National HIV Surveillance System (NHSS)

Attachment 3c.
Data Elements for the National HIV Surveillance System (NHSS)

Data Elements for the National HIV Surveillance System (NHSS)

Data Elements for Adult HIV l Case Reports

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a persons is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: PRA (0920-0573)

Data Elements for Pediatric HIV Case Reports

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a persons is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: PRA (0920-0573)

Data Elements for Perinatal Exposure Reporting (PHER)

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a persons is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: PRA (0920-0573)

Data Elements for Investigation Reporting and Evaluation

Public reporting burden of this collection of information is estimated to average 1 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a persons is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: PRA (0920-0573)

The data elements listed below include data elements for adult/adolescent case reports (ACRF), pediatric case reports (PCRF), perinatal HIV exposure reporting (PHER), HIV incidence surveillance information (no longer collected), laboratory test data, investigation reporting and evaluation information and supplemental data collected from other document types such as birth certificates (BC), and death certificates (DEATH_DOC). Data are stored in tables in the enhanced HIV Reporting System (eHARS). Information in the table below reflects information in the version of eHARS currently in place, v4.10.5, along with proposed changes to be implemented in eHARS v4.11 in 2020. The column "Transfer to CDC" indicates whether or not the data collected in a variable are transmitted to CDC. The column "Required/Optional" indicates whether a variable is: (1) a program requirement for collection (Required); (2) optional for program collection (Optional) , which may include variables that are CDC recommended for collection but collection is optional; (3) generated by the eHARS system from entered values of other variables and is optional to collect (Optional-System); (4) generated by the eHARS system (System); (5) retired from collection in eHARS (Retired); (6) retained from the previous case surveillance system and is not collected in eHARS (Legacy HARS); or (7) retained from the previous incidence surveillance system and is not collected in eHARS (Legacy Incidence). Additional information for users can be found in the eHARS 4.10.5 Technical Reference Guide for variables in the current version of eHARS; additional information about proposed changes to be implemented in eHARS v4.11 can be found in the Summary of Proposed Changes document.

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
ADDRESS	**A table that maintains information on a person's addresses and locations.**				
address_dt	The most recent date for which this address is active.	YYYYMMDD	YES	ACRF, PCRF	Required
address_seq	Used by the system as a sequence identifier for a person's addresses.		YES	All	System
address_type_cd	A code indicating the type of address, such as RES (residential) or RSA (residence at AIDS diagnosis).	BAD - Bad address COR - Correctional facility CUR - Current FOS - Foster home HML - Homeless POS - Postal RAD - Residence at death RBI - Residence at birth RES - Residential RHE - Residence at perinatal exposure RSR - Residence at pediatric seroreversion RSA - Residence at diagnosis of stage 3 HIV infection (AIDS) RSH - Residence at	YES	All	Required

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		diagnosis of HIV infectionSHL - Shelter TMP – Temporary To be determined – Military To be determined - Other			
addr_type_orig_cd	Additional field for address type information when the address_type_cd captures an address event type.	BAD - Bad address COR - Correctional facility FOS - Foster home HML - Homeless POS - Postal RES - Residential SHL - Shelter TMP - Temporary To be determined - Military To be determined - Other	YES	All	Required
census_block_group	An optional field indicating the census block group for the person's address.		NO	ACRF, PCRF	Optional
census_congressional_district	An optional field indicating the congressional district for the person's address.		NO	ACRF, PCRF	Optional
census_group	An optional field indicating the census group for the person's address.		NO	ACRF, PCRF	Optional
census_msa	An optional field indicating the census metropolitan statistical area (MSA) for the person's address.		NO	ACRF, PCRF	Optional
census_tract	An optional field indicating the census tract for the person's address.		NO	ACRF, PCRF	Optional
city_fips	The city FIPS code for a person's address. (5 digits)	FIPS_CITY (table) - 99999	YES	All	Required
city_name	The textual city name for the person's address from the FIPS table. If there is no match to the FIPS table, the text is stored as entered by the user and preceded by an asterisk.	FIPS_CITY (table), ZIP_CITY (table)	YES	All	Required
country_cd	The ISO country code for a person's address.	COUNTRY_CODE (table)	YES	All	Required
country_usd	The FIPS U.S. dependency country code for the person's address.	COUNTRY_CODE (table)	YES	All	Required

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
county_fips	The FIPS county code for a person's address.	FIPS_COUNTY (table) - 999	YES	All	Required
county_name	The county name for the person's address from the FIPS table. If there is no match to the FIPS table, the text is stored as entered by the user and preceded by an asterisk.	FIPS_COUNTY (table), ZIP_CITY (table)	YES	All	Required
doc_belongs_to	Indicates who the address data belong to: PERSON, MOTHER, or CHILD.	PERSON, MOTHER, CHILD	YES	All	System
document_uid	A unique identifier for a document.		YES	All	System
geographic_level	Geographic level to which the address was geocoded.	1=Census tract 2=Zip code 3=County 4=Insufficient	YES	All	Required
phone	The value indicating a person's telephone number.	9999999999	NO	All	Required
state_cd	The state postal code for a person's address.	STATE_CODES	YES	All	Required
street_address1	Primary description of a person's street address, such as number and street name.		NO	All	Required
street_address2	Secondary description of a person's street address, such as apartment, building, or unit and number.		NO	All	Required
zip_cd	The zip code associated with a person's address.	ZIP_CITY (table) - 99999	NO	All	Required
ARV_PROPHYLAXIS	**Maintains information on a person's antiretroviral drug and prophylaxis use.**				
document_uid	Identifies the document associated with each record stored on the table; document_uid is a unique value generated by eHARS to identify a document.		YES	ACRF	System
drug_seq	Used by the system as a sequence identifier for each antiretroviral drug added to a document.		YES	ACRF	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
obs_uid	An internal identifier for an observation.		YES	ACRF	System
drug_cd	Identifier for an antiretroviral drug.	DRUG	YES	ACRF	Optional
drug_rsn	Reason the person took the antiretroviral drug.	DRUG_RSN_CD	YES	ACRF	Required
other_drug_rsn	Text entered to specify the reason the persons took the antiretroviral drug when a selection value is not available or appropriate.		YES	ACRF	Required, if drug_rsn="OTH"
drug_start_dt	The date the person began taking the antiretroviral drug.	YYYYMMDD	YES	ACRF	Required
drug_last_use_dt	The date the person last used the antiretroviral drug.	YYYYMMDD	YES	ACRF	Required
BIRTH_HISTORY	**A table that maintains information pertaining to the child's birth or the mother's prenatal care, labor, and delivery. This information is collected in the Birth History section of Pediatric Case Report Forms (PCRF) and Birth Certificate (BC) documents.**				
birth_defects	From PCRF, indicates the presence of birth defects.	YES_NO_UNK	YES	PCRF, LEGACY_PEDIATRIC	Optional
birth_defects_cd	From PCRF and BC, birth defect codes.	01 - Anencephaly 02 - Meningomyelocele/Spina bifida 03 - Cyanotic congenital heart disease 04 - Congenital diaphragmatic hernia 05 - Omphalocele 06 - Gastroschisis 07 - Limb reduction defect (excluding congenital amputation and dwarfing syndromes) 08 - Cleft lip with or without cleft palate 09 - Cleft palate alone 10 - Down syndrome	YES	PCRF, LEGACY_PEDIATRIC, BC	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		11 - Suspected chromosomal disorder 12 - Down syndrome (karyotype confirmed) 13 - Suspected chromosomal disorder (karyotype confirmed) 14 - Down syndrome (karyotype pending) 15 - Suspected chromosomal disorder (karyotype pending) 16 - Hypospadias 17 - None of the anomalies listed above			
birth_place	From BC, place of birth, such as home or hospital	BIRTH_PLACE	YES	BC	Optional
birth_type	From PCRF and BC, the type of birth, such as single or twin.	1 - Single 2 - Twin 3 - >2 9 - Unknown	YES	PCRF, LEGACY_PEDIATRIC, BC	Optional
birth_wt	From PCRF and BC, the child's birth weight in grams.	NULL, MIN = 28, MAX = 9070	YES	PCRF, LEGACY_PEDIATRIC, BC	Optional
breastfed	From PCRF and BC: Was this child breastfed?	YES_NO_UNK	YES	BC	Optional
delivery_method	From PCRF and BC, the method of delivery, such as vaginal or Cesarean.	DELIVERY, DELIVERY_BC	YES	PCRF, LEGACY_PEDIATRIC, BC	Optional
document_uid	A unique identifier for the PCRF or BC.		YES	All	System
first_pnc_visit_dt	From BC, the date of the mother's first prenatal care visit.	YYYYMMDD	YES	BC	Optional
infant_transfer	From BC: Was the infant transferred to another facility?	YES_NO	YES	BC	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
last_live_birth_dt	From BC, the date of the mother's last live birth.	YYYYMMDD	YES	BC	Optional
last_normal_menses_dt	From BC, the date of the mother's last menses.	YYYYMMDD	YES	BC	Optional
last_pnc_visit_dt	From BC, the date of the mother's last prenatal care visit.	YYYYMMDD	YES	BC	Optional
maternal_birth_country_cd	From PCRF, the mother's country of birth.	COUNTRY_CODE (table)	YES	PCRF, LEGACY_PEDIATRIC	Optional
maternal_birth_country_usd	From PCRF, the mother's country of birth if U.S. dependency.	COUNTRY_CODE (table)	YES	PCRF, LEGACY_PEDIATRIC	Optional
maternal_dob	From PCRF, the mother's date of birth.	YYYYMMDD	YES	PCRF, LEGACY_PEDIATRIC	Optional
maternal_sndx	From PCRF, the mother's last name Soundex.		YES	PCRF, LEGACY_PEDIATRIC	Optional
maternal_stateno	From PCRF, the mother's STATENO identifier.		YES	PCRF, LEGACY_PEDIATRIC	Optional
month_preg_pnc	From PCRF, the month of pregnancy that mother's prenatal care began.	01 - 12, 99(unknown), 00(none)	YES	PCRF, LEGACY_PEDIATRIC	Optional
neonatal_status	From PCRF, the child's neonatal status.	1 - Full Term 2 - Premature 9 - Unknown	YES	PCRF, LEGACY_PEDIATRIC, BC	Optional
neonatal_status_weeks	From PCRF and BC, the gestational age of the child at delivery.	01 - 98, 99(unknown), 00(none)	YES	PCRF, LEGACY_PEDIATRIC, BC	Optional
num_pnc_visits	From PCRF and BC, the number of prenatal care visits.	01-98, 99(unknown), 00(none)	YES	PCRF, LEGACY_PEDIATRIC, BC	Optional
num_prev_live_births	From BC, the number of previous live births.	00-99	YES	BC	Optional
CALC_OBSERVATION	**A table that maintains information on a person's calculated observations.**				
calc_obs_uid	A unique identifier for a calculated observation.	CALC_OBSERVATION_CODE (table)	YES	All	Refer to CALC_OBSERVATION_CODE table for requirements for each variable

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
calc_obs_value	The calculated observation's value.		YES	All	Refer to CALC_OBSERVATION_CODE table for valid data element values for each variable
document_uid	A unique identifier for a document.		YES	All	System
CALC_OBSERVATION_CODE	**A table that maintains information calc_obs_value and associated descriptions.**				
1	HARS Legacy - AIDS category	1 - Definitive (pre-85) case 2 - Definitive (1985) case 3 - Definitive (1987) case 4 - Presumptive (1987) case 5 - Definitive (1993) case 6 - Presumptive (1993) case 7 - Immunologic (1993) case 8 - Undetermined case 9 - Non-case	YES	All	System
2	HARS Legacy - HIV category	1 - HIV Definitive 2 - HIV Presumptive 3 - HIV Indeterminate 4 - HIV Negative Definitive 5 - HIV Negative Presumptive 8 - Pending Confirmation 9 - HIV Unknown	YES	All	System
3	HARS Legacy - Date the first disease was diagnosed based on the 1993 expanded AIDS case definition	YES_NO	YES	All	System
4	HARS Legacy - Date the first disease was diagnosed based on the pre-1993 expanded AIDS case definition	YYYYMMDD	YES	All	System
5	HARS Legacy - Date of the first condition classifying as AIDS based on the current AIDS case definition	YYYYMMDD	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
6	HARS Legacy - Date of the first condition classifying as AIDS based on the applicable AIDS case definition	YYYYMMDD	YES	All	System
7	HARS Legacy - Date of last negative HIV test result	YYYYMMDD	YES	All	System
8	HARS Legacy - Date a case was reported as HIV positive	YYYYMMDD	YES	All	System
9	HARS Legacy - Date a case was reported as AIDS category level 1	YYYYMMDD	YES	All	System
10	HARS Legacy - Date a case was reported as AIDS category level 2	YYYYMMDD	YES	All	System
11	HARS Legacy - Date a case was reported as AIDS category level 3	YYYYMMDD	YES	All	System
12	HARS Legacy - Date a case was reported as AIDS category level 4	YYYYMMDD	YES	All	System
13	HARS Legacy - Date a case was reported as AIDS category level 5	YYYYMMDD	YES	All	System
14	HARS Legacy - Date a case was reported as AIDS category level 6	YYYYMMDD	YES	All	System
15	HARS Legacy - Date a case was reported as AIDS category level 7	YYYYMMDD	YES	All	System
16	HARS Legacy - Date a case was reported as not infected with HIV	YYYYMMDD	YES	All	System
17	HARS Legacy - Date a case was reported as perinatal exposure	YYYYMMDD	YES	All	System
18	HARS Legacy - Date the death of a case was reported	YYYYMMDD	YES	All	System
19	HARS Legacy - Mode of transmission	01 - Male sexual contact with other male (MSM) 02 - Injection drug use (nonprescription) (IDU) 03 - Male sexual contact with other male and injection drug use (MSM & IDU) 04 - Adult received clotting factor for hemophilia/coagulation	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		disorder 05 - Heterosexual contact 06 - Adult received transfusion of blood/blood components, transplant of organ/tissue, or artificial insemination 08 - Adult with other confirmed risk 09 - Adult with risk not reported/other 11 - Child received clotting factor for hemophilia/coagulation disorder 12 - Mother with, or at risk for, HIV infection 13 - Child received transfusion of blood/blood components or transplant of organ/tissue 14 - Child with other risk 18 - Child with other confirmed risk 19 - Child with risk not reported/other			
20	HARS Legacy - Class	A1 - Asymptomatic, CD4 count > 500 or percent > 29% A2 - Asymptomatic, CD4 count 200-499 or percent 14-28% A3 - Asymptomatic, CD4 count < 200 or percent < 14%	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		A9 - Asymptomatic, unknown CD4 B1 - Symptomatic, CD4 count > 500 or percent > 29% B2 - Symptomatic, CD4 count 200-499 or percent 14-28% B3 - Symptomatic, CD4 count < 200 or percent < 14% B9 - Symptomatic, unknown CD4 C1 - AIDS, CD4 count > 500 or percent > 29% C2 - AIDS, CD4 count 200-499 or percent 14-28% C3 - AIDS, CD4 count < 200 or percent < 14% C9 - AIDS, unknown CD4 Unknown clinical category, X1 - CD4 count > 500 or percent > 29% X2 - Unknown clinical category, CD4 count 200-499 or percent 14-28% X3 - Unknown clinical category, CD4 count < 200 or percent < 14% X9 - Unknown clinical category, unknown CD4			
21	HARS Legacy - Date of first positive HIV test result or doctor diagnosis of HIV	YYYYMMDD	YES	All	System
78	HARS Legacy - CD4 count < 400	YES_NO	YES	All	System
85	HARS Legacy - First positive HIV-1 EIA test result date	YYYYMMDD	YES	All	System
86	HARS Legacy - Last negative HIV-1 EIA test result date	YYYYMMDD	YES	All	System

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TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
87	HARS Legacy - Most recent HIV-1 EIA test result value	POS=Positive NEG=Negative	YES	All	System
89	HARS Legacy - Most recent HIV-1 EIA test result date		YES	All	System
90	HARS Legacy - Overall HIV-1 EIA test result value	POS=Positive NEG=Negative	YES	All	System
91	HARS Legacy - Overall HIV-1 EIA test result date	YYYYMMDD	YES	All	System
92	HARS Legacy - First positive HIV-1/2 combined test result date	YYYYMMDD	YES	All	System
93	HARS Legacy - Last negative HIV-1/2 combined test result date	YYYYMMDD	YES	All	System
94	HARS Legacy - Most recent HIV-1/2 combined test result value	POS=Positive NEG=Negative	YES	All	System
95	HARS Legacy - Most recent HIV-1/2 combined test result date	YYYYMMDD	YES	All	System
96	HARS Legacy - Overall HIV-1/2 combined test result value	POS=Positive NEG=Negative	YES	All	System
97	HARS Legacy - Overall HIV-1/2 combined test result date	YYYYMMDD	YES	All	System
98	HARS Legacy - First positive Western Blot/IFA test result date	YYYYMMDD	YES	All	System
99	HARS Legacy - Last negative Western Blot/IFA test result date	YYYYMMDD	YES	All	System
100	HARS Legacy - Most recent Western Blot/IFA test result value	POS_NEG_IND	YES	All	System
101	HARS Legacy - Most recent Western Blot/IFA test result date	YYYYMMDD	YES	All	System
102	HARS Legacy - Overall Western Blot/IFA test result value	POS_NEG_IND	YES	All	System
103	HARS Legacy - Overall Western Blot/IFA test result date	YYYYMMDD	YES	All	System
104	HARS Legacy - First positive Other HIV Antibody test result date	YYYYMMDD	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
105	HARS Legacy - Last negative Other HIV Antibody test result date	YYYYMMDD	YES	All	System
106	HARS Legacy - Most recent Other HIV Antibody test result value	POS_NEG_IND	YES	All	System
107	HARS Legacy - Most recent Other HIV Antibody test result date	YYYYMMDD	YES	All	System
108	HARS Legacy - Overall Other HIV Antibody test result value	POS_NEG_IND	YES	All	System
109	HARS Legacy - Overall Other HIV Antibody test result date	YYYYMMDD	YES	All	System
110	HARS Legacy - First positive Detection/Antigen/Viral load test result date	YYYYMMDD	YES	All	System
111	HARS Legacy - Last negative Detection/Antigen/Viral load test result date	YYYYMMDD	YES	All	System
112	HARS Legacy - Most recent Detection/Antigen/Viral load test result value	POS_NEG_IND	YES	All	System
113	HARS Legacy - Most recent Detection/Antigen/Viral load test result date	YYYYMMDD	YES	All	System
114	HARS Legacy - Overall Detection/Antigen/Viral load test result value	POS_NEG_IND	YES	All	System
115	HARS Legacy - Overall Detection/Antigen/Viral load test result date	YYYYMMDD	YES	All	System
116	HARS Legacy - Most recent CD4 count value		YES	All	System
117	HARS Legacy - Most recent CD4 percent value		YES	All	System
118	HARS Legacy - Most recent CD4 test result date	YYYYMMDD	YES	All	System
119	HARS Legacy - Lowest count from all CD4 test result values		YES	All	System
120	HARS Legacy - Lowest CD4 count test	YYYYMMDD	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
	result date				
121	HARS Legacy - Lowest percent from all CD4 test result values		YES	All	System
122	HARS Legacy - Lowest CD4 percent test result date	YYYYMMDD	YES	All	System
123	HARS Legacy - First CD4 count < 200 value		YES	All	System
124	HARS Legacy - First CD4 percent < 14 value		YES	All	System
125	HARS Legacy - First CD4 count < 200 or percent < 14 date	YYYYMMDD	YES	All	System
216	HARS Legacy - Expanded mode of transmission	01 - Male sexual contact with other male (MSM) 02 - Injection drug use (nonprescription) (IDU) 03 - Male sexual contact with other male and injection drug use (MSM & IDU) 04 - Adult received clotting factor for hemophilia/coagulation disorder 05 - Heterosexual contact with injection drug user 06 - Heterosexual contact with bisexual man 07 - Heterosexual contact with person with hemophilia 08 - Born in an NIR country Heterosexual contact with person born in an NIR country 09 - Heterosexual contact with HIV-infected transfusion recipient	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		11 - Heterosexual contact with HIV-infected person 12 - Heterosexual contact with person at risk for HIV infection 13 - Adult received transfusion of blood/blood components, transplant of organ/tissue, or artificial insemination 14 - Adult with risk not reported/other 15 - Child received clotting factor for hemophilia/coagulation disorder 16 - Mother injection drug use (nonprescription) (IDU) 17 - Mother had sex with male injection drug user 18 - Mother had sex with bisexual man 19 - Mother had sex with person with hemophilia 20 - Mother born in an NIR country 21 - Mother had sex with person born in an NIR country 22 - Mother had sex with HIV-infected transfusion recipient 23 - Mother had sex with HIV-infected man 24 - Mother received transfusion of blood/blood components, transplant of organ/tissue, or artificial			

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		insemination 25 - Mother has HIV infection 26 - Child received transfusion of blood/blood components or transplant of organ/tissue 27 - Child with risk not reported/other 28 - Child with other risk 88 - Child with other confirmed risk			
217	Old race	1 - White, not Hispanic 2 - Black, not Hispanic 3 - Hispanic 4 - Asian/Pacific Islander 5 - American Indian/Alaska Native 9 - Unknown	YES	All	System
218	Race	1 - Hispanic, All races 2 - Not Hispanic, American Indian/Alaska Native 3 - Not Hispanic, Asian 4 - Not Hispanic, Black 5 - Not Hispanic, Native Hawaiian/Pacific Islander 6 - Not Hispanic, White 7 - Not Hispanic, Legacy Asian/Pacific Islander 8 - Not Hispanic, Multi-race 9 - Unknown	YES	All	System
219	Earliest date the first document was entered into the system	YYYYMMDD	YES	All	System
220	Earliest date the first document was received at the health department	YYYYMMDD	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
221	Transmission category	01 - Male sexual contact with other male (MSM) 02 - Injection drug use (nonprescription) (IDU) 03 - Male sexual contact with other male and injection drug use (MSM+IDU) 04 - Adult received clotting factor for hemophilia/coagulation disorder 05 - Heterosexual contact 06 - Adult received transfusion of blood/blood components, transplant of organ/tissue, or artificial insemination 07 - Perinatal exposure with HIV infection first diagnosed at age 13 years or older 08 - Adult with other confirmed risk 09 - Adult with No Identified Risk (NIR) 10 - Adult with No Reported Risk (NRR) 11 - Child received clotting factor for hemophilia/coagulation disorder 12 - Perinatal exposure 13 - Child received transfusion of blood/blood components or transplant of organ/tissue 18 - Child with other	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		confirmed risk 19 - Child with No Identified Risk (NIR) 20 - Child with No Reported Risk (NRR) 00 - Risk factors selected with no age at diagnosis			
222	Expanded transmission category	01 - Male sexual contact with other male (MSM) 02 - Injection drug use (nonprescription) (IDU) 03 - Male sexual contact with other male and injection drug use (MSM & IDU) 04 - Adult received clotting factor for hemophilia/coagulation disorder 05 - Heterosexual contact with IDU 06 - Heterosexual contact with male who had sexual contact with other male 07 - Heterosexual contact with person with hemophilia 10 - Heterosexual contact with blood transfusion/transplant recipient with documented HIV infection 11 - Heterosexual contact with person with AIDS or documented HIV infection,	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		risk not specified 13 - Adult received transfusion of blood/blood components, transplant of organ/tissue, or artificial insemination 14 - Adult with undetermined transmission category 15 - Child received clotting factor for hemophilia/coagulation disorder 16 - Perinatal exposure, mother had injection drug use 17 - Perinatal exposure, mother had heterosexual contact with IDU 18 - Perinatal exposure, mother had heterosexual contact with bisexual male 19 - Perinatal exposure, mother had heterosexual contact with person with hemophilia 22 - Perinatal exposure, mother had heterosexual contact with blood transfusion/transplant recipient with documented HIV infection 23 - Perinatal exposure, mother had heterosexual contact with male with AIDS or documented HIV infection, risk not specified 24 - Perinatal exposure,			

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		mother received transfusion of blood/blood components, transplant of organ/tissue, or artificial insemination 25 - Perinatal exposure, mother with documented HIV infection 26 - Child received transfusion of blood/blood components or transplant of organ/tissue 27 - Child with undetermined transmission category 28 - Child with other confirmed risk 88 - Adult with other confirmed risk 99 - Risk factors selected with no age at diagnosis			
223	Exposure category	01 - MSM only 02 - IDU only 03 - Heterosexual contact only 04 - MSM & IDU 05 - IDU & Heterosexual contact 06 - MSM & Heterosexual contact 07 - MSM & IDU & Heterosexual contact 08 - Perinatal exposure 09 - Other 10 - No Identified Risk (NIR)	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		11 - No Reported Risk (NRR)			
224	Date of first positive HIV test result or doctor diagnosis of HIV	YYYYMMDD	YES	All	System
225	Type of first evidence of HIV infection (positive HIV test result or doctor diagnosis of HIV)	1 - Lab test 2 - Physician diagnosis	YES	All	System
226	First CD4 or viral load test result date after HIV diagnosis	YYYYMMDD	YES	All	System
227	Type of first test after HIV diagnosis (CD4 or viral load)	1 - CD4 2 - Viral load	YES	All	System
228	Most recent test result date	YYYYMMDD	YES	All	System
229	Most recent test type	1 - CD4 2 - Viral load	YES	All	System
230	Most recent test result value	LAB_RESULT_VALUE	YES	All	System
243	First detectable viral load test result date	YYYYMMDD	YES	All	System
244	First detectable viral load test result value (copies/ml)		YES	All	System
245	Most recent viral load test result value (copies/ml)		YES	All	System
246	Most recent viral load test result date	YYYYMMDD	YES	All	System
247	Most recent undetectable viral load test result date	YYYYMMDD	YES	All	System
252	The earliest date on which the immunologic criteria for stage 3 were met	YYYYMMDD	YES	All	System
253	First CD4 count test result < 350 value		YES	All	System
254	First CD4 count test result < 350 date	YYYYMMDD	YES	All	System
255	Most recent CD4 count test result value		YES	All	System
256	Most recent CD4 count test result date	YYYYMMDD	YES	All	System
257	Most recent CD4 percent test result value		YES	All	System
258	Most recent CD4 percent test result date	YYYYMMDD	YES	All	System
259	Most recent CD4 test result (count or percent) date	YYYYMMDD	YES	All	System
260	First CD4 test result value after HIV diagnosis		YES	All	System
261	First CD4 test result date after HIV diagnosis	YYYYMMDD	YES	All	System
262	Lowest CD4 count test result value		YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
263	Lowest CD4 count test result date	YYYYMMDD	YES	All	System
264	Lowest CD4 percent test result value		YES	All	System
265	Lowest CD4 percent test result date	YYYYMMDD	YES	All	System
266	First positive Qualitative RNA/DNA test result date	YYYYMMDD	YES	All	System
267	Most recent Qualitative RNA/DNA test result value		YES	All	System
268	Most recent Qualitative RNA/DNA test result date	YYYYMMDD	YES	All	System
269	Most recent negative Qualitative RNA/DNA Test Result date	YYYYMMDD	YES	All	System
270	First positive HIV antigen test result date	YYYYMMDD	YES	All	System
271	First positive HIV culture test result date	YYYYMMDD	YES	All	System
272	HIV case definition category	1 - HIV positive, definitive 2 - HIV positive, presumptive 3 - HIV indeterminate 4 - HIV negative, definitive 5 - HIV negative, presumptive 8 - Pending confirmation 9 - Unknown	YES	All	System
273	AIDS case definition category	7 - AIDS case defined by immunologic (CD4 count or percent) criteria 9 - Not an AIDS case A - AIDS case defined by clinical disease (OI) criteria	YES	All	System
274	Age at HIV diagnosis (years)	1-99	YES	All	System
275	Age at HIV diagnosis (months)	1-99	YES	All	System
276	Age at AIDS diagnosis (years)	1-99	YES	All	System
277	Age at AIDS diagnosis (months)	1-99	YES	All	System
278	Age at HIV disease diagnosis (years)	1-99	YES	All	System
279	Age at HIV disease diagnosis (months)	1-99	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
281	Date of the earliest condition classifying the case as stage 3 HIV infection	YYYYMMDD	YES	All	System
282	The earliest date on which the clinical disease criterion (opportunistic illness [OI] diagnosis) for stage 3 HIV infection was met	YYYYMMDD	YES	All	System
285	HIV disease diagnosis date	YYYYMMDD	YES	All	System
287	Diagnostic status	1 - Adult HIV 2 - Adult AIDS 3 - Perinatal HIV exposure 4 - Pediatric HIV 5 - Pediatric AIDS 6 - Pediatric seroreverter 9 - Unknown	YES	All	System
288	Date reported as HIV positive	YYYYMMDD	YES	All	System
289	Date reported as not infected with HIV (seroreverters)	YYYYMMDD	YES	All	System
290	Date reported as perinatal exposure	YYYYMMDD	YES	All	System
291	Date reported as AIDS (non-immunologic)	YYYYMMDD	YES	All	System
292	Date reported as AIDS (immunologic)	YYYYMMDD	YES	All	System
293	Date reported as AIDS (earliest)	YYYYMMDD	YES	All	System
294	Date reported as HIV disease	YYYYMMDD	YES	All	System
295	Disease progression category (report date)	YYYYMMDD	YES	All	System
296	Disease progression category (diagnosis date)	YYYYMMDD	YES	All	System
297	Meets CDC case definition for HIV (not AIDS)	YES_NO	YES	All	System
298	Meets CDC case definition for AIDS	YES_NO	YES	All	System
299	Meets CDC case definition for HIV disease	YES_NO	YES	All	System
300	Meets CDC eligibility for HIV (not AIDS)	YES_NO	YES	All	System
301	Meets CDC eligibility for AIDS	YES_NO	YES	All	System
302	Meets CDC eligibility for HIV disease	YES_NO	YES	All	System
303	Age at death (years)	1-99	YES	All	System
304	Age at death (months)	1-99	YES	All	System
305	Date death reported	YYYYMMDD	YES	All	System
306	Type of first CD4 test after HIV diagnosis (count or percent)	RESULT_UNITS_CD4	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
307	Meets CDC case definition for HIV perinatal exposure or pediatric seroreverter	YES_NO	YES	All	System
308	Meets CDC eligibility for HIV perinatal exposure or pediatric seroreverter	YES_NO	YES	All	System
312	Stage 0 HIV infection at diagnosis	A – Acute HIV infection(part of stage 0) at diagnosis B – Post-acute early HIV infection (part of stage 0) at diagnosis N – Insufficient evidence for Stage 0 at diagnosis	YES	All	System
313	Stage at diagnosis based only on CD4 and opportunistic illness (OI)	1 - Stage 1, CD4 cnt≥500 or CD4 pct≥26 2 - Stage 2, 200≤CD4 cnt≤499 or 14≤CD4 pct≤25 3 - Stage 3, OI or CD4 cnt<200 or CD4 pct <14 9 - Stage unknown	YES	All	System
314	Date of earliest use of antiretroviral medications for HIV treatment	YYYYMMDD	YES	All	System
315	Date of last use of antiretroviral medications for HIV treatment	YYYYMMDD	YES	All	System
316	Date of earliest use of antiretroviral medications for pre-exposure prophylaxis	YYYYMMDD	YES	All	System
317	Date of last use of antiretroviral medications for pre-exposure prophylaxis	YYYYMMDD	YES	All	System
318	Date of earliest use of antiretroviral medications for post-exposure prophylaxis	YYYYMMDD	YES	All	System
319	Date of last use of antiretroviral medications for post-exposure prophylaxis	YYYYMMDD	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
320	Date of earliest use of antiretroviral medications for prevention of mother-to-child transmission	YYYYMMDD	YES	All	System
321	Date of last use of antiretroviral medications for prevention of mother-to-child transmission	YYYYMMDD	YES	All	System
322	Date of earliest use of antiretroviral medications for Hepatitis B treatment	YYYYMMDD	YES	All	System
323	Date of last use of antiretroviral medications for Hepatitis B	YYYYMMDD	YES	All	System
324	Date of earliest use of antiretroviral medications for other reasons	YYYYMMDD	YES	All	System
325	Date of last use of antiretroviral medications for other reasons	YYYYMMDD	YES	All	System
326	Date of earliest use of antiretroviral medications	YYYYMMDD	YES	All	System
327	Date of last use of antiretroviral medications	YYYYMMDD	YES	All	System
328	Did mother receive any antiretroviral medications prior to this pregnancy?	YES, NO_REF_UNK	YES	All	System
329	Date of mother's earliest use of antiretroviral medications prior to this pregnancy	YYYYMMDD	YES	All	System
330	Date of mother's last use of antiretroviral medications prior to this pregnancy	YYYYMMDD	YES	All	System
331	Did mother receive any antiretroviral medications during pregnancy?	YES, NO_REF_UNK	YES	All	System
332	Date of mother's earliest use of antiretroviral medications during pregnancy	YYYYMMDD	YES	All	System
333	Date of mother's last use of antiretroviral medications during pregnancy	YYYYMMDD	YES	All	System
334	Did mother receive any antiretroviral medications during labor/delivery?	YES, NO_REF_UNK	YES	All	System
335	Date of mother's earliest use of antiretroviral medications during labor/delivery	YYYYMMDD	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
336	Date of mother's last use of antiretroviral medications during labor/delivery	YYYYMMDD	YES	All	System
337	Ever transgender or additional gender identity	MF, FM, AD	YES	All	System
To be determined	Ever had a negative HIV test	YES_NO_UNK	YES	All	System
To be determined	Date of last negative HIV test	YYYYMMDD	YES	All	System
To be determined	Date of last negative HIV test among eHARS laboratory test results	YYYYMMDD	YES	All	System
CONSENT_QUESTIONN AIRE	**A table that maintains information on a person's consent for STARHS.** **Note: All variables in this tables were not collected since 2005, but are stored in eHARS.**				
cconsent1	Did the person consent to participate in STARHS when approached the first time?	YES_NO_UNK	YES	LEGACY_CONSENT	Retired
cconsent2	Did the person consent to participate in STARHS when approached the second time?	YES_NO_UNK	YES	LEGACY_CONSENT	Retired
cconsentvisit1	The type of visit when the person was approached for STARHS consent the first time.	01 - Pre-test 02 - Post-test 03 - Other Follow-up	YES	LEGACY_CONSENT	Retired
cconsentvisit2	The type of visit when the person was approached for STARHS consent the second time.	01 - Pre-test 02 - Post-test 03 - Other Follow-up	YES	LEGACY_CONSENT	Retired
cdate1	Date of first approach for consent.	YYYYMMDD	YES	LEGACY_CONSENT	Retired
cdate2	Date of second approach for consent.	YYYYMMDD	YES	LEGACY_CONSENT	Retired
document_uid	A unique identifier for a document.		YES	LEGACY_CONSENT	System
DEATH	**A table that maintains information on a person's death.**				
autopsy	Was an autopsy performed?	YES_NO_UNK	YES	LEGACY_NDI, DEATH_DOC	Optional
city_fips	The FIPS code for the city where the person died.	FIPS_CITY (table)	YES	LEGACY_NDI, DEATH_DOC	Optional
city_name	The name of the city where the person died.	FIPS_CITY (table)	YES	LEGACY_NDI, DEATH_DOC	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
country_cd	The ISO code for the country where the person died.	COUNTRY_CODE (table)	YES	LEGACY_NDI, DEATH_DOC	Optional
country_usd	The U.S. Dependency code where the person died.	COUNTRY_CODE (table)	YES	LEGACY_NDI, DEATH_DOC	Optional
county_fips	The FIPS code for the county where the person died.	FIPS_COUNTY (table)	YES	LEGACY_NDI, DEATH_DOC	Optional
county_name	The name of the county where the person died.	FIPS_COUNTY (table)	YES	LEGACY_NDI, DEATH_DOC	Optional
document_uid	A unique identifier for the Death Document.		YES	ACRF, PCRF, DEATH_DOC, LEGACY_NDI, LEGACY_ADULT, LEGACY_PEDIATRIC	System
dod	The person's date of death.	YYYYMMDD	YES	ACRF, PCRF, DEATH_DOC, LEGACY_NDI, LEGACY_ADULT, LEGACY_PEDIATRIC	Required if person's vital status = Dead
place	The type of place where the person died, such as a residence or hospital.	1 - Hospital, inpatient 2 - Hospital, outpatient or emergency room 3 - Hospital, dead on arrival 4 - Nursing home or hospice 5 - Residence 6 - Jail/Adult detention center 7 - Juvenile detention center 8 - Group/Assisted living home 9 - Homeless shelter 10 - Homeless, on the street 11 - Hospital, institution (HARS)	YES	DEATH_DOC, LEGACY_NDI,	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		888 - Other 999 - Unknown			
state_cd	The postal code for the state where the person died.	STATE_CODES	YES	ACRF, PCRF, DEATH_DOC, LEGACY_NDI, LEGACY_ADULT, LEGACY_PEDIATRIC	Required if person's vital status = Dead
DEATH_DX	**A table that maintains information on a person's causes of death.**				
descr	A phrase or statement describing the cause of death.		YES	LEGACY_NDI, DEATH_DOC	Optional
document_uid	A unique identifier for the Death Document.		YES	LEGACY_NDI, DEATH_DOC	Optional
icd_cd	The ICD code assigned.	ICD9, ICD10	YES	LEGACY_NDI, DEATH_DOC	Optional
icd_cd_type	The type of ICD code assigned, either ICD 9 (represented by 9) or ICD 10 (represented by 10).	9 - ICD-9 10 - ICD-10	YES	LEGACY_NDI, DEATH_DOC	Optional
line	A system generated number for NCHS electronic data, the line number on the tape.	1-9	YES	LEGACY_NDI, DEATH_DOC	Optional
line_number	A number indicating the sequence of death causes (00 is first).	00-20	YES	LEGACY_NDI, DEATH_DOC	Optional
nature_of_injury	For NCHS electronic data, the nature of injury flag (1 represents nature of injury codes and 0 represents all other cause codes).	0,1	YES	LEGACY_NDI, DEATH_DOC	Optional
position	Corresponds to the position of the cause of death on each line of the death certificate (1 if the cause is the first one		YES	LEGACY_NDI, DEATH_DOC	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
	listed, 2 if the cause is the second one listed, and so forth).				
DOCUMENT	**A table that maintains information about a document (such as a case report form).**				
author	The person who completed the original form.		NO	All	Optional
author_phone	The phone number of the person who completed the original form.	7 or 10 digits	NO	All	Optional
complete_dt	Date the form or document was completed or populated with information. For example, when the chart abstraction was completed.	YYYYMMDD	YES	All	Required
document_number	A field indicating the number of the document. For example, the certificate number associated with a birth certificate.		NO	All	Optional
document_source_cd	The source code of the document, such as A01 for Inpatient Record or A02 for Outpatient Record.	A01-Inpatient Record A01.01-Acute Care Facility A01.01.01-Infection Control Practitioner A01.01.02-OBGYN records A01.01.02.01-Prenatal Care records A01.01.02.02-Labor and Delivery records A01.01.03-Pediatric records A01.01.04-Birth records A01.01.05-All other records A01.02-Veteran's Administration A01.02.01-Infection Control Practitioner A01.02.02-All other records A01.03-Military Hospital A01.03.01-Infection Control Practitioner A01.03.02-OBGYN Records A01.03.02.01-Prenatal Care records	YES	All	Required

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		A01.03.02.02-Labor and Delivery records A01.03.03-Pediatric Records A01.03.04-All Other Records A01.04-Long term care facility A01.04.01-Nursing home A01.04.02-Rehabilitation center A01.04.03-Drug treatment program A01.05-Hospice A02-Outpatient Record A02.01-HMO A02.01.01-Hospital-associated outpatient clinic A02.01.02-Non-Hospital associated outpatient clinic A02.02-VA OP Clinic A02.03-Private Physician A02.03.01-Hospital-associated outpatient clinic A02.03.02-Non-Hospital associated outpatient clinic A02.04-Adult HIV Clinic A02.04.01-Hospital-associated outpatient clinic A02.04.02-Non-Hospital associated outpatient clinic A02.05-Infectious Disease Clinic A02.05.01-Hospital-associated outpatient clinic			

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		A02.05.02-Non-Hospital associated outpatient clinic A02.06-County Health Dept. Clinic A02.07-Maternal HIV Clinic A02.07.01-Hospital-associated outpatient clinic A02.07.02-Non-Hospital associated outpatient clinic A02.08-Prenatal Clinic or Records A02.08.01-Hospital-associated outpatient clinic A02.08.02-Non-Hospital associated outpatient clinic A02.09-Pediatric HIV Clinic A02.09.01-Hospital-associated outpatient clinic A02.09.02-Non-Hospital associated outpatient clinic A02.10-Obstetrics and Gynecology A02.10.01-Hospital-associated outpatient clinic A02.10.02-Non-Hospital associated outpatient clinic A02.11-Pediatric Clinic A02.11.01-Hospital-associated outpatient clinic A02.11.02-Non-Hospital associated outpatient clinic A02.12-TB Clinic A02.12.01-Hospital-associated outpatient clinic A02.12.02-Non-Hospital associated outpatient clinic A02.13-HRSA-funded clinic A02.14-Indian Health			

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		Service clinic A02.14.01-Hospital-associated outpatient clinic A02.14.02-Non-Hospital associated outpatient clinic A02.15-Early Intervention Nurse A02.15.01-Hospital-associated outpatient clinic A02.15.02-Non-Hospital associated outpatient clinic A02.16-Visiting Nurse Service A02.16.01-Hospital-associated outpatient clinic A02.16.02-Non-Hospital associated outpatient clinic A02.17-Hemophilia Treatment Center A02.17.01-Hospital-associated outpatient clinic A02.17.02-Non-Hospital associated outpatient clinic A02.18-Hospice A02.18.01-Hospital-associated outpatient clinic A02.18.02-Non-Hospital associated outpatient clinic A02.19-Drug Treatment Center A02.19.01-Hospital-associated outpatient clinic A02.19.02-Non-Hospital associated outpatient clinic A02.20-Rehabilitation			

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		Center A02.20.01-Hospital-associated outpatient clinic A02.20.02-Non-Hospital associated outpatient clinic A02.25-Other Clinic A02.25.01-Hospital-associated outpatient clinic A02.25.02-Non-Hospital associated outpatient clinic A03-Emergency Room A04-Screening, Diagnosis and Referral Agencies A04.01-Blood Bank A04.02-Drug Treatment Clinic or Program A04.03-Family Planning Clinic A04.04-HIV Case Management Agency A04.05-HIV Counseling and Testing site A04.06-Immigration A04.07-Insurance report A04.08-Job Corps A04.09-Military A04.10-Partner Counseling and Referral Services A04.11-STD Clinic A04.12-Public health notes A05-Laboratories A05.01-Hospital laboratory A05.02-State Laboratory A05.03-Private Laboratory A05.03.01-Reference laboratory A05.03.02-Other Laboratory			

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		A06-Other Databases of information A06.01-AIDS Drug Assistance Program (ADAP) A06.02-ASD Database A06.03-Birth Certificate A06.04-Birth Defects Registry A06.05-Other Cancer Registry A06.06-Database provided by coroner A06.07-Death Certificate A06.08-EHRAP Database A06.09-EPS Database A06.10-HARS Database A06.11-Health department records A06.12-Hepatitis Registry A06.13-Hospital billing summary or discharge database A06.14-HRSA HIV CARE Database A06.15-Immunization registry A06.16-Medicaid Records A06.17-National Death Index (NDI) Search A06.18-Out of State Report A06.19-Prison, Jail or other Correctional Facility A06.20-PSD Database A06.21-State Disease Registry			

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		A06.22-SHAS Database A06.23-SHDC Database A06.24-STD Registry A06.25-Tuberculosis Registry A06.27-Vital Statistics (state/local) A06.28-HARS NDI A06.29-Routine Interstate Duplicate Resolution (RIDR) report A06.30-Social Security Death Master File (SSDMF) or Social Security Death Index (SSDI) A06.31-Legacy TTH Pretest A06.32-Legacy TTH Post-test A06.33-Legacy Consent A06.34-Medical Monitoring Project (MMP) A06.34.01-MMP Medical Record Abstraction A06.34.02-MMP Patient Interview A06.35-Fetal-Infant Mortality Review (FIMR) A06.35.01-FIMR Medical Record Abstraction A06.35.02-FIMR Patient Interview A06.50-Other Database or Report A07-Other Facility Records A07.01-Prison, jail, or other correctional facility A07.02-Coroner not associated with inpatient			

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		facility A10-Other source A10.01-COPHI Investigation A10.02-Patient interview UNK-Unknown No source defined			
document_type_cd	A code indicating the type of document, such as 001 for Adult Case Report Form or 005 for Birth Certificate.	000-document.personView 001-document.adultCaseReportDoc 002-document.pediatricReportDoc 003-document.harsAdultDoc 004-document.lab 005-document.birthCertificateDoc 006-document.deathCertificateDoc 009-document.harsPediatricDoc 010-Supplemental Risk Form 011-document.harsNdiDoc 012-document.tthDoc 013-document.consent 015-document.starhs	YES	All	System
document_uid	A unique identifier for a document.		YES	All	System
ehars_uid	A unique identifier for a case or person.		YES	All	System
enter_by	The user ID of the person who entered the information into eHARS, auto-populated by the application.		NO	All	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
enter_dt	The system date when the document was entered into eHARS.	YYYYMMDD	YES	All	System
facility_uid	Indicates the facility completing the form.	FACILITY_CODE (table)	YES	ACRF, PCRF, LEGACY_CONSENT, LEGACY_TTH	Optional - System
initdocuid	If this document contains follow up information, this field captures the document UID of the report that initiated the investigation.		YES	All	Required if follow-up document
initinvest	Did this document initiate a follow-up investigation?	YES_NO_UNK	YES	All	Optional
modify_dt	The date the document was last modified.	YYYYMMDD	YES	All	Optional
notes	Notes or comments regarding the document.		NO	All	Optional
provider_uid	Indicates the provider completing the form.	PROVIDER_CODE (table)	NO	ACRF, PCRF, LEGACY_CONSENT, LEGACY_TTH	Optional - System
pv_categ	The Person View AIDS category at the time the document was entered into eHARS. **(Note: This field was retired from usage as of version 4.0)**		YES	All	System
pv_hcateg	The Person View HIV category at the time the document was entered into the system. **(Note: This field was retired from usage as of version 4.0)**		YES	All	System
receive_dt	The date the document was received at the health department.	YYYYMMDD	YES	All	Optional
rep_hlth_dept_cd	The health department reporting this information to the site. The code consists of the state abbreviation and either the three digit FIPS county code (state + fips county code), or the five digit FIPS place code (state + fips place code).	two character state abbreviation + three digit FIPS county code or five digit FIPS place code	YES	All	Optional
rep_hlth_dept_name	The name of the reporting health department.		YES	All	Required
rpt_medium	An indication of the medium used to transport the information to the site, such	1 - Paper form, field visit 2 - Paper form, mailed	YES	All	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
	as paper form, faxed or diskette, mailed.	3 - Paper form, faxed 4 - Telephone 5 - Electronic transfer, Internet 6 - Diskette, mailed			
ship_flag	A value indicating if the document/Person View needs to be transferred to state health department (satellite installations) or to CDC.	0-9999	YES	All	System
site_cd	A unique identifier representing the reporting site or location where eHARS is installed.	SITE_CODE	YES	All	System
status_flag	A value indicating the status of the document or Person View.	DOCUMENT_STATUS (non-pv documents), PERSON_VIEW_STATUS (pv documents)	YES	All	System
surv_method	A field indicating whether the report was obtained via active or passive surveillance.	A - Active F - Follow-up P - Passive R - Reabstraction U - Unknown	YES	All	Required
FACILITY_CODE	**A table that maintains information for selecting and identifying healthcare facilities.**				
city_fips	City FIPS code for the facility's address.	FIPS_CITY (table)	YES	N/A	Optional
city_name	City name associated with the facility's address.	FIPS_CITY (table)	YES	N/A	Optional
country_cd	ISO country code for the facility's address.	COUNTRY_CODE (table)	YES	N/A	Optional
country_usd	U.S. dependency code for the facility's address, if applicable.	COUNTRY_CODE (table)	YES	N/A	Optional
county_fips	County FIPS code for the facility's address.	FIPS_COUNTY (table)	YES	N/A	Optional
county_name	County name associated with the facility's address.	FIPS_COUNTY (table)	YES	N/A	Optional
email	The email address of the facility.		NO	N/A	Optional
facility_type_cd	A code indicating the type of healthcare facility.	F.OTH-Facility/Other F.UNK-Facility/Unknown	YES	N/A	Required

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		F01-Inpatient Facility F01.01-Inpatient Facility/Hospital F01.04-Inpatient Facility/Long Term Care F01.50-Inpatient Facility/Drug Treatment F01.OTH-Inpatient Facility/Other F01.UNK-Inpatient Facility/Unknown F02-Outpatient Facility F02.01-Outpatient Facility/HMO Clinic F02.03-Outpatient Facility/Private Physician's Office F02.04-Outpatient Facility/Adult HIV Clinic F02.05-Outpatient Facility/Infectious Disease Clinic F02.09-Outpatient Facility/Pediatric HIV Specialty Clinic F02.10-Outpatient Facility/Obstetrics and Gynecology Clinic F02.11-Outpatient Facility/Pediatric Clinic F02.12-Outpatient Facility/TB Clinic F02.16-Outpatient Facility/Home Health Agency F02.17-Outpatient Facility/Hemophilia Treatment Center			

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		F02.18-Outpatient Facility/Hospice			
		F02.19-Outpatient Facility/Drug Treatment Center			
		F02.25-Outpatient Facility/Other Clinic			
		F02.50-Outpatient Facility/ACTG Site			
		F02.51-Outpatient Facility/Community Health Center			
		F02.52-Outpatient Facility/Employee Health Clinic			
		F02.53-Outpatient Facility/Health Department/Public Health Clinic			
		F02.54-Outpatient Facility/Mobile Clinic			
		F02.55-Outpatient Facility/Non-mobile Street Outreach			
		F02.56-Outpatient Facility/PACTG Site			
		F02.57-Outpatient Facility/Primary Care Clinic, Not Specified			
		F02.58-Outpatient Facility/School or University Clinic			
		F02.OTH-Outpatient Facility/Other			
		F02.UNK-Outpatient			

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		Facility/Unknown F03-Emergency Room F04-Screening, Diagnostic, Referral Agency (S,D,R) F04.01-(S,D,R) Blood Bank or Plasma Center F04.02-(S,D,R) Drug Treatment Center F04.03-(S,D,R) Family Planning Clinic F04.04-(S,D,R) HIV Case Management Agency F04.05-(S,D,R) HIV Counseling and Testing Site F04.07-(S,D,R) Insurance Screening F04.11-(S,D,R) STD Clinic F04.OTH-(S,D,R) Other F04.UNK-(S,D,R) Unknown F05-Laboratory F07-Other Specific Facility F07.01-Other Specific Facility/Correctional Facility F07.02-Other Specific Facility/Coroner or Medical Examiner			
facility_uid	A unique identifier for a healthcare facility.		YES	N/A	System
fax	The fax number of the facility.		NO	N/A	Optional
funding_cd	A code that indicates the type of HRSA funding a facility receives.	FUNDING_CD	YES	N/A	Optional
funding_flag	Does the facility receive HRSA funding?	YES_NO	YES	N/A	Optional
name1	Primary name of the facility.		YES	N/A	Optional
name2	Secondary or alternative name of the facility.		YES	N/A	Optional
phone	Phone number of the facility.		NO	N/A	Optional
setting_cd	A code identifying the setting of the	1-Public, unspecified	YES	N/A	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
	facility, such as Federal, VA.	2-Federal, VA 3-Federal, IHS 4-Federal, military 5-Federal, corrections 6-Federal, other/unspecified 7-State 8-County/Parish 9-City/Town/Township 10-Private 999-Unknown			
ship_flag	A field used by the application to determine if the information for this facility needs to be transferred to CDC.	0 = Do not ship, 1 = Ship to CDC	NO	N/A	Optional
state_cd	State postal code of the facility's address.	STATE_CODES	YES	N/A	Optional
street_address1	Facility's primary street address.		NO	N/A	Optional
street_address2	Facility's secondary street address.		NO	N/A	Optional
zip_cd	Zip code for the facility's address.	ZIP_CITY (table)	YES	N/A	Optional
FACILITY_EVENT	**A table that maintains information pertaining to a person's events that involve a facility, such as facility at birth or facility at HIV diagnosis.**				
doc_belongs_to	Indicates if the facility event data (such as facility at HIV dx or facility at birth) belong to PERSON or CHILDn.	PERSON, MOTHER, CHILD	YES	All except DEATH_DOC and LAB_DOC	Optional
document_uid	A unique identifier for a document.		YES	All except DEATH_DOC and LAB_DOC	System
event_cd	A code that indicates the type of event that occurred.	01 - Facility of HIV diagnosis 02 - Facility of AIDS diagnosis 03 - Facility of perinatal exposure	YES	All except DEATH_DOC and LAB_DOC	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		05 - Hospital of birth 07 - Facility where child was transferred within 24 hours of delivery			
facility_uid	The unique identifier of the facility associated with this event.	FACILITY_CODE (table)	YES	All except DEATH_DOC and LAB_DOC	Optional - System
provider_uid	The unique identifier of the provider associated with this event.	PROVIDER_CODE (table)	NO	All except DEATH_DOC and LAB_DOC	Optional - System
ID	**A table that maintains information on a person's identifiers.**				
doc_belongs_to	Indicates who the identifier belongs to: PERSON, MOTHER, or CHILD*n*.	PERSON, MOTHER, CHILD*n*	YES	ACRF, LEGACY_ADULT, PCRF, LEGACY_PEDIATRIC, BC	System
document_uid	A unique identifier for a document.		YES	All	System
id_cd	Code that indicates the type of identifier assigned to a person.	ID_CODE	YES	All	Refer to ID_CODE table for requirements for each variable
id_seq	Sequence identifier for a person's identification codes. A person can have multiple identification code types (id_cd_type) on the Person View document only.	1-99999999	YES	All	System
id_value	The value of the person's identifier.		YES	All	Refer to ID_CODE table for valid data element values for each variable
ID_CODE	**A table that contains all distinct ID.id_cd values and associated descriptions, including any locally-defined ID types.** ***Required for the stateno associated with the state of report and the cityno associated with the applicable city of report.**				
001	FL STATENO		YES	All	Optional*
003	HRSA URN		NO	All	Optional
004	Medicaid Number		NO	All	Optional
005	GA STATENO		YES	All	Optional*

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
006	PA STATENO		YES	All	Optional*
007	Ryan White Number		NO	All	Optional
008	AIDS Drug Assistance Program (ADAP) Number		NO	All	Optional
009	STD*MIS Number		YES	All	Optional
010	Prison Number		NO	All	Optional
011	RVCT (TB) Number		YES	All	Optional
012	Social Security Number (SSN)		NO	All	Optional
013	Social Security Number Alias		NO	All	Optional
015	CA Non-named Code (reported)		NO	All	Optional
016	CA Non-named Code (verified)		NO	All	Optional
017	CT Coded Identifier (reported)		NO	All	Optional
019	DC Unique Id (reported)		NO	All	Optional
020	DC Unique Id (verified)		NO	All	Optional
021	DE Coded Identifier (reported)		NO	All	Optional
022	DE Coded Identifier (verified)		NO	All	Optional
023	HI Unnamed Test Code (reported)		NO	All	Optional
024	HI Unnamed Test code (verified)		NO	All	Optional
025	IL Patient Code Number (reported)		NO	All	Optional
026	IL Patient Code Number (verified)		NO	All	Optional
027	Philadelphia, PA Unique Code (reported)		NO	All	Optional
028	Philadelphia, PA Unique Code (verified)		NO	All	Optional
029	MA Coded Identifier (reported)		NO	All	Optional
030	MA Coded Identifier (verified)		NO	All	Optional
031	MD Unique Identifier (reported)		NO	All	Optional
032	MD Unique Identifier (verified)		NO	All	Optional
033	ME Coded Identifier (reported)		NO	All	Optional
034	ME Coded Identifier (verified)		NO	All	Optional
035	MT Coded Identifier (reported)		NO	All	Optional
036	MT Coded Identifier (verified)		NO	All	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
037	OR Coded Identifier (reported)		NO	All	Optional
038	OR Coded Identifier (verified)		NO	All	Optional
041	RI Coded Identifier (reported)		NO	All	Optional
042	RI Coded Identifier (verified)		NO	All	Optional
043	VT Non-named Code (reported)		NO	All	Optional
044	VT Non-named Code (verified)		NO	All	Optional
045	WA Non-named Coded Id (reported)		NO	All	Optional
046	WA Non-named Coded Id (verified)		NO	All	Optional
047	PATNO (HARS)		YES	All	Optional
048	HIVNO (HARS)		YES	All	Optional
049	Medical Record Number (MEDRECNO)		NO	All	Optional
050	TX STATENO		YES	All	Optional*
051	Houston, TX CITYNO		YES	All	Optional*
052	LA STATENO		YES	All	Optional*
053	WA STATENO		YES	All	Optional*
054	MI STATENO		YES	All	Optional*
055	AL STATENO		YES	All	Optional*
056	NJ STATENO		YES	All	Optional*
059	Counseling and Testing		NO	All	Optional
067	WA Non-named Code (generated)		NO	All	Optional
069	DC Unique Id (generated)		NO	All	Optional
070	DE Coded Identifier (generated)		NO	All	Optional
071	HI Unnamed Test Code (generated)		NO	All	Optional
072	IL Patient Code Number (generated)		NO	All	Optional
073	Philadelphia, PA Unique Code (generated)		NO	All	Optional
074	MA Coded Identifier (generated)		NO	All	Optional
075	MD Unique Identifier (generated)		NO	All	Optional
076	ME Coded Identifier (generated)		NO	All	Optional
077	MT Coded Identifier (generated)		NO	All	Optional
078	OR Coded Identifier (generated)		NO	All	Optional
079	PR Coded Identifier (retired)		NO	All	Optional
080	VT Non-named Code (generated)		NO	All	Optional

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TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
081	CA Non-named Code (generated)		NO	All	Optional
082	CT Coded Identifier (generated)		NO	All	Optional
083	RI Coded Identifier (generated)		NO	All	Optional
084	WA Non-named Code Alias (reported)		NO	All	Optional
086	CA Non-named Code Alias (reported)		NO	All	Optional
090	DC Unique Id Alias (reported)		NO	All	Optional
092	DE Coded Identifier Alias (reported)		NO	All	Optional
094	HI Unnamed Test Code Alias (reported)		NO	All	Optional
096	IL Patient Code Number Alias (reported)		NO	All	Optional
098	Philadelphia, PA Unique Code Alias (reported)		NO	All	Optional
100	MA Coded Identifier Alias (reported)		NO	All	Optional
102	MD Unique Identifier Alias (reported)		NO	All	Optional
104	ME Coded Identifier Alias (reported)		NO	All	Optional
106	MT Coded Identifier Alias (reported)		NO	All	Optional
108	OR Coded Identifier Alias (reported)		NO	All	Optional
112	RI Coded Identifier Alias (reported)		NO	All	Optional
114	VT Non-named Code Alias (reported)		NO	All	Optional
132	UCSF Patient Identifier		NO	All	Optional
133	Reporting Health Department Number (generic cityno)		YES	All	Optional
134	AK STATENO		YES	All	Optional*
135	AZ STATENO		YES	All	Optional*
136	AR STATENO		YES	All	Optional*
137	CA STATENO		YES	All	Optional*
138	CO STATENO		YES	All	Optional*
139	CT STATENO		YES	All	Optional*
140	DE STATENO		YES	All	Optional*
141	HI STATENO		YES	All	Optional*
142	ID STATENO		YES	All	Optional*

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
143	IL STATENO		YES	All	Optional*
144	IN STATENO		YES	All	Optional*
145	IA STATENO		YES	All	Optional*
146	KS STATENO		YES	All	Optional*
147	KY STATENO		YES	All	Optional*
148	ME STATENO		YES	All	Optional*
149	MD STATENO		YES	All	Optional*
150	MA STATENO		YES	All	Optional*
151	MN STATENO		YES	All	Optional*
152	MS STATENO		YES	All	Optional*
153	MO STATENO		YES	All	Optional*
154	MT STATENO		YES	All	Optional*
155	NE STATENO		YES	All	Optional*
156	UT STATENO		YES	All	Optional*
157	VT STATENO		YES	All	Optional*
158	VA STATENO		YES	All	Optional*
159	WV STATENO		YES	All	Optional*
160	WI STATENO		YES	All	Optional*
161	WY STATENO		YES	All	Optional*
162	NV STATENO		YES	All	Optional*
163	NH STATENO		YES	All	Optional*
164	NM STATENO		YES	All	Optional*
165	NY STATENO		YES	All	Optional*
166	NC STATENO		YES	All	Optional*
167	ND STATENO		YES	All	Optional*
168	OH STATENO		YES	All	Optional*
169	OK STATENO		YES	All	Optional*
170	OR STATENO		YES	All	Optional*
171	RI STATENO		YES	All	Optional*
172	SC STATENO		YES	All	Optional*
173	SD STATENO		YES	All	Optional*
174	TN STATENO		YES	All	Optional*

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
175	New York, NY CITYNO		YES	All	Optional*
176	American Samoa STATENO		YES	All	Optional*
177	Mariana Islands STATENO		YES	All	Optional*
178	DC STATENO		YES	All	Optional*
179	Guam STATENO		YES	All	Optional*
180	Puerto Rico STATENO		YES	All	Optional*
181	Virgin Islands STATENO		YES	All	Optional*
182	San Francisco, CA CITYNO		YES	All	Optional*
183	Los Angeles, CA CITYNO		YES	All	Optional*
184	Chicago, IL CITYNO		YES	All	Optional*
185	Philadelphia, PA CITYNO		YES	All	Optional*
186	PATNO (ASD)		YES	All	Optional
187	INS Number		NO	All	Optional
188	KY Unique Code Alias (Retired)		NO	All	Optional
189	Tracking ID		NO	All	Optional
190	Generic ID		NO	All	Optional
191	PEMS Client Unique Key		NO	All	Optional
192	PEMS Local Client Key		NO	All	Optional
193	PEMS Form ID		NO	All	Optional
195	Palau STATENO		YES	All	Optional
196	Marshall Islands STATENO		YES	All	Optional
197	MMP PARID		YES	All	Optional
198	FIMR ID		YES	All	Optional
199	Federated States of Micronesia STATENO		YES	All	Optional*
INVESTIGATION_CASE	**A table that maintains the details of the HIV case investigation.**				
document_uid	A unique identifier for a document.		YES	ACRF	System
invest_case_seq	Sequence number to make the record unique.		YES	ACRF	System
invest_type_cd	Type of investigation	0 - Transmission Cluster 1 - Not in care	YES	ACRF	Required
invest_ident_method	How person was first identified as needing	01 - Health department HIV	YES	ACRF	Required

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
	investigation.	surveillance system (e.g., eHARS) 02 - Health department integrated data system 03 - Provider report 04 - Transmission cluster investigation 05 - Elevated viral load investigation 06 - Partner services investigation 07 - Medical Monitoring Project (MMP) 88 - Other			
invest_ident_dt	Date first identified as needing investigation	YYYYMMDD	YES	ACRF	Required
invest_incl	Included in investigation.	Y - Included in investigation N - Excluded from investigation	YES	ACRF	Required
invest_start_dt	Date investigation opened.	YYYYMMDD	YES	ACRF	Required
invest_dispo	Investigation disposition.	1 - Deceased 2 - Resides out of jurisdiction 3 - In care 4 - Not in care 5 - Unable to determine	YES	ACRF	Required
invest_dispo_dt	Investigation disposition date.	YYYYMMDD	YES	ACRF	Required
invest_dispo_method	Basis of investigation disposition.	1 - Database/record search, only 2 - Patient contact/field investigation, only 3 - Database/record search and patient contact/field investigation	YES	ACRF	Required
int_dispo_dt	Intervention disposition date.	YYYYMMDD	YES	ACRF	Required
int_dispo	Intervention disposition.	1 —-No linkage/re-engagement intervention	YES	ACRF	Required

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		initiated 2 - Linkage/re-engagement intervention declined by client 3 - Returned to care before linkage/re-engagement intervention was initiated 4 - Linkage/re-engagement intervention initiated, not successfully linked to/re-engaged in care 5 - Linked to/re-engaged in care, documented 6 - Linked to/re-engaged in care, client self-report, only 7 - Linkage/re-engagement status unknown			
INVESTIGATION_CLUSTER	**A table that maintains the details of molecular cluster investigation.**				
cluster_uid	Unique cluster ID number.	A-Z, 0-9,-,_, blank	YES	ACRF	Required
cluster_ident_method	Method of cluster identification.	01 - State/local molecular cluster analysis 02 - National molecular cluster analysis 03 - State/local time-space cluster analysis 04 - National time-space cluster analysis 05 - Provider notification 06 - Partner services notification 88 - Other	YES	ACRF	Required
document_uid	A unique identifier for a document.		YES	ACRF	System
invest_cluster_seq	Sequence number to make the record unique.		YES	ACRF	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
person_ident_met	How person was identified as part of this cluster.	1 - Through analysis/notification 2 - Through investigation	YES	ACRF	Required
person_ident_dt	Date person was identified as part of this cluster.	YYYYMMDD	YES	ACRF	Required
LAB	**A table that maintains information on a person's diagnostic tests and STARHS results.**				
accession_number	An identifier assigned by the lab to a specimen when received; acts as a tracking mechanism for the specimen.		NO	ACRF, PCRF, LAB_DOC	Optional
case_cd	For application use, a code associating a diagnostic test with the HIV/AIDS case definition algorithm.	LAB_TEST_CODE (table)	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC	System
clia_uid	The CLIA provider number of the laboratory that performed the test.	CLIA_CODE (table)	YES	ACRF, PCRF, LAB_DOC	Optional
comments	Notes or comments regarding a lab test entered by a user. These values are transferred to CDC.		YES	ACRF, PCRF, LAB_DOC	Optional
document_uid	A unique identifier for a document.		YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC	System
facility_uid	The unique identifier of the facility that ordered the test.	FACILITY_CODE (table)	YES	ACRF, PCRF, LAB_DOC	Optional - System
lab_seq	Sequence identifier for a person's laboratory results.		YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC	System
lab_test_cd	The eHARS defined codes to identify lab tests	LAB_TEST_CODE (table)	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC	Required
lab_test_type	The type of lab test.	RAPID_TEST_TYPE **(As of version 4.0 the values below have been retired from usage.)** TYPE_OF_KIT	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC	Optional if the test is rapid

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		TYPE_OF_KIT_STARHS TYPE_OF_KIT_VL			
manufacturer	The manufacturer of the test (applicable to viral load tests only)	01-Bayer Diagnostics 02-Organon Teknika 03-Roche Molecular Systems Inc. 04-Abbott Laboratories 05-ABBOTT Molecular Inc. 06-Alere 07-Avioq Inc. 08-BioLife Plasma Services 09-bioLytical Laboratories Inc. 10-Bio-Rad Laboratories 11-Celera Diagnostics 12-Chembio Diagnostic Systems Inc. 13-Gen-Probe Inc. 14-Home Access Health Corp. 15-Maxim Biomedical Inc. 16-MedMira Laboratories Inc. 17-National Genetics Institute 18-OraSure Technologies 19-Ortho-Clinical Diagnostics Inc. 21-Sanochemia Pharmazeutika AG 22-Siemens Healthcare Diagnostics Inc. 23-Trinity Biotech 24-Becton Dickinson 25-Beckman Coulter	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		26-Cytognos 27-Guava Technologies 28-Partec 29-Invitrogen/Dynal biotech 30-PointCare technologies 31-Sysmex 32-i+MED Laboratories Co. Ltd. 33-Visible Genetics 34-Applied Biosystems 35-Virco 36-bioMerieux, Inc 37-Siemens Medical Solutions Diagnostics 38-Chiron Corporation 40-Streck 88-Other 99-Unknown			
provider_uid	The unique identifier of the provider who ordered the test.	PROVIDER_CODE (table)	NO	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC	Optional-System
receive_dt	The date the lab that performed the test received the specimen from either a healthcare provider or another laboratory.	YYYYMMDD	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC	Optional
result	The result value including the optical density for STARHS.	LAB_RESULT_VALUE (but depends upon the test)	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC	Required when entering a lab test
result_interpretation	An interpretation of the lab result. For viral load tests, values include: within range =, below range (limit) <, above range (limit) >. For STARHS tests the STARHS_RESULT values as found in LOOKUP_CODE table.	RESULT_INTERPRETATION - For viral load tests STARHS_RESULT - For STARHS tests Old HARS value "I" (indeterminate) [viewable only]	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
result_range_lower	The lower boundary reference range or detection limit for viral load.	0-999.999,999	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC	Optional
result_range_upper	The upper boundary reference range or detection limit for viral load.	0-999.999,999	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC	Optional
result_rpt_dt	The date the test result was reported or processed at the lab.	YYYYMMDD	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC	Optional
result_units	The reported units.	RESULT_UNITS_CD4, RESULT_UNITS	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC	Required when entering a CD4 test
sample_dt	The date the specimen was collected.	YYYYMMDD	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC	Required when entering a lab test
sample_id	A unique identifier used to distinguish samples; may be specimen number or ID.		NO	ACRF, PCRF, LAB_DOC	Optional
specimen	The type of specimen collected.	BLD - Blood OTH - Other SAL - Saliva UNK - Unknown URN - Urine	YES	ACRF, PCRF, LAB_DOC	Optional
sreason	The reason the STARHS specimen was not sent for testing.	1 - Quantity not sufficient 2 - Specimen never received at public lab 3 - Specimen broke in transit 4 - Other 5 - Not sufficient antibodies	YES	ACRF, PCRF, LAB_DOC	Optional
starhs_sample_id	If this is a confirmatory test aliquoted for		YES	ACRF, PCRF, LAB_DOC	If lab_test_cd=EC-023,

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
	STARHS, the STARHS specimen ID.				EC-024, EC-025, EC-026, or EC-027 then this variable is REQUIRED
LAB_ANALYTE	**A table that contains the HIV-1/2 Ag/Ab and Type-Differentiating Immunoassay lab test's analyte results.**				
document_uid	A unique identifier for a document.		YES	ACRF, PCRF, LAB_DOC	System
lab_seq	Sequence identifier for a person's laboratory results.		YES	ACRF, PCRF, LAB_DOC	System
lab_test_cd	The eHARS defined codes to identify lab tests	LAB_TEST_CODE (table)	YES	ACRF, PCRF, LAB_DOC	Required
result_interpretation	An interpretation of the lab result.	RESULT_INT_ANALYTE	YES	ACRF, PCRF, LAB_DOC	Required when entering a lab test
result	The result value.	0.00000-9999.99999, <, >, =	YES	ACRF, PCRF, LAB_DOC	Optional
result_units	The reported units	IDX	YES	ACRF, PCRF, LAB_DOC	System
LAB_GENOTYPE	**A table that contains the gene sequence from a person's genotype diagnostic test.**				
document_uid	A unique identifier for a document.		YES	ACRF, PCRF, LAB_DOC	System
genotype_sequence	The genotype sequence result from a genotype diagnostic test.	GENE_VALIDATION	YES	ACRF, PCRF, LAB_DOC	Required
lab_seq	Sequence identifier for a person's laboratory results.		YES	ACRF, PCRF, LAB_DOC	System
OBSERVATION	**A table that maintains information on a person's observations.**				
document_uid	An internal unique identifier for a document. For person-based local fields, the ehars_uid is stored in this field. For document-based local fields, the document_uid is stored in this field.		YES	All	System
obs_uid	An internal unique identifier for an observation.	OBSERVATION_CODE (table)	YES	All	Refer to OBSERVATION_CODE table for requirements for each variable
obs_value	The value for the observed object.		YES	All	Refer to OBSERVATION_CODE table for valid data element values for each variable
OBSERVATION_CODE	**A table that contains all distinct obs_value and associated descriptions.**				
1	Report status		YES	All	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
2	HARS Legacy - Laboratory name		YES	All	Legacy HARS
3	HARS Legacy - Other facility type at HIV diagnosis (specify)		YES	All	Legacy HARS
4	HARS Legacy - Has patient received a physical exam for this condition?	YES_NO_UNK	YES	All	Legacy HARS
5	HARS Legacy - Other facility type at perinatal exposure (specify)		YES	All	Legacy HARS
6	If HIV laboratory tests were not documented, is HIV diagnosis documented by a physician?	YES_NO_UNK	YES	All	Required if laboratory test not documented
7	Date patient was confirmed by a physician as HIV infected	YYYYMMDD	YES	All	Required if laboratory test not documented and physician diagnosis
8	Entered age at HIV diagnosis (years)		YES	All	Optional
9	Entered age at AIDS diagnosis (years)		YES	All	Optional
10	Clinical record reviewed	YES_NO	YES	All	Optional
11	Date patient was diagnosed as asymptomatic	YYYYMMDD	YES	All	Optional
12	Date patient was diagnosed as symptomatic	YYYYMMDD	YES	All	Optional
13	HARS Legacy - Other facility type at AIDS diagnosis (specify)		YES	All	Legacy HARS
14	Has patient been informed of his/her HIV infection?	YES_NO_UNK	YES	All	Optional
15	By whom patient's partners will be notified and counseled about their HIV exposure	PATIENT_NOTIFIER	YES	All	Optional
16	Is patient receiving or has patient been referred for medical services?	YES_NO_UNK	YES	All	Optional
17	Is patient receiving or has patient been referred for substance abuse treatment services?	YES_NO_NA_UNK	YES	All	Optional
18	HARS Legacy - Follow up date		YES	All	Legacy HARS
19	HARS Legacy - Follow up status of patient	1=Active follow-up	YES	All	Legacy HARS

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		2=Moved from state 3=Provider out of state 4=Lost to follow-up 9=Unknown			
20	HARS Legacy - Laboratory ID number		YES	All	Legacy HARS
21	HARS Legacy - Did patient have heterosexual relations with a person born outside of the U.S.?	YES_NO_UNK	YES	All	Legacy HARS
22	HARS Legacy - Country of person with whom patient had heterosexual relations	See HARS country codes	YES	All	Legacy HARS
23	Patient is receiving or has been referred for OB-GYN services	YES_NO_UNK	YES	All	Optional
24	Is patient currently pregnant?	YES_NO_UNK	YES	All	Required
25	Has patient delivered live-born infant?	YES_NO_UNK	YES	All	Optional
26	HARS Legacy - Has child's mother had sex with a man born outside of the U.S.?	YES_NO_UNK	YES	All	Legacy HARS
27	HARS Legacy - Is patient receiving HIV prophylactic therapy?	YES_NO_UNK	YES	All	Legacy HARS
28	HARS Legacy - Has patient been referred for treatment?	YES_NO_UNK	YES	All	Legacy HARS
29	HARS Legacy - Country of man with whom child's mother had sex	See HARS country codes	YES	All	Legacy HARS
31	HARS Legacy - Method of partner notification	1=Patient referred 2=Health department referred 8=Other provider	YES	All	Legacy HARS
32	HARS Legacy - Source of AIDS report	LEGACY_SOURCE	YES	All	Legacy HARS
33	HARS Legacy - Source of HIV report	LEGACY_SOURCE	YES	All	Legacy HARS
34	HARS Legacy - Source of AIDS report (specify)		YES	All	Legacy HARS
35	HARS Legacy - Source of HIV report (specify)		YES	All	Legacy HARS
39	Date of last medical evaluation	YYYYMMDD	YES	All	Optional
40	Date of initial evaluation for HIV infection	YYYYMMDD	YES	All	Optional
41	Was reason for initial HIV evaluation due to clinical signs/symptoms?	YES_NO_UNK	YES	All	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
42	Date of mother's first HIV positive test	YES_NO_UNK	YES	All	Optional
43	Was mother counseled about HIV testing during this pregnancy, labor, or delivery?	YES_NO_UNK	YES	All	Optional
44	eHARS Retired — If HIV tests were not positive or were not done, does this patient have an immunodeficiency that would disqualify him/her from AIDS case definition?	YES_NO_UNK	YES	All	Optional
45	Is patient confirmed by a physician as not HIV infected?	YES_NO_UNK	YES	All	Optional
46	Date patient confirmed by physician as not HIV infected	YYYYMMDD	YES	All	Optional
47	Is child's birth history available?	YES_NO_UNK	YES	All	Optional
48	Entered diagnostic status at report	1 - Adult HIV 2 - Adult AIDS 3 - Perinatal HIV exposure 4 - Pediatric HIV 5 - Pediatric AIDS 6 - Pediatric seroreverter 9 - Unknown	YES	All	Optional
58	HARS Legacy - Mother's type of coagulation disorder	1=Hemophilia A 2=Hemophilia B 8=Other disorder	YES	All	Legacy HARS
74	HARS Legacy - Was mother diagnosed with HIV/AIDS?	YES_NO_UNK	YES	All	Legacy HARS
75	HARS Legacy - Was mother diagnosed with HIV/AIDS prior to child's birth?	YES_NO_UNK	YES	All	Legacy HARS
76	Has child received neonatal zidovudine?	YES_NO_UNK	YES	All	Retired
78	Has child received other neonatal anti-retroviral therapy?	YES_NO_UNK	YES	All	Retired
81	Has patient received anti-retroviral therapy?	YES_NO_UNK	YES	All	Retired
83	Has patient received PCP prophylaxis?	YES_NO_UNK	YES	All	Optional
84	Date PCP prophylaxis started	YYYYMMDD	YES	All	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
86	Is patient enrolled in government/other clinical trial?	PATIENT_ENROLLED_TRIAL	YES	All	Optional
87	Is patient enrolled at clinic?	PATIENT_ENROLLED_CLINIC	YES	All	Optional
88	HARS Legacy - Primary source of reimbursement for medical treatment	1=Medicaid 2=Private coverage 3=No coverage 4=Other public fund 7=Government program 9=Unknown	YES	All	Legacy HARS
89	Child's primary caretaker	1 - Biological parent(s) 2 - Other relative 3 - Foster/Adoptive parent, relative 4 - Foster/Adoptive parent, unrelated 7 - Social service agency 8 - Other (please specify in comments) 9 - Unknown	YES	All	Optional
90	HARS Legacy - For pediatric presumptive AIDS before 10/94, was lymphocyte count low (< 1000 ul)?	YES_NO_UNK	YES	All	Legacy HARS
91	HARS Legacy - For pediatric presumptive AIDS before 10/94, was CD4/CD8 ratio low (< 1000 ul)?	YES_NO_UNK	YES	All	Legacy HARS
92	HARS Legacy - For pediatric presumptive AIDS before 10/94, total serum immunoglobulins category	1=<1500 mg/dl 2=1500-2500 3=>2500 mg/dl 9=Unknown	YES	All	Legacy HARS
93	HARS Legacy - For pediatric presumptive AIDS before 10/94, highest total serum immunoglobulins value (mg/dl)		YES	All	Legacy HARS
94	HARS Legacy - For pediatric presumptive AIDS before 10/94, date of highest total serum immunoglobulins		YES	All	Legacy HARS
95	HARS Legacy - Was mother known to be uninfected after child's birth?	YES_NO_UNK	YES	All	Legacy HARS

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
96	HARS Legacy - Scheduled follow-up: TB update	range: 0-9, A-Z	YES	All	Legacy HARS
99	HARS Legacy - Scheduled follow-up: heterosexual case update	range: 0-9, A-Z	YES	All	Legacy HARS
100	HARS Legacy - Father's birth place	1=US 7=US possession 8=Other 9=Unknown	YES	All	Legacy HARS
101	HARS Legacy - Father's country of birth	See HARS country codes	YES	All	Legacy HARS
102	HARS Legacy - Father's U.S. dependency of birth	See HARS US dependency codes	YES	All	Legacy HARS
114	Entered age at HIV diagnosis (months)		YES	All	Optional
115	Entered age at AIDS diagnosis (months)		YES	All	Optional
116	HARS Legacy - Clinical status assessed within one month of initial report	1=Asymptomatic 2=Symptomatic for HIV/AIDS	YES	All	Legacy HARS
118	HARS Legacy - NDI match category	1=Death not previously known 2=Death previously known; certificate identified by NDI 3=Death and certificate previously identified	YES	All	Legacy HARS
128	HARS Legacy - Scheduled follow-up: immunologic case update	range: 0-9, A-Z	YES	All	Legacy HARS
138	HARS Legacy - Physician name		YES	All	Legacy HARS
139	HARS Legacy - Patient name		YES	All	Legacy HARS
179	HARS Legacy - Comments from ARS		YES	All	Legacy HARS
180	HARS Legacy - Was this child referred?	1=Yes, by health dept. 2=Yes, by health care/provider 3=No, family refused 4=No 9=Unknown	YES	All	Legacy HARS
181	HARS Legacy - Comment line 1		YES	All	Legacy HARS

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
182	HARS Legacy - Comment line 2		YES	All	Legacy HARS
183	HARS Legacy - Comment line 3		YES	All	Legacy HARS
184	HARS Legacy - Comment line 4		YES	All	Legacy HARS
186	HARS Legacy - Date initial AIDS form completed	YYYYMMDD	YES	All	Legacy HARS
187	HARS Legacy - State GSA geographic code of current residence	(FIPS_CITY.state_fips)	YES	All	Legacy HARS
189	HARS Legacy - Form (Adult of Pediatric)	A=Adult P=Pediatric	YES	All	Legacy HARS
190	HARS Legacy - Date initial HIV form completed	YYYYMMDD	YES	All	Legacy HARS
192	HARS Legacy - Date of HIV diagnosis reported at facility	YYYYMMDD	YES	All	Legacy HARS
194	HARS Legacy - Date of AIDS diagnosis reported at facility	YYYYMMDD	YES	All	Legacy HARS
196	HARS Legacy - State GSA geographic code of residence at HIV diagnosis	(FIPS_CITY.state_fips)	YES	All	Legacy HARS
197	HARS Legacy - State GSA geographic code of facility at HIV diagnosis	(FIPS_CITY.state_fips)	YES	All	Legacy HARS
198	HARS Legacy - Has child received IVIG therapy?	YES_NO_UNK	YES	All	Legacy HARS
199	HARS Legacy - Mother received blood products	YES_NO_UNK	YES	All	Legacy HARS
200	HARS Legacy - Date of perinatal HIV exposure reported at facility	YYYYMMDD	YES	All	Legacy HARS
202	HARS Legacy - State GSA geographic code of facility at perinatal HIV exposure	(FIPS_CITY.state_fips)	YES	All	Legacy HARS
204	HARS Legacy - State GSA geographic code of residence at AIDS diagnosis	(FIPS_CITY.state_fips)	YES	All	Legacy HARS
205	HARS Legacy - Record shipment to CDC indicator	N=No Y, 2, ….=Yes	YES	All	Legacy HARS
206	HARS Legacy - State GSA geographic code of facility at AIDS diagnosis	(FIPS_CITY.state_fips)	YES	All	Legacy HARS
207	HARS Legacy - State GSA geographic code of reporting state	(FIPS_CITY.state_fips)	YES	All	Legacy HARS
208	HARS Legacy - Record status	A - Active record B - Deleted record	YES	All	Legacy HARS

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		E - Fields in error F - Deleted with fields in error R – Required fields missing S – Deleted with reqd fields missing V - Pending verification W - Deleted before verified X – Reuse record in Database Z – ID number change			
210	HARS Legacy - Physician phone		YES	All	Legacy HARS
211	HARS Legacy - Reporting state	(FIPS_CITY.state_cd)	YES	All	Legacy HARS
212	HARS Legacy - Mother receive any other anti-retroviral medication during pregnancy (specify)		YES	All	Legacy HARS
220	Primary source of reimbursement for medical treatment at time of AIDS diagnosis	01 - CHAMPUS/TRICARE 02 - CHIP 03 - Medicaid 04 - Medicaid, pending 05 - Medicare 06 - Other public funding 07 - Private insurance, HMO 08 - Private insurance, PPO 09 - Private insurance, unspecified 10 - Self insured 11 - State funded, COBRA 12 - State funded, other 13 - State funded, unspecified 14 - VA 18 - No health insurance 88 - Other	YES	All	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		99 - Unknown			
221	Primary source of reimbursement for medical treatment at time of HIV diagnosis	01 - CHAMPUS/TRICARE 02 - CHIP 03 - Medicaid 04 - Medicaid, pending 05 - Medicare 06 - Other public funding 07 - Private insurance, HMO 08 - Private insurance, PPO 09 - Private insurance, unspecified 10 - Self insured 11 - State funded, COBRA 12 - State funded, other 13 - State funded, unspecified 14 - VA 18 - No health insurance 88 - Other 99 - Unknown	YES	All	Optional
222	Did the documented laboratory test results meet approved alternate HIV testing algorithm criteria?	YES_NO_UNK	YES	All	Required if laboratory tests meet approved alternative algorithm
223	Specimen collection date of earliest positive test for the approved alternative HIV testing algorithm	YYYYMMDD	YES	All	Required if laboratory tests meet approved alternative algorithm
224	Ever taken any ARVs?	YES_NO_UNK	YES	ACRF, PCRF	Required
225	Main source of antiretroviral (ARV) use information	1 - Provider Report 2 - Patient Interview 3 – Medical Record Review 4 – NHME 5 – Other	YES	ACRF	Required
227	Date patient reported information	YYYYMMDD	YES	ACRF	Required
229	Date of last use of PCP prophylaxis	YYYYMMDD	YES	ACRF, PCRF	Optional
230	eHARS Retired -Did mother receive zidovudine(ZDV,AZT) prior to this pregnancy?	YES_NO_UNK	YES	PCRF	Retired

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
231	eHARS Retired - Did mother receive zidovudine(ZDV,AZT) during pregnancy	YES_NO_REF_UNK	YES	PCRF	Retired
232	eHARS Retired -If yes, what week of pregnancy was zidovudine (ZDV, AZT) start)	01-52	YES	PCRF	Retired
233	eHARS Retired -Did mother receive any other Antiretroviral medication during pregnancy?	YES_NO_UNK	YES	PCRF	Retired
234	eHARS Retired -Did mother receive zidovudine(ZDV,AZT) during labor/delivery?	YES_NO_REF_UNK	YES	PCRF	Retired
235	eHARS Retired -Did mother receive any other Antiretroviral medication during labor/delivery	YES_NO_UNK	YES	PCRF	Retired
236	Did mother receive any ARVs prior to this pregnancy?	YES_NO_UNK	YES	PCRF	Optional
237	Did mother receive any ARVs during pregnancy?	YES_NO_UNK	YES	PCRF	Optional
238	Did mother receive any ARVs during labor/delivery?	YES_NO_UNK	YES	PCRF	Optional
239	Evidence of receipt of HIV medical care other than laboratory test result	1 – Yes, documented 2 – Yes, client self-report, only	YES	ACRF	Optional
240	Date of medical visit or prescription	YYYYMMDD	YES	ACRF	Optional
241	Suspect acute HIV infection	YES_NO_UNK	YES	ACRF	Optional
242	Clinical sign/symptom consistent with acute retroviral syndrome	YES_NO_UNK	YES	ACRF	Optional
243	Date of acute retroviral syndrome sign/symptom onset	YYYYMMDD	YES	ACRF	Optional
244	Other evidence suggestive of acute HIV infection	YES_NO_UNK	YES	ACRF	Optional
245	Date of other evidence	YYYYMMDD	YES	ACRF	Optional
246	Description of other evidence	[A-Z,0-9, special character]	YES	ACRF	Optional
OI	A table that maintains information on a person's opportunistic infections (diseases indicative of AIDS).				

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
document_uid	A unique identifier for a document.		YES	All	System
dx	A code indicating if the diagnosis was presumptive or definitive.	DEF_PRE	YES	ACRF, PCRF, LEGACY_ADULT, LEGACY_PEDIATRIC	Optional
dx_dt	The date the AIDS defining condition was diagnosed.	YYYYMMDD	YES	ACRF, PCRF, LEGACY_ADULT, LEGACY_PEDIATRIC	Optional
oi_cd	A code indicating a person's AIDS defining conditions.	AD01 - Bacterial infection, multiple or recurrent (including Salmonella septicemia) AD02 - Candidiasis, bronchi, trachea, or lungs AD03 - Candidiasis, esophageal AD04 - Carcinoma, invasive cervical AD05 - Coccidioidomycosis, disseminated or extrapulmonary AD06 - Cryptococcosis, extrapulmonary AD07 - Cryptosporidiosis, chronic intestinal (>1 mo. duration) AD08 - Cytomegalovirus disease (other than in liver, spleen, or nodes) AD09 - Cytomegalovirus retinitis (with loss of vision) AD10 - HIV encephalopathy AD11 - Herpes simplex: chronic ulcer(s) (>1 mo. duration) or bronchitis, pneumonitis, or esophagitis AD12 - Histoplasmosis, disseminated or extrapulmonary	YES	ACRF, PCRF, LEGACY_ADULT, LEGACY_PEDIATRIC	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		AD13 - Isosporiasis, chronic intestinal (> 1 mo. duration) AD14 - Kaposi's sarcoma AD15 - Lymphoid interstitial pneumonia and/or pulmonary lymphoid AD16 - Lymphoma, Burkitts (or equivalent term) AD17 - Lymphoma, immunoblastic (or equivalent term) AD18 - Lymphoma, primary in brain AD19 - Mycobacterium avium complex or M. kansasii, disseminated or extrapulmonary AD20 - M. tuberculosis, pulmonary AD21 - M. tuberculosis, disseminated or extrapulmonary AD22 - Mycobacterium, of other species or unidentified species, disseminated or extrapulmonary AD23 - Pneumocystis carinii pneumonia AD24 - Pneumonia, recurrent, in 12 mo. period AD25 - Progressive multifocal leukoencephalopathy AD26 - Salmonella			

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		septicemia, recurrent AD27 - Toxoplasmosis of brain, onset at >1 mo. of age AD28 - Wasting syndrome due to HIV			
oi_seq	Sequence identifier for a person's AIDS defining conditions.	0-99,999,999	YES	ACRF, PCRF, LEGACY_ADULT, LEGACY_PEDIATRIC	System
PERSON	**A table that maintains demographic information about a person.**				
birth_country_cd	A code indicating the country of birth.	COUNTRY_CODE (table)	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, LEGACY_CONSENT, LEGACY_TTH	Optional
birth_country_usd	A code indicating the specific U.S. dependency of birth.	COUNTRY_CODE (table)	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, LEGACY_CONSENT, LEGACY_TTH	Optional
birth_sex	The person's biological sex at birth, as noted on the birth certificate.	F - Female M - Male U - Unknown	YES	All	Required
current_gender	The person's current gender or psychosocial construct that most people use to classify a person as male, female, both, or neither. When eHARS is first installed and configured, the state determines whether or not this field is displayed.	F - Female FM - Transgender-Female to Male U - Unknown M - Male MF - Transgender-Male to Female AD - Additional Gender Identity	YES	All except BC	Optional
current_sex	Physiological anatomy and biology that determines if someone is male, female, or intersexed. At installation, the state determines whether or not this field is	F - Female I - Intersexed M - Male	YES	All except BC	Retired

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
	displayed.				
dob	The first known date of birth.	YYYYMMDD	YES	All	Required
dob_alias	The second known or alias date of birth.	YYYYMMDD	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, LEGACY_CONSENT, LEGACY_TTH	Optional
doc_belongs_to	Indicates if the demographics data belong to PERSON, MOTHER, FATHER, or CHILDn.	PERSON, MOTHER, FATHER, CHILD*n*	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC	System
document_uid	A unique identifier for a document.		YES	All	System
education	The level of education (optional field).	1 - 8th grade or less 2 - Some high school 3 - High school graduate, GED or equivalent 4 - Some college 5 - College degree 6 - Post-graduate work 7 - Some school, level unknown 9 - Unknown	NO	All except BC	Optional
ethnicity1	Indicates if the person is of Hispanic or Latino origin. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.	ETHNICITY	YES	All	Required
ethnicity2	Indicates if the person is of Hispanic or Latino origin. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin,	ETHNICITY	YES	All	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
	regardless of race.				
hars_race	For legacy HARS data, a read-only field indicating the person's race code entered in HARS previous to v6.0 (prior to implementation of Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity [http://www.whitehouse.gov/omb/fedreg/ombdir15.html]).	1-White, not Hispanic 2-Black, not Hispanic 3-Hispanic 4-Asian/Pacific Islander 5-American Indian/Alaska Native 9-Unknown	YES	LEGACY_ADULT, LEGACY_PEDIATRIC	Legacy HARS
hars_xrace	HARS expanded race.	HARS_XRACE	YES	LEGACY_ADULT, LEGACY_PEDIATRIC	Legacy HARS
hcw	Is this person a healthcare worker? (optional field)	YES_NO_UNK	YES	ACRF	Optional
hcw_occup	Occupation, if healthcare worker (optional field).	OCCUPATION	YES	ACRF, LEGACY_CONSENT, LEGACY_TTH	Optional
marital_status	The person's marital status.	A - Married and separated D - Divorced M - Married N - Not otherwise specified O - Other S - Single and never married U - Unknown W - Widowed	NO	All except PCRF	Optional
race1	Indicates the person's race.	RACE	YES	All	Required
race2	Indicates the person's race.	RACE	YES	All	Required
race3	Indicates the person's race.	RACE	YES	All	Required
race4	Indicates the person's race.	RACE	YES	All	Required
race5	Indicates the person's race.	RACE	YES	All	Required
vital_status	Indicates vital status at time form was completed—alive, dead, or unknown.	1 - Alive 2 - Dead 9 - Unknown	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC	Required

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
PERSON_NAME	**A table that maintains information on a person's names and Soundex codes.**				
doc_belongs_to	Indicates if the name belongs to PERSON, MOTHER, or CHILDn.	PERSON, MOTHER, CHILDn	YES	All	System
document_uid	A unique identifier for a document.		YES	All	System
first_name	The person's first name.		NO	All	Optional
first_name_sndx	The person's first name in a Soundex format.		NO	All	System
last_name	The person's last name. For hyphenated or last names containing two words, the standard is as follows: Smith Jones.		NO	All	Required
last_name_sndx	The person's last name in a Soundex format.		YES	All	System
middle_name	The person's middle name.		NO	All	Optional
name_prefix	The person's name prefix.		NO	All	Optional
name_suffix	The person's name suffix.		NO	All	Optional
name_use_cd	A code indicating the type of name being used, such as Maiden or Birth. The default value is Legal.	NAME_USE	YES	All	Optional
person_name_seq	Sequence identifiers for a person's name.	0-999,999,999	YES	All	System
removal_ind	A field used by the application to determine if the name removal utility has been applied to this row.	YES_NO	NO		System
PHER_ANTIRETROVIRAL	**A table that maintains information on a mother or child's prescribed antiretroviral.**				
document_uid	A unique identifier for an eHARS document.	[site code] + [number] + [-] + [check digit]	YES	PCRF	System
pher_arv_seq	Sequence identifier for each antiretroviral drug entered	-2^31 (-2,147,483,648) to 2^31-1 (2,147,483,647)	YES	PCRF	System
pher_question_uid	Unique identifier for each PHER form	PHER_QUESTION (table)	YES	PCRF	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
	question.				
drug_cd	Identifier for antiretroviral drug	DRUG	YES	PCRF	Required
other_specify	Text entered to identify an antiretroviral drug not available as a data entry selection		YES	PCRF	Required
drug_refused	Indicates if a particular antiretroviral drug was refused	YES_NO	YES	PCRF	Required
receive_dt	The date when a particular antiretroviral drug was received	YYYYMMDD	YES	PCRF	Required
receive_tm	The time when a particular antiretroviral drug was received	HH:MM:SS	YES	PCRF	Required
type_of_administration	How a particular antiretroviral drug was administered during the mother's labor and delivery	ORAL_IV_ND	YES	PCRF	Required
drug_start_dt	The starting date for a particular antiretroviral drug	YYYYMMDD	YES	PCRF	Required
drug_start_gestational_age	Gestational age when a particular antiretroviral drug was started	(01-42) (99=unk) (00=None)	YES	PCRF	Required
art_completed	Indicates if antiretroviral therapy was completed	YES_NO_ND_UNK	YES	PCRF	Required
drug_stopped	Indicates a particular antiretroviral drug was stopped	YES_NO_ND	YES	PCRF	Required
drug_stop_dt	The date a particular antiretroviral drug was stopped	YYYYMMDD	YES	PCRF	Required
drug_start_tm	Indicates starting time for a particular antiretroviral drug	HH:MM:SS	YES	PCRF	Required
drug_stop_cd_1	Reason(s) for stopping antiretroviral drug	S01-Adverse events (toxicity, lack of tolerance) S02-ART completed S03-Drug resistance detected S04-Poor adherence S05-Inadequate effectiveness S06-Strategic treatment interruption (planned drug holiday)	YES	PCRF	Required

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		S07-Drug interactions S08-Mother's choice S09-Pregnancy S10-Child determined not to be HIV infected S11-Improving effectiveness S12-Improving convenience S13-Reason not indicated; unknown S14-Mother couldn't afford drugs S15-Other reason			
drug_stop_cd_2	Reason(s) for stopping antiretroviral drug	STOP_CODES	YES	PCRF	Required
drug_stop_cd_3	Reason(s) for stopping antiretroviral drug	STOP_CODES	YES	PCRF	Required
drug_stop_cd_4	Reason(s) for stopping antiretroviral drug	STOP_CODES	YES	PCRF	Required
PHER_OBSERVATION					
document_uid	An internal unique identifier for an eHARS document.		YES	PCRF	System
pher_obs_uid	Unique identifier for a PHER observation	PHER_OBSERVATION_CODE (table)	YES	PCRF	Refer to PHER_QUESTION table for requirements for each variable
pher_obs_value	Response entered in a PHER observation		YES	PCRF	Refer to PHER_QUESTION table for valid data element values for each variable
pher_dt	Date entered in a PHER observation	YYYYMMDD	YES	PCRF	Required
pher_tm	Time entered in a PHER observation	HH:MM:SS	YES	PCRF	Required
other_specify	Unlisted records abstracted, substances, cesarean delivery responses		YES	PCRF	Required
comments	Additional text entered as comments or		NO	PCRF	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
	clinical information on the PHER tab of the PCRF				
PHER_QUESTION					
Q01	If information on the mother is not available, was the child adopted, or in foster care?	Table documentation under development	YES	PCRF	Optional
Q02	Records abstracted.	Table documentation under development	YES	PCRF	Optional
Q03	Weeks' gestation at first prenatal care visit.	Table documentation under development	YES	PCRF	Required
Q04	Was the mother screened for any of the following during pregnancy? (Check test performed before birth, but closest to date of delivery or admission to labor and delivery.)	Table documentation under development	YES	PCRF	Optional
Q05	Diagnosis (for the mother) of the following conditions during this pregnancy or at the time of labor and delivery.	Table documentation under development	YES	PCRF	Optional
Q06	Mother's reproductive history.	Table documentation under development	YES	PCRF	Optional
Q07	Complete the chart for all siblings.	Table documentation under development	YES	PCRF	Optional
Q08	Was substance use during pregnancy noted in the medical or social work records?	Table documentation under development	YES	PCRF	Optional
Q08a	If yes, indicate which substances were used during pregnancy. (Check all that apply.)	Table documentation under development	YES	PCRF	Optional
Q08b	If substances used, were any injected?	Table documentation under development	YES	PCRF	Optional
Q09	Was a toxicology screen done on the mother (either during pregnancy or at the time of delivery)?	Table documentation under development	YES	PCRF	Optional
Q09a	If yes, check all that apply.	Table documentation under development	YES	PCRF	Optional
Q10	Was a toxicology screen done on the infant at birth?	Table documentation under development	YES	PCRF	Optional

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TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
Q10a	If yes, check all that apply.	Table documentation under development	YES	PCRF	Optional
Q11	Was the mother's HIV serostatus noted in her prenatal care medical records?	Table documentation under development	YES	PCRF	Required
Q12	Were antiretroviral drugs prescribed for the mother during this pregnancy?	Table documentation under development	YES	PCRF	Required
Q12a	If no antiretroviral drug was prescribed during pregnancy, check reason.	Table documentation under development	YES	PCRF	Required
Q13	Was mother's HIV serostatus noted in her labor and delivery records?	Table documentation under development	YES	PCRF	Required
Q14	Did mother receive antiretroviral drugs during labor and delivery?	Table documentation under development	YES	PCRF	Required
Q14a	If no antiretroviral drug was received during labor and delivery, check reason.	Table documentation under development	YES	PCRF	Required
Q15	Was mother referred for HIV care after delivery?	Table documentation under development	YES	PCRF	Optional
Q16	If yes, indicate first CD4 result or first viral load after discharge from hospital (up to 6 months after discharge).	Table documentation under development	YES	PCRF	Required
Q16a	CD4 result	Table documentation under development	YES	PCRF	Required
Q16b	Viral load	Table documentation under development	YES	PCRF	Required
Q17	Birth information.	Table documentation under development	YES	PCRF	Required
Q18	If Cesarean delivery, mark all the following indications that apply.	Table documentation under development	YES	PCRF	Required
Q19	Was mother's HIV serostatus noted on the child's birth record?	Table documentation under development	YES	PCRF	Optional
Q20	Were antiretroviral drugs prescribed for the child?	Table documentation under development	YES	PCRF	Required
Q20a	If no antiretroviral drug, indicate reason.	Table documentation under development	YES	PCRF	Required
Q21	Please include comments or clinical	Table documentation under	YES	PCRF	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
	information you consider relevant to the overall understanding of child's HIV exposure or infection status. State the date and source of information.	development			
PHER_SIBLING	**Table that contains infant sibling information.**				
document_uid	Unique identifier for an eHARS document.		YES	PCRF	System
pher_sib_seq	Identifies sequence of siblings added to form	-2^31 (-2,147,483,648) to 2^31-1 (2,147,483,647)	YES	PCRF	System
doc_belongs_to	Indicates these data belong to an infant's sibling	SIBL*nn*	YES	PCRF	System
sibling_dob	Date of birth of an infant's sibling	YYYYMMDD	YES	PCRF	Optional
hiv_sero	Indicates HIV infection status of an infant's sibling	HIV_SEROSTATUS	YES	PCRF	Optional
sibling_stateno	STATENO of an infant's sibling		YES	PCRF	Optional
sibling_cityno	CITYNO of an infant's sibling		YES	PCRF	Optional
PRETEST_QUESTIONNAIRE	**A table that maintains information on a person's pretest questionnaire.**				
document_uid	A unique identifier for the person's Pretest Questionnaire.		YES	ACRF, LEGACY_TTH	System
qhrtnw	Are you now taking any ARVs?	YES_NO	YES	ACRF, LEGACY_TTH	Optional
Ucts	Main source of testing history information.	UCTS	YES	ACRF, LEGACY_TTH	Required
ufposa	When you first tested positive for HIV, was the HIV test an anonymous test?	YES_NO_REF	YES	ACRF, LEGACY_TTH	Optional
ufposd	Date of first positive HIV test		YES	ACRF, LEGACY_TTH	Required
ufps_site	Name of facility where first tested positive for HIV	SITE_CD	NO	ACRF, LEGACY_TTH	Optional
ufps_state	State where first tested positive for HIV	STATE_CODES_PR	YES	ACRF, LEGACY_TTH	Optional
ufpstyp	Type of facility where first tested positive for HIV	FACILITY_TYPE	YES	ACRF, LEGACY_TTH	Optional
uftstd	When was the first time you ever got tested for HIV?		YES	ACRF, LEGACY_TTH	Optional
ulstnd	Date of last negative HIV test		YES	ACRF, LEGACY_TTH	Required
ulstngs	Type of facility where last tested negative	FACILITY_TYPE	YES	ACRF, LEGACY_TTH	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
	for HIV				
ulstngs_site	Name of facility where last tested negative for HIV	SITE_CD	NO	ACRF, LEGACY_TTH	Optional
ulstngs_state	State where last tested negative for HIV	STATE_CODES_PR	YES	ACRF, LEGACY_TTH	Optional
ungtst	Ever had a negative HIV test?	YES_NO_REF_UNK	YES	ACRF, LEGACY_TTH	Required
unumtsts	Number of negative HIV tests within 24 months before first positive test	0-99	YES	ACRF, LEGACY_TTH	Required
upastp	Ever had a positive HIV test result?	YES_NO_REF	YES	ACRF, LEGACY_TTH	Required
upnumtsts	For persons who had a previous positive test (Legacy Pre-test form only): In the two years before your first positive test, how many times did you get tested for HIV?	0-99	YES	ACRF, LEGACY_TTH	Legacy Incidence
uptests	Have you been tested for HIV before today?	YES_NO_REF	YES	ACRF, LEGACY_TTH	Optional
uqintd	Date patient reported information		YES	ACRF, LEGACY_TTH	Required
ur3_5sp	Reason for getting today's HIV test: If other reason, describe		YES	ACRF, LEGACY_TTH	Optional
ur4e_5sp	Reason for getting the first positive HIV test: If other reason, describe		YES	ACRF, LEGACY_TTH	Optional
ureas3_1	Reason for getting today's HIV test: Think you might have been exposed to HIV in the 6 months before the test	YES_NO	YES	ACRF, LEGACY_TTH	Optional
ureas3_2	Reason for getting today's HIV test: Get tested on a regular basis and it is time to get tested again	YES_NO	YES	ACRF, LEGACY_TTH	Optional
ureas3_3	Reason for getting today's HIV test: Just checking to make sure you are HIV negative	YES_NO	YES	ACRF, LEGACY_TTH	Optional
ureas3_4	Reason for getting today's HIV test: Required by insurance, military, court, or other agency	YES_NO	YES	ACRF, LEGACY_TTH	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
ureas3_5	Reason for getting today's HIV test: Other reason you want to get tested	YES_NO	YES	ACRF, LEGACY_TTH	Optional
urs4e_1	Reason for getting the first positive HIV test: Thought you might have been exposed to HIV in the past 6 months before the test	YES_NO	YES	ACRF, LEGACY_TTH	Optional
urs4e_2	Reason for getting the first positive HIV test: Got tested on a regular basis and it was time to get tested again	YES_NO	YES	ACRF, LEGACY_TTH	Optional
urs4e_3	Reason for getting the first positive HIV test: Just checking to make sure you were HIV negative	YES_NO	YES	ACRF, LEGACY_TTH	Optional
urs4e_4	HIV test required	YES_NO	YES	ACRF, LEGACY_TTH	Optional
urs4e_5	Reason for getting the first positive HIV test: Other reason you wanted to get tested	YES_NO	YES	ACRF, LEGACY_TTH	Optional
PROVIDER_CODE	**A table that maintains information on healthcare providers.**				
first_name	The first name of the healthcare provider.		NO	N/A	Optional
last_name	The last name of the healthcare provider.		NO	N/A	Optional
middle_name	The middle name of the healthcare provider.		NO	N/A	Optional
name_prefix	The name prefix of the healthcare provider.		NO	N/A	Optional
name_suffix	The name suffix of the healthcare provider.		NO	N/A	Optional
phone	The phone number of the healthcare provider.	7 or 10 digits	NO	N/A	Optional
provider_uid	A unique identifier for a healthcare provider.		NO	N/A	System
ship_flag	A field used by the application to determine if the information needs to be transferred to CDC		NO	N/A	System
specialty_cd	A code indicating the type of specialty for this health care provider.	SPECIALTY_CD	YES	N/A	Optional
RIDR	**A table that maintains information pertaining to a case's duplicate status review.**				

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
comments	Notes or comments pertaining to the duplicate status information entered for this person.		NO	ACRF, PCRF	Optional
document_uid	A unique identifier of the current document.		YES	ACRF, PCRF	System
duplicate_status	The status of the duplicate review, such as Pending or Same As.	1 - Same as 2 - Different than 3 - Pending	YES	ACRF, PCRF	Required if case identified as potential duplicate
ehars_uid	A unique identifier for the existing case.		YES	ACRF, PCRF	System
last_verify_dt	The date when the status of the duplicate review was last verified.	YYYYMMDD	YES	ACRF, PCRF	Optional
state_cd	The two character postal code of the state of the possible duplicate case.	STATE_CODES_PR	YES	ACRF, PCRF	Required if case identified as potential duplicate
stateno	The stateno identifier of the possible duplicate case.		YES	ACRF, PCRF	Required if case identified as potential duplicate
verify_by	The person who reviewed the duplicate status entry.		YES	ACRF, PCRF	Optional
RISK	**A table that maintains information on a person's risk factors.**				
cophi_status	Code that indicates the COPHI investigation status, if applicable.	1 - Open, under investigation 2 - Closed, confirmed COPHI 3 - Closed, investigated, not confirmed 4 - Closed, not a COPHI 5 – Will not be investigated, not confirmed 9 - Unknown	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC, DEATH _DOC	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
detail	This field captures detailed information about risk factor—the type of clotting factor the person had or the occupation, if occupational exposure. **Note:** RISK.detail also stores NIR type information (1 = user entered [if date investigation was completed is entered], 2 = system assigned)	For R04, R30, R33, R32 => CLOTTING_FACTOR For R13 => OCCUPATION For R80, R81 => 1 = user entered [if date investigation was completed is entered], 2 = system assigned	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC, DEATH_DOC	Optional
display	A field used by the application for display purposes.	A(adult), P(pediatric), H(hemophilia)	NO	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC, DEATH_DOC	System
document_uid	A unique identifier for a document.		YES	All	System
resolution_dt	The date the COPHI investigation was resolved.	YYYYMMDD	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC, DEATH_DOC	Optional
risk_cd	Code indicating a risk factor (such as R03 indicating IDU).	RISK_CD (table)	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC, DEATH_DOC	Refer to RISK_CD table for requirements for each variable
risk_seq	Sequence identifier for a person's modes of exposure.	0-99,999,999	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC, DEATH_DOC	System
risk_value	Code indicating the risk factor value (Y-Yes, N-No, U-Unknown, or 2-CDC confirmed) or the mother's infection status (1–9).		YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC, DEATH_DOC	Refer to RISK_CD table for valid data element values for each variable

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
trans_first_dt	If patient received transfusion of blood/blood components, the first date the patient received transfusion. **Note:** For user entered NIR (No Identified Risk), the date entered is stored in this field.	YYYYMMDD	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC, DEATH_DOC	Required
trans_last_dt	If patient received transfusion of blood/blood components, the last date the patient received transfusion. **Note:** When the system identifies NIR, the system date is stored in this field.	YYYYMMDD	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC, DEATH_DOC	Required
RISK_CD	**A table that contains all distinct RISK.risk_cd values and associated descriptions.**				
R01	Sex with male	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC, DEATH_DOC	Required
R02	Sex with female	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC, DEATH_DOC	Required
R03	Injected non-prescription drugs	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC, DEATH_DOC	Required
R04	Received clotting factor for hemophilia/coagulation disorder	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC, DEATH_DOC	Required
R05	Heterosexual contact with intravenous/injection drug user	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT,	Required

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
				LEGACY_PEDIATRIC, BC, DEATH_DOC	
R06	Heterosexual contact with bisexual male	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC, DEATH_DOC	Required
R07	Heterosexual contact with person with hemophilia/coagulation disorder	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC, DEATH_DOC	Required
R08	Heterosexual contact with transfusion recipient with documented HIV infection	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC, DEATH_DOC	Required
R09	Heterosexual contact with transplant recipient with documented HIV infection	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC, DEATH_DOC	Required
R10	Heterosexual contact with person with AIDS or documented HIV infection, risk not specified	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC, DEATH_DOC	Required
R11	Received transfusion of blood/blood components (other than clotting factor)	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC, DEATH_DOC	Required
R12	Received transplant of tissue/organs or artificial insemination	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC, DEATH_DOC	Required
R13	Worked in a health care or clinical	YES_NO_UNK_CDC	YES	ACRF, PCRF,	Required

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
	laboratory setting			LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC, DEATH_DOC	
R14	Sexual contact with male	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC, DEATH_DOC	Required
R15	Sexual contact with female	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC, DEATH_DOC	Required
R16	Child's biological mother's infection status	For R16 only => M_INFECTION_STATUS	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC, DEATH_DOC	Required
R17	Perinatally acquired HIV infection	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC, DEATH_DOC	Required
R18	Injected non-prescription drugs	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC, DEATH_DOC	Required
R19	Heterosexual contact with intravenous/injection drug user	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC, DEATH_DOC	Required
R20	Heterosexual contact with bisexual male	YES_NO_UNK_CDC	YES	ACRF, PCRF,	Required

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
				LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC, DEATH_DOC	
R21	Heterosexual contact with male with hemophilia/coagulation disorder	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC, DEATH_DOC	Required
R22	Heterosexual contact with transfusion recipient with documented HIV infection	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC, DEATH_DOC	Required
R23	Heterosexual contact with transplant recipient with documented HIV infection	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC, DEATH_DOC	Required
R24	Heterosexual contact with male with AIDS or documented HIV infection, risk not specified	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC, DEATH_DOC	Required
R25	Received transfusion of blood/blood components (other than clotting factor)	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC, DEATH_DOC	Required
R26	Received transplant or tissue/organs or artificial insemination	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC, DEATH_DOC	Required
R27	Injected non-prescription drugs	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC,	Required

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
				BC, DEATH_DOC	
R30	Received clotting factor for hemophilia/coagulation disorder (LEGACY)	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC, DEATH_DOC	Required
R32	Received clotting factor for hemophilia/coagulation disorder (LEGACY)	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC, DEATH_DOC	Required
R33	Received clotting factor for hemophilia/coagulation disorder	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC, DEATH_DOC	Required
R34	Received transfusion of blood/blood components (other than clotting factor)	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC, DEATH_DOC	Required
R35	Received transplant of tissue/organs	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC, DEATH_DOC	Required
R40	Adult other documented risk	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC, DEATH_DOC	Required
R41	Child other documented risk	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC,	Required

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
				BC, DEATH_DOC	
R80	Adult no identified risk	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC, DEATH_DOC	Required
R81	Child no identified risk	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC, DEATH_DOC	Required