the disease/condition was likely acquired.	•

INV153	INV153		If the disease or condition was imported, indicates the country in which the disease was likely acquired.	•
INV154	INV154		If the disease or condition was imported, indicates the state in which the disease was likely acquired.	•
INV155	INV155		If the disease or condition was imported, indicates the city in which the disease was likely acquired.	•
INV156	INV156		If the disease or condition was imported, contains the county of origin of the disease or condition.	•
INV502	77984-3		Indicates the country in which the disease was likely acquired.	•
INV503	77985-0		Indicates the state (or Province) in which the disease was likely acquired. Note: 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.	•
INV504	77986-8		Indicates the city in which the disease was likely acquired Note: If country of exposure is US, populate with US city. For all other cities, can be populated but not required.	•
INV505	77987-6		Indicates the county in which the disease was likely acquired Note: If country of exposure is US, populate with US county. Otherwise, leave null.	•
INV157	77989-2		Code for the mechanism by which disease or condition was acquired by the subject of the investigation.	•
INV163	77990-0		Status of the case/event as suspect, probable, confirmed, or not a case per CSTE/CDC/ surveillance case definitions.	•

NOT120	77965-2		Does this case meet the criteria for immediate (extremely urgent or urgent) notification to CDC? Refer to the 2015 list of NNC by type of notification category (extremely urgent, urgent, and standard) at the following link: http://www.cdc.gov/nndss/document/NNC_2015_Notification_Requirements_By_Category.pdf	•
INV150	77980-1		Denotes whether the reported case was associated with an identified outbreak.	•
INV151	77981-9		A state-assigned name for an identified outbreak.	•
NOT118	N/A: OBR-25		Status of the notification	•
INV107	77969-4		Identifier for the physical site from which the notification is being submitted.	•
INV112	48766-0		Type of facility or provider associated with the source of information sent to Public Health.	•
INV118	52831-5		ZIP Code of the reporting source for this case.	•
INV515	77988-4		For cases meeting the binational criteria, select all the criteria which are met.	•
INV190	74549-7		Name of the person who is reporting the case to the CDC. This is the person that CDC should contact in a state if there are questions regarding this case notification.	•
INV191	74548-9		Phone Number of the person who is reporting the case to the CDC. This is the person that CDC should contact in a state if there are questions regarding this case notification.	•
INV193	74547-1		Email Address of the person reporting the case to the CDC. This is the person that CDC should contact in a state if there are questions regarding this case notification.	•
INV147	77979-3		The date the case investigation was initiated.	•
NOT103	N/A: OBR-7		Date/time the notification was first electronically sent to CDC. This value does not change after the original notification.	•

NOT106	N/A: OBR-22		Date/time this version of the electronic case notification was sent. It will be the same value as NOT103 for the original notification. For updates, this is the update/send date/time.	•
INV111	77995-9		Date that a health department first suspected the subject might have the condition.	•
INV120	77972-8		Earliest date reported to county public health system.	•
INV121	77973-6		Earliest date reported to state public health system.	•
INV165	77991-8		MMWR Week for which case information is to be counted for MMWR publication.	•
INV166	77992-6		MMWR Year (YYYY) for which case information is to be counted for MMWR publication.	•
INV176	77994-2		Date the case of an Immediately National Notifiable Condition was first verbally reported to the CDC Emergency Operation Center or the CDC Subject Matter Expert responsible for this condition.	•
INV177	77970-2		Date the report was first sent to the public health department (local, county or state) by reporter (physician, lab, etc.).	•
NOT109	77966-0		State reporting the notification	•
NOT113	77967-8		County reporting the notification	•
NOT116	77968-6		National jurisdiction reporting the notification to CDC	•
INV886	77999-1		Use this field, if needed, to communicate anything unusual about this case, which is not already covered with the other data elements. Do not send personally identifiable information to CDC in this field.	•
	INV953	DtRptComp	Date case report form was completed	
	INV954	RptComp	Is all of the information for this case complete?	
	FDD_Q_400		Second hospitalization	
	FDD_Q_401	DtAdmit2	Subject's second admission date to the hospital for the condition covered by the investigation.	
	FDD_Q_402	DtDisch2	Subject's second discharge date from the hospital for the condition covered by the investigation.	

INV955		Subject's duration of stay during the 2nd hospital stay for the condition covered by the investigation.
448551000124100	HospTrans	If the subject was hospitalized, was s/he transferred to another hospital?
309904001	AR_hosp_icu	During any part of the hospitalization, did the subject stay in an Intensive Care Unit (ICU) or a Critical Care Unit (CCU)?
INV956	Immigrate	Did the subject immigrate to the U.S.? (within 30 days of onset for Salmonella Typhi & Listeria, 15 days for Cryptosporidium and Cyclospora, and 7 days for all other pathogens)
TRAVEL38	TravelInt	Did the case patient travel internationally? (within 30 days of onset for Salmonella Typhi & Listeria, 15 days for Cryptosporidium and Cyclospora, and 7 days for all other pathogens)
INV663		If the travel exposure window used by the jurisdiction is different from that stated in the travel exposure questions, specify the time interval in days here. Otherwise, leave blank.
FDD_Q_1034	AR_travel6mo	In the 6 months before the subject's illness began, did the subject travel outside of the United States?
FDD_Q_1035	AR_travel6mo_country	In the 6 months before the subject's illness began, what countries did they visit?
FDD_Q_1036	AR_HHtrav6mo	In the 6 months before the subject's illness began, did any member(s) of your household travel outside of the United States?
FDD_Q_1037	AR_HHtrav6mo_country	In the 6 months before the subject's illness began, what countries did the member(s) of your household visit?
INV664		Indicates whether the case traveled domestically prior to illness onset and within program specific timeframe
82754-3		Domestic destination, state(s) traveled to
82764-2		International destination or countries the patient traveled to
TRAVEL06	DtUSDepart?	Date of arrival to travel destination
TRAVEL07	DtUSReturn?	Date of departure from travel destination

INV665		If the epidemiologic exposure window used by the jurisdiction is different from that stated in the exposure questions, specify the time interval in days here. Otherwise, leave blank.
FDD_Q_969	CEA_Beef	In the 7 days before illness, did the subject eat beef or any foods containing beef?
FDD_Q_970	CEA_Beef_grnd	In the 7 days before illness, did the subject eat any ground beef?
FDD_Q_971	CEA_Beef_out	In the 7 days before illness, did the subject eat any beef made outside of home at a business such as a restaurant, deli, fast food, take-out, or catered event?
FDD_Q_972	CEA_Beef_unckgrnd	In the 7 days before illness, did you/your child eat any ground beef that was undercooked or raw?
FDD_Q_973	CEA_Berries	In the 7 days before illness, did the subject eat any fresh (unfrozen) berries?
FDD_Q_974	CEA_Bird	In the 7 days before illness, did the subject have any contact with a bird, not including live poultry such as chickens or turkeys?
FDD_Q_975	CEA_Cantaloupe	In the 7 days before illness, did the subject eat any fresh cantaloupe?
FDD_Q_976	CEA_Cat	In the 7 days before illness, did the subject have any contact with a cat?
FDD_Q_977	CEA_Chicken	In the 7 days before illness, did the subject eat chicken or any foods containing chicken?
FDD_Q_978	CEA_Chx_fresh	In the 7 days before illness, did the subject eat any chicken at home that was bought fresh (refrigerated)?
FDD_Q_979	CEA_Chx_frozen	In the 7 days before illness, did the subject eat any chicken at home that was bought frozen?
FDD_Q_980	CEA_Chx_grnd	In the 7 days before illness, did the subject eat any ground chicken?
FDD_Q_981	CEA_Chx_out	In the 7 days before illness, did the subject eat any chicken made outside of home at a business such as a restaurant, deli, fast food, take-out, or catered event?
FDD_Q_982	CEA_Dairy	In the 7 days before illness, did the subject eat or drink any dairy products (e.g., milk, yogurt, cheese, ice cream, etc.)?
FDD_Q_983	CEA_Dog	In the 7 days before illness, did the subject have any contact with a dog?

FDD_Q_984	CEA_Eggs	In the 7 days before illness, did the subject eat any eggs?
FDD_Q_985	CEA_Eggs_out	In the 7 days before illness, did the subject eat any eggs made outside of home at a business such as a restaurant, deli, fast food, take-out, or catered event?
FDD_Q_986	CEA_Eggs_unck	In the 7 days before illness, did the subject eat any eggs that were runny or raw, or uncooked foods made with raw eggs?
FDD_Q_987	CEA_Farm_ranch	In the 7 days before illness, did the subject visit, work, or live on farm, ranch, petting zoo, or other setting that has animals?
FDD_Q_988	CEA_Fish	In the 7 days before illness, did the subject eat any fish or fish products?
FDD_Q_989	CEA_Fish_unck	In the 7 days before illness, did the subject eat any fish or fish products that was raw or undercooked (e.g., sushi, sashimi)?
FDD_Q_990	CEA_Handle_raw_meat	In the 7 days before illness, did the subject or anyone in your household handle raw meat?
FDD_Q_991	CEA_Handle_raw_poultry	In the 7 days before illness, did the subject or anyone in your household handle raw poultry?
FDD_Q_992	CEA_Handle_raw_seafood	In the 7 days before illness, did the subject or anyone in your household handle raw seafood?
FDD_Q_993	CEA_Herbs	In the 7 days before illness, did the subject eat any fresh (not dried) herbs (basil, cilantro, parsley)?
FDD_Q_994	CEA_Lamb	In the 7 days before illness, did the subject eat any lamb or mutton?
FDD_Q_995	CEA_Lettuce	In the 7 days before illness, did the subject eat any fresh, raw lettuce?
FDD_Q_996	CEA_Live_poultry	In the 7 days before illness, did the subject have any contact with any live poultry (e.g., chickens, turkeys, hens, etc.)?
FDD_Q_998	CEA_Liver_raw	In the 7 days before illness, did the subject eat any raw or undercooked liver?
FDD_Q_999	CEA_Milk_pasteurized	In the 7 days before illness, did the subject have any pasteurized cow's or goat's milk?
FDD_Q_1000	CEA_Milk_raw	In the 7 days before illness, did the subject drink any unpasteurized milk?

FDD_Q_1002	CEA_Ountreat_water	In the 7 days before illness, did the subject drink any water directly from a natural spring, lake, pond, stream, or river?
FDD_Q_1003	CEA_Pig	In the 7 days before illness, did the subject have any contact with any pigs?
FDD_Q_1005	CEA_Pork	In the 7 days before illness, did the subject eat pork or any foods containing pork?
FDD_Q_1006	CEA_Raw_cider	In the 7 days before illness, did the subject drink any juice that was not pasteurized and not from a concentrate (often bought from farms or orchards, but may be sold commercially with a label saying it is unpasteurized and may contain bacteria)?
FDD_Q_1007	CEA_Reptile_amphib	In the 7 days before illness, did the subject have any contact with a reptile or amphibian (e.g., frog, snake, turtle, etc.)?
FDD_Q_1008	CEA_Ruminants	In the 7 days before illness, did the subject have any contact with any cattle, goats, or sheep?
FDD_Q_1009	CEA_Sampled	Denotes whether or not a case was chosen as part of a sampling scheme for CEA. Does not denote eligibility or interview completion. Sites not using sampling schemes can leave this variable blank.
FDD_Q_1010	CEA_Seafd	In the 7 days before illness, did the subject eat any seafood (e.g., crab, shrimp, oysters, clams, etc.)?
FDD_Q_1011	CEA_Seafd_unck	In the 7 days before illness, did the subject eat any seafood that was raw or undercooked (e.g., raw oysters, clams, etc.)?
FDD_Q_1012	CEA_Sewer_water	In the 7 days before illness, did the subject reside in a home with a septic system?
FDD_Q_1013	CEA_Sick_contact	In the 7 days before illness, did the subject have a household member or a close contact with diarrhea?
FDD_Q_1014	CEA_Sick_pet	In the 7 days before illness, did the subject have any contact with a pet that had diarrhea?
FDD_Q_1015	CEA_Softcheese	In the 7 days before illness, did the subject eat any soft cheese (queso fresco, etc.)?
FDD_Q_1017	CEA_Spinach	In the 7 days before illness, did the subject eat any fresh (unfrozen), raw spinach?

FDD_Q_1018	CEA_Sprouts	In the 7 days before illness, did the subject eat any sprouts?
FDD_Q_1019	CEA_Swim_treat	In the 7 days before illness, did the subject swim in, wade in, or enter a pool, hot tub/spa, fountain, or waterpark with treated water (chlorinated, etc.)?
FDD_Q_1020	CEA_Swim_untreat	In the 7 days before illness, did the subject swim in, wade in, or enter an ocean, lake, pond, river, stream, or natural spring?
FDD_Q_1021	CEA_Tomatoes	In the 7 days before illness, did the subject eat any fresh, raw tomatoes?
FDD_Q_1022	CEA_Turkey	In the 7 days before illness, did the subject eat any turkey or any foods containing turkey?
FDD_Q_1023	CEA_Turkey_grnd	In the 7 days before illness, did the subject eat any ground turkey?
FDD_Q_1024	CEA_Turkey_out	In the 7 days before illness, did the subject eat any turkey made outside of home at a business such as a restaurant, deli, fast food, take-out, or catered event?
FDD_Q_1025	CEA_Watermelon	In the 7 days before illness, did the subject eat any fresh watermelon?
FDD_Q_1026	CEA_Well_water	In the 7 days before illness, did the subject use water from a private well as the primary source of drinking water?
FDD_Q_1027	Ar_Diet_veal	In the past 7 days before illness, did the subject eat any veal?
FDD_Q_1028	AR_antacid_any	In the 30 days before the subject's illness began, did the subject take any medications to block acids?
FDD_Q_1029	AR_antacid_any_1, AR_antacid_any_2, AR_antacid_any_3	What medications to block acids did the subject take in the 30 days before illness began?
FDD_Q_1030	AR_comorb_cancer	In the 6 months before the subject's illness began, was the subject diagnosed or treated for cancer (including leukemia/lymphoma)?
FDD_Q_1031	AR_comorb_diabetes	In the 6 months before (your/your child's) illness began, were (the subject) diagnosed or treated for diabetes?
FDD_Q_1032	AR_comorb_abdominal	In the 6 months before the subject's illness began, did the subject have abdominal surgery (e.g., removal of appendix or gallbladder, or any surgery of the stomach or large intestine)?

FDD_Q_1033	AR_probiotic_use30	In the 30 days before the subject's illness began, did the subject take a probiotic? Probiotics are live microorganisms (such as certain types of bacteria) that may benefit your health. These can take the form of pills, powders, yogurts, and other fermented dairy products, as well as anything labeled as containing "live and active cultures" or "probiotics."
FDD_Q_97	Pregnant	Is this Listeria case pregnancy-associated?
63893-2	OutFetal	If Listeria case was pregnancy-associated, what was the outcome of the pregnancy? Note: fetal death includes miscarriage or stillbirth; delivery is a live birth.
INV947	AR_antibiotic_use	Did the subject take antibiotics for this illness?
INV948	AR_antibiotic_use_1- AR_antibiotic_use_8	If antibiotics were taken, provide the names of antibiotics
INV957	AR_antibiotic_use30	In the 30 days before the subject's illness began, did they take any antibiotics?
INV958	AR_antibiotic_use30_1- AR_antibiotic_use30_8	If antibiotics were taken, provide the names of antibiotics
76425-8		Onset date and time associated with each of the signs and symptoms. Include onset time for Diarrhea.
56831-1		Clinical signs and symptoms (e.g. Fever, Diarrhea, Cough)
INV919		Response for each of the signs and symptoms
INV936	HUS	Did the subject have a diagnosis of HUS?
INV937		Did the subject have a diagnosis of Thrombotic Thrombocytopenia (TTP)?
FDD_Q_1038	Outcome	Subject's outcome (assessed for non-hospitalized cases within 7 days of specimen collection date and hospitalized cases at hospital discharge)
FDD_Q_89	Audit	Was case found during an audit?
INV959	Interview	Was the subject interviewed by public health (i.e. state or local health department or FoodNet staff)?
FDD_Q_88	EforsNum	CDC FDOSS outbreak ID number

FDD_Q_1129	OutbrkStID	State outbreak identification number
FDD_Q_404	OutbrkType	Type of outbreak that the subject was part of
44087-5	DxO157	For possible <i>E. coli</i> cases: What was the result of specimen testing for O157 by EIA or PCR at a clinical laboratory?
32777-5	StecH7	If <i>E. coli</i> , was it H7 antigen positive?
FDD_Q_900	StecHAg	If <i>E. coli</i> , what was the H-antigen number?
INV944	StecNM	If <i>E. coli</i> , was the isolate non-motile?
INV945	StecO157	If <i>E. coli</i> , was it O157 positive?
FDD_Q_901	StecOAg	If <i>E. coli</i> , what was the O-antigen number?
INV946	StecStx	Was <i>E. coli</i> Shiga toxin-producing?
FDD_Q_902	SalGroup	Salmonella serogroup
INV949	WGS_ID	Whole Genome Sequencing (WGS) ID Number
LAB202	LabNum?	A laboratory generated number that identifies the specimen related to this test.
82771-7		Performing laboratory type
INV290		Test Type (Antigen, Culture, Antigen, Antibody, Toxin, etc..)
85069-3		Test method information e.g. Biofire FilmArray; Crypto CELISA (Cellabs);
INV291		Epidemiologic interpretation of the results of the test(s) performed for this case. This is a qualitative test result. (e.g, positive, detected, negative)
41852-5		Test result including organism, serotype, serogroup, species, toxins
LAB628		Quantitative Test Result Value
LAB115		Units of measure for the Quantitative Test Result Value
LAB629		Textual result value, used if result is neither numeric nor coded.
8251-1		Comments having to do specifically with the lab result test. These are the comments from the NTE segment if the result was originally an Electronic Laboratory Report.
66746-9		Specimen type
68963-8		Date and/or time of collection of laboratory specimen
LAB595		Specimen received date/time

45375-3		The date the specimen/isolate was tested
82773-3		Date result sent from reporting laboratory
LAB515	SentCDC	Was specimen or isolate forwarded to CDC for testing or confirmation?
85930-6		Date specimen sent to CDC
LAB331	StLabRcvd	Was the isolate sent to a state public health laboratory? (Answer 'Yes' if it was sent to any state lab, even if it was sent to a lab outside of the case's state of residence)
FDD_Q_1109		Probable case is laboratory diagnosed
FDD_Q_1110		Probable case is epi linked
INV621		Worked as food handler within 7 days before illness
FDD_Q_1042		Worked in day care facility within 7 days before illness
FDD_Q_1		Did the subject attend a day care center within 7 days before illness?
FDD_Q_1043		List of names of locations where the foods eaten at home was purchased
FDD_Q_1044		Names of the locations for foods eaten outside the home
FDD_Q_1045		Handle raw ground beef within 7 days before illness
FDD_Q_1046		Ate ground beef within 7 days before illness
FDD_Q_1047		Ate ground beef at home within 7 days before illness
FDD_Q_1048		Purchase location(s) for ground beef eaten at home
FDD_Q_1049		Ground beef eaten at home was purchased as patties
FDD_Q_1050		Ate ground beef outside the home within 7 days before illness
FDD_Q_1051		Name(s), location(s) where ground beef was eaten outside the home
FDD_Q_1052		Ate steak within 7 days before illness
FDD_Q_1053		Ate steak at home within 7 days before illness
FDD_Q_1054		Purchase location(s) for steak eaten at home
FDD_Q_1055		Ate steak outside the home within 7 days before illness
FDD_Q_1056		Name(s), location(s) where steak was eaten outside the home
FDD_Q_1057		Ate bison within 7 days before illness
FDD_Q_1058		Ate wild game within 7 days before illness

FDD_Q_1059		Ate dried meat or fermented meat within 7 days before illness
FDD_Q_1060		Type of dried meat or fermented meat
FDD_Q_1061		Ate cheese made from raw/unpasteurized milk within 7 days before illness
FDD_Q_1062		Ate artisanal or gourmet cheese within 7 days before illness
FDD_Q_1063		Drank raw or unpasteurized juice or cider within 7 days before illness
FDD_Q_1064		Ate leafy green vegetable (iceberg lettuce, romaine lettuce, or spinach) within 7 days before illness
FDD_Q_1067		Ate iceberg lettuce within 7 days before illness
FDD_Q_1068		Ate iceberg lettuce at home within 7 days before illness
FDD_Q_1070		Brand(s) for iceberg lettuce eaten at home
FDD_Q_1071		Ate iceberg lettuce at home that was packaged loose
FDD_Q_1072		Ate iceberg lettuce at home that was prepackaged
FDD_Q_1073		Ate iceberg lettuce at home of unknown packaging
FDD_Q_1074		Ate iceberg lettuce outside the home within 7 days before illness
FDD_Q_1075		Name(s), location(s) for iceberg lettuce eaten outside the home
FDD_Q_1076		Ate romaine lettuce within 7 days before illness
FDD_Q_1077		Ate romaine lettuce at home within 7 days before illness
FDD_Q_1079		Brand(s) for romaine lettuce eaten at home
FDD_Q_1080		Ate romaine lettuce at home that was packaged loose
FDD_Q_1081		Ate romaine lettuce at home that was prepackaged
FDD_Q_1082		Ate romaine lettuce at home of unknown packaging
FDD_Q_1083		Ate romaine lettuce outside the home within 7 days before illness
FDD_Q_1084		Name(s), location(s) for romaine lettuce eaten outside the home
FDD_Q_1086		Ate spinach at home within 7 days before illness
FDD_Q_1088		Brand(s) for spinach eaten at home
FDD_Q_1089		Ate spinach at home that was packaged loose
FDD_Q_1090		Ate spinach at home that was prepackaged

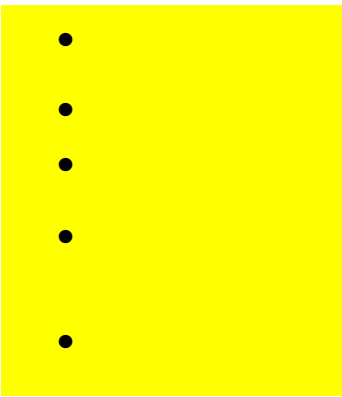
FDD_Q_1091		Ate spinach at home of unknown packaging
FDD_Q_1092		Ate spinach outside the home within 7 days before illness
FDD_Q_1093		Name(s), location(s) for spinach eaten outside the home
FDD_Q_1065		Ate other leafy green vegetable within 7 days before illness
FDD_Q_1066		Type of other leafy green vegetable
FDD_Q_1094		Ate sprouts within 7 days before illness
FDD_Q_1095		Purchase location(s) for sprouts
FDD_Q_1096		Brand(s) for sprouts
FDD_Q_1097		Visited a petting zoo within 7 days before illness
FDD_Q_1098		Visited, worked, or lived on a farm with livestock within 7 days before illness
FDD_Q_1099		Visited county/state fairs, 4-H events, or similar events with animals. Visited a farm within 7 days before illness
FDD_Q_1101		Attended any group meals within 7 days before illness
FDD_Q_1102		Visited, lived or worked in a residential facility within 7 days before illness
FDD_Q_1103		Main source of drinking water within 7 days before illness
FDD_Q_1104		Does the patient know of other ill persons within 7 days before illness?
FDD_Q_1105		Visited treated recreational water facilities within 7 days before illness
FDD_Q_1106		Locations of treated recreational water facilities
FDD_Q_1107		Visited untreated recreational water facilities within 7 days before illness
FDD_Q_1108		Locations of untreated recreational water facilities
FDD_Q_1140		State lab ID submitted to PulseNet
TRAVEL36		Did subject travel outside of their home state in the 7 days before illness onset?
TRAVEL40		Did subject travel to another country in the 7 days before illness onset?
TRAVEL41		Did subject travel to another state in the 7 days before illness onset?
FDD_Q_1128		Is this the specimen submitted to PulseNet?

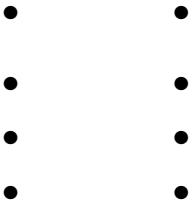
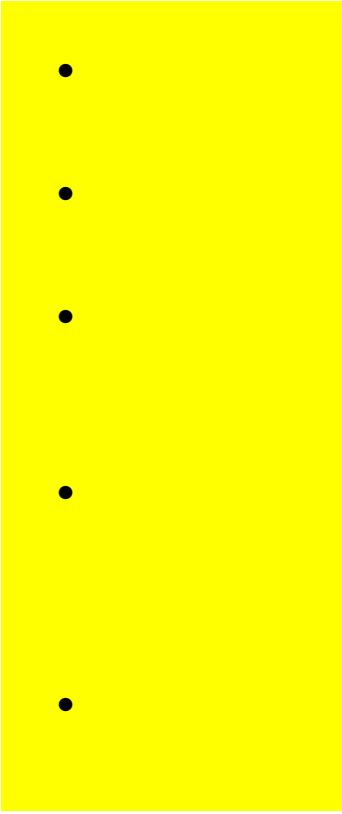
85658-3		This data element is used to capture the narrative text of a subject's current occupation.
85659-1		This data element is used to capture the CDC NIOSH standard occupation code based upon the narrative text of a subject's current occupation. (The National Institute for
85078-4		This data element is used to capture the narrative text of subject's current industry.
85657-5		This data element is used to capture the CDC NIOSH standard industry code based upon the narrative text of a subject's current industry. (The National Institute for

FN TAB	STEC Tab
--------	----------

•

•



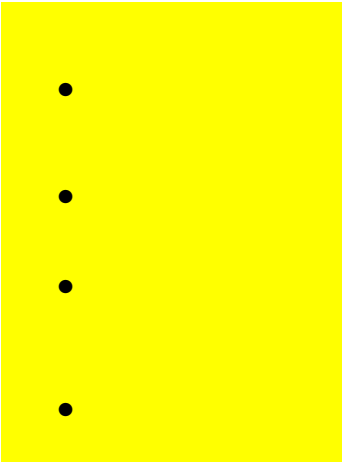


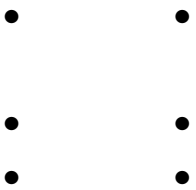
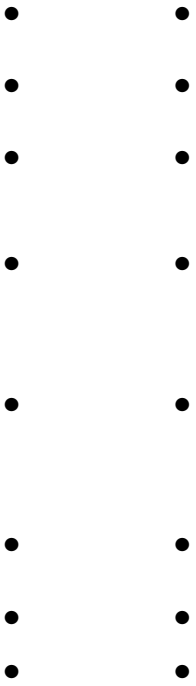
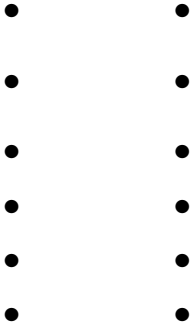
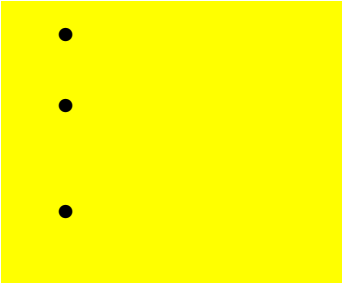
•

•

•

•







• •



• •

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

PHIN Variable	DE Identifier Sent in HL7 Message	FN Variable Name	Data Element Description	GenV2
NOT115	N/A: MSH-21		Message Profile Identifiers provide a literal value to use for the references in MSH-21. MSH-21 will always contain a reference to the notification type in the "PHINProfileID" namespace and a reference to the implemented version of the Generic MMG in the "PHINMsgMapID" namespace. For conditions that have a condition-specific MMG, MSH-21 will also contain a reference to that MMG that is also in the "PHINMsgMapID" namespace.	•
DEM197	N/A: PID-3		The local ID of the subject/entity	•
DEM115	N/A: PID-7		Patient's date of birth	•
DEM113	N/A: PID-8		Subject's current sex	•
DEM152	N/A: PID-10		Race category - Major OMB Race Categories. Detailed race information would be rolled up to these major OMB race categories.	•
DEM154	32624-9		Other Race Text	•
DEM155	N/A: PID-22		Based on the self-identity of the subject as Hispanic or Latino	•
DEM126	78746-5		Country of Birth	•
DEM304	21842-0		Other Birth Place	•
INV501	77983-5		<p>Where does the person usually live (defined as their residence).</p> <p>This variable replaces the Foreign Resident variable mentioned in 11-SI-04 titled "Revised Guidelines for Determining Residency for Disease Reporting" located at http://c.ymcdn.com/sites/www.cste.org/resource/resmgr/PS/11-SI-04.pdf.</p> <p>Cases with country of usual residence equal to the US, Puerto Rico, and US Virgin Islands as well as unknown and null responses will be included in the state-specific counts and rates.</p>	•
DEM165	N/A: PID-11.9		County of residence of the subject	•
DEM162	N/A: PID-11.4		State of residence of the subject	•

DEM163	N/A: PID-11.5		ZIP Code of residence of the subject	•
INV137	11368-8		Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system.	•
INV138	77976-9		Date at which the disease or condition ends.	•
INV139	77977-7		Length of time this subject had this disease or condition.	•
INV140	N/A: OBX-6		Unit of time used to describe the length of the illness or condition.	•
INV178	77996-7		Indicates whether the subject was pregnant at the time of the event.	•
INV136	77975-1		Earliest date of diagnosis (clinical or laboratory) of condition being reported to public health system.	•
INV128	77974-4		Was subject hospitalized because of this event?	•
INV132	8656-1		Subject's most recent admission date to the hospital for the condition covered by the investigation.	•
INV133	8649-6		Subject's most recent discharge date from the hospital for the condition covered by the investigation.	•
INV134	78033-8		Subject's duration of stay at the hospital for the condition covered by the investigation.	•
INV145	77978-5		Did the subject die from this illness or complications of this illness?	•
INV146	N/A: PID-29		If the subject died from this illness or complications associated with this illness, indicate the date of death.	•
INV169	N/A: OBR-31		Condition or event that constitutes the reason the notification is being sent.	•
INV168	N/A: OBR-3		Sending system-assigned local ID of the case investigation with which the subject is associated.	•
INV173	77993-4		States use this identifier to link NEDSS investigations back to their own state investigations.	•
INV200	77997-5		CDC uses this identifier to link current case notifications to case notifications submitted by a previous system (NETSS, STD-MIS, etc.).	•

INV2001	77998-3		Subject age at time of case investigation	•
INV2002	N/A: OBX-6		Subject age unit at time of case investigation	•
INV152	77982-7		Indication of where the disease/condition was likely acquired.	•
INV153	INV153		If the disease or condition was imported, indicates the country in which the disease was likely acquired.	•
INV154	INV154		If the disease or condition was imported, indicates the state in which the disease was likely acquired.	•
INV155	INV155		If the disease or condition was imported, indicates the city in which the disease was likely acquired.	•
INV156	INV156		If the disease or condition was imported, contains the county of origin of the disease or condition.	•
INV502	77984-3		Indicates the country in which the disease was likely acquired.	•
INV503	77985-0		Indicates the state (or Province) in which the disease was likely acquired. Note: 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.	•
INV504	77986-8		Indicates the city in which the disease was likely acquired Note: If country of exposure is US, populate with US city. For all other cities, can be populated but not required.	•
INV505	77987-6		Indicates the county in which the disease was likely acquired Note: If country of exposure is US, populate with US county. Otherwise, leave null.	•

INV157	77989-2		Code for the mechanism by which disease or condition was acquired by the subject of the investigation.	•
INV163	77990-0		Status of the case/event as suspect, probable, confirmed, or not a case per CSTE/CDC/ surveillance case definitions.	•
NOT120	77965-2		Does this case meet the criteria for immediate (extremely urgent or urgent) notification to CDC? Refer to the 2015 list of NNC by type of notification category (extremely urgent, urgent, and standard) at the following link: http://wwwn.cdc.gov/nndss/document/NNC_2015_Notification_Requirements_By_Category.pdf	•
INV150	77980-1		Denotes whether the reported case was associated with an identified outbreak.	•
INV151	77981-9		A state-assigned name for an identified outbreak.	•
NOT118	N/A: OBR-25		Status of the notification	•
INV107	77969-4		Identifier for the physical site from which the notification is being submitted.	•
INV112	48766-0		Type of facility or provider associated with the source of information sent to Public Health.	•
INV118	52831-5		ZIP Code of the reporting source for this case.	•
INV515	77988-4		For cases meeting the binational criteria, select all the criteria which are met.	•
INV190	74549-7		Name of the person who is reporting the case to the CDC. This is the person that CDC should contact in a state if there are questions regarding this case notification.	•
INV191	74548-9		Phone Number of the person who is reporting the case to the CDC. This is the person that CDC should contact in a state if there are questions regarding this case notification.	•

INV193	74547-1		Email Address of the person reporting the case to the CDC. This is the person that CDC should contact in a state if there are questions regarding this case notification.	•
INV147	77979-3		The date the case investigation was initiated.	•
NOT103	N/A: OBR-7		Date/time the notification was first electronically sent to CDC. This value does not change after the original notification.	•
NOT106	N/A: OBR-22		Date/time this version of the electronic case notification was sent. It will be the same value as NOT103 for the original notification. For updates, this is the update/send date/time.	•
INV111	77995-9		Date that a health department first suspected the subject might have the condition.	•
INV120	77972-8		Earliest date reported to county public health system.	•
INV121	77973-6		Earliest date reported to state public health system.	•
INV165	77991-8		MMWR Week for which case information is to be counted for MMWR publication.	•
INV166	77992-6		MMWR Year (YYYY) for which case information is to be counted for MMWR publication.	•
INV176	77994-2		Date the case of an Immediately National Notifiable Condition was first verbally reported to the CDC Emergency Operation Center or the CDC Subject Matter Expert responsible for this condition.	•
INV177	77970-2		Date the report was first sent to the public health department (local, county or state) by reporter (physician, lab, etc.).	•
NOT109	77966-0		State reporting the notification	•
NOT113	77967-8		County reporting the notification	•
NOT116	77968-6		National jurisdiction reporting the notification to CDC	•

INV886	77999-1		<p>Use this field, if needed, to communicate anything unusual about this case, which is not already covered with the other data elements.</p> <p>Do not send personally identifiable information to CDC in this field.</p>
INV953	DtRptComp		Date case report form was completed
INV954	RptComp		Is all of the information for this case complete?
FDD_Q_400			Second hospitalization
FDD_Q_401	DtAdmit2		Subject's second admission date to the hospital for the condition covered by the investigation.
FDD_Q_402	DtDisch2		Subject's second discharge date from the hospital for the condition covered by the investigation.
INV955			Subject's duration of stay during the 2nd hospital stay for the condition covered by the investigation.
44855100012410 0	HospTrans		If the subject was hospitalized, was s/he transferred to another hospital?
309904001	AR_hosp_icu		During any part of the hospitalization, did the subject stay in an Intensive Care Unit (ICU) or a Critical Care Unit (CCU)?
INV956	Immigrate		Did the subject immigrate to the U.S.? (within 30 days of onset for Salmonella Typhi & Listeria, 15 days for Cryptosporidium and Cyclospora, and 7 days for all other pathogens)
TRAVEL38	TravelInt		Did the case patient travel internationally? (within 30 days of onset for Salmonella Typhi & Listeria, 15 days for Cryptosporidium and Cyclospora, and 7 days for all other pathogens)
INV663			If the travel exposure window used by the jurisdiction is different from that stated in the travel exposure questions, specify the time interval in days here. Otherwise, leave blank.
FDD_Q_1034	AR_travel6mo		In the 6 months before the subject's illness began, did the subject travel outside of the United States?

FDD_Q_1035	AR_travel6mo_country	In the 6 months before the subject's illness began, what countries did they visit?
FDD_Q_1036	AR_HHtrav6mo	In the 6 months before the subject's illness began, did any member(s) of your household travel outside of the United States?
FDD_Q_1037	AR_HHtrav6mo_country	In the 6 months before the subject's illness began, what countries did the member(s) of your household visit?
INV664		Indicates whether the case traveled domestically prior to illness onset and within program specific timeframe
82754-3		Domestic destination, state(s) traveled to
82764-2		International destination or countries the patient traveled to
TRAVEL06	DtUSDepart?	Date of arrival to travel destination
TRAVEL07	DtUSReturn?	Date of departure from travel destination
INV665		If the epidemiologic exposure window used by the jurisdiction is different from that stated in the exposure questions, specify the time interval in days here. Otherwise, leave blank.
FDD_Q_969	CEA_Beef	In the 7 days before illness, did the subject eat beef or any foods containing beef?
FDD_Q_970	CEA_Beef_grnd	In the 7 days before illness, did the subject eat any ground beef?
FDD_Q_971	CEA_Beef_out	In the 7 days before illness, did the subject eat any beef made outside of home at a business such as a restaurant, deli, fast food, take-out, or catered event?
FDD_Q_972	CEA_Beef_unckgrnd	In the 7 days before illness, did you/your child eat any ground beef that was undercooked or raw?
FDD_Q_973	CEA_Berries	In the 7 days before illness, did the subject eat any fresh (unfrozen) berries?
FDD_Q_974	CEA_Bird	In the 7 days before illness, did the subject have any contact with a bird, not including live poultry such as chickens or turkeys?
FDD_Q_975	CEA_Cantaloupe	In the 7 days before illness, did the subject eat any fresh cantaloupe?

FDD_Q_976	CEA_Cat	In the 7 days before illness, did the subject have any contact with a cat?
FDD_Q_977	CEA_Chicken	In the 7 days before illness, did the subject eat chicken or any foods containing chicken?
FDD_Q_978	CEA_Chx_fresh	In the 7 days before illness, did the subject eat any chicken at home that was bought fresh (refrigerated)?
FDD_Q_979	CEA_Chx_frozen	In the 7 days before illness, did the subject eat any chicken at home that was bought frozen?
FDD_Q_980	CEA_Chx_grnd	In the 7 days before illness, did the subject eat any ground chicken?
FDD_Q_981	CEA_Chx_out	In the 7 days before illness, did the subject eat any chicken made outside of home at a business such as a restaurant, deli, fast food, take-out, or catered event?
FDD_Q_982	CEA_Dairy	In the 7 days before illness, did the subject eat or drink any dairy products (e.g., milk, yogurt, cheese, ice cream, etc.)?
FDD_Q_983	CEA_Dog	In the 7 days before illness, did the subject have any contact with a dog?
FDD_Q_984	CEA_Eggs	In the 7 days before illness, did the subject eat any eggs?
FDD_Q_985	CEA_Eggs_out	In the 7 days before illness, did the subject eat any eggs made outside of home at a business such as a restaurant, deli, fast food, take-out, or catered event?
FDD_Q_986	CEA_Eggs_unck	In the 7 days before illness, did the subject eat any eggs that were runny or raw, or uncooked foods made with raw eggs?
FDD_Q_987	CEA_Farm_ranch	In the 7 days before illness, did the subject visit, work, or live on farm, ranch, petting zoo, or other setting that has animals?
FDD_Q_988	CEA_Fish	In the 7 days before illness, did the subject eat any fish or fish products?
FDD_Q_989	CEA_Fish_unck	In the 7 days before illness, did the subject eat any fish or fish products that was raw or undercooked (e.g., sushi, sashimi)?

FDD_Q_990	CEA_Handle_raw_meat	In the 7 days before illness, did the subject or anyone in your household handle raw meat?
FDD_Q_991	CEA_Handle_raw_poultry	In the 7 days before illness, did the subject or anyone in your household handle raw poultry?
FDD_Q_992	CEA_Handle_raw_seafood	In the 7 days before illness, did the subject or anyone in your household handle raw seafood?
FDD_Q_993	CEA_Herbs	In the 7 days before illness, did the subject eat any fresh (not dried) herbs (basil, cilantro, parsley)?
FDD_Q_994	CEA_Lamb	In the 7 days before illness, did the subject eat any lamb or mutton?
FDD_Q_995	CEA_Lettuce	In the 7 days before illness, did the subject eat any fresh, raw lettuce?
FDD_Q_996	CEA_Live_poultry	In the 7 days before illness, did the subject have any contact with any live poultry (e.g., chickens, turkeys, hens, etc.)?
FDD_Q_998	CEA_Liver_raw	In the 7 days before illness, did the subject eat any raw or undercooked liver?
FDD_Q_999	CEA_Milk_pasteurized	In the 7 days before illness, did the subject have any pasteurized cow's or goat's milk?
FDD_Q_1000	CEA_Milk_raw	In the 7 days before illness, did the subject drink any unpasteurized milk?
FDD_Q_1002	CEA_Ountreat_water	In the 7 days before illness, did the subject drink any water directly from a natural spring, lake, pond, stream, or river?
FDD_Q_1003	CEA_Pig	In the 7 days before illness, did the subject have any contact with any pigs?
FDD_Q_1005	CEA_Pork	In the 7 days before illness, did the subject eat pork or any foods containing pork?
FDD_Q_1006	CEA_Raw_cider	In the 7 days before illness, did the subject drink any juice that was not pasteurized and not from a concentrate (often bought from farms or orchards, but may be sold commercially with a label saying it is unpasteurized and may contain bacteria)?
FDD_Q_1007	CEA_Reptile_amphib	In the 7 days before illness, did the subject have any contact with a reptile or amphibian (e.g., frog, snake, turtle, etc.)?

FDD_Q_1008	CEA_Ruminants	In the 7 days before illness, did the subject have any contact with any cattle, goats, or sheep?
FDD_Q_1009	CEA_Sampled	Denotes whether or not a case was chosen as part of a sampling scheme for CEA. Does not denote eligibility or interview completion. Sites not using sampling schemes can leave this variable blank.
FDD_Q_1010	CEA_Seafd	In the 7 days before illness, did the subject eat any seafood (e.g., crab, shrimp, oysters, clams, etc.)?
FDD_Q_1011	CEA_Seafd_unck	In the 7 days before illness, did the subject eat any seafood that was raw or undercooked (e.g., raw oysters, clams, etc.)?
FDD_Q_1012	CEA_Sewer_water	In the 7 days before illness, did the subject reside in a home with a septic system?
FDD_Q_1013	CEA_Sick_contact	In the 7 days before illness, did the subject have a household member or a close contact with diarrhea?
FDD_Q_1014	CEA_Sick_pet	In the 7 days before illness, did the subject have any contact with a pet that had diarrhea?
FDD_Q_1015	CEA_Softcheese	In the 7 days before illness, did the subject eat any soft cheese (queso fresco, etc.)?
FDD_Q_1017	CEA_Spinach	In the 7 days before illness, did the subject eat any fresh (unfrozen), raw spinach?
FDD_Q_1018	CEA_Sprouts	In the 7 days before illness, did the subject eat any sprouts?
FDD_Q_1019	CEA_Swim_treat	In the 7 days before illness, did the subject swim in, wade in, or enter a pool, hot tub/spa, fountain, or waterpark with treated water (chlorinated, etc.)?
FDD_Q_1020	CEA_Swim_untreat	In the 7 days before illness, did the subject swim in, wade in, or enter an ocean, lake, pond, river, stream, or natural spring?
FDD_Q_1021	CEA_Tomatoes	In the 7 days before illness, did the subject eat any fresh, raw tomatoes?
FDD_Q_1022	CEA_Turkey	In the 7 days before illness, did the subject eat any turkey or any foods containing turkey?
FDD_Q_1023	CEA_Turkey_grnd	In the 7 days before illness, did the subject eat any ground turkey?

FDD_Q_1024	CEA_Turkey_out	In the 7 days before illness, did the subject eat any turkey made outside of home at a business such as a restaurant, deli, fast food, take-out, or catered event?
FDD_Q_1025	CEA_Watermelon	In the 7 days before illness, did the subject eat any fresh watermelon?
FDD_Q_1026	CEA_Well_water	In the 7 days before illness, did the subject use water from a private well as the primary source of drinking water?
FDD_Q_1027	Ar_Diet_veal	In the past 7 days before illness, did the subject eat any veal?
FDD_Q_1028	AR_antacid_any	In the 30 days before the subject's illness began, did the subject take any medications to block acids?
FDD_Q_1029	AR_antacid_any_1, AR_antacid_any_2, AR_antacid_any_3	What medications to block acids did the subject take in the 30 days before illness began?
FDD_Q_1030	AR_comorb_cancer	In the 6 months before the subject's illness began, was the subject diagnosed or treated for cancer (including leukemia/lymphoma)?
FDD_Q_1031	AR_comorb_diabetes	In the 6 months before (your/your child's) illness began, were (the subject) diagnosed or treated for diabetes?
FDD_Q_1032	AR_comorb_abdominal	In the 6 months before the subject's illness began, did the subject have abdominal surgery (e.g., removal of appendix or gallbladder, or any surgery of the stomach or large intestine)?
FDD_Q_1033	AR_probiotic_use30	In the 30 days before the subject's illness began, did the subject take a probiotic? Probiotics are live microorganisms (such as certain types of bacteria) that may benefit your health. These can take the form of pills, powders, yogurts, and other fermented dairy products, as well as anything labeled as containing "live and active cultures" or "probiotics."
FDD_Q_97	Pregnant	Is this Listeria case pregnancy-associated?
63893-2	OutFetal	If Listeria case was pregnancy-associated, what was the outcome of the pregnancy? Note: fetal death includes miscarriage or stillbirth; delivery is a live birth.

INV947	AR_antibiotic_use	Did the subject take antibiotics for this illness?
INV948	AR_antibiotic_use_1- AR_antibiotic_use_8	If antibiotics were taken, provide the names of antibiotics
INV957	AR_antibiotic_use30	In the 30 days before the subject's illness began, did they take any antibiotics?
INV958	AR_antibiotic_use30_1- AR_antibiotic_use30_8	If antibiotics were taken, provide the names of antibiotics
76425-8		Onset date and time associated with each of the signs and symptoms. Include onset time for Diarrhea.
56831-1		Clinical signs and symptoms (e.g. Fever, Diarrhea, Cough)
INV919		Response for each of the signs and symptoms
INV936	HUS	Did the subject have a diagnosis of HUS?
INV937		Did the subject have a diagnosis of Thrombotic Thrombocytopenia (TTP)?
FDD_Q_1038	Outcome	Subject's outcome (assessed for non-hospitalized cases within 7 days of specimen collection date and hospitalized cases at hospital discharge)
FDD_Q_89	Audit	Was case found during an audit?
INV959	Interview	Was the subject interviewed by public health (i.e. state or local health department or FoodNet staff)?
FDD_Q_88	EforsNum	CDC FDOSS outbreak ID number
FDD_Q_1129	OutbrkStID	State outbreak identification number
FDD_Q_404	OutbrkType	Type of outbreak that the subject was part of
44087-5	DxO157	For possible <i>E.coli</i> cases: What was the result of specimen testing for O157 by EIA or PCR at a clinical laboratory?
32777-5	StecH7	If <i>E. coli</i> , was it H7 antigen positive?
FDD_Q_900	StecHAg	If <i>E. coli</i> , what was the H-antigen number?
INV944	StecNM	If <i>E. coli</i> , was the isolate non-motile?
INV945	StecO157	If <i>E. coli</i> , was it O157 positive?

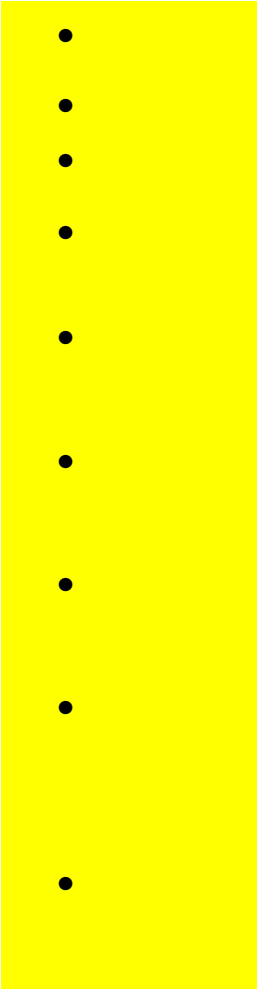
FDD_Q_901	StecOAg	If E. coli, what was the O-antigen number?
INV946	StecStx	Was E. coli Shiga toxin-producing?
FDD_Q_902	SalGroup	Salmonella serogroup
INV949	WGS_ID	Whole Genome Sequencing (WGS) ID Number
LAB202	LabNum?	A laboratory generated number that identifies the specimen related to this test.
82771-7		Performing laboratory type
INV290		Test Type (Antigen, Culture, Antigen, Antibody, Toxin, etc..)
85069-3		Test method information e.g. Biofire FilmArray; Crypto CELISA (Cellabs);
INV291		Epidemiologic interpretation of the results of the test(s) performed for this case. This is a qualitative test result. (e.g, positive, detected, negative)
41852-5		Test result including organism, serotype, serogroup, species, toxins
LAB628		Quantitative Test Result Value
LAB115		Units of measure for the Quantitative Test Result Value
LAB629		Textual result value, used if result is neither numeric nor coded.
8251-1		Comments having to do specifically with the lab result test. These are the comments from the NTE segment if the result was originally an Electronic Laboratory Report.
66746-9		Specimen type
68963-8		Date and/or time of collection of laboratory specimen
LAB595		Specimen received date/time
45375-3		The date the specimen/isolate was tested
82773-3		Date result sent from reporting laboratory
LAB515	SentCDC	Was specimen or isolate forwarded to CDC for testing or confirmation?
85930-6		Date specimen sent to CDC

LAB331	StLabRcvd	Was the isolate sent to a state public health laboratory? (Answer 'Yes' if it was sent to any state lab, even if it was sent to a lab outside of the case's state of residence)
FDD_Q_1		Did the subject attend a day care center?
FDD_Q_1111		Is the subject a resident in a long term care facility?
FDD_Q_1109		Probable case is laboratory diagnosed
FDD_Q_1110		Probable case is epi linked
85658-3		This data element is used to capture the narrative text of a subject's current occupation.
85659-1		This data element is used to capture the CDC NIOSH standard occupation code based upon the narrative text of a subject's current occupation. (The National Institute for Occupational Safety and Health)
85078-4		This data element is used to capture the narrative text of subject's current industry.
85657-5		This data element is used to capture the CDC NIOSH standard industry code based upon the narrative text of a subject's current industry. (The National Institute for Occupational Safety and Health)

FN Tab	Salmonella Tab
--------	----------------

•

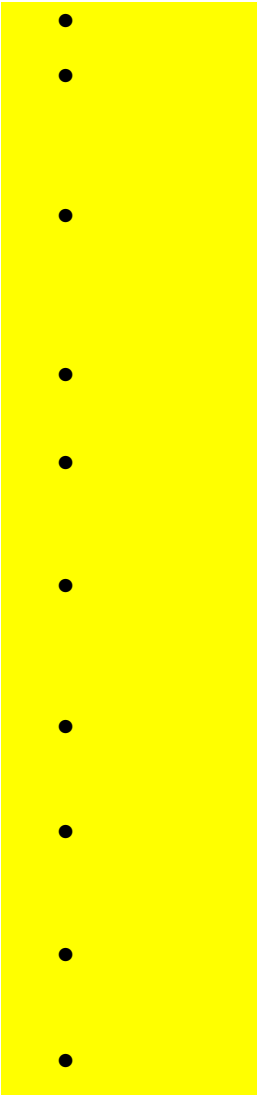
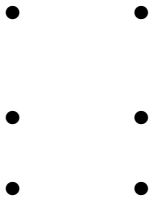
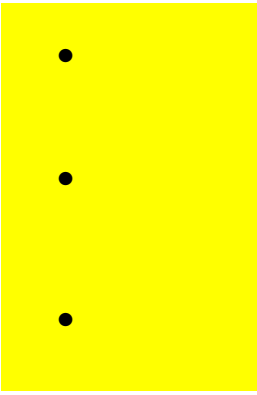
•

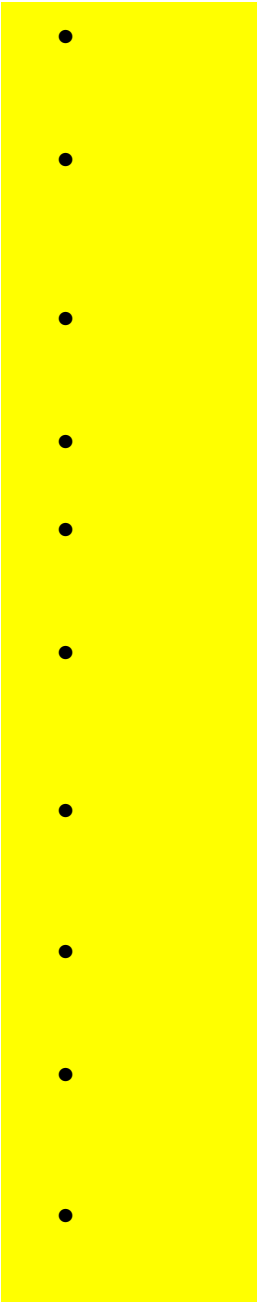
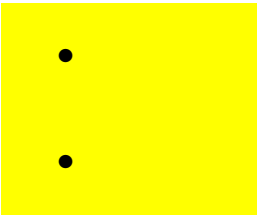


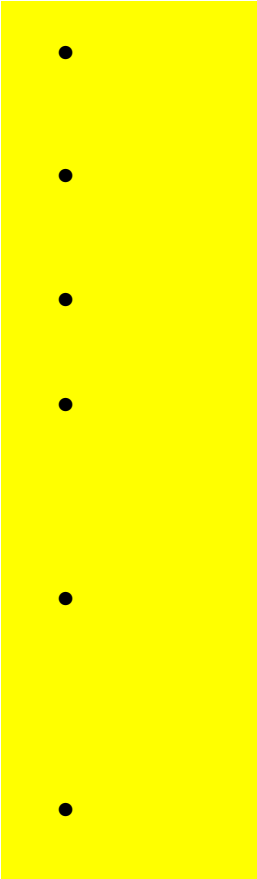
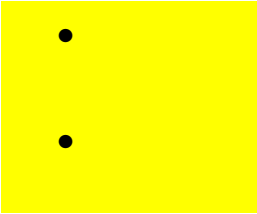
• •

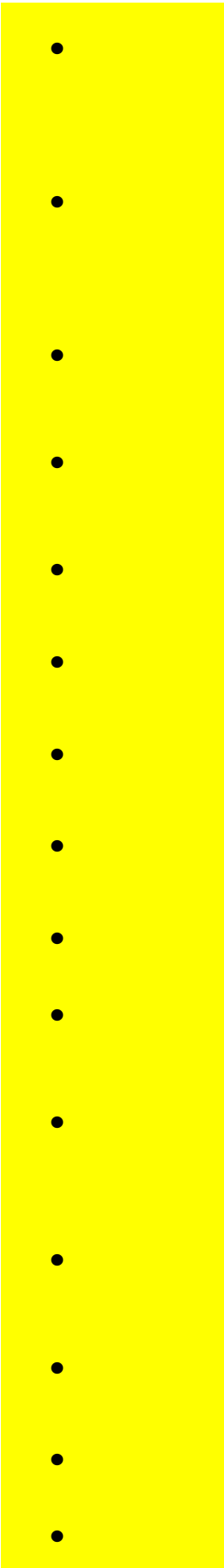
• •

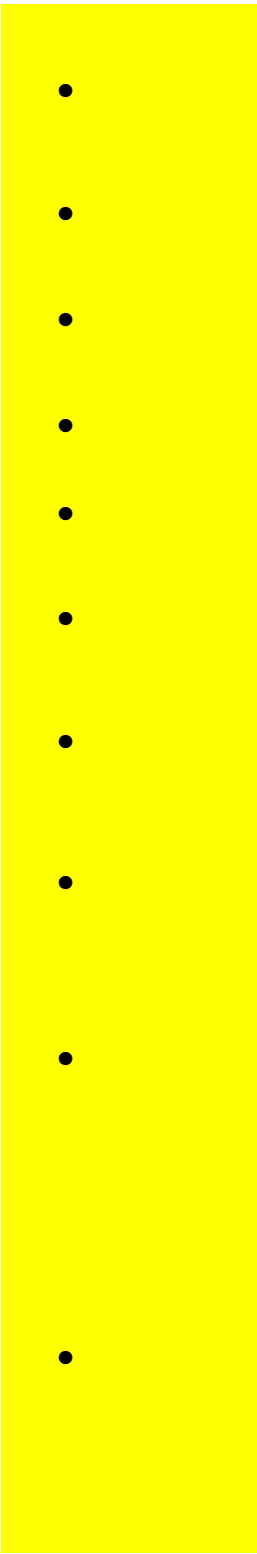


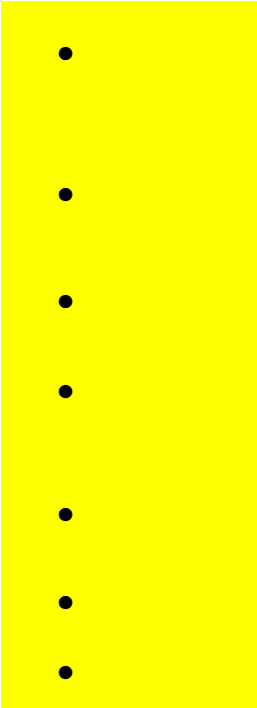
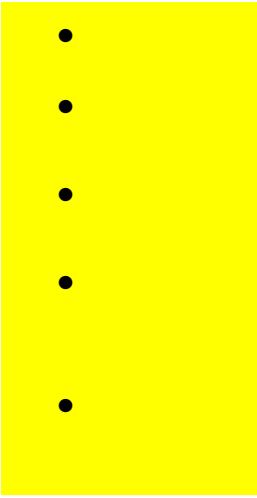












• •

•

• •

• •

• •

• •

• •

• •

• •

• •

• •

• •

• •

• •

• •

• •

• •

• •

• •

•

•

•

•

•

•

•

•

•

•

PHIN Variable	DE Identifier Sent in HL7 Message	FN Variable Name
NOT115	N/A: MSH-21	
DEM197	N/A: PID-3	
DEM115	N/A: PID-7	
DEM113	N/A: PID-8	
DEM152	N/A: PID-10	
DEM154	32624-9	
DEM155	N/A: PID-22	
DEM126	78746-5	
DEM304	21842-0	
INV501	77983-5	
DEM165	N/A: PID-11.9	
DEM162	N/A: PID-11.4	
DEM163	N/A: PID-11.5	
INV137	11368-8	
INV138	77976-9	
INV139	77977-7	
INV140	N/A: OBX-6	
INV178	77996-7	
INV136	77975-1	
INV128	77974-4	
INV132	8656-1	
INV133	8649-6	
INV134	78033-8	
INV145	77978-5	

INV146	N/A: PID-29	
INV169	N/A: OBR-31	
INV168	N/A: OBR-3	
INV173	77993-4	
INV200	77997-5	
INV2001	77998-3	
INV2002	N/A: OBX-6	
INV152	77982-7	
INV153	INV153	
INV154	INV154	
INV155	INV155	
INV156	INV156	
INV502	77984-3	
INV503	77985-0	
INV504	77986-8	
INV505	77987-6	
INV157	77989-2	
INV163	77990-0	
NOT120	77965-2	
INV150	77980-1	
INV151	77981-9	
NOT118	N/A: OBR-25	
INV107	77969-4	

INV112	48766-0	
INV118	52831-5	
INV515	77988-4	
INV190	74549-7	
INV191	74548-9	
INV193	74547-1	
INV147	77979-3	
NOT103	N/A: OBR-7	
NOT106	N/A: OBR-22	
INV111	77995-9	
INV120	77972-8	
INV121	77973-6	
INV165	77991-8	
INV166	77992-6	
INV176	77994-2	
INV177	77970-2	
NOT109	77966-0	
NOT113	77967-8	
NOT116	77968-6	
INV886	77999-1	
	INV953	DtRptComp
	INV954	RptComp
	FDD_Q_400	
	FDD_Q_401	DtAdmit2
	FDD_Q_402	DtDisch2
	INV955	
	448551000124100	HospTrans

309904001	AR_hosp_icu
INV956	Immigrate
TRAVEL38	TravelInt
INV663	
FDD_Q_1034	AR_travel6mo
FDD_Q_1035	AR_travel6mo_country
FDD_Q_1036	AR_HHtrav6mo
FDD_Q_1037	AR_HHtrav6mo_country
INV664	
82754-3	
82764-2	
TRAVEL06	DtUSDepart?
TRAVEL07	DtUSReturn?
INV665	
FDD_Q_969	CEA_Beef
FDD_Q_970	CEA_Beef_grnd
FDD_Q_971	CEA_Beef_out
FDD_Q_972	CEA_Beef_unckgrnd
FDD_Q_973	CEA_Berries
FDD_Q_974	CEA_Bird
FDD_Q_975	CEA_Cantaloupe
FDD_Q_976	CEA_Cat
FDD_Q_977	CEA_Chicken
FDD_Q_978	CEA_Chx_fresh
FDD_Q_979	CEA_Chx_frozen

	FDD_Q_980	CEA_Chx_grnd
	FDD_Q_981	CEA_Chx_out
	FDD_Q_982	CEA_Dairy
	FDD_Q_983	CEA_Dog
	FDD_Q_984	CEA_Eggs
	FDD_Q_985	CEA_Eggs_out
	FDD_Q_986	CEA_Eggs_unck
	FDD_Q_987	CEA_Farm_ranch
	FDD_Q_988	CEA_Fish
	FDD_Q_989	CEA_Fish_unck
	FDD_Q_990	CEA_Handle_raw_meat
	FDD_Q_991	CEA_Handle_raw_poultry
	FDD_Q_992	CEA_Handle_raw_seafood
	FDD_Q_993	CEA_Herbs
	FDD_Q_994	CEA_Lamb
	FDD_Q_995	CEA_Lettuce
	FDD_Q_996	CEA_Live_poultry
	FDD_Q_998	CEA_Liver_raw
	FDD_Q_999	CEA_Milk_pasteurized
	FDD_Q_1000	CEA_Milk_raw
	FDD_Q_1002	CEA_Ountreat_water
	FDD_Q_1003	CEA_Pig
	FDD_Q_1005	CEA_Pork
	FDD_Q_1006	CEA_Raw_cider
	FDD_Q_1007	CEA_Reptile_amphib
	FDD_Q_1008	CEA_Ruminants

FDD_Q_1009	CEA_Sampled
FDD_Q_1010	CEA_Seafd
FDD_Q_1011	CEA_Seafd_unck
FDD_Q_1012	CEA_Sewer_water
FDD_Q_1013	CEA_Sick_contact
FDD_Q_1014	CEA_Sick_pet
FDD_Q_1015	CEA_Softcheese
FDD_Q_1017	CEA_Spinach
FDD_Q_1018	CEA_Sprouts
FDD_Q_1019	CEA_Swim_treat
FDD_Q_1020	CEA_Swim_untreat
FDD_Q_1021	CEA_Tomatoes
FDD_Q_1022	CEA_Turkey
FDD_Q_1023	CEA_Turkey_grnd
FDD_Q_1024	CEA_Turkey_out
FDD_Q_1025	CEA_Watermelon
FDD_Q_1026	CEA_Well_water
FDD_Q_1027	AR_Diet_veal
FDD_Q_1028	AR_antacid_any
FDD_Q_1029	AR_antacid_any_1, AR_antacid_any_2, AR_antacid_any_3
FDD_Q_1030	AR_comorb_cancer
FDD_Q_1031	AR_comorb_diabetes
FDD_Q_1032	AR_comorb_abdominal

	FDD_Q_1033	AR_probiotic_use30
	FDD_Q_97	Pregnant
	63893-2	OutFetal
	INV947	AR_antibiotic_use
	INV948	AR_antibiotic_use_1- AR_antibiotic_use_8
	INV957	AR_antibiotic_use30
	INV958	AR_antibiotic_use30_1- AR_antibiotic_use30_8
	76425-8	
	56831-1	
	INV919	
	INV936	HUS
	INV937	
	FDD_Q_1038	Outcome
	FDD_Q_89	Audit
	INV959	Interview
	FDD_Q_88	EforsNum
	FDD_Q_1129	OutbrkStID
	FDD_Q_404	OutbrkType
	44087-5	DxO157
	32777-5	StecH7
	FDD_Q_900	StecHAg
	INV944	StecNM
	INV945	StecO157
	FDD_Q_901	StecOAg
	INV946	StecStx
	FDD_Q_902	SalGroup
	INV949	WGS_ID
	LAB202	LabNum?
	82771-7	

INV290	
85069-3	
INV291	
41852-5	
LAB628	
LAB115	
LAB629	
8251-1	
66746-9	
68963-8	
LAB595	
45375-3	
82773-3	
LAB515	SentCDC
85930-6	
LAB331	StLabRcvd
FDD_Q_190	
INV621	
N/A: PID-26	
FDD_Q_1120	
FDD_Q_1127	
65756-9	
FDD_Q_1125	
LABAST6	
LABAST8	
FDD_Q_963	
30956-7	
FDD_Q_1130	
30952-6	
66415-1	
International Destination(s) of Recent Travel	
FDD_Q_195	
FDD_Q_964	
INV886	
FDD_Q_1141	
FDD_Q_1142	

85658-3	
85659-1	
85078-4	
85657-5	

Data Element Description	Gen V2	FN Tab
<p>Message Profile Identifiers provide a literal value to use for the references in MSH-21. MSH-21 will always contain a reference to the notification type in the "PHINProfileID" namespace and a reference to the implemented version of the Generic MMG in the "PHINMsgMapID" namespace. For conditions that have a condition-specific MMG, MSH-21 will also contain a reference to that MMG that is also in the "PHINMsgMapID" namespace.</p>	●	●
The local ID of the subject/entity	●	
Patient's date of birth	●	
Subject's current sex	●	
Race category - Major OMB Race Categories. Detailed race information would be rolled up to these major OMB race categories.	●	
Other Race Text	●	
Based on the self-identity of the subject as Hispanic or Latino	●	
Country of Birth	●	
Other Birth Place	●	
<p>Where does the person usually live (defined as their residence).</p> <p>This variable replaces the Foreign Resident variable mentioned in 11-SI-04 titled "Revised Guidelines for Determining Residency for Disease Reporting" located at http://c.ymcdn.com/sites/www.cste.org/resource/resmgr/PS/11-SI-04.pdf.</p> <p>Cases with country of usual residence equal to the US, Puerto Rico, and US Virgin Islands as well as unknown and null responses will be included in the state-specific counts and rates.</p>	●	
County of residence of the subject	●	
State of residence of the subject	●	
ZIP Code of residence of the subject	●	
Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system.	●	
Date at which the disease or condition ends.	●	
Length of time this subject had this disease or condition.	●	
Unit of time used to describe the length of the illness or condition.	●	
Indicates whether the subject was pregnant at the time of the event.	●	
Earliest date of diagnosis (clinical or laboratory) of condition being reported to public health system.	●	
Was subject hospitalized because of this event?	●	
Subject's most recent admission date to the hospital for the condition covered by the investigation.	●	
Subject's most recent discharge date from the hospital for the condition covered by the investigation.	●	
Subject's duration of stay at the hospital for the condition covered by the investigation.	●	
Did the subject die from this illness or complications of this illness?	●	

If the subject died from this illness or complications associated with this illness, indicate the date of death.	•
Condition or event that constitutes the reason the notification is being sent.	•
Sending system-assigned local ID of the case investigation with which the subject is associated.	•
States use this identifier to link NEDSS investigations back to their own state investigations.	•
CDC uses this identifier to link current case notifications to case notifications submitted by a previous system (NETSS, STD-MIS, etc.).	•
Subject age at time of case investigation	•
Subject age unit at time of case investigation	•
Indication of where the disease/condition was likely acquired.	•
If the disease or condition was imported, indicates the country in which the disease was likely acquired.	•
If the disease or condition was imported, indicates the state in which the disease was likely acquired.	•
If the disease or condition was imported, indicates the city in which the disease was likely acquired.	•
If the disease or condition was imported, contains the county of origin of the disease or condition.	•
Indicates the country in which the disease was likely acquired.	•
Indicates the state (or Province) in which the disease was likely acquired. Note: 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.	•
Indicates the city in which the disease was likely acquired Note: If country of exposure is US, populate with US city. For all other cities, can be populated but not required.	•
Indicates the county in which the disease was likely acquired Note: If country of exposure is US, populate with US county. Otherwise, leave null.	•
Code for the mechanism by which disease or condition was acquired by the subject of the investigation.	•
Status of the case/event as suspect, probable, confirmed, or not a case per CSTE/CDC/ surveillance case definitions.	•
Does this case meet the criteria for immediate (extremely urgent or urgent) notification to CDC? Refer to the 2015 list of NNC by type of notification category (extremely urgent, urgent, and standard) at the following link: http://wwwn.cdc.gov/nndss/document/NNC_2015_Notification_Requirements_By_Category.pdf	•
Denotes whether the reported case was associated with an identified outbreak.	•
A state-assigned name for an identified outbreak.	•
Status of the notification	•
Identifier for the physical site from which the notification is being submitted.	•

Type of facility or provider associated with the source of information sent to Public Health.	•
ZIP Code of the reporting source for this case.	•
For cases meeting the binational criteria, select all the criteria which are met.	•
Name of the person who is reporting the case to the CDC. This is the person that CDC should contact 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 contact in a state if there are questions regarding this case notification.	•
Email Address of the person reporting the case to the CDC. This is the person that CDC should contact in a state if there are questions regarding this case notification.	•
The date the case investigation was initiated.	•
Date/time the notification was first electronically sent to CDC. This value does not change after the original notification.	•
Date/time this version of the electronic case notification was sent. It will be the same value as NOT103 for the original notification. For updates, this is the update/send date/time.	•
Date that a health department first suspected the subject might have the condition.	•
Earliest date reported to county public health system.	•
Earliest date reported to state public health system.	•
MMWR Week for which case information is to be counted for MMWR publication.	•
MMWR Year (YYYY) for which case information is to be counted for MMWR publication.	•
Date the case of an Immediately National Notifiable Condition was first verbally reported to the CDC Emergency Operation Center or the CDC Subject Matter Expert responsible for this condition.	•
Date the report was first sent to the public health department (local, county or state) by reporter (physician, lab, etc.).	•
State reporting the notification	•
County reporting the notification	•
National jurisdiction reporting the notification to CDC	•
Use this field, if needed, to communicate anything unusual about this case, which is not already covered with the other data elements.	•
Do not send personally identifiable information to CDC in this field.	•
Date case report form was completed	•
Is all of the information for this case complete?	•
Second hospitalization	•
Subject's second admission date to the hospital for the condition covered by the investigation.	•
Subject's second discharge date from the hospital for the condition covered by the investigation.	•
Subject's duration of stay during the 2nd hospital stay for the condition covered by the investigation.	•
If the subject was hospitalized, was s/he transferred to another hospital?	•

During any part of the hospitalization, did the subject stay in an Intensive Care Unit (ICU) or a Critical Care Unit (CCU)?	•
Did the subject immigrate to the U.S.? (within 30 days of onset for Salmonella Typhi & Listeria, 15 days for Cryptosporidium and Cyclospora, and 7 days for all other pathogens)	•
Did the case patient travel internationally? (within 30 days of onset for Salmonella Typhi & Listeria, 15 days for Cryptosporidium and Cyclospora, and 7 days for all other pathogens)	•
If the travel exposure window used by the jurisdiction is different from that stated in the travel exposure questions, specify the time interval in days here. Otherwise, leave blank.	•
In the 6 months before the subject's illness began, did the subject travel outside of the United States?	•
In the 6 months before the subject's illness began, what countries did they visit?	•
In the 6 months before the subject's illness began, did any member(s) of your household travel outside of the United States?	•
In the 6 months before the subject's illness began, what countries did the member(s) of your household visit?	•
Indicates whether the case traveled domestically prior to illness onset and within program specific timeframe	•
Domestic destination, state(s) traveled to	•
International destination or countries the patient traveled to	•
Date of arrival to travel destination	•
Date of departure from travel destination	•
If the epidemiologic exposure window used by the jurisdiction is different from that stated in the exposure questions, specify the time interval in days here. Otherwise, leave blank.	•
In the 7 days before illness, did the subject eat beef or any foods containing beef?	•
In the 7 days before illness, did the subject eat any ground beef?	•
In the 7 days before illness, did the subject eat any beef made outside of home at a business such as a restaurant, deli, fast food, take-out, or catered event?	•
In the 7 days before illness, did you/your child eat any ground beef that was undercooked or raw?	•
In the 7 days before illness, did the subject eat any fresh (unfrozen) berries?	•
In the 7 days before illness, did the subject have any contact with a bird, not including live poultry such as chickens or turkeys?	•
In the 7 days before illness, did the subject eat any fresh cantaloupe?	•
In the 7 days before illness, did the subject have any contact with a cat?	•
In the 7 days before illness, did the subject eat chicken or any foods containing chicken?	•
In the 7 days before illness, did the subject eat any chicken at home that was bought fresh (refrigerated)?	
In the 7 days before illness, did the subject eat any chicken at home that was bought frozen?	

In the 7 days before illness, did the subject eat any ground chicken?	•
In the 7 days before illness, did the subject eat any chicken made outside of home at a business such as a restaurant, deli, fast food, take-out, or catered event?	•
In the 7 days before illness, did the subject eat or drink any dairy products (e.g., milk, yogurt, cheese, ice cream, etc.)?	•
In the 7 days before illness, did the subject have any contact with a dog?	•
In the 7 days before illness, did the subject eat any eggs?	•
In the 7 days before illness, did the subject eat any eggs made outside of home at a business such as a restaurant, deli, fast food, take-out, or catered event?	•
In the 7 days before illness, did the subject eat any eggs that were runny or raw, or uncooked foods made with raw eggs?	•
In the 7 days before illness, did the subject visit, work, or live on farm, ranch, petting zoo, or other setting that has animals?	•
In the 7 days before illness, did the subject eat any fish or fish products?	•
In the 7 days before illness, did the subject eat any fish or fish products that was raw or undercooked (e.g., sushi, sashimi)?	•
In the 7 days before illness, did the subject or anyone in your household handle raw meat?	
In the 7 days before illness, did the subject or anyone in your household handle raw poultry?	
In the 7 days before illness, did the subject or anyone in your household handle raw seafood?	
In the 7 days before illness, did the subject eat any fresh (not dried) herbs (basil, cilantro, parsley)?	•
In the 7 days before illness, did the subject eat any lamb or mutton?	
In the 7 days before illness, did the subject eat any fresh, raw lettuce?	•
In the 7 days before illness, did the subject have any contact with any live poultry (e.g., chickens, turkeys, hens, etc.)?	•
In the 7 days before illness, did the subject eat any raw or undercooked liver?	
In the 7 days before illness, did the subject have any pasteurized cow's or goat's milk?	
In the 7 days before illness, did the subject drink any unpasteurized milk?	•
In the 7 days before illness, did the subject drink any water directly from a natural spring, lake, pond, stream, or river?	•
In the 7 days before illness, did the subject have any contact with any pigs?	•
In the 7 days before illness, did the subject eat pork or any foods containing pork?	•
In the 7 days before illness, did the subject drink any juice that was not pasteurized and not from a concentrate (often bought from farms or orchards, but may be sold commercially with a label saying it is unpasteurized and may contain bacteria)?	•
In the 7 days before illness, did the subject have any contact with a reptile or amphibian (e.g., frog, snake, turtle, etc.)?	•
In the 7 days before illness, did the subject have any contact with any cattle, goats, or sheep?	•

Denotes whether or not a case was chosen as part of a sampling scheme for CEA. Does not denote eligibility or interview completion. Sites not using sampling schemes can leave this variable blank.	•
In the 7 days before illness, did the subject eat any seafood (e.g., crab, shrimp, oysters, clams, etc.)?	•
In the 7 days before illness, did the subject eat any seafood that was raw or undercooked (e.g., raw oysters, clams, etc.)?	•
In the 7 days before illness, did the subject reside in a home with a septic system?	•
In the 7 days before illness, did the subject have a household member or a close contact with diarrhea?	•
In the 7 days before illness, did the subject have any contact with a pet that had diarrhea?	•
In the 7 days before illness, did the subject eat any soft cheese (queso fresco, etc.)?	•
In the 7 days before illness, did the subject eat any fresh (unfrozen), raw spinach?	•
In the 7 days before illness, did the subject eat any sprouts?	•
In the 7 days before illness, did the subject swim in, wade in, or enter a pool, hot tub/spa, fountain, or waterpark with treated water (chlorinated, etc.)?	•
In the 7 days before illness, did the subject swim in, wade in, or enter an ocean, lake, pond, river, stream, or natural spring?	•
In the 7 days before illness, did the subject eat any fresh, raw tomatoes?	•
In the 7 days before illness, did the subject eat any turkey or any foods containing turkey?	•
In the 7 days before illness, did the subject eat any ground turkey?	•
In the 7 days before illness, did the subject eat any turkey made outside of home at a business such as a restaurant, deli, fast food, take-out, or catered event?	•
In the 7 days before illness, did the subject eat any fresh watermelon?	•
In the 7 days before illness, did the subject use water from a private well as the primary source of drinking water?	•
In the past 7 days before illness, did the subject eat any veal?	•
In the 30 days before the subject's illness began, did the subject take any medications to block acids?	•
What medications to block acids did the subject take in the 30 days before illness began?	•
In the 6 months before the subject's illness began, was the subject diagnosed or treated for cancer (including leukemia/lymphoma)?	•
In the 6 months before (your/your child's) illness began, were (the subject) diagnosed or treated for diabetes?	•
In the 6 months before the subject's illness began, did the subject have abdominal surgery (e.g., removal of appendix or gallbladder, or any surgery of the stomach or large intestine)?	•

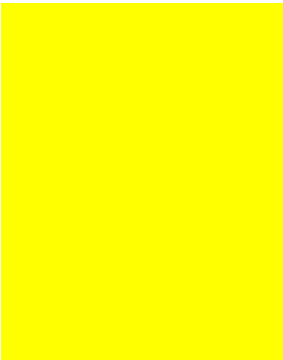
In the 30 days before the subject's illness began, did the subject take a probiotic? Probiotics are live microorganisms (such as certain types of bacteria) that may benefit your health. These can take the form of pills, powders, yogurts, and other fermented dairy products, as well as anything labeled as containing "live and active cultures" or "probiotics."	•
Is this Listeria case pregnancy-associated?	
If Listeria case was pregnancy-associated, what was the outcome of the pregnancy? Note: fetal death includes miscarriage or stillbirth; delivery is a live birth.	
Did the subject take antibiotics for this illness?	•
If antibiotics were taken, provide the names of antibiotics	•
In the 30 days before the subject's illness began, did they take any antibiotics?	•
If antibiotics were taken, provide the names of antibiotics	•
Onset date and time associated with each of the signs and symptoms. Include onset time for Diarrhea.	•
Clinical signs and symptoms (e.g. Fever, Diarrhea, Cough)	•
Response for each of the signs and symptoms	•
Did the subject have a diagnosis of HUS?	
Did the subject have a diagnosis of Thrombotic Thrombocytopenia (TTP)?	•
Subject's outcome (assessed for non-hospitalized cases within 7 days of specimen collection date and hospitalized cases at hospital discharge)	•
Was case found during an audit?	•
Was the subject interviewed by public health (i.e. state or local health department or FoodNet staff)?	•
CDC FDOSS outbreak ID number	•
State outbreak identification number	•
Type of outbreak that the subject was part of	•
For possible <i>E.coli</i> cases: What was the result of specimen testing for O157 by EIA or PCR at a clinical laboratory?	
If <i>E. coli</i> , was it H7 antigen positive?	
If <i>E. coli</i> , what was the H-antigen number?	
If <i>E. coli</i> , was the isolate non-motile?	
If <i>E. coli</i> , was it O157 positive?	
If <i>E. coli</i> , what was the O-antigen number?	
Was <i>E. coli</i> Shiga toxin-producing?	
Salmonella serogroup	•
Whole Genome Sequencing (WGS) ID Number	•
A laboratory generated number that identifies the specimen related to this test.	•
Performing laboratory type	•

Test Type (Antigen, Culture, Antigen, Antibody, Toxin, etc.)	•
Test method information e.g. Biofire FilmArray; Crypto CELISA (Cellabs);	•
Epidemiologic interpretation of the results of the test(s) performed for this case. This is a qualitative test result. (e.g, positive, detected, negative)	•
Test result including organism, serotype, serogroup, species, toxins	•
Quantitative Test Result Value	•
Units of measure for the Quantitative Test Result Value	•
Textual result value, used if result is neither numeric nor coded.	•
Comments having to do specifically with the lab result test. These are the comments from the NTE segment if the result was originally an Electronic Laboratory Report.	•
Specimen type	•
Date and/or time of collection of laboratory specimen	•
Specimen received date/time	•
The date the specimen/isolate was tested	•
Date result sent from reporting laboratory	•
Was specimen or isolate forwarded to CDC for testing or confirmation?	•
Date specimen sent to CDC	•
Was the isolate sent to a state public health laboratory? (Answer 'Yes' if it was sent to any state lab, even if it was sent to a lab outside of the case's state of residence)	•
Was the subject symptomatic for Typhoid Fever?	
Works as foodhandler	
Country of citizenship	
Date for which the first specimen that yielded an isolate was collected	
Sites of isolation	
Salmonella sp serovar [Type] in Isolate	
Was antimicrobial sensitivity testing done at the laboratory?	
Antibiotic name or class	
Was organism resistant to specified antibiotic?	
Did the subject receive typhoid vaccination (primary series or booster) within five years before onset of illness?	
Vaccine Type	
Response for each of the vaccine types	
The Year that the vaccine was administered	
Reason for travel related to current illness	
LN	
Case traced to typhoid or paratyphoid carrier?	
Carrier previously known to health department?	
Additional comments	
State Lab Isolate ID Number(s)	
NARMS Isolate ID Number(s)	

<p>This data element is used to capture the narrative text of a subject's current occupation.</p>
<p>This data element is used to capture the CDC NIOSH standard occupation code based upon the narrative text of a subject's current occupation.</p> <p>(The National Institute for Occupational Safety and Health (NIOSH) has developed a web-based software tool designed to translate industry and occupation text to standardized Industry and Occupation codes. The NIOSH Industry and Occupational Computerized Coding System (NIOCCS) is available here: http://www.cdc.gov/niosh/topics/coding/overview.html</p>
<p>This data element is used to capture the narrative text of subject's current industry.</p>
<p>This data element is used to capture the CDC NIOSH standard industry code based upon the narrative text of a subject's current industry.</p> <p>(The National Institute for Occupational Safety and Health (NIOSH) has developed a web-based software tool designed to translate industry and occupation text to standardized Industry and Occupation codes. The NIOSH Industry and Occupational Computerized Coding System (NIOCCS) is available here: http://www.cdc.gov/niosh/topics/coding/overview.html</p>

Typhoid/Paratyphoid Tab	DE Identifier Sent in HL7 Message	Data Element Description
----------------------------	--------------------------------------	--------------------------

-

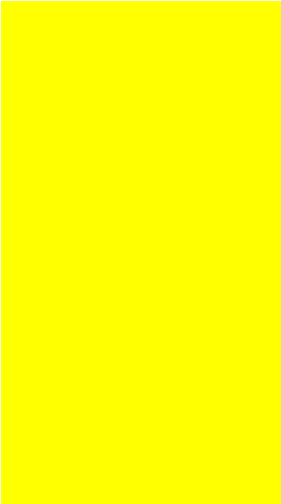


•



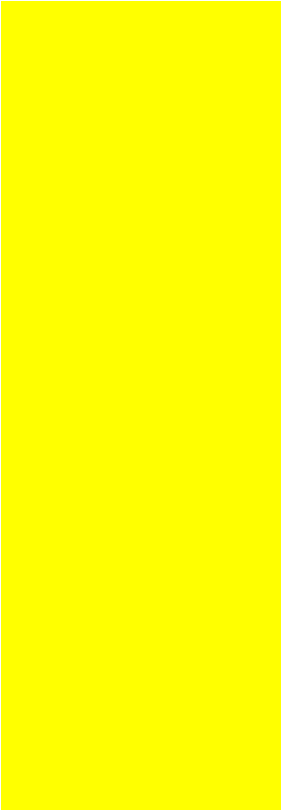
-

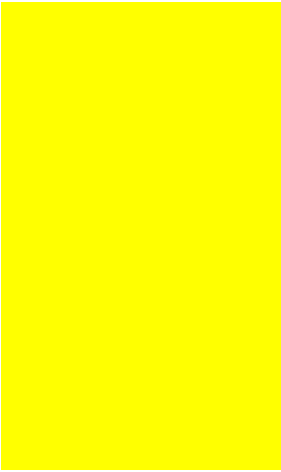
-



-

TRAVEL07	If the subject traveled before onset of illness, when did they return?
----------	--

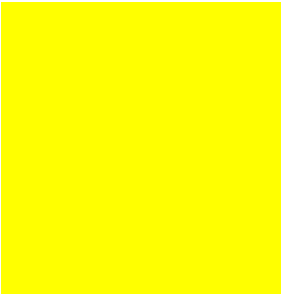




?

FDD_Q_962

Subject's outcome (assessed for non-hospitalized cases within 7 days of specimen collection date and hospitalized cases at hospital discharge)



-
-

•

•

•

•

PHIN Variable	DE Identifier Sent in HL7 Message	FN Variable Name	Data Element Description	GenV2
NOT115	N/A: MSH-21		Message Profile Identifiers provide a literal value to use for the references in MSH-21. MSH-21 will always contain a reference to the notification type in the "PHINProfileID" namespace and a reference to the implemented version of the Generic MMG in the "PHINMsgMapID" namespace. For conditions that have a condition-specific MMG, MSH-21 will also contain a reference to that MMG that is also in the "PHINMsgMapID" namespace.	•
DEM197	N/A: PID-3		The local ID of the subject/entity	•
DEM115	N/A: PID-7		Patient's date of birth	•
DEM113	N/A: PID-8		Subject's current sex	•
DEM152	N/A: PID-10		Race category - Major OMB Race Categories. Detailed race information would be rolled up to these major OMB race categories.	•
DEM154	32624-9		Other Race Text	•
DEM155	N/A: PID-22		Based on the self-identity of the subject as Hispanic or Latino	•
DEM126	78746-5		Country of Birth	•
DEM304	21842-0		Other Birth Place	•
INV501	77983-5		Where does the person usually live (defined as their residence). This variable replaces the Foreign Resident variable mentioned in 11-SI-04 titled "Revised Guidelines for Determining Residency for Disease Reporting" located at http://c.ymcdn.com/sites/www.cste.org/resource/resmgr/PS/11-SI-04.pdf . Cases with country of usual residence equal to the US, Puerto Rico, and US Virgin Islands as well as unknown and null responses will be included in the state-specific counts and rates.	•
DEM165	N/A: PID-11.9		County of residence of the subject	•
DEM162	N/A: PID-11.4		State of residence of the subject	•
DEM163	N/A: PID-11.5		ZIP Code of residence of the subject	•

INV137	11368-8		Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system.	•
INV138	77976-9		Date at which the disease or condition ends.	•
INV139	77977-7		Length of time this subject had this disease or condition.	•
INV140	N/A: OBX-6		Unit of time used to describe the length of the illness or condition.	•
INV178	77996-7		Indicates whether the subject was pregnant at the time of the event.	•
INV136	77975-1		Earliest date of diagnosis (clinical or laboratory) of condition being reported to public health system.	•
INV128	77974-4		Was subject hospitalized because of this event?	•
INV132	8656-1		Subject's most recent admission date to the hospital for the condition covered by the investigation.	•
INV133	8649-6		Subject's most recent discharge date from the hospital for the condition covered by the investigation.	•
INV134	78033-8		Subject's duration of stay at the hospital for the condition covered by the investigation.	•
INV145	77978-5		Did the subject die from this illness or complications of this illness?	•
INV146	N/A: PID-29		If the subject died from this illness or complications associated with this illness, indicate the date of death.	•
INV169	N/A: OBR-31		Condition or event that constitutes the reason the notification is being sent.	•
INV168	N/A: OBR-3		Sending system-assigned local ID of the case investigation with which the subject is associated.	•
INV173	77993-4		States use this identifier to link NEDSS investigations back to their own state investigations.	•
INV200	77997-5		CDC uses this identifier to link current case notifications to case notifications submitted by a previous system (NETSS, STD-MIS, etc.).	•
INV2001	77998-3		Subject age at time of case investigation	•
INV2002	N/A: OBX-6		Subject age unit at time of case investigation	•
INV152	77982-7		Indication of where the disease/condition was likely acquired.	•

INV153	INV153		If the disease or condition was imported, indicates the country in which the disease was likely acquired.	•
INV154	INV154		If the disease or condition was imported, indicates the state in which the disease was likely acquired.	•
INV155	INV155		If the disease or condition was imported, indicates the city in which the disease was likely acquired.	•
INV156	INV156		If the disease or condition was imported, contains the county of origin of the disease or condition.	•
INV502	77984-3		Indicates the country in which the disease was likely acquired.	•
INV503	77985-0		Indicates the state (or Province) in which the disease was likely acquired. Note: 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.	•
INV504	77986-8		Indicates the city in which the disease was likely acquired Note: If country of exposure is US, populate with US city. For all other cities, can be populated but not required.	•
INV505	77987-6		Indicates the county in which the disease was likely acquired Note: If country of exposure is US, populate with US county. Otherwise, leave null.	•
INV157	77989-2		Code for the mechanism by which disease or condition was acquired by the subject of the investigation.	•
INV163	77990-0		Status of the case/event as suspect, probable, confirmed, or not a case per CSTE/CDC/ surveillance case definitions.	•

NOT120	77965-2		Does this case meet the criteria for immediate (extremely urgent or urgent) notification to CDC? Refer to the 2015 list of NNC by type of notification category (extremely urgent, urgent, and standard) at the following link: http://www.cdc.gov/nndss/document/NNC_2015_Notification_Requirements_By_Category.pdf	•
INV150	77980-1		Denotes whether the reported case was associated with an identified outbreak.	•
INV151	77981-9		A state-assigned name for an identified outbreak.	•
NOT118	N/A: OBR-25		Status of the notification	•
INV107	77969-4		Identifier for the physical site from which the notification is being submitted.	•
INV112	48766-0		Type of facility or provider associated with the source of information sent to Public Health.	•
INV118	52831-5		ZIP Code of the reporting source for this case.	•
INV515	77988-4		For cases meeting the binational criteria, select all the criteria which are met.	•
INV190	74549-7		Name of the person who is reporting the case to the CDC. This is the person that CDC should contact in a state if there are questions regarding this case notification.	•
INV191	74548-9		Phone Number of the person who is reporting the case to the CDC. This is the person that CDC should contact in a state if there are questions regarding this case notification.	•
INV193	74547-1		Email Address of the person reporting the case to the CDC. This is the person that CDC should contact in a state if there are questions regarding this case notification.	•
INV147	77979-3		The date the case investigation was initiated.	•
NOT103	N/A: OBR-7		Date/time the notification was first electronically sent to CDC. This value does not change after the original notification.	•

NOT106	N/A: OBR-22		Date/time this version of the electronic case notification was sent. It will be the same value as NOT103 for the original notification. For updates, this is the update/send date/time.	•
INV111	77995-9		Date that a health department first suspected the subject might have the condition.	•
INV120	77972-8		Earliest date reported to county public health system.	•
INV121	77973-6		Earliest date reported to state public health system.	•
INV165	77991-8		MMWR Week for which case information is to be counted for MMWR publication.	•
INV166	77992-6		MMWR Year (YYYY) for which case information is to be counted for MMWR publication.	•
INV176	77994-2		Date the case of an Immediately National Notifiable Condition was first verbally reported to the CDC Emergency Operation Center or the CDC Subject Matter Expert responsible for this condition.	•
INV177	77970-2		Date the report was first sent to the public health department (local, county or state) by reporter (physician, lab, etc.).	•
NOT109	77966-0		State reporting the notification	•
NOT113	77967-8		County reporting the notification	•
NOT116	77968-6		National jurisdiction reporting the notification to CDC	•
INV886	77999-1		Use this field, if needed, to communicate anything unusual about this case, which is not already covered with the other data elements. Do not send personally identifiable information to CDC in this field.	•
	INV953	DtRptComp	Date case report form was completed	
	INV954	RptComp	Is all of the information for this case complete?	
	FDD_Q_400		Second hospitalization	
	FDD_Q_401	DtAdmit2	Subject's second admission date to the hospital for the condition covered by the investigation.	
	FDD_Q_402	DtDisch2	Subject's second discharge date from the hospital for the condition covered by the investigation.	

INV955		Subject's duration of stay during the 2nd hospital stay for the condition covered by the investigation.
448551000124100	HospTrans	If the subject was hospitalized, was s/he transferred to another hospital?
309904001	AR_hosp_icu	During any part of the hospitalization, did the subject stay in an Intensive Care Unit (ICU) or a Critical Care Unit (CCU)?
INV956	Immigrate	Did the subject immigrate to the U.S.? (within 30 days of onset for Salmonella Typhi & Listeria, 15 days for Cryptosporidium and Cyclospora, and 7 days for all other pathogens)
TRAVEL38	TravelInt	Did the case patient travel internationally? (within 30 days of onset for Salmonella Typhi & Listeria, 15 days for Cryptosporidium and Cyclospora, and 7 days for all other pathogens)
INV663		If the travel exposure window used by the jurisdiction is different from that stated in the travel exposure questions, specify the time interval in days here. Otherwise, leave blank.
FDD_Q_1034	AR_travel6mo	In the 6 months before the subject's illness began, did the subject travel outside of the United States?
FDD_Q_1035	AR_travel6mo_country	In the 6 months before the subject's illness began, what countries did they visit?
FDD_Q_1036	AR_HHtrav6mo	In the 6 months before the subject's illness began, did any member(s) of your household travel outside of the United States?
FDD_Q_1037	AR_HHtrav6mo_country	In the 6 months before the subject's illness began, what countries did the member(s) of your household visit?
INV664		Indicates whether the case traveled domestically prior to illness onset and within program specific timeframe
82754-3		Domestic destination, state(s) traveled to
82764-2		International destination or countries the patient traveled to
TRAVEL06	DtUSDepart?	Date of arrival to travel destination
TRAVEL07	DtUSReturn?	Date of departure from travel destination

INV665		If the epidemiologic exposure window used by the jurisdiction is different from that stated in the exposure questions, specify the time interval in days here. Otherwise, leave blank.
FDD_Q_969	CEA_Beef	In the 7 days before illness, did the subject eat beef or any foods containing beef?
FDD_Q_970	CEA_Beef_grnd	In the 7 days before illness, did the subject eat any ground beef?
FDD_Q_971	CEA_Beef_out	In the 7 days before illness, did the subject eat any beef made outside of home at a business such as a restaurant, deli, fast food, take-out, or catered event?
FDD_Q_972	CEA_Beef_unckgrnd	In the 7 days before illness, did you/your child eat any ground beef that was undercooked or raw?
FDD_Q_973	CEA_Berries	In the 7 days before illness, did the subject eat any fresh (unfrozen) berries?
FDD_Q_974	CEA_Bird	In the 7 days before illness, did the subject have any contact with a bird, not including live poultry such as chickens or turkeys?
FDD_Q_975	CEA_Cantaloupe	In the 7 days before illness, did the subject eat any fresh cantaloupe?
FDD_Q_976	CEA_Cat	In the 7 days before illness, did the subject have any contact with a cat?
FDD_Q_977	CEA_Chicken	In the 7 days before illness, did the subject eat chicken or any foods containing chicken?
FDD_Q_978	CEA_Chx_fresh	In the 7 days before illness, did the subject eat any chicken at home that was bought fresh (refrigerated)?
FDD_Q_979	CEA_Chx_frozen	In the 7 days before illness, did the subject eat any chicken at home that was bought frozen?
FDD_Q_980	CEA_Chx_grnd	In the 7 days before illness, did the subject eat any ground chicken?
FDD_Q_981	CEA_Chx_out	In the 7 days before illness, did the subject eat any chicken made outside of home at a business such as a restaurant, deli, fast food, take-out, or catered event?
FDD_Q_982	CEA_Dairy	In the 7 days before illness, did the subject eat or drink any dairy products (e.g., milk, yogurt, cheese, ice cream, etc.)?
FDD_Q_983	CEA_Dog	In the 7 days before illness, did the subject have any contact with a dog?

FDD_Q_984	CEA_Eggs	In the 7 days before illness, did the subject eat any eggs?
FDD_Q_985	CEA_Eggs_out	In the 7 days before illness, did the subject eat any eggs made outside of home at a business such as a restaurant, deli, fast food, take-out, or catered event?
FDD_Q_986	CEA_Eggs_unck	In the 7 days before illness, did the subject eat any eggs that were runny or raw, or uncooked foods made with raw eggs?
FDD_Q_987	CEA_Farm_ranch	In the 7 days before illness, did the subject visit, work, or live on farm, ranch, petting zoo, or other setting that has animals?
FDD_Q_988	CEA_Fish	In the 7 days before illness, did the subject eat any fish or fish products?
FDD_Q_989	CEA_Fish_unck	In the 7 days before illness, did the subject eat any fish or fish products that was raw or undercooked (e.g., sushi, sashimi)?
FDD_Q_990	CEA_Handle_raw_meat	In the 7 days before illness, did the subject or anyone in your household handle raw meat?
FDD_Q_991	CEA_Handle_raw_poultry	In the 7 days before illness, did the subject or anyone in your household handle raw poultry?
FDD_Q_992	CEA_Handle_raw_seafood	In the 7 days before illness, did the subject or anyone in your household handle raw seafood?
FDD_Q_993	CEA_Herbs	In the 7 days before illness, did the subject eat any fresh (not dried) herbs (basil, cilantro, parsley)?
FDD_Q_994	CEA_Lamb	In the 7 days before illness, did the subject eat any lamb or mutton?
FDD_Q_995	CEA_Lettuce	In the 7 days before illness, did the subject eat any fresh, raw lettuce?
FDD_Q_996	CEA_Live_poultry	In the 7 days before illness, did the subject have any contact with any live poultry (e.g., chickens, turkeys, hens, etc.)?
FDD_Q_998	CEA_Liver_raw	In the 7 days before illness, did the subject eat any raw or undercooked liver?
FDD_Q_999	CEA_Milk_pasteurized	In the 7 days before illness, did the subject have any pasteurized cow's or goat's milk?
FDD_Q_1000	CEA_Milk_raw	In the 7 days before illness, did the subject drink any unpasteurized milk?

FDD_Q_1002	CEA_Ountreat_water	In the 7 days before illness, did the subject drink any water directly from a natural spring, lake, pond, stream, or river?
FDD_Q_1003	CEA_Pig	In the 7 days before illness, did the subject have any contact with any pigs?
FDD_Q_1005	CEA_Pork	In the 7 days before illness, did the subject eat pork or any foods containing pork?
FDD_Q_1006	CEA_Raw_cider	In the 7 days before illness, did the subject drink any juice that was not pasteurized and not from a concentrate (often bought from farms or orchards, but may be sold commercially with a label saying it is unpasteurized and may contain bacteria)?
FDD_Q_1007	CEA_Reptile_amphib	In the 7 days before illness, did the subject have any contact with a reptile or amphibian (e.g., frog, snake, turtle, etc.)?
FDD_Q_1008	CEA_Ruminants	In the 7 days before illness, did the subject have any contact with any cattle, goats, or sheep?
FDD_Q_1009	CEA_Sampled	Denotes whether or not a case was chosen as part of a sampling scheme for CEA. Does not denote eligibility or interview completion. Sites not using sampling schemes can leave this variable blank.
FDD_Q_1010	CEA_Seafd	In the 7 days before illness, did the subject eat any seafood (e.g., crab, shrimp, oysters, clams, etc.)?
FDD_Q_1011	CEA_Seafd_unck	In the 7 days before illness, did the subject eat any seafood that was raw or undercooked (e.g., raw oysters, clams, etc.)?
FDD_Q_1012	CEA_Sewer_water	In the 7 days before illness, did the subject reside in a home with a septic system?
FDD_Q_1013	CEA_Sick_contact	In the 7 days before illness, did the subject have a household member or a close contact with diarrhea?
FDD_Q_1014	CEA_Sick_pet	In the 7 days before illness, did the subject have any contact with a pet that had diarrhea?
FDD_Q_1015	CEA_Softcheese	In the 7 days before illness, did the subject eat any soft cheese (queso fresco, etc.)?
FDD_Q_1017	CEA_Spinach	In the 7 days before illness, did the subject eat any fresh (unfrozen), raw spinach?

FDD_Q_1018	CEA_Sprouts	In the 7 days before illness, did the subject eat any sprouts?
FDD_Q_1019	CEA_Swim_treat	In the 7 days before illness, did the subject swim in, wade in, or enter a pool, hot tub/spa, fountain, or waterpark with treated water (chlorinated, etc.)?
FDD_Q_1020	CEA_Swim_untreat	In the 7 days before illness, did the subject swim in, wade in, or enter an ocean, lake, pond, river, stream, or natural spring?
FDD_Q_1021	CEA_Tomatoes	In the 7 days before illness, did the subject eat any fresh, raw tomatoes?
FDD_Q_1022	CEA_Turkey	In the 7 days before illness, did the subject eat any turkey or any foods containing turkey?
FDD_Q_1023	CEA_Turkey_grnd	In the 7 days before illness, did the subject eat any ground turkey?
FDD_Q_1024	CEA_Turkey_out	In the 7 days before illness, did the subject eat any turkey made outside of home at a business such as a restaurant, deli, fast food, take-out, or catered event?
FDD_Q_1025	CEA_Watermelon	In the 7 days before illness, did the subject eat any fresh watermelon?
FDD_Q_1026	CEA_Well_water	In the 7 days before illness, did the subject use water from a private well as the primary source of drinking water?
FDD_Q_1027	Ar_Diet_veal	In the past 7 days before illness, did the subject eat any veal?
FDD_Q_1028	AR_antacid_any	In the 30 days before the subject's illness began, did the subject take any medications to block acids?
FDD_Q_1029	AR_antacid_any_1, AR_antacid_any_2, AR_antacid_any_3	What medications to block acids did the subject take in the 30 days before illness began?
FDD_Q_1030	AR_comorb_cancer	In the 6 months before the subject's illness began, was the subject diagnosed or treated for cancer (including leukemia/lymphoma)?
FDD_Q_1031	AR_comorb_diabetes	In the 6 months before (your/your child's) illness began, were (the subject) diagnosed or treated for diabetes?
FDD_Q_1032	AR_comorb_abdominal	In the 6 months before the subject's illness began, did the subject have abdominal surgery (e.g., removal of appendix or gallbladder, or any surgery of the stomach or large intestine)?

FDD_Q_1033	AR_probiotic_use30	In the 30 days before the subject's illness began, did the subject take a probiotic? Probiotics are live microorganisms (such as certain types of bacteria) that may benefit your health. These can take the form of pills, powders, yogurts, and other fermented dairy products, as well as anything labeled as containing "live and active cultures" or "probiotics."
FDD_Q_97	Pregnant	Is this Listeria case pregnancy-associated?
63893-2	OutFetal	If Listeria case was pregnancy-associated, what was the outcome of the pregnancy? Note: fetal death includes miscarriage or stillbirth; delivery is a live birth.
INV947	AR_antibiotic_use	Did the subject take antibiotics for this illness?
INV948	AR_antibiotic_use_1- AR_antibiotic_use_8	If antibiotics were taken, provide the names of antibiotics
INV957	AR_antibiotic_use30	In the 30 days before the subject's illness began, did they take any antibiotics?
INV958	AR_antibiotic_use30_1- AR_antibiotic_use30_8	If antibiotics were taken, provide the names of antibiotics
76425-8		Onset date and time associated with each of the signs and symptoms. Include onset time for Diarrhea.
56831-1		Clinical signs and symptoms (e.g. Fever, Diarrhea, Cough)
INV919		Response for each of the signs and symptoms
INV936	HUS	Did the subject have a diagnosis of HUS?
INV937		Did the subject have a diagnosis of Thrombotic Thrombocytopenia (TTP)?
FDD_Q_1038	Outcome	Subject's outcome (assessed for non-hospitalized cases within 7 days of specimen collection date and hospitalized cases at hospital discharge)
FDD_Q_89	Audit	Was case found during an audit?
INV959	Interview	Was the subject interviewed by public health (i.e. state or local health department or FoodNet staff)?
FDD_Q_88	EforsNum	CDC FDOSS outbreak ID number

FDD_Q_1129	OutbrkStID	State outbreak identification number
FDD_Q_404	OutbrkType	Type of outbreak that the subject was part of
44087-5	DxO157	For possible <i>E.coli</i> cases: What was the result of specimen testing for O157 by EIA or PCR at a clinical laboratory?
32777-5	StecH7	If <i>E. coli</i> , was it H7 antigen positive?
FDD_Q_900	StecHAg	If <i>E. coli</i> , what was the H-antigen number?
INV944	StecNM	If <i>E. coli</i> , was the isolate non-motile?
INV945	StecO157	If <i>E. coli</i> , was it O157 positive?
FDD_Q_901	StecOAg	If <i>E. coli</i> , what was the O-antigen number?
INV946	StecStx	Was <i>E. coli</i> Shiga toxin-producing?
FDD_Q_902	SalGroup	Salmonella serogroup
INV949	WGS_ID	Whole Genome Sequencing (WGS) ID Number
LAB202	LabNum?	A laboratory generated number that identifies the specimen related to this test.
82771-7		Performing laboratory type
INV290		Test Type (Antigen, Culture, Antigen, Antibody, Toxin, etc..)
85069-3		Test method information e.g. Biofire FilmArray; Crypto CELISA (Cellabs);
INV291		Epidemiologic interpretation of the results of the test(s) performed for this case. This is a qualitative test result. (e.g, positive, detected, negative)
41852-5		Test result including organism, serotype, serogroup, species, toxins
LAB628		Quantitative Test Result Value
LAB115		Units of measure for the Quantitative Test Result Value
LAB629		Textual result value, used if result is neither numeric nor coded.
8251-1		Comments having to do specifically with the lab result test. These are the comments from the NTE segment if the result was originally an Electronic Laboratory Report.
66746-9		Specimen type
68963-8		Date and/or time of collection of laboratory specimen
LAB595		Specimen received date/time

45375-3		The date the specimen/isolate was tested
82773-3		Date result sent from reporting laboratory
LAB515	SentCDC	Was specimen or isolate forwarded to CDC for testing or confirmation?
85930-6		Date specimen sent to CDC
LAB331	StLabRcvd	Was the isolate sent to a state public health laboratory? (Answer 'Yes' if it was sent to any state lab, even if it was sent to a lab outside of the case's state of residence)
INV951		Additional Signs and Symptoms comments
INV941		If a sign and symptom is noted for Sequelae, document the type of sequelae.
INV942		If a sign and symptom is noted for Bullae, document the site of bullae.
INV943		If a sign or symptom is noted for cellulitis, document the site of cellulitis.
INV940		Medical History
INV961		Medical History Indicator
INV950		If yes to any medical conditions, specify type
86948-7		Date Treatment Started
63939-3		Date Treatment Stopped
FDD_Q_966		What type of seafood did the subject consume 7 days before illness began?
FDD_Q_275		For each exposure reported, indicate (YNU) whether the subject consumed the product. This is to be answered for all types of seafood whether consumed or not.
FDD_Q_41		Last Date Consumed
FDD_Q_37		Was the seafood eaten raw?
FDD_Q_935		Consumed on Multiple Dates
FDD_Q_936		Further Description of Seafood
FDD_Q_937		Did any dining partners consume the same seafood?
FDD_Q_938		If dining partner consumed the same seafood, did any become ill?
FDD_Q_934		State assigned ID for each type of seafood investigated
FDD_Q_1132		What type of seafood products is the subject of this investigation?
FDD_Q_1133		Date subject consumed seafood
FDD_Q_940		Amount of seafood consumed
FDD_Q_939		How was the seafood prepared?

FDD_Q_953		Additional relevant information on product preparation (specific variety of seafood consumed and plating)
FDD_Q_942		Was seafood imported from another country?
FDD_Q_943		If the seafood was imported, specify exporting country if known
FDD_Q_944		Was this fish or shellfish harvest by the patient or a friend of the patient?
FDD_Q_946		Where was seafood obtained?
FDD_Q_947		Name of restaurant, oyster bar, or food store (including address and telephone number)
FDD_Q_948		If oysters, clams, or mussels were eaten, how were they received by the retail outlet?
FDD_Q_949		Date restaurant or seafood outlet received seafood
FDD_Q_950		Was a restaurant or outlet environmental assessment conducted?
FDD_Q_941		Was there evidence of improper handling or storage?
FDD_Q_954		Seafood Investigation: If yes to Improper Storage, please include all that apply:
FDD_Q_951		Were seafood tags, invoices, or labels available?
FDD_Q_952		List shippers and associated certification numbers if listed on seafood tags
FDD_Q_1134		Seafood investigation number for this harvest area
FDD_Q_955		If there were seafood tags available, what US region was the seafood harvest from?
FDD_Q_956		If there were seafood tags available and products came from a single state, what state was the seafood harvest from?
FDD_Q_957		What is the area listed on the seafood tag?
FDD_Q_958		What is the harvest date listed on the seafood tag?
FDD_Q_959		Harvest area classification for the area listed
FDD_Q_960		Description of product listed on seafood tag
FDD_Q_1135		Was subject's skin exposed to a body of water in the 7 days before illness began?

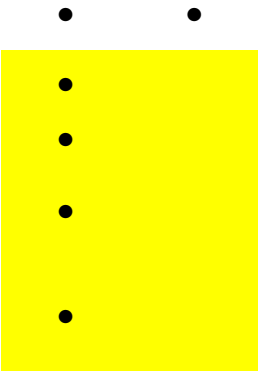
FDD_Q_216		If the subject was exposed to a body of water 7 days before illness began, please specify body of water location:
FDD_Q_221		If the subject was exposed to a body of water 7 days before illness began, please specify body of water type.
FDD_Q_1136		Was subject's skin exposed to drippings from raw or live seafood, including handling /cleaning in the 7 days before illness began?
FDD_Q_1137		Was subject's skin exposed to marine life, including stings/bites in the 7 days before illness began?
FDD_Q_217		If yes to any skin exposure what was the most recent date?
FDD_Q_1138		If yes to any skin exposure, was it an occupational exposure?
FDD_Q_224		If skin was exposed, did the subject sustain a wound during this exposure or have a pre-existing wound?
FDD_Q_225		If "Yes," please specify how wound occurred and site on the subject's body:
31208-2		Anatomical source of the specimen
FDD_Q_1118		Result of culture for <i>Vibrio</i>
FDD_Q_1116		Cultured species name
FDD_Q_1115		Name of CIDT test method used (Biofire, etc.)
FDD_Q_1119		Result of CIDT for <i>Vibrio</i>
FDD_Q_1117		CIDT species name
FDD_Q_1139		If other non- <i>Vibrio</i> organisms isolated from same specimen, indicate the organism
TRAVEL36		Did the subject travel outside their home state in the 7 days before illness onset?
66415-1		Reason for travel related to current illness
FDD_Q_1140		PulseNet ID
VAC126		Cholera Only: Subject ever received cholera vaccine
VAC103		Cholera Only: Date cholera vaccine received
FDD_Q_1124		Cholera Only: Other person(s) with cholera or cholera-like illness
FDD_Q_1126		Cholera Only: Cholera Serotype
FDD_Q_1114		Cholera Only: biotype
FDD_Q_1131		Cholera Only: is it toxigenic?
FDD_Q_1109		Probable case is laboratory diagnosed
FDD_Q_1110		Probable case is epi linked

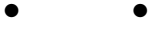
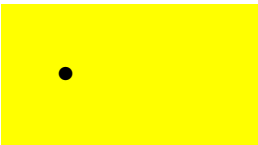
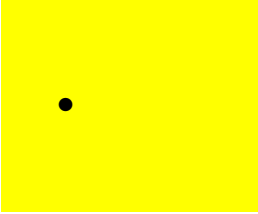
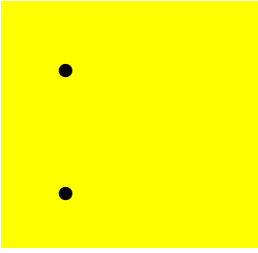
FDD_Q_1123		Additional comments
85658-3		This data element is used to capture the narrative text of a subject's current occupation.
85659-1		This data element is used to capture the CDC NIOSH standard occupation code based upon the narrative text of a subject's current occupation. (The National Institute for
85078-4		This data element is used to capture the narrative text of subject's current industry.
85657-5		This data element is used to capture the CDC NIOSH standard industry code based upon the narrative text of a subject's current industry. (The National Institute for

FN Tab	Vibrio Tab
--------	------------

•

•



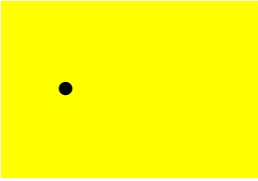


•

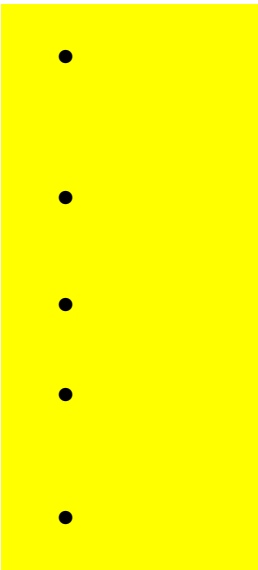
•

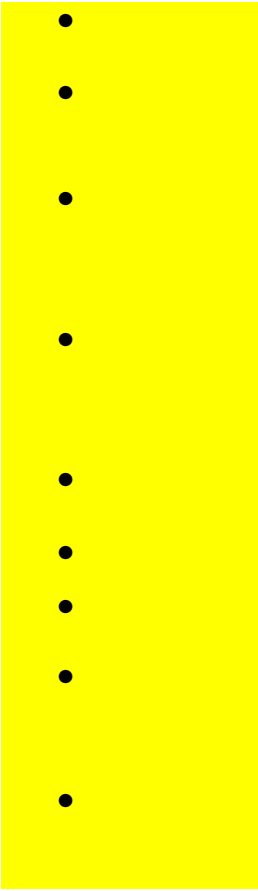
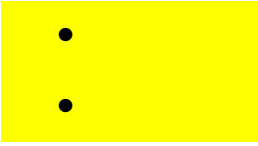
•

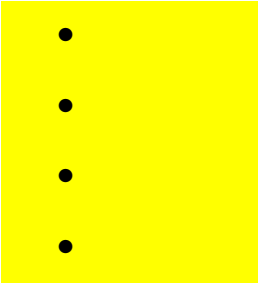
•
•



• •
• •







•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

-
-
-
-
-

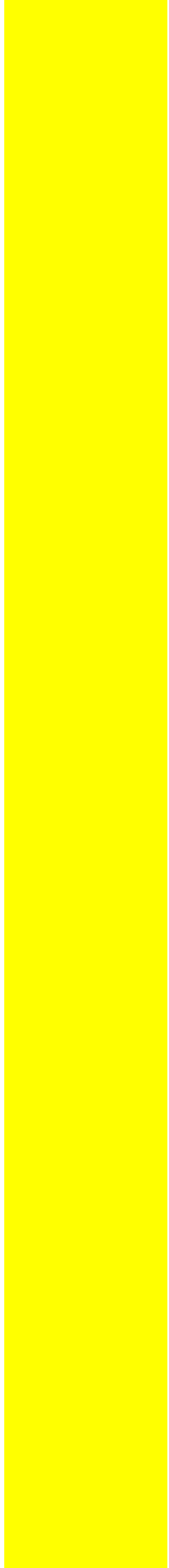
PHIN Variable	DE Identifier Sent in HL7 Message	FN Variable Name
	INV953	DtRptComp
	INV954	RptComp
	FDD_Q_400	
	FDD_Q_401	DtAdmit2
	FDD_Q_402	DtDisch2
	INV955	
	448551000124100	HospTrans
	INV956	Immigrate
	TRAVEL38	TravelInt
	INV663	
	INV664	
	82754-3	
	82764-2	
	TRAVEL06	DtUSDepart?
	TRAVEL07	DtUSReturn?
	INV665	
	76425-8	
	56831-1	
	INV919	
	INV937	
	FDD_Q_1038	Outcome
	FDD_Q_89	Audit
	INV959	Interview
	FDD_Q_88	EforsNum
	FDD_Q_1129	OutbrkStID
	FDD_Q_404	OutbrkType
	INV949	WGS_ID
	LAB202	LabNum?

82771-7	
INV290	
85069-3	
INV291	
41852-5	
LAB628	
LAB115	
LAB629	
8251-1	
66746-9	
68963-8	
LAB595	
45375-3	
82773-3	
LAB515	SentCDC
85930-6	
LAB331	StLabRcvd

Data Element Description	Gen V2	FN Tab
Date case report form was completed		●
Is all of the information for this case complete?		●
Second hospitalization		●
Subject's second admission date to the hospital for the condition covered by the investigation.		●
Subject's second discharge date from the hospital for the condition covered by the investigation.		●
Subject's duration of stay during the 2nd hospital stay for the condition covered by the investigation.		●
If the subject was hospitalized, was s/he transferred to another hospital?		●
Did the subject immigrate to the U.S.? (within 30 days of onset for Salmonella Typhi & Listeria, 15 days for Cryptosporidium and Cyclospora, and 7 days for all other pathogens)		●
Did the case patient travel internationally? (within 30 days of onset for Salmonella Typhi & Listeria, 15 days for Cryptosporidium and Cyclospora, and 7 days for all other pathogens)		●
If the travel exposure window used by the jurisdiction is different from that stated in the travel exposure questions, specify the time interval in days here. Otherwise, leave blank.		●
Indicates whether the case traveled domestically prior to illness onset and within program specific timeframe		●
Domestic destination, state(s) traveled to		●
International destination or countries the patient traveled to		●
Date of arrival to travel destination		●
Date of departure from travel destination		●
If the epidemiologic exposure window used by the jurisdiction is different from that stated in the exposure questions, specify the time interval in days here. Otherwise, leave blank.		●
Onset date and time associated with each of the signs and symptoms. Include onset time for Diarrhea.		●
Clinical signs and symptoms (e.g. Fever, Diarrhea, Cough)		●
Response for each of the signs and symptoms		●
Did the subject have a diagnosis of Thrombotic Thrombocytopenia (TTP)?		●
Subject's outcome (assessed for non-hospitalized cases within 7 days of specimen collection date and hospitalized cases at hospital discharge)		●
Was case found during an audit?		●
Was the subject interviewed by public health (i.e. state or local health department or FoodNet staff)?		●
CDC FDOSS outbreak ID number		●
State outbreak identification number		●
Type of outbreak that the subject was part of		●
Whole Genome Sequencing (WGS) ID Number		●
A laboratory generated number that identifies the specimen related to this test.		●

Performing laboratory type	•
Test Type (Antigen, Culture, Antigen, Antibody, Toxin, etc..)	•
Test method information e.g. Biofire FilmArray; Crypto CELISA (Cellabs);	•
Epidemiologic interpretation of the results of the test(s) performed for this case. This is a qualitative test result. (e.g, positive, detected, negative)	•
Test result including organism, serotype, serogroup, species, toxins	•
Quantitative Test Result Value	•
Units of measure for the Quantitative Test Result Value	•
Textual result value, used if result is neither numeric nor coded.	•
Comments having to do specifically with the lab result test. These are the comments from the NTE segment if the result was originally an Electronic Laboratory Report.	•
Specimen type	•
Date and/or time of collection of laboratory specimen	•
Specimen received date/time	•
The date the specimen/isolate was tested	•
Date result sent from reporting laboratory	•
Was specimen or isolate forwarded to CDC for testing or confirmation?	•
Date specimen sent to CDC	•
Was the isolate sent to a state public health laboratory? (Answer 'Yes' if it was sent to any state lab, even if it was sent to a lab outside of the case's state of residence)	•

Yersinia Tab _
DNE



PHIN Variable	DE Identifier Sent in HL7 Message	FN Variable Name	Data Element Description	GenV2	FN Tab
NOT115	N/A: MSH-21		Message Profile Identifiers provide a literal value to use for the references in MSH-21. MSH-21 will always contain a reference to the notification type in the "PHINProfileID" namespace and a reference to the implemented version of the Generic MMG in the "PHINMsgMapID" namespace. For conditions that have a condition-specific MMG, MSH-21 will also contain a reference to that MMG that is also in the "PHINMsgMapID" namespace.	•	•
DEM197	N/A: PID-3		The local ID of the subject/entity	•	
DEM115	N/A: PID-7		Patient's date of birth	•	
DEM113	N/A: PID-8		Subject's current sex	•	
DEM152	N/A: PID-10		Race category - Major OMB Race Categories. Detailed race information would be rolled up to these major OMB race categories.	•	
DEM154	32624-9		Other Race Text	•	
DEM155	N/A: PID-22		Based on the self-identity of the subject as Hispanic or Latino	•	
DEM126	78746-5		Country of Birth	•	
DEM304	21842-0		Other Birth Place	•	
INV501	77983-5		Where does the person usually live (defined as their residence). This variable replaces the Foreign Resident variable mentioned in 11-SI-04 titled "Revised Guidelines for Determining Residency for Disease Reporting" located at http://c.ymcdn.com/sites/www.cste.org/resource/resmgr/PS/11-SI-04.pdf . Cases with country of usual residence equal to the US, Puerto Rico, and US Virgin Islands as well as unknown and null responses will be included in the state-specific counts and rates.	•	
DEM165	N/A: PID-11.9		County of residence of the subject	•	
DEM162	N/A: PID-11.4		State of residence of the subject	•	

DEM163	N/A: PID-11.5		ZIP Code of residence of the subject
INV137	11368-8		Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system.
INV138	77976-9		Date at which the disease or condition ends.
INV139	77977-7		Length of time this subject had this disease or condition.
INV140	N/A: OBX-6		Unit of time used to describe the length of the illness or condition.
INV178	77996-7		Indicates whether the subject was pregnant at the time of the event.
INV136	77975-1		Earliest date of diagnosis (clinical or laboratory) of condition being reported to public health system.
INV128	77974-4		Was subject hospitalized because of this event?
INV132	8656-1		Subject's most recent admission date to the hospital for the condition covered by the investigation.
INV133	8649-6		Subject's most recent discharge date from the hospital for the condition covered by the investigation.
INV134	78033-8		Subject's duration of stay at the hospital for the condition covered by the investigation.
INV145	77978-5		Did the subject die from this illness or complications of this illness?
INV146	N/A: PID-29		If the subject died from this illness or complications associated with this illness, indicate the date of death.
INV169	N/A: OBR-31		Condition or event that constitutes the reason the notification is being sent.
INV168	N/A: OBR-3		Sending system-assigned local ID of the case investigation with which the subject is associated.
INV173	77993-4		States use this identifier to link NEDSS investigations back to their own state investigations.
INV200	77997-5		CDC uses this identifier to link current case notifications to case notifications submitted by a previous system (NETSS, STD-MIS, etc.).

INV2001	77998-3		Subject age at time of case investigation
INV2002	N/A: OBX-6		Subject age unit at time of case investigation
INV152	77982-7		Indication of where the disease/condition was likely acquired.
INV153	INV153		If the disease or condition was imported, indicates the country in which the disease was likely acquired.
INV154	INV154		If the disease or condition was imported, indicates the state in which the disease was likely acquired.
INV155	INV155		If the disease or condition was imported, indicates the city in which the disease was likely acquired.
INV156	INV156		If the disease or condition was imported, contains the county of origin of the disease or condition.
INV502	77984-3		Indicates the country in which the disease was likely acquired.
INV503	77985-0		Indicates the state (or Province) in which the disease was likely acquired. Note: 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.
INV504	77986-8		Indicates the city in which the disease was likely acquired Note: If country of exposure is US, populate with US city. For all other cities, can be populated but not required.
INV505	77987-6		Indicates the county in which the disease was likely acquired Note: If country of exposure is US, populate with US county. Otherwise, leave null.

INV157	77989-2		Code for the mechanism by which disease or condition was acquired by the subject of the investigation.	●
INV163	77990-0		Status of the case/event as suspect, probable, confirmed, or not a case per CSTE/CDC/ surveillance case definitions.	●
NOT120	77965-2		Does this case meet the criteria for immediate (extremely urgent or urgent) notification to CDC? Refer to the 2015 list of NNC by type of notification category (extremely urgent, urgent, and standard) at the following link: http://wwwn.cdc.gov/nndss/document/NNC_2015_Notification_Requirements_By_Category.pdf	●
INV150	77980-1		Denotes whether the reported case was associated with an identified outbreak.	●
INV151	77981-9		A state-assigned name for an identified outbreak.	●
NOT118	N/A: OBR-25		Status of the notification	●
INV107	77969-4		Identifier for the physical site from which the notification is being submitted.	●
INV112	48766-0		Type of facility or provider associated with the source of information sent to Public Health.	●
INV118	52831-5		ZIP Code of the reporting source for this case.	●
INV515	77988-4		For cases meeting the binational criteria, select all the criteria which are met.	●
INV190	74549-7		Name of the person who is reporting the case to the CDC. This is the person that CDC should contact in a state if there are questions regarding this case notification.	●
INV191	74548-9		Phone Number of the person who is reporting the case to the CDC. This is the person that CDC should contact in a state if there are questions regarding this case notification.	●

INV886	77999-1		Use this field, if needed, to communicate anything unusual about this case, which is not already covered with the other data elements. Do not send personally identifiable information to CDC in this field.	•
INV953	DtRptComp		Date case report form was completed	•
INV954	RptComp		Is all of the information for this case complete?	•
FDD_Q_400			Second hospitalization	•
FDD_Q_401	DtAdmit2		Subject's second admission date to the hospital for the condition covered by the investigation.	•
FDD_Q_402	DtDisch2		Subject's second discharge date from the hospital for the condition covered by the investigation.	•
INV955			Subject's duration of stay during the 2nd hospital stay for the condition covered by the investigation.	•
44855100012410 0	HospTrans		If the subject was hospitalized, was s/he transferred to another hospital?	•
309904001	AR_hosp_icu		During any part of the hospitalization, did the subject stay in an Intensive Care Unit (ICU) or a Critical Care Unit (CCU)?	
INV956	Immigrate		Did the subject immigrate to the U.S.? (within 30 days of onset for Salmonella Typhi & Listeria, 15 days for Cryptosporidium and Cyclospora, and 7 days for all other pathogens)	•
TRAVEL38	TravelInt		Did the case patient travel internationally? (within 30 days of onset for Salmonella Typhi & Listeria, 15 days for Cryptosporidium and Cyclospora, and 7 days for all other pathogens)	•
INV663			If the travel exposure window used by the jurisdiction is different from that stated in the travel exposure questions, specify the time interval in days here. Otherwise, leave blank.	•
FDD_Q_1034	AR_travel6mo		In the 6 months before the subject's illness began, did the subject travel outside of the United States?	

FDD_Q_1035	AR_travel6mo_country	In the 6 months before the subject's illness began, what countries did they visit?
FDD_Q_1036	AR_HHtrav6mo	In the 6 months before the subject's illness began, did any member(s) of your household travel outside of the United States?
FDD_Q_1037	AR_HHtrav6mo_country	In the 6 months before the subject's illness began, what countries did the member(s) of your household visit?
INV664		Indicates whether the case traveled domestically prior to illness onset and within program specific timeframe
82754-3		Domestic destination, state(s) traveled to
82764-2		International destination or countries the patient traveled to
TRAVEL06	DtUSDepart?	Date of arrival to travel destination
TRAVEL07	DtUSReturn?	Date of departure from travel destination
INV665		If the epidemiologic exposure window used by the jurisdiction is different from that stated in the exposure questions, specify the time interval in days here. Otherwise, leave blank.
FDD_Q_969	CEA_Beef	In the 7 days before illness, did the subject eat beef or any foods containing beef?
FDD_Q_970	CEA_Beef_grnd	In the 7 days before illness, did the subject eat any ground beef?
FDD_Q_971	CEA_Beef_out	In the 7 days before illness, did the subject eat any beef made outside of home at a business such as a restaurant, deli, fast food, take-out, or catered event?
FDD_Q_972	CEA_Beef_unckgrnd	In the 7 days before illness, did you/your child eat any ground beef that was undercooked or raw?
FDD_Q_973	CEA_Berries	In the 7 days before illness, did the subject eat any fresh (unfrozen) berries?
FDD_Q_974	CEA_Bird	In the 7 days before illness, did the subject have any contact with a bird, not including live poultry such as chickens or turkeys?
FDD_Q_975	CEA_Cantaloupe	In the 7 days before illness, did the subject eat any fresh cantaloupe?

-
-
-
-
-
-

FDD_Q_976	CEA_Cat	In the 7 days before illness, did the subject have any contact with a cat?
FDD_Q_977	CEA_Chicken	In the 7 days before illness, did the subject eat chicken or any foods containing chicken?
FDD_Q_978	CEA_Chx_fresh	In the 7 days before illness, did the subject eat any chicken at home that was bought fresh (refrigerated)?
FDD_Q_979	CEA_Chx_frozen	In the 7 days before illness, did the subject eat any chicken at home that was bought frozen?
FDD_Q_980	CEA_Chx_grnd	In the 7 days before illness, did the subject eat any ground chicken?
FDD_Q_981	CEA_Chx_out	In the 7 days before illness, did the subject eat any chicken made outside of home at a business such as a restaurant, deli, fast food, take-out, or catered event?
FDD_Q_982	CEA_Dairy	In the 7 days before illness, did the subject eat or drink any dairy products (e.g., milk, yogurt, cheese, ice cream, etc.)?
FDD_Q_983	CEA_Dog	In the 7 days before illness, did the subject have any contact with a dog?
FDD_Q_984	CEA_Eggs	In the 7 days before illness, did the subject eat any eggs?
FDD_Q_985	CEA_Eggs_out	In the 7 days before illness, did the subject eat any eggs made outside of home at a business such as a restaurant, deli, fast food, take-out, or catered event?
FDD_Q_986	CEA_Eggs_unck	In the 7 days before illness, did the subject eat any eggs that were runny or raw, or uncooked foods made with raw eggs?
FDD_Q_987	CEA_Farm_ranch	In the 7 days before illness, did the subject visit, work, or live on farm, ranch, petting zoo, or other setting that has animals?
FDD_Q_988	CEA_Fish	In the 7 days before illness, did the subject eat any fish or fish products?
FDD_Q_989	CEA_Fish_unck	In the 7 days before illness, did the subject eat any fish or fish products that was raw or undercooked (e.g., sushi, sashimi)?

FDD_Q_990	CEA_Handle_raw_meat	In the 7 days before illness, did the subject or anyone in your household handle raw meat?
FDD_Q_991	CEA_Handle_raw_poultry	In the 7 days before illness, did the subject or anyone in your household handle raw poultry?
FDD_Q_992	CEA_Handle_raw_seafood	In the 7 days before illness, did the subject or anyone in your household handle raw seafood?
FDD_Q_993	CEA_Herbs	In the 7 days before illness, did the subject eat any fresh (not dried) herbs (basil, cilantro, parsley)?
FDD_Q_994	CEA_Lamb	In the 7 days before illness, did the subject eat any lamb or mutton?
FDD_Q_995	CEA_Lettuce	In the 7 days before illness, did the subject eat any fresh, raw lettuce?
FDD_Q_996	CEA_Live_poultry	In the 7 days before illness, did the subject have any contact with any live poultry (e.g., chickens, turkeys, hens, etc.)?
FDD_Q_998	CEA_Liver_raw	In the 7 days before illness, did the subject eat any raw or undercooked liver?
FDD_Q_999	CEA_Milk_pasteurized	In the 7 days before illness, did the subject have any pasteurized cow's or goat's milk?
FDD_Q_1000	CEA_Milk_raw	In the 7 days before illness, did the subject drink any unpasteurized milk?
FDD_Q_1002	CEA_Ountreat_water	In the 7 days before illness, did the subject drink any water directly from a natural spring, lake, pond, stream, or river?
FDD_Q_1003	CEA_Pig	In the 7 days before illness, did the subject have any contact with any pigs?
FDD_Q_1005	CEA_Pork	In the 7 days before illness, did the subject eat pork or any foods containing pork?
FDD_Q_1006	CEA_Raw_cider	In the 7 days before illness, did the subject drink any juice that was not pasteurized and not from a concentrate (often bought from farms or orchards, but may be sold commercially with a label saying it is unpasteurized and may contain bacteria)?
FDD_Q_1007	CEA_Reptile_amphib	In the 7 days before illness, did the subject have any contact with a reptile or amphibian (e.g., frog, snake, turtle, etc.)?

FDD_Q_1008	CEA_Ruminants	In the 7 days before illness, did the subject have any contact with any cattle, goats, or sheep?
FDD_Q_1009	CEA_Sampled	Denotes whether or not a case was chosen as part of a sampling scheme for CEA. Does not denote eligibility or interview completion. Sites not using sampling schemes can leave this variable blank.
FDD_Q_1010	CEA_Seafd	In the 7 days before illness, did the subject eat any seafood (e.g., crab, shrimp, oysters, clams, etc.)?
FDD_Q_1011	CEA_Seafd_unck	In the 7 days before illness, did the subject eat any seafood that was raw or undercooked (e.g., raw oysters, clams, etc.)?
FDD_Q_1012	CEA_Sewer_water	In the 7 days before illness, did the subject reside in a home with a septic system?
FDD_Q_1013	CEA_Sick_contact	In the 7 days before illness, did the subject have a household member or a close contact with diarrhea?
FDD_Q_1014	CEA_Sick_pet	In the 7 days before illness, did the subject have any contact with a pet that had diarrhea?
FDD_Q_1015	CEA_Softcheese	In the 7 days before illness, did the subject eat any soft cheese (queso fresco, etc.)?
FDD_Q_1017	CEA_Spinach	In the 7 days before illness, did the subject eat any fresh (unfrozen), raw spinach?
FDD_Q_1018	CEA_Sprouts	In the 7 days before illness, did the subject eat any sprouts?
FDD_Q_1019	CEA_Swim_treat	In the 7 days before illness, did the subject swim in, wade in, or enter a pool, hot tub/spa, fountain, or waterpark with treated water (chlorinated, etc.)?
FDD_Q_1020	CEA_Swim_untreat	In the 7 days before illness, did the subject swim in, wade in, or enter an ocean, lake, pond, river, stream, or natural spring?
FDD_Q_1021	CEA_Tomatoes	In the 7 days before illness, did the subject eat any fresh, raw tomatoes?
FDD_Q_1022	CEA_Turkey	In the 7 days before illness, did the subject eat any turkey or any foods containing turkey?
FDD_Q_1023	CEA_Turkey_ground	In the 7 days before illness, did the subject eat any ground turkey?

FDD_Q_1024	CEA_Turkey_out	In the 7 days before illness, did the subject eat any turkey made outside of home at a business such as a restaurant, deli, fast food, take-out, or catered event?
FDD_Q_1025	CEA_Watermelon	In the 7 days before illness, did the subject eat any fresh watermelon?
FDD_Q_1026	CEA_Well_water	In the 7 days before illness, did the subject use water from a private well as the primary source of drinking water?
FDD_Q_1027	Ar_Diet_veal	In the past 7 days before illness, did the subject eat any veal?
FDD_Q_1028	AR_antacid_any	In the 30 days before the subject's illness began, did the subject take any medications to block acids?
FDD_Q_1029	AR_antacid_any_1, AR_antacid_any_2, AR_antacid_any_3	What medications to block acids did the subject take in the 30 days before illness began?
FDD_Q_1030	AR_comorb_cancer	In the 6 months before the subject's illness began, was the subject diagnosed or treated for cancer (including leukemia/lymphoma)?
FDD_Q_1031	AR_comorb_diabetes	In the 6 months before (your/your child's) illness began, were (the subject) diagnosed or treated for diabetes?
FDD_Q_1032	AR_comorb_abdominal	In the 6 months before the subject's illness began, did the subject have abdominal surgery (e.g., removal of appendix or gallbladder, or any surgery of the stomach or large intestine)?
FDD_Q_1033	AR_probiotic_use_30	In the 30 days before the subject's illness began, did the subject take a probiotic? Probiotics are live microorganisms (such as certain types of bacteria) that may benefit your health. These can take the form of pills, powders, yogurts, and other fermented dairy products, as well as anything labeled as containing "live and active cultures" or "probiotics."
FDD_Q_97	Pregnant	Is this Listeria case pregnancy-associated?

63893-2	OutFetal	If Listeria case was pregnancy-associated, what was the outcome of the pregnancy? Note: fetal death includes miscarriage or stillbirth; delivery is a live birth.	•
INV947	AR_antibiotic_use	Did the subject take antibiotics for this illness?	
INV948	AR_antibiotic_use_1- AR_antibiotic_use_8	If antibiotics were taken, provide the names of antibiotics	
INV957	AR_antibiotic_use_30	In the 30 days before the subject's illness began, did they take any antibiotics?	
INV958	AR_antibiotic_use_30_1- AR_antibiotic_use_30_8	If antibiotics were taken, provide the names of antibiotics	
76425-8		Onset date and time associated with each of the signs and symptoms. Include onset time for Diarrhea.	•
56831-1		Clinical signs and symptoms (e.g. Fever, Diarrhea, Cough)	•
INV919		Response for each of the signs and symptoms	•
INV936	HUS	Did the subject have a diagnosis of HUS?	
INV937		Did the subject have a diagnosis of Thrombotic Thrombocytopenia (TTP)?	•
FDD_Q_1038	Outcome	Subject's outcome (assessed for non-hospitalized cases within 7 days of specimen collection date and hospitalized cases at hospital discharge)	•
FDD_Q_89	Audit	Was case found during an audit?	•
INV959	Interview	Was the subject interviewed by public health (i.e. state or local health department or FoodNet staff)?	•
FDD_Q_88	EforsNum	CDC FDOSS outbreak ID number	•
FDD_Q_1129	OutbrkStID	State outbreak identification number	•
FDD_Q_404	OutbrkType	Type of outbreak that the subject was part of	•

82773-3		Date result sent from reporting laboratory	•
LAB515	SentCDC	Was specimen or isolate forwarded to CDC for testing or confirmation?	•
85930-6		Date specimen sent to CDC	•
LAB331	StLabRcvd	Was the isolate sent to a state public health laboratory? (Answer 'Yes' if it was sent to any state lab, even if it was sent to a lab outside of the case's state of residence)	•

Listeria
MMG TBD

PHIN Variable	DE Identifier Sent in HL7 Message	FN Variable Name	Data Element Description	GenV2	FN Tab
NOT115	N/A: MSH-21		Message Profile Identifiers provide a literal value to use for the references in MSH-21. MSH-21 will always contain a reference to the notification type in the "PHINProfileID" namespace and a reference to the implemented version of the Generic MMG in the "PHINMsgMapID" namespace. For conditions that have a condition-specific MMG, MSH-21 will also contain a reference to that MMG that is also in the "PHINMsgMapID" namespace.	•	•
DEM197	N/A: PID-3		The local ID of the subject/entity	•	
DEM115	N/A: PID-7		Patient's date of birth	•	
DEM113	N/A: PID-8		Subject's current sex	•	
DEM152	N/A: PID-10		Race category - Major OMB Race Categories. Detailed race information would be rolled up to these major OMB race categories.	•	
DEM154	32624-9		Other Race Text	•	
DEM155	N/A: PID-22		Based on the self-identity of the subject as Hispanic or Latino	•	
DEM126	78746-5		Country of Birth	•	
DEM304	21842-0		Other Birth Place	•	
INV501	77983-5		Where does the person usually live (defined as their residence). This variable replaces the Foreign Resident variable mentioned in 11-SI-04 titled "Revised Guidelines for Determining Residency for Disease Reporting" located at http://c.ymcdn.com/sites/www.cste.org/resource/resmgr/PS/11-SI-04.pdf . Cases with country of usual residence equal to the US, Puerto Rico, and US Virgin Islands as well as unknown and null responses will be included in the state-specific counts and rates.	•	
DEM165	N/A: PID-11.9		County of residence of the subject	•	
DEM162	N/A: PID-11.4		State of residence of the subject	•	
DEM163	N/A: PID-11.5		ZIP Code of residence of the subject	•	

INV137	11368-8		Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system.	•
INV138	77976-9		Date at which the disease or condition ends.	•
INV139	77977-7		Length of time this subject had this disease or condition.	•
INV140	N/A: OBX-6		Unit of time used to describe the length of the illness or condition.	•
INV178	77996-7		Indicates whether the subject was pregnant at the time of the event.	•
INV136	77975-1		Earliest date of diagnosis (clinical or laboratory) of condition being reported to public health system.	•
INV128	77974-4		Was subject hospitalized because of this event?	•
INV132	8656-1		Subject's most recent admission date to the hospital for the condition covered by the investigation.	•
INV133	8649-6		Subject's most recent discharge date from the hospital for the condition covered by the investigation.	•
INV134	78033-8		Subject's duration of stay at the hospital for the condition covered by the investigation.	•
INV145	77978-5		Did the subject die from this illness or complications of this illness?	•
INV146	N/A: PID-29		If the subject died from this illness or complications associated with this illness, indicate the date of death.	•
INV169	N/A: OBR-31		Condition or event that constitutes the reason the notification is being sent.	•
INV168	N/A: OBR-3		Sending system-assigned local ID of the case investigation with which the subject is associated.	•
INV173	77993-4		States use this identifier to link NEDSS investigations back to their own state investigations.	•
INV200	77997-5		CDC uses this identifier to link current case notifications to case notifications submitted by a previous system (NETSS, STD-MIS, etc.).	•
INV2001	77998-3		Subject age at time of case investigation	•
INV2002	N/A: OBX-6		Subject age unit at time of case investigation	•
INV152	77982-7		Indication of where the disease/condition was likely acquired.	•

INV153	INV153		If the disease or condition was imported, indicates the country in which the disease was likely acquired.	•
INV154	INV154		If the disease or condition was imported, indicates the state in which the disease was likely acquired.	•
INV155	INV155		If the disease or condition was imported, indicates the city in which the disease was likely acquired.	•
INV156	INV156		If the disease or condition was imported, contains the county of origin of the disease or condition.	•
INV502	77984-3		Indicates the country in which the disease was likely acquired.	•
INV503	77985-0		Indicates the state (or Province) in which the disease was likely acquired. Note: 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.	•
INV504	77986-8		Indicates the city in which the disease was likely acquired Note: If country of exposure is US, populate with US city. For all other cities, can be populated but not required.	•
INV505	77987-6		Indicates the county in which the disease was likely acquired Note: If country of exposure is US, populate with US county. Otherwise, leave null.	•
INV157	77989-2		Code for the mechanism by which disease or condition was acquired by the subject of the investigation.	•
INV163	77990-0		Status of the case/event as suspect, probable, confirmed, or not a case per CSTE/CDC/ surveillance case definitions.	•

NOT120	77965-2		Does this case meet the criteria for immediate (extremely urgent or urgent) notification to CDC? Refer to the 2015 list of NNC by type of notification category (extremely urgent, urgent, and standard) at the following link: http://wwwn.cdc.gov/nndss/document/NNC_2015_Notification_Requirements_By_Category.pdf	•
INV150	77980-1		Denotes whether the reported case was associated with an identified outbreak.	•
INV151	77981-9		A state-assigned name for an identified outbreak.	•
NOT118	N/A: OBR-25		Status of the notification	•
INV107	77969-4		Identifier for the physical site from which the notification is being submitted.	•
INV112	48766-0		Type of facility or provider associated with the source of information sent to Public Health.	•
INV118	52831-5		ZIP Code of the reporting source for this case.	•
INV515	77988-4		For cases meeting the binational criteria, select all the criteria which are met.	•
INV190	74549-7		Name of the person who is reporting the case to the CDC. This is the person that CDC should contact in a state if there are questions regarding this case notification.	•
INV191	74548-9		Phone Number of the person who is reporting the case to the CDC. This is the person that CDC should contact in a state if there are questions regarding this case notification.	•
INV193	74547-1		Email Address of the person reporting the case to the CDC. This is the person that CDC should contact in a state if there are questions regarding this case notification.	•
INV147	77979-3		The date the case investigation was initiated.	•
NOT103	N/A: OBR-7		Date/time the notification was first electronically sent to CDC. This value does not change after the original notification.	•

NOT106	N/A: OBR-22		Date/time this version of the electronic case notification was sent. It will be the same value as NOT103 for the original notification. For updates, this is the update/send date/time.
INV111	77995-9		Date that a health department first suspected the subject might have the condition.
INV120	77972-8		Earliest date reported to county public health system.
INV121	77973-6		Earliest date reported to state public health system.
INV165	77991-8		MMWR Week for which case information is to be counted for MMWR publication.
INV166	77992-6		MMWR Year (YYYY) for which case information is to be counted for MMWR publication.
INV176	77994-2		Date the case of an Immediately National Notifiable Condition was first verbally reported to the CDC Emergency Operation Center or the CDC Subject Matter Expert responsible for this condition.
INV177	77970-2		Date the report was first sent to the public health department (local, county or state) by reporter (physician, lab, etc.).
NOT109	77966-0		State reporting the notification
NOT113	77967-8		County reporting the notification
NOT116	77968-6		National jurisdiction reporting the notification to CDC
INV886	77999-1		Use this field, if needed, to communicate anything unusual about this case, which is not already covered with the other data elements. Do not send personally identifiable information to CDC in this field.
	INV953	DtRptComp	Date case report form was completed
	INV954	RptComp	Is all of the information for this case complete?
	FDD_Q_400		Second hospitalization
	FDD_Q_401	DtAdmit2	Subject's second admission date to the hospital for the condition covered by the investigation.
	FDD_Q_402	DtDisch2	Subject's second discharge date from the hospital for the condition covered by the investigation.

-
-
-
-
-
-
-
-
-
-
-
-
-
-
-

-
-
-
-
-

INV955		Subject's duration of stay during the 2nd hospital stay for the condition covered by the investigation.	•
448551000124100	HospTrans	If the subject was hospitalized, was s/he transferred to another hospital?	•
309904001	AR_hosp_icu	During any part of the hospitalization, did the subject stay in an Intensive Care Unit (ICU) or a Critical Care Unit (CCU)?	
INV956	Immigrate	Did the subject immigrate to the U.S.? (within 30 days of onset for Salmonella Typhi & Listeria, 15 days for Cryptosporidium and Cyclospora, and 7 days for all other pathogens)	•
TRAVEL38	TravelInt	Did the case patient travel internationally? (within 30 days of onset for Salmonella Typhi & Listeria, 15 days for Cryptosporidium and Cyclospora, and 7 days for all other pathogens)	•
INV663		If the travel exposure window used by the jurisdiction is different from that stated in the travel exposure questions, specify the time interval in days here. Otherwise, leave blank.	•
FDD_Q_1034	AR_travel6mo	In the 6 months before the subject's illness began, did the subject travel outside of the United States?	
FDD_Q_1035	AR_travel6mo_country	In the 6 months before the subject's illness began, what countries did they visit?	
FDD_Q_1036	AR_HHtrav6mo	In the 6 months before the subject's illness began, did any member(s) of your household travel outside of the United States?	
FDD_Q_1037	AR_HHtrav6mo_country	In the 6 months before the subject's illness began, what countries did the member(s) of your household visit?	
INV664		Indicates whether the case traveled domestically prior to illness onset and within program specific timeframe	•
82754-3		Domestic destination, state(s) traveled to	•
82764-2		International destination or countries the patient traveled to	•
TRAVEL06	DtUSDepart?	Date of arrival to travel destination	•
TRAVEL07	DtUSReturn?	Date of departure from travel destination	•

INV665		If the epidemiologic exposure window used by the jurisdiction is different from that stated in the exposure questions, specify the time interval in days here. Otherwise, leave blank.
FDD_Q_969	CEA_Beef	In the 7 days before illness, did the subject eat beef or any foods containing beef?
FDD_Q_970	CEA_Beef_grnd	In the 7 days before illness, did the subject eat any ground beef?
FDD_Q_971	CEA_Beef_out	In the 7 days before illness, did the subject eat any beef made outside of home at a business such as a restaurant, deli, fast food, take-out, or catered event?
FDD_Q_972	CEA_Beef_unckg rnd	In the 7 days before illness, did you/your child eat any ground beef that was undercooked or raw?
FDD_Q_973	CEA_Berries	In the 7 days before illness, did the subject eat any fresh (unfrozen) berries?
FDD_Q_974	CEA_Bird	In the 7 days before illness, did the subject have any contact with a bird, not including live poultry such as chickens or turkeys?
FDD_Q_975	CEA_Cantaloupe	In the 7 days before illness, did the subject eat any fresh cantaloupe?
FDD_Q_976	CEA_Cat	In the 7 days before illness, did the subject have any contact with a cat?
FDD_Q_977	CEA_Chicken	In the 7 days before illness, did the subject eat chicken or any foods containing chicken?
FDD_Q_978	CEA_Chx_fresh	In the 7 days before illness, did the subject eat any chicken at home that was bought fresh (refrigerated)?
FDD_Q_979	CEA_Chx_frozen	In the 7 days before illness, did the subject eat any chicken at home that was bought frozen?
FDD_Q_980	CEA_Chx_grnd	In the 7 days before illness, did the subject eat any ground chicken?
FDD_Q_981	CEA_Chx_out	In the 7 days before illness, did the subject eat any chicken made outside of home at a business such as a restaurant, deli, fast food, take-out, or catered event?
FDD_Q_982	CEA_Dairy	In the 7 days before illness, did the subject eat or drink any dairy products (e.g., milk, yogurt, cheese, ice cream, etc.)?
FDD_Q_983	CEA_Dog	In the 7 days before illness, did the subject have any contact with a dog?

FDD_Q_984	CEA_Eggs	In the 7 days before illness, did the subject eat any eggs?
FDD_Q_985	CEA_Eggs_out	In the 7 days before illness, did the subject eat any eggs made outside of home at a business such as a restaurant, deli, fast food, take-out, or catered event?
FDD_Q_986	CEA_Eggs_unck	In the 7 days before illness, did the subject eat any eggs that were runny or raw, or uncooked foods made with raw eggs?
FDD_Q_987	CEA_Farm_ranch	In the 7 days before illness, did the subject visit, work, or live on farm, ranch, petting zoo, or other setting that has animals?
FDD_Q_988	CEA_Fish	In the 7 days before illness, did the subject eat any fish or fish products?
FDD_Q_989	CEA_Fish_unck	In the 7 days before illness, did the subject eat any fish or fish products that was raw or undercooked (e.g., sushi, sashimi)?
FDD_Q_990	CEA_Handle_raw_meat	In the 7 days before illness, did the subject or anyone in your household handle raw meat?
FDD_Q_991	CEA_Handle_raw_poultry	In the 7 days before illness, did the subject or anyone in your household handle raw poultry?
FDD_Q_992	CEA_Handle_raw_seafood	In the 7 days before illness, did the subject or anyone in your household handle raw seafood?
FDD_Q_993	CEA_Herbs	In the 7 days before illness, did the subject eat any fresh (not dried) herbs (basil, cilantro, parsley)?
FDD_Q_994	CEA_Lamb	In the 7 days before illness, did the subject eat any lamb or mutton?
FDD_Q_995	CEA_Lettuce	In the 7 days before illness, did the subject eat any fresh, raw lettuce?
FDD_Q_996	CEA_Live_poultry	In the 7 days before illness, did the subject have any contact with any live poultry (e.g., chickens, turkeys, hens, etc.)?
FDD_Q_998	CEA_Liver_raw	In the 7 days before illness, did the subject eat any raw or undercooked liver?
FDD_Q_999	CEA_Milk_pasteurized	In the 7 days before illness, did the subject have any pasteurized cow's or goat's milk?
FDD_Q_1000	CEA_Milk_raw	In the 7 days before illness, did the subject drink any unpasteurized milk?

FDD_Q_1002	CEA_Ountreat_w ater	In the 7 days before illness, did the subject drink any water directly from a natural spring, lake, pond, stream, or river?
FDD_Q_1003	CEA_Pig	In the 7 days before illness, did the subject have any contact with any pigs?
FDD_Q_1005	CEA_Pork	In the 7 days before illness, did the subject eat pork or any foods containing pork?
FDD_Q_1006	CEA_Raw_cider	In the 7 days before illness, did the subject drink any juice that was not pasteurized and not from a concentrate (often bought from farms or orchards, but may be sold commercially with a label saying it is unpasteurized and may contain bacteria)?
FDD_Q_1007	CEA_Reptile_am phib	In the 7 days before illness, did the subject have any contact with a reptile or amphibian (e.g., frog, snake, turtle, etc.)?
FDD_Q_1008	CEA_Ruminants	In the 7 days before illness, did the subject have any contact with any cattle, goats, or sheep?
FDD_Q_1009	CEA_Sampled	Denotes whether or not a case was chosen as part of a sampling scheme for CEA. Does not denote eligibility or interview completion. Sites not using sampling schemes can leave this variable blank.
FDD_Q_1010	CEA_Seafd	In the 7 days before illness, did the subject eat any seafood (e.g., crab, shrimp, oysters, clams, etc.)?
FDD_Q_1011	CEA_Seafd_unck	In the 7 days before illness, did the subject eat any seafood that was raw or undercooked (e.g., raw oysters, clams, etc.)?
FDD_Q_1012	CEA_Sewer_wate r	In the 7 days before illness, did the subject reside in a home with a septic system?
FDD_Q_1013	CEA_Sick_contac t	In the 7 days before illness, did the subject have a household member or a close contact with diarrhea?
FDD_Q_1014	CEA_Sick_pet	In the 7 days before illness, did the subject have any contact with a pet that had diarrhea?
FDD_Q_1015	CEA_Softcheese	In the 7 days before illness, did the subject eat any soft cheese (queso fresco, etc.)?
FDD_Q_1017	CEA_Spinach	In the 7 days before illness, did the subject eat any fresh (unfrozen), raw spinach?

FDD_Q_1018	CEA_Sprouts	In the 7 days before illness, did the subject eat any sprouts?
FDD_Q_1019	CEA_Swim_treat	In the 7 days before illness, did the subject swim in, wade in, or enter a pool, hot tub/spa, fountain, or waterpark with treated water (chlorinated, etc.)?
FDD_Q_1020	CEA_Swim_untreat	In the 7 days before illness, did the subject swim in, wade in, or enter an ocean, lake, pond, river, stream, or natural spring?
FDD_Q_1021	CEA_Tomatoes	In the 7 days before illness, did the subject eat any fresh, raw tomatoes?
FDD_Q_1022	CEA_Turkey	In the 7 days before illness, did the subject eat any turkey or any foods containing turkey?
FDD_Q_1023	CEA_Turkey_ground	In the 7 days before illness, did the subject eat any ground turkey?
FDD_Q_1024	CEA_Turkey_out	In the 7 days before illness, did the subject eat any turkey made outside of home at a business such as a restaurant, deli, fast food, take-out, or catered event?
FDD_Q_1025	CEA_Watermelon	In the 7 days before illness, did the subject eat any fresh watermelon?
FDD_Q_1026	CEA_Well_water	In the 7 days before illness, did the subject use water from a private well as the primary source of drinking water?
FDD_Q_1027	Ar_Diet_veal	In the past 7 days before illness, did the subject eat any veal?
FDD_Q_1028	AR_antacid_any	In the 30 days before the subject's illness began, did the subject take any medications to block acids?
FDD_Q_1029	AR_antacid_any_1, AR_antacid_any_2, AR_antacid_any_3	What medications to block acids did the subject take in the 30 days before illness began?
FDD_Q_1030	AR_comorb_cancer	In the 6 months before the subject's illness began, was the subject diagnosed or treated for cancer (including leukemia/lymphoma)?
FDD_Q_1031	AR_comorb_diabetes	In the 6 months before (your/your child's) illness began, were (the subject) diagnosed or treated for diabetes?
FDD_Q_1032	AR_comorb_abdominal	In the 6 months before the subject's illness began, did the subject have abdominal surgery (e.g., removal of appendix or gallbladder, or any surgery of the stomach or large intestine)?

FDD_Q_1033	AR_probiotic_use 30	In the 30 days before the subject's illness began, did the subject take a probiotic? Probiotics are live microorganisms (such as certain types of bacteria) that may benefit your health. These can take the form of pills, powders, yogurts, and other fermented dairy products, as well as anything labeled as containing "live and active cultures" or "probiotics."
FDD_Q_97	Pregnant	Is this Listeria case pregnancy-associated?
63893-2	OutFetal	If Listeria case was pregnancy-associated, what was the outcome of the pregnancy? Note: fetal death includes miscarriage or stillbirth; delivery is a live birth.
INV947	AR_antibiotic_use	Did the subject take antibiotics for this illness?
INV948	AR_antibiotic_use _1- AR_antibiotic_use _8	If antibiotics were taken, provide the names of antibiotics
INV957	AR_antibiotic_use 30	In the 30 days before the subject's illness began, did they take any antibiotics?
INV958	AR_antibiotic_use 30_1- AR_antibiotic_use 30_8	If antibiotics were taken, provide the names of antibiotics
76425-8		Onset date and time associated with each of the signs and symptoms. Include onset time for Diarrhea.
56831-1		Clinical signs and symptoms (e.g. Fever, Diarrhea, Cough)
INV919		Response for each of the signs and symptoms
INV936	HUS	Did the subject have a diagnosis of HUS?
INV937		Did the subject have a diagnosis of Thrombotic Thrombocytopenia (TTP)?
FDD_Q_1038	Outcome	Subject's outcome (assessed for non-hospitalized cases within 7 days of specimen collection date and hospitalized cases at hospital discharge)
FDD_Q_89	Audit	Was case found during an audit?
INV959	Interview	Was the subject interviewed by public health (i.e. state or local health department or FoodNet staff)?

•

•

•

•

•

•

FDD_Q_88	EforsNum	CDC FDOSS outbreak ID number	•
FDD_Q_1129	OutbrkStID	State outbreak identification number	•
FDD_Q_404	OutbrkType	Type of outbreak that the subject was part of	•
44087-5	DxO157	For possible <i>E.coli</i> cases: What was the result of specimen testing for O157 by EIA or PCR at a clinical laboratory?	
32777-5	StecH7	If <i>E. coli</i> , was it H7 antigen positive?	
FDD_Q_900	StecHAg	If <i>E. coli</i> , what was the H-antigen number?	
INV944	StecNM	If <i>E. coli</i> , was the isolate non-motile?	
INV945	StecO157	If <i>E. coli</i> , was it O157 positive?	
FDD_Q_901	StecOAg	If <i>E. coli</i> , what was the O-antigen number?	
INV946	StecStx	Was <i>E. coli</i> Shiga toxin-producing?	
FDD_Q_902	SalGroup	Salmonella serogroup	
INV949	WGS_ID	Whole Genome Sequencing (WGS) ID Number	•
LAB202	LabNum?	A laboratory generated number that identifies the specimen related to this test.	•
82771-7		Performing laboratory type	•
INV290		Test Type (Antigen, Culture, Antigen, Antibody, Toxin, etc..)	•
85069-3		Test method information e.g. Biofire FilmArray; Crypto CELISA (Cellabs);	•
INV291		Epidemiologic interpretation of the results of the test(s) performed for this case. This is a qualitative test result. (e.g, positive, detected, negative)	•
41852-5		Test result including organism, serotype, serogroup, species, toxins	•
LAB628		Quantitative Test Result Value	•
LAB115		Units of measure for the Quantitative Test Result Value	•
LAB629		Textual result value, used if result is neither numeric nor coded.	•
8251-1		Comments having to do specifically with the lab result test. These are the comments from the NTE segment if the result was originally an Electronic Laboratory Report.	•
66746-9		Specimen type	•
68963-8		Date and/or time of collection of laboratory specimen	•

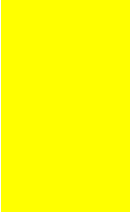
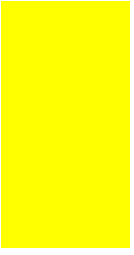
LAB595		Specimen received date/time	•
45375-3		The date the specimen/isolate was tested	•
82773-3		Date result sent from reporting laboratory	•
LAB515	SentCDC	Was specimen or isolate forwarded to CDC for testing or confirmation?	•
85930-6		Date specimen sent to CDC	•
LAB331	StLabRcvd	Was the isolate sent to a state public health laboratory? (Answer 'Yes' if it was sent to any state lab, even if it was sent to a lab outside of the case's state of residence)	•
INV960		Status of interview of patient	
9253-6		If the subject had diarrhea, what was the max number of stools in a 24-hour period?	
75292-3		If the subject had weight loss, what was baseline weight?	
N/A: OBX-6 for 75292-3		Unit of weight used to describe the baseline weight.	
65490-5		If the subject had weight loss, specify how much weight was lost	
N/A: OBX-6 for 65490-5		Unit of weight used to describe weight loss.	
81265-1		What was the subject's highest measured temperature during this illness?	
N/A: OBX-6 for 81265-1		Unit of degree used to describe highest measured temperature.	
FDD_Q_173		Was the subject treated for Cyclosporiasis?	
INV939		Is the subject allergic to (or intolerant of) sulfa drugs?	
FDD_Q_176		Fresh berry exposures in the two weeks prior to onset of illness	
FDD_Q_926		For each fresh berries exposure reported, indicate (YNU) whether the subject ate fresh berries in the two weeks prior to onset of illness	
FDD_Q_178		Fresh herb exposures in the two weeks prior to onset of illness	
FDD_Q_927		For each fresh herbs exposure reported, indicate (YNU) whether the subject ate fresh herbs in the two weeks prior to onset of illness	
FDD_Q_180		Fresh lettuce exposures in the two weeks prior to onset of illness	
FDD_Q_928		For each fresh lettuce exposure reported, indicate (YNU) whether the subject ate fresh lettuce in the two weeks prior to onset of illness	

FDD_Q_182		Other fresh produce exposures in the two weeks prior to onset of illness
FDD_Q_929		For each other produce exposure reported, indicate (YNU) whether the subject ate other types of produce in the two weeks prior to onset of illness
FDD_Q_184		Did the subject attend any events or large gatherings (e.g., wedding reception) during the 2 weeks before onset of illness?
FDD_Q_185		The event the subject attended during the 2 weeks before onset of illness e.g. parties, fairs, concerts, etc.
FDD_Q_186		Date the subject attended the event during the 2 weeks before onset of illness
FDD_Q_77		Does the patient know of other similarly ill persons?
68994-3		Reporting laboratory name
FDD_Q_930		What was the result of the specimen sent to public health laboratory for testing?
FDD_Q_931		Was the subject's result confirmed at the state public health laboratory?
FDD_Q_968		What was the result of the specimen or isolate forwarded to CDC for testing?
FDD_Q_932		Was the subject's result confirmed at CDC?
FDD_Q_1113		If known, specify testing methods and laboratories, including, if applicable, testing done by state or CDC labs
85658-3		This data element is used to capture the narrative text of a subject's current occupation.

85659-1		<p>This data element is used to capture the CDC NIOSH standard occupation code based upon the narrative text of a subject's current occupation.</p> <p>(The National Institute for Occupational Safety and Health (NIOSH) has developed a web-based software tool designed to translate industry and occupation text to standardized Industry and Occupation codes. The NIOSH Industry and Occupational Computerized Coding System (NIOCCS) is available here: http://www.cdc.gov/niosh/topics/coding/overview.html</p>
85078-4		<p>This data element is used to capture the narrative text of subject's current industry.</p>
85657-5		<p>This data element is used to capture the CDC NIOSH standard industry code based upon the narrative text of a subject's current industry.</p> <p>(The National Institute for Occupational Safety and Health (NIOSH) has developed a web-based software tool designed to translate industry and occupation text to standardized Industry and Occupation codes. The NIOSH Industry and Occupational Computerized Coding System (NIOCCS) is available here: http://www.cdc.gov/niosh/topics/coding/overview.html</p>

Cyclo
Tab

•



•

•

•

•

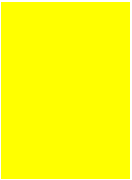
•

•

•

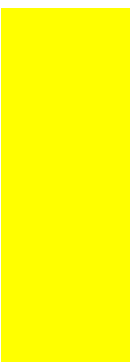
•

•



•

•



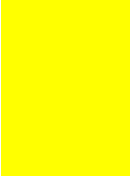


•

•



•



•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•

•