

Attachment 4 - Core Data Elements

Form Approved, OMB No. 0920-0728, Exp. Date \_\_\_\_\_

Public reporting burden of this collection of information is estimated to average 10 hours per year (for States and Cities) or 5 hours per year (for Territories) for the time for reviewing instructions and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person 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, 1600 Clifton Road NE, MS D701, Atlanta, Georgia 30333; ATTN: PRA (0920-0728).

| Label/Short Name                        | Description                                                                                                                                                                                                                                                                                                                                               | Value Set Code. Search in PHIN VADS using the following link ( <a href="https://phinvads.cdc.gov/vads/SearchHome.action">https://phinvads.cdc.gov/vads/SearchHome.action</a> ) |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Notification ID                         | The unique identifier for the notification record                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                |
| Receiving Application                   | CDC's PHIN Common Data Store (CDS) is the Receiving Application for this message.                                                                                                                                                                                                                                                                         |                                                                                                                                                                                |
| Message Profile ID                      | First instance is the reference to the structural specification used to validate the message.<br><br>Second instance is the reference to the PHIN Message Mapping Guide from which the content is derived.                                                                                                                                                |                                                                                                                                                                                |
| Local Subject ID                        | The local ID of the subject/entity.                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                |
| Subject Name Type                       | Name is not requested by the program, but the Patient Name field is required to be populated for the HL7 message to be valid. Have adopted the HL7 convention for processing a field where the name has been removed for de-identification purposes.                                                                                                      | PHVS_NameType_HL7_2x                                                                                                                                                           |
| Current US Resident                     | Does the subject currently reside in the USA?                                                                                                                                                                                                                                                                                                             | PHVS_YesNoUnknown_CDC                                                                                                                                                          |
| Foreign Resident                        | Is the subject a Foreign Resident? Refer to CSTE position statement 11-SI-04 for more information: <a href="http://www.cste.org/ps2011/11-SI-04.pdf">http://www.cste.org/ps2011/11-SI-04.pdf</a>                                                                                                                                                          | PHVS_YesNoUnknown_CDC                                                                                                                                                          |
| Immediate National Notifiable Condition | Does this case meet the criteria for immediate (extremely urgent or urgent) notification to CDC? Refer to the CSTE list of NNC at the following link: <a href="http://www.cste.org/dnn/LinkClick.aspx?fileticket=A5oAgCIPNT0%3d&amp;tabid=36&amp;mid=1496">http://www.cste.org/dnn/LinkClick.aspx?fileticket=A5oAgCIPNT0%3d&amp;tabid=36&amp;mid=1496</a> | PHVS_YesNoUnknown_CDC                                                                                                                                                          |
| Local Record ID                         | Sending system-assigned local ID of the case investigation with which the subject is associated.                                                                                                                                                                                                                                                          |                                                                                                                                                                                |
| Subject Type                            | Type of subject for the notification. "Person," "Place/Location," or "Non-Person Living Subject" are the appropriate subject types for Notifications to CDC.                                                                                                                                                                                              | PHVS_NotificationSectionHeader_CDC                                                                                                                                             |
| Notification Type                       | Type of notification. Notification types are "Individual Case," "Environmental," "Summary," and "Laboratory Report".                                                                                                                                                                                                                                      | PHVS_NotificationSectionHeader_CDC                                                                                                                                             |
| Date First Submitted                    | Date/time the notification was first sent to CDC. This value does not change after the original notification.                                                                                                                                                                                                                                             |                                                                                                                                                                                |
| Date of Report                          | Date/time this version of the notification was sent. It will be the same value as NOT103 for the original notification. For updates, this is the update/send date/time.                                                                                                                                                                                   |                                                                                                                                                                                |
| Notification Result Status              | Status of the notification.                                                                                                                                                                                                                                                                                                                               | PHVS_ResultStatus_NETSS                                                                                                                                                        |
| Condition Code                          | Condition or event that constitutes the reason the notification is being sent                                                                                                                                                                                                                                                                             | PHVS_NotifiableEvent_Disease_Condition_CDC_NNDSS                                                                                                                               |
| Birth Date                              | Date of birth in YYYYMMDD format                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                |
| Country of Birth                        | Country of Birth                                                                                                                                                                                                                                                                                                                                          | PHVS_CountryofBirth_CDC                                                                                                                                                        |
| Subject's Sex                           | Subject's current sex                                                                                                                                                                                                                                                                                                                                     | PHVS_Sex_MFU                                                                                                                                                                   |
| Race Category                           | Field containing one or more codes that broadly refer to the subject's race(s).                                                                                                                                                                                                                                                                           | PHVS_RaceCategory_CDC                                                                                                                                                          |
| Country of Usual Residence              | Where does the person usually* live (defined as their residence)<br><br>*For the definition of 'usual residence' refer to CSTE position statement # 11-SI-04 titled "Revised Guidelines for Determining Residency for Disease Reporting" at <a href="http://www.cste.org/ps2011/11-SI-04.pdf">http://www.cste.org/ps2011/11-SI-04.pdf</a> .               | PHVS_CountryofBirth_CDC                                                                                                                                                        |
| Subject Address County                  | County of residence of the subject                                                                                                                                                                                                                                                                                                                        | PHVS_County_FIPS_6-4                                                                                                                                                           |
| Subject Address State                   | State of residence of the subject                                                                                                                                                                                                                                                                                                                         | PHVS_State_FIPS_5-2                                                                                                                                                            |
| Subject Address ZIP Code                | ZIP Code of residence of the subject                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                |
| Ethnic Group Code                       | Based on the self-identity of the subject as Hispanic or Latino                                                                                                                                                                                                                                                                                           | PHVS_EthnicityGroup_CDC_Unk                                                                                                                                                    |
| Reporting State                         | State reporting the notification.                                                                                                                                                                                                                                                                                                                         | PHVS_State_FIPS_5-2                                                                                                                                                            |
| Reporting County                        | County reporting the notification.                                                                                                                                                                                                                                                                                                                        | PHVS_County_FIPS_6-4                                                                                                                                                           |
| National Reporting Jurisdiction         | National jurisdiction reporting the notification to CDC.                                                                                                                                                                                                                                                                                                  | PHVS_NationalReportingJurisdiction_NND                                                                                                                                         |
| Jurisdiction Code                       | Identifier for the physical site from which the notification is being submitted.                                                                                                                                                                                                                                                                          |                                                                                                                                                                                |
| Date of Report/Referral                 | Date the event or illness was first reported by the reporting source (physician or lab reported to the local/county/state health department).                                                                                                                                                                                                             |                                                                                                                                                                                |
| Reporting Source Type Code              | Type of facility or provider associated with the source of information sent to Public Health.                                                                                                                                                                                                                                                             | PHVS_ReportingSourceType_NND                                                                                                                                                   |
| Reporting Source ZIP Code               | ZIP Code of the reporting source for this case.                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                |
| Earliest Date Reported to County        | Earliest date reported to county public health system                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                |
| Earliest Date Reported to State         | Earliest date reported to state public health system                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                |
| Hospitalized                            | Was subject hospitalized because of this event?                                                                                                                                                                                                                                                                                                           | PHVS_YesNoUnknown_CDC                                                                                                                                                          |
| Admission Date                          | Subject's first admission date to the hospital for the condition covered by the investigation.                                                                                                                                                                                                                                                            |                                                                                                                                                                                |

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|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| Discharge Date                                               | Subject's first discharge date from the hospital for the condition covered by the investigation.                                                                                                                                                                                                                          |                                        |
| Duration of hospital stay in days                            | Subject's duration of stay at the hospital for the condition covered by the investigation.                                                                                                                                                                                                                                |                                        |
| Diagnosis Date                                               | Earliest date of diagnosis (clinical or laboratory) of condition being reported to public health system                                                                                                                                                                                                                   |                                        |
| Date of Illness Onset                                        | Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system                                                                                                                                                                                  |                                        |
| Illness End Date                                             | Time at which the disease or condition ends.                                                                                                                                                                                                                                                                              |                                        |
| Illness Duration                                             | Length of time this subject had this disease or condition.                                                                                                                                                                                                                                                                |                                        |
| Illness Duration Units                                       | Unit of time used to describe the length of the illness or condition.                                                                                                                                                                                                                                                     | PHVS_AgeUnit_UCUM                      |
| 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 outbreak.                                                                                                                                                                                                                                             | 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                |
| Imported State                                               | If the disease or condition was imported, indicates the state in which the disease was likely acquired.                                                                                                                                                                                                                   | PHVS_State_FIPS_5-2                    |
| Imported City                                                | If the disease or condition was imported, indicates the city in which the disease was likely acquired.                                                                                                                                                                                                                    | PHVS_City_USGS_GNIS                    |
| Imported County                                              | If the disease or condition was imported, contains the county of origin of the disease or condition.                                                                                                                                                                                                                      | PHVS_County_FIPS_6-4                   |
| Transmission Mode                                            | Code for the mechanism by which disease or condition was acquired by the subject of the investigation.                                                                                                                                                                                                                    | PHVS_CaseTransmissionMode_NND          |
| Case Class Status Code                                       | Status of the case/event as suspect, probable, confirmed, or not a case per CSTE/CDC/ surveillance case definitions.                                                                                                                                                                                                      | PHVS_CaseClassStatus_NND               |
| MMWR Week                                                    | MMWR Week for which case information is to be counted for MMWR publication.                                                                                                                                                                                                                                               |                                        |
| MMWR Year                                                    | MMWR Year (YYYY) for which case information is to be counted for MMWR publication.                                                                                                                                                                                                                                        |                                        |
| 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.                                                                                                                                                                                           |                                        |
| Pregnancy status                                             | Indicates whether the subject was pregnant at the time of the event.                                                                                                                                                                                                                                                      | PHVS_YesNoUnknown_CDC                  |
| 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.                                                                                                                                                  |                                        |
| Person Reporting to CDC - Phone Number                       | 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 questions regarding this case notification.                                                                                                                                          |                                        |
| Legacy Case ID                                               | CDC uses this field to link current case notifications to case notifications submitted by a previous system (NETSS, STD-MIS, etc.)                                                                                                                                                                                        |                                        |
| Country of Exposure or Country Where Disease was Acquired    | Indicates the country in which the disease was potentially acquired.                                                                                                                                                                                                                                                      | PHVS_CountryofBirth_CDC                |
| Note: use exposure or acquired consistently across variables |                                                                                                                                                                                                                                                                                                                           |                                        |
| State or Province of Exposure                                | Indicates the state in which the disease was potentially acquired.<br><br>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. | PHVS_State_FIPS_5-2                    |

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|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| City of Exposure                | <p>Indicates the city in which the disease was potentially acquired.</p> <p>Business Rule: If country of exposure is US, populate with US city. For all other cities, can be populated but not required.</p> <p>Note: Since value set only includes US cities, would allow states to populate the CWE 9th component with another city.</p> |                                      |
| County of Exposure              | <p>Indicates the county in which the disease was potentially acquired.</p> <p>Business Rule: If country of exposure is US, populate with US county. Otherwise, leave null.</p>                                                                                                                                                             |                                      |
| Binational Reporting Criteria   | <p>For cases meeting the binational criteria, select all the criteria which are met</p>                                                                                                                                                                                                                                                    | PHVS_BinationalReportingCriteria_CDC |
| Age at case investigation       | Subject age at time of case investigation                                                                                                                                                                                                                                                                                                  |                                      |
| Age units at case investigation | Subject age units at time of case investigation                                                                                                                                                                                                                                                                                            | PHVS_AgeUnit_UCUM_NETSS              |
| Case Count                      | Number of cases being reported in the notification                                                                                                                                                                                                                                                                                         |                                      |
| Comment                         | General comments to CDC                                                                                                                                                                                                                                                                                                                    |                                      |