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ugen) notification to CDF. Refer to the CSTE list of NNC at the following list kind, Jownson and profit List (Classical Lands-Geometric List) Reticles-Acting-Philips (Classical Lands-Geometric List) Reticles-Acting-Philips (Classical Lands-Geometric List) Reticles-Acting-Philips (Classical Lands-Geometric List) Reticles-Acting-Philips (Classical Lands-Geometric List) Subject Type Type of Judged for the notification "Person" "Parcel Locations" or PHVS, Notification Section Header_CDC Notification to CCC. Date of notification Notification by the same state of the company of the co	Current US Resident Foreign Resident	Is the subject a Foreign Resident? Refer to CSTE position statement 11-	
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Date of Report Date D	Notification Type	Type of notification. Notification types are "Individual Case," "Environmental," "Summary," and "Laboratory Report".	PHVS_NotificationSectionHeader_CDC
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	Diagnosis Date	reported to public health system	
	Date of Illness Onset		

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

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

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

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

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

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

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

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

If the disease or condition was imported, indicates the country in which the disease was likely acquired. PHVS_Country_ISO_3166-1

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

Imported City If the disease or condition was imported, indicates the city in which PHVS City USGS GNIS the disease was likely acquired.

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

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

by the subject of the investigation.

Case Class Status Code Status of the case/event as suspect, probable, confirmed, or not a case PHVS_CaseClassStatus_NND per CSTE/CDC/ surveillance case definitions.

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

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

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

state investigations

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

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

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

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

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

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

regarding this case notification.

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

questions regarding this case notification.

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

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

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

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

Imported State

Transmission Mode

Note: use exposure or acquired consistently across variables

State or Province of Exposure Indicates the state in which the disease was potentially acquired. PHVS State FIPS 5-2

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

For all other countries, leave null.

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

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

populate the CWE 9th component with another city.

County of Exposure

Indicates the county in which the disease was potentially acquired. Business Rule: If country of exposure is US, populate with US county.

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

Age at case investigation Subject age at time of case investigation

Age units at case investigation Subject age units at time of case investigation Case Count Number of cases being reported in the notification

General comments to CDC Comment

Current Occupation What kind of work do you do?

Current Industry What kind of business or industry do you work in? PHVS_BinationalReportingCriteria_CDC

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PHVS_AgeUnit_UCUM_NETSS

PHVS_Occupation_CDC_Census_2010 PHVS_Industry_CDC_Census_2010

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