

161 new data elements that were not included in the previously reviewed ICR or approved through non-substantive change requests were added for 8 conditions: 4 new disease-specific data elements for Brucellosis, 2 new disease-specific data elements for *Candida auris*, 21 new disease-specific data elements for Carbapenemase-Producing Organisms (CPO), 1 new disease-specific data element for Carbon Monoxide Poisoning, 1 new disease-specific data element for Hepatitis, 7 new disease-specific data elements for Leptospirosis, 21 new disease-specific data elements for Melioidosis, and 104 new disease-specific data elements for Viral Hemorrhagic Fevers. Names, descriptions, value set codes (the answer list for coded data elements from CDC vocabulary server (PHIN VADS) which can be accessed at <http://phinvads.cdc.gov>), and justification for the addition of these new data elements are below:

<b>Brucellosis</b>			
The impetus/urgency for CDC to add data elements for this condition	<ul style="list-style-type: none"> <li>To make surveillance more comprehensive and informative for public health actions related to travel</li> <li>To provide more information about risk factors associated with traveling</li> <li>To harmonize collection of travel-related information amongst Message Mapping Guides (MMGs) and facilitate future jurisdiction implementation</li> <li>To help monitor epidemiology</li> </ul>		
<b>Data Element Name</b>	<b>Data Element Description</b>	<b>Value Set Code</b>	<b>CDC Priority<sup>1</sup></b>
Travel Outside USA Prior to Illness Onset within Program Specific Timeframe	Did the subject travel internationally in the six months prior to illness onset?	PHVS_YesNoUnknown_CDC	1
Did the Case Travel Domestically Prior to Illness Onset	Did the subject travel domestically in the six months prior to illness onset?	PHVS_YesNoUnknown_CDC	2
Specify Different Travel Exposure Window	If the travel exposure window used by the jurisdiction is different from that stated in the travel exposure questions, specify the time interval in days here. Otherwise, leave blank.	N/A	3
Date of Arrival to Travel Destination	Date of Arrival to Travel Destination	N/A	3

<sup>1</sup> R=Required; 1=Priority 1, 2=Priority 2, 3=Priority 3

<b><i>Candida auris</i></b>	
The impetus/urgency for CDC to add data elements for this condition	<ul style="list-style-type: none"> <li>• To make surveillance more comprehensive and informative for public health actions</li> <li>• To provide more information about risk factors (related cases and conditions, high acuity care needs, healthcare facility exposure, travel, and specimen testing) that have been associated with colonization or infection</li> <li>• To monitor epidemiology</li> <li>• To update guidance on infection control and prevention</li> </ul>

<b>Data Element Name</b>	<b>Data Element Description</b>	<b>Value Set Code</b>	<b>CDC Priority<sup>1</sup></b>
Date Arrived at Healthcare Facility	Start date of visit/admission	N/A	2
Date Departed Healthcare Facility	End date of visit/admission	N/A	2

<b>Carbapenemase-Producing Organisms (CPO)</b>	
The impetus/urgency for CDC to add data elements for this condition	<ul style="list-style-type: none"> <li>• To make surveillance more comprehensive and informative for public health actions</li> <li>• To provide more information about risk factors (related cases and conditions, high acuity care needs, healthcare facility exposure, travel, and specimen testing) that have been associated with colonization or infection</li> <li>• To monitor epidemiology</li> <li>• To update guidance on infection control and prevention</li> </ul>

<b>Data Element Name</b>	<b>Data Element Description</b>	<b>Value Set Code</b>	<b>CDC Priority<sup>1</sup></b>
State lab isolate id	Lab isolate identifier from public health lab	N/A	1
County of facility	County of facility where specimen was collected	PHVS_County_FIPS_6-4	1
State of facility	State of facility where specimen was collected	PHVS_State_FIPS_5-2	1
Travel Outside USA Prior to Illness Onset within Program Specific Timeframe	Did the patient travel internationally in the year prior to the date of specimen collection?	PHVS_YesNoUnknown_CDC	2
International Destination(s)	Names of the country(ies) outside of the United States	PHVS_Country_ISO_3166-1	2

of Recent Travel	the patient traveled to in the year prior to the date of specimen collection, if the patient has traveled outside of the United States during that time.		
Healthcare Outside USA	Patient received healthcare outside of the United States in the year prior to the date of specimen collection.	PHVS_YesNoUnknown_CDC	2
Country(ies) of Healthcare Outside USA	Names of the country(ies) outside of the United States where the patient received healthcare in the year prior to the date of specimen collection, if the patient traveled outside of the United States during that time.	PHVS_Country_ISO_3166-1	2
Gene Identifier	Gene identifier	TBD	1
Previously Counted Case	Was patient previously counted as a colonization/screening case?	PHVS_YesNoUnknown_CDC	1
Previously Reported State Case Number	If patient was previously counted as colonization/screening case please provide related case ID(s)	N/A	1
WGS ID Number	Genomic sequencing ID number	N/A	2
Tracheostomy Tube at Specimen Collection	Did patient have a tracheostomy tube at the time of specimen collection?	PHVS_YesNoUnknown_CDC	2
Ventilator Use at Specimen Collection	Was patient on a ventilator at the time of specimen collection?	PHVS_YesNoUnknown_CDC	2
Long-term Care Resident	Did the patient have a stay in a long-term care facility in the 90 days before specimen collection date?	PHVS_YesNoUnknown_CDC	2
Type of Long-term Care Facility	If patient had a stay in a long-term care facility in the 90 days before specimen collection date, indicate the type of long-term care facility.	TBD	2

Healthcare Outside Resident State	Indicate if the patient received overnight healthcare within the United States, but outside of the patient's resident state in the year prior to the date of specimen collection.	PHVS_YesNoUnknown_CDC	2
Type of Location Where Specimen Collected	Indicate the physical location type of the patient when the specimen was collected	TBD	2
Infection with Another MDRO	Does the patient have infection or colonization with another MDRO?	PHVS_YesNoUnknown_CDC	2
Co-infection Type	If patient has infection or colonization with another MDRO, indicate the MDRO.	TBD	2
Date Arrived at Healthcare Facility	Start date of visit/admission	N/A	2
Date Departed Healthcare Facility	End date of visit/admission	N/A	2

<b>Carbon Monoxide Poisoning</b>			
The impetus/urgency for CDC to add data elements for this condition	<ul style="list-style-type: none"> <li>To make surveillance more comprehensive and informative for public health actions including public health policy</li> <li>Enhanced surveillance to learn about the effects of long-term exposures to low levels of CO, and monitor trends identify high risk groups</li> <li>Additional data would help to better target outreach activities to those at increased risk for CO poisoning</li> </ul>		
<b>Data Element Name</b>	<b>Data Element Description</b>	<b>Value Set Code</b>	<b>CDC Priority<sup>2</sup></b>
Surveillance Data Source	Type of facility or provider associated with the source of information sent to Public Health	PHVS_DataReportingSource_CO	2

<sup>2</sup> R=Required; 1=Priority 1, 2=Priority 2, 3=Priority 3

<b>Hepatitis</b>	
The impetus/urgency for CDC to add data elements for this condition	<ul style="list-style-type: none"> <li>The data element included in this request will contribute to enhanced surveillance efforts for those jurisdictions funded through PS21-2103 “Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments”.</li> <li>The data element will improve standardization of data collection for CDC surveillance and improve the overall understanding of the population and factors contributing to viral hepatitis infection. The enhanced surveillance will be more comprehensive and informative for public health actions and will improve guidance on infection control and prevention.</li> </ul>

<b>Data Element Name</b>	<b>Data Element Description</b>	<b>Value Set Code</b>	<b>CDC Priority<sup>1</sup></b>
Laboratory Test Ordering Facility Type	Type of facility where the hepatitis laboratory screening, diagnostic, or monitoring test was ordered.	PHVS_SourceofLaboratoryTest_Hepatitis	2

<b>Leptospirosis</b>	
The impetus/urgency for CDC to add data elements for this condition	<ul style="list-style-type: none"> <li>To make surveillance more comprehensive and informative for public health actions related to travel</li> <li>To provide more information about risk factors associated with traveling</li> <li>To harmonize collection of travel-related information amongst Message Mapping Guides (MMGs) and facilitate future jurisdiction implementation</li> <li>To help monitor epidemiology</li> </ul>

<b>Data Element Name</b>	<b>Data Element Description</b>	<b>Value Set Code</b>	<b>CDC Priority<sup>3</sup></b>
Travel Outside USA Prior to Illness Onset within Program Specific Timeframe	Did the subject travel internationally in the six months prior to illness onset?	PHVS_YesNoUnknown_CDC	2
Did the Case Travel Domestically Prior to Illness Onset	Did the subject travel domestically in the six months prior to illness onset?	PHVS_YesNoUnknown_CDC	2
Specify Different Travel Exposure Window	If the travel exposure window used by the jurisdiction is different from that stated in the travel exposure questions, specify	N/A	3

<sup>3</sup> R=Required; 1=Priority 1, 2=Priority 2, 3=Priority 3

	the time interval in days here. Otherwise, leave blank.		
International Destination(s) of Recent Travel	International destination or countries the subject traveled to	PHVS_Country_ISO_3166-1	2
Travel State	Domestic destination, state(s) traveled to	PHVS_State_FIPS_5-2	2
Date of Arrival to Travel Destination	Date of Arrival to Travel Destination	N/A	3
Date of Departure from Travel Destination	Date of Departure from Travel Destination	N/A	3

<b>Melioidosis</b>			
The impetus/urgency for CDC to add data elements for this condition	<ul style="list-style-type: none"> <li>To make surveillance more comprehensive and informative for public health actions</li> <li>To account for recent changes in case definition and identification in the environment in the United States for the first time</li> <li>To provide more information about risk factors (travel, environmental exposures, underlying conditions) that have been associated with infection</li> <li>To monitor epidemiology and changes in disease patterns over time for this emerging infection</li> </ul>		
<b>Data Element Name</b>	<b>Data Element Description</b>	<b>Value Set Code</b>	<b>CDC Priority<sup>1</sup></b>
Physician Name	Name of the physician or clinician who diagnosed and/or treated the patient	N/A	3
Physician Phone	Phone number of the patient's clinician/provider of care	N/A	3
Patient Case Status	Indicate the patient's case status	TBD	2
Microorganism Identified in Isolate	Pathogen/Organism Identified in Isolate	TBD	1
Underlying Condition(s)	Listing of underlying causes or prior illnesses	TBD	2
Immunocompromised Associated Condition or Treatment	If the subject was immunocompromised, what was the associated immunocompromising condition or treatment?	TBD	3
Continents Visited	Select all continents where patient has visited or lived in their lifetime	TBD	2
Most recent year visited	Most recent year visited (continents)	N/A	3

Visited or Lived in States	Has the patient EVER visited or lived in any of the following US states in their lifetime?	TBD	2
Travel	In the 30 days prior to illness onset, did the patient travel 50 miles or more from their normal residence?	PHVS_YesNoUnknown_CDC	1
Travel Outside USA Prior to Illness Onset within Program Specific Timeframe	Did the subject travel internationally in the 30 days prior to illness onset?	PHVS_YesNoUnknown_CDC	1
Activity Type	What activities led to the indicated environmental or animal exposure(s)?	TBD	2
Severe Weather Location	Specify the location where severe weather occurred (e.g., home, work)	TBD	3
Event Notes	Notes related to event exposure	N/A	3
Signs and Symptoms Indicator	Indicator for associated signs and symptoms	PHVS_YesNoUnknown_CDC	1
Treatment Drug Indicator	Did the subject receive antimicrobials for this illness or following an exposure?	PHVS_YesNoUnknown_CDC	2
Reason Medication Not Completed	Reason full course of antimicrobials was not completed	PHVS_ReasonMedication NotCompleted_BSP	3
Antimicrobials Not Taken or Discontinued	Did the patient complete the course of antimicrobials received?	TBD	3
Disease Outcome Type	Patient's status or outcome for this condition	TBD	1
Specimen Source Site	If specimen type is tissue, indicate the anatomical source (e.g., lung, kidney)	TBD	2
Specimen Sent to CDC	Was specimen(s) sent to CDC for testing?	PHVS_YesNoUnknown_CDC	3

<b>Viral Hemorrhagic Fevers</b>			
The impetus/urgency for CDC to add data elements for this condition	<p>With 10 outbreaks of Ebola disease over the last five years, the risk of introduction of the ebolavirus, the group of viruses that cause Ebola disease, into the United States has resulted in the need for national notifiable disease surveillance to assist in understanding the transmission and epidemiology of the disease in U.S. jurisdictions. Due to the most recent outbreak of Sudan virus disease, a disease caused by Sudan virus (species <i>Sudan ebolavirus</i>), in Uganda, public health agencies are monitoring ill travelers returning from Uganda for signs and symptoms compatible with Ebola disease. In the event a case of Ebola disease is detected in the United States, nationwide disease surveillance is necessary to provide consistent case identification and classification, measure the potential burden of illness, characterize the epidemiology of medically attended Ebola disease in the United States, detect community transmission, and inform public health response to clusters of illness and efficacy of population-based non-pharmaceutical interventions on the outbreak.</p>		
<b>Data Element Name</b>	<b>Data Element Description</b>	<b>Value Set Code</b>	<b>CDC Priority<sup>1</sup></b>
VSPB Epi-Number	VSPB Epi-Number	N/A	1
DGMQ ID	DGMQ ID	N/A	2
Physician Name	Physician name	N/A	3
Physician Email	Physician email	N/A	3
Physician Phone	Physician phone	N/A	3
How was the case identified	How was the case identified?	TBD	3
How was the case identified, other	How was the case identified, other?	TBD	3
Detailed Ethnic Group	Other ethnicity	TBD	3
Resident of the United States	Is the patient a resident of the United States?	PHVS_YesNoUnknown_CDC	2
Non-US city of residence	Non-US city of residence	N/A	2
Non-US district of residence	Non-US district of residence	N/A	2
Signs and Symptoms	Signs and symptoms associated with the illness being reported	TBD	3
Signs and Symptoms Indicator	Indicator for associated sign and symptom	PHVS_YesNoUnknown_CDC	2
Temperature Units	Celsius or Fahrenheit?	TBD	2
Signs and Symptoms Onset Date	Signs and Symptoms Onset date	N/A	2



Signs and Symptoms Onset Date Unknown	Signs and Symptoms Onset Date, Unknown	N/A	2
Other Signs and Symptoms, Specify	Other symptom, specify	N/A	2
Other Signs and Symptoms Onset Date	Other symptom onset date	N/A	2
Other Signs and Symptoms Onset Date Unknown	Other symptom onset date, unknown	N/A	2
Additional Sign or Symptom	Do you have another symptom to enter?	PHVS_YesNoUnknown_CDC	2
Pregnancy Length	Pregnancy length	N/A	2
Pregnancy Length Indicator	Pregnancy length - weeks or months	TBD	2
Breastfeeding	Breastfeeding	PHVS_YesNoUnknown_CDC	2
Malaria Test Performed	Has malaria testing been performed?	PHVS_YesNoUnknown_CDC	2
Malaria Test Type	Type of malaria test	TBD	2
Other Malaria Test Type	Other type of malaria test	N/A	2
Malaria Test Result	Malaria test result	TBD	2
Malaria species associated with previous illness	Malaria species	TBD	2
Location of Death, City	Location of death, city	N/A	1
Location of Death, State	Location of death, state	PHVS_State_FIPS_5-2	1
Was An Autopsy Performed	Was an autopsy or other medical examination performed on the body?	PHVS_YesNoUnknown_CDC	2
Date of Autopsy	Autopsy date	N/A	2
Disposition of Body	Final disposition of the body	TBD	2
Cremation Date	Cremation date	N/A	2
Cremation Date Unknown	Cremation date unknown	N/A	2
Burial Date	Burial date	N/A	2
Burial Date Unknown	Burial date unknown	N/A	2
Hospital Name	Hospitalization facility name	N/A	2
City of Treatment Hospital	Hospitalization facility city	N/A	2
State of Treatment Hospital	Hospitalization facility state	PHVS_State_FIPS_5-2	2
Patient Transport	How was the patient transported?	TBD	2

Patient Transport Other	How was the patient transported, other?	N/A	2
Isolation Precautions	Was the patient managed under isolation precautions?	PHVS_YesNoUnknown_CDC	1
Isolation Date	Isolation date	N/A	1
Isolation Type	Isolation precaution types	TBD	1
Isolation Type Other	Other isolation precaution	N/A	1
Travel to Ebola-affected Country/Region	Did the patient travel to an Ebola-affected country/region in the 3 weeks before becoming ill?	PHVS_YesNoUnknown_CDC	1
Travel Country	Travel country	PHVS_Country_ISO_3166-1	1
Travel City	Travel city	N/A	1
Travel District/County	Travel district/county	N/A	1
Date of Arrival to Travel Destination	Travel start date	N/A	1
Date of Departure from Travel Destination	Travel end date	N/A	1
Reason(s) for Travel	Nature of travel	N/A	2
Travel for Medical/Relief Organization	Medical/relief organization	TBD	2
Reason for Travel Other	Other nature of travel reason	N/A	2
Contact with Ebola Case	Has the patient had contact with a symptomatic Ebola case (suspect or confirmed), or Ebola survivor in the 3 weeks before becoming ill?	PHVS_YesNoUnknown_CDC	1
Contact with Ebola Case Start Date	Contact with EVD case start date	N/A	1
Contact with Ebola Case End Date	Contact with EVD end date	N/A	1
Ebola Contact Type	Nature of contact with EVD case	N/A	2
Other Ebola Contact Type	Other type of contact with EVD case	N/A	2
Provide Care for Ebola Patient	Did the patient care for someone who was sick or died while in an Ebola-affected country/region in the 3 weeks before becoming ill?	PHVS_YesNoUnknown_CDC	1
Provide Care for Ebola Patient Start Date	Care for sick person start date	N/A	1

Provide Care for Ebola Patient End Date	Care for sick person end date	N/A	1
Contact Type	Nature of contact with ill person	TBD	2
Other Contact Type	Other type of contact with ill person	N/A	2
Visit Healthcare Facility	Did the patient visit a healthcare facility or traditional healer (witch doctor) while in an Ebola-affected country/region in the three weeks before becoming ill?	PHVS_YesNoUnknown_CDC	1
Healthcare Facility Name	Healthcare facility name	N/A	2
Country of Healthcare Facility Outside the US	Healthcare facility country	PHVS_Country_ISO_3166-1	1
City of Healthcare Facility	Healthcare facility city	N/A	2
District/County of Healthcare Facility	Healthcare facility district/county	N/A	2
Date Arrived at Healthcare Facility	Healthcare facility admission date	N/A	2
Date Departed Healthcare Facility	Healthcare facility discharge date	N/A	2
Healthcare Facility Reason Visited	Healthcare facility reason for visit	TBD	2
Healthcare Facility Reason Visited Other	Healthcare facility other reason for visit	N/A	2
Enter Another Healthcare Facility	Do you want to enter another facility?	PHVS_YesNoUnknown_CDC	2
Attend Funeral in Ebola-affect Country/Region	Did the patient attend a funeral in an Ebola-affected country/region in the 3 weeks before becoming ill?	PHVS_YesNoUnknown_CDC	1
Funeral Location Country	Funeral location country	PHVS_Country_ISO_3166-1	1
Funeral Location City	Funeral location city	N/A	2
Funeral Location District	Funeral location district	N/A	2
Funeral Start Date	Start date of funeral	N/A	2
Funeral End Date	End date of funeral	N/A	2
Participate in Funeral Practices	Did the patient participate in burial practices (touch the body, wash the body, wash clothes of the deceased)?	PHVS_YesNoUnknown_CDC	1
Animal Contact Indicator	Did the patient have any animal contact in an Ebola-	PHVS_YesNoUnknown_CDC	1

	affected country/region in the 3 weeks before becoming ill?		
Animal Contact Type	Species of animal contact	TBD	1
Animal Contact Type Other	Other species of animal contact	N/A	3
Animal Contact Start Date	Start date of animal contact	N/A	2
Animal Contact End Date	End date of animal contact	N/A	2
Activity Type	Nature of animal contact	N/A	2
Sick Animal	Did the animal display any symptoms of illness or was the animal dead?	PHVS_YesNoUnknown_CDC	1
Consumed Meat from Ebola-affected Country/Region	Did the patient consume any meat harvested from wild animals in an Ebola-affected country/region in the 3 weeks before becoming ill?	PHVS_YesNoUnknown_CDC	1
Last Date of Wild Animal Meat Contact	Last date of patient contacting meat harvested from wild animals	N/A	2
Type of Wild Animal Meat	Type of meat harvested from wild animals	TBD	1
Other Type of Wild Animal Meat	Other type of meat harvested from wild animals	N/A	3
Time Spent in Mine/Cave	Did the patient work or spend time in a mine/cave in an Ebola-affected country/region in the 3 weeks before becoming ill?	PHVS_YesNoUnknown_CDC	1
Mine Location Country	Mine country	PHVS_Country_ISO_3166-1	2
Mine Location District/City	Mine district/city	N/A	2
Last Date in Mine	Last date in mine	N/A	2
Performing Laboratory City	Performing Laboratory City	N/A	2
State of Facility	State of Facility	PHVS_State_FIPS_5-2	2
Performing Person Phone	Performing Person Phone	N/A	2
Laboratory Email	Laboratory Email	N/A	2
Non-CDC Laboratory Type	Non-CDC Laboratory Type	TBD	1
Other Non-CDC Laboratory Type	Other Non-CDC Laboratory Type	N/A	1

Performing Laboratory Location	Performing Laboratory Location	N/A	1
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