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Transmission File Structure; The transmission protocol calls for the required influenza data to be transmitted via an ASCII file using the csv (comma separated values) file structure. A value enclosed within double quotes is optional; however, any value that contains a comma must be enclosed in double quotes. The data dictionary defined below describes the file and the corresponding values expected by the receiving application at the CDC. The column name may not be the exact variable in your database but provides a description to help place your corresponding variable into the right location. Should you require assistance please contact the PHLIS help desk at 404-639-3365 or email at phlissupport@cdc.gov.

Variable*	Type (Le	ength)	Description	Accepted Values			
Site ID	Character (10)		Site ID assigned by CDC	NSFLU+State Abbreviation+Number :'NSFLUWV01'			
Must include both	Specimen	ID and P	atient ID. If you don't have both, repeat the one you do	have.			
Specimen ID	Character (30)		Unique specimen ID	Specimen/Accession/Aliquot ID assigned by each lab			
Patient ID	Character (30)		Unique patient ID	Patient ID assigned by each lab			
Must include at least either Patient birth date -or- patient age AND age type, if not all 3							
Patient Birth Date	Date	(10)	Date of patient birth	(mm/dd/yyyy)			
Patient Age	Numeric	(3)	Patient Age	Numeric age; must be used with Patient Age Type			
Patient Age Type	Character (1)		Patient Age Type	'D': day, 'W': Week, 'M': Month, 'Y': Year			
Patient Gender	Character (1)		Patient gender	'M', 'Male', 'F', 'Female', 'U', 'Unknown'			
Patient State	Character (2)		Patient state of residence	State Abbreviation e.g.: GA, WV, MD			
Patient County	Character (30)		Patient county of residence	County Name			
Patient Zip Code	Numeric (9)		Patient zip code	Zip code or Zip code + 4 : e.g. 30329 or 30329-4018			
Submitting Lab Name	Character (40)		Submitting laboratory name	Submitting Laboratory Name			
Submitting Phys. Name	Character (40)		Submitting physician name	Submitting Physician Name			
Must include at least 1 of the following 3 dates, if not all							
Collection Date	Date	(10)	Date clinical specimen collected	(mm/dd/yyyy)			
Receive Date	Date	(10)	Date specimen/isolate received at laboratory	(mm/dd/yyyy)			
Test Date	Date	(10)	Date specimen/isolate tested	(mm/dd/yyyy)			
Specimen Type	Character	r (40)	Specimen type	'Original clinical material', 'Isolate', or 'Unknown			
Specimen Source Charact		r (40)	Description of specimen source	Nasal (swab or other method), Bronchial-Alveolar Lavage,			
				Nasopharyngeal (swab or other method), Sputum,			
				Throat (swab or other method), Serum, Unknown			
Test Method	Character (40)		Description of test method or LOINC code associated	If using values other than LOINC codes, other acceptable			
			with test ordered	values include, but are not limited to: Virus isolation,			
				Commercial Rapid PCR diagnostic test, Commercial Ra			

Public reporting burden of this collection of information is estimated to average 5 minutes per response. 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 Reports Clearance Officer; 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0004).

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			AG diagnostic test, Antigen detection, IFA, EIA, PCR
			isolation', 'Commercial Rapid Diagnostic Test', 'Antige
			detection', 'IFA', 'EIA', 'PCR'
Test Result	Character (40)	Description of test result or SNOMED result code	If using values other than SNOMED codes, other
		associated with the test result	acceptable non-SARS-CoV-2 values include, but are
			not limited to: Influenza A (2009H1N1pdm),
			Influenza A(H1), Influenza A(H3), Influenza B,
			Influenza A(subtype unknown), Influenza
			A(inconclusive), Influenza A(could not be subtyped),
			Influenza A(H5), Presumptive Influenza A(H3N2)v,
			Respiratory Syncytial Virus A, Respiratory Syncytial
			Virus B, Respiratory Syncytial Virus Unknown,
			Rhinovirus, Parainfluenza Virus 1, Adenovirus,
			Negative, Not Detected
			For SARS-CoV-2 test results, other acceptable values:
			nCov Detected, nCov Not Detected, nCov
			inconclusive, nCov invalid Influenza A
			(2009H1N1pdm), Influenza A(H1), Influenza A(H3),
			Influenza B, Influenza B (yam), Influenza B (vic),
			Influenza A(subtype unknown), Influenza
			A(inconclusive), Influenza A(could not be subtyped),
			Influenza A(H5), Other virus, Negative
Isolate Sent to CDC	Character (1or7)	Was the isolate sent to CDC?	'Y', 'Yes', 'N', 'No', 'U', 'Unknown'
Isolate Sent to CDC ID	Character (30)	Laboratory ID for the isolate sent to CDC	Laboratory ID for isolate sent to CDC
Comments	Character (66)	Comments	Comments
Antiviral Medication	Character (1or7)	Was the patient receiving influenza antiviral medication?	'Y', 'Yes', 'N', 'No', 'U', 'Unknown'
Outbreak Related	Character (1or7)	Was the specimen outbreak related?	'Y', 'Yes', 'N', 'No', 'U', 'Unknown'
	_	,	,
Facility Type	Character (22)	Did the specimen come from and outpatient, inpatient,	'Outpatient', 'Inpatient', 'Long-Term Care Facility', 'U',
		or long-term care facility?	'Unknown'
Travel Outside US	Character (1or7)	Did the patient travel outside the US within 10 days of	'Y', 'Yes', 'N', 'No', 'U', 'Unknown'

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		illness onset?	(If yes, provide name of countries in text box below)
Countries Traveled To	Character (50)	List the countries the patient has traveled to within 10	List the countries the patient has traveled to within 10 days
		days of illness onset.	of illness onset.
Vaccination	Character (1or7)	Was the patient vaccinated?	'Y', 'Yes', 'N', 'No', 'U', 'Unknown'

^{*}Note: Bold variables are required. You may not have all the variables described above. You may leave them Blank or Null, but they must have a position in the transmitted file. Either two double quotes "" or no value must be between the commas.

Example

Public reporting burden of this collection of information is estimated to average 5 minutes per response. 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 Reports Clearance Officer; 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0004).