

Num	Data Element
1	Person ID
2	Birth Date
3	Sex
4	Race Category
5	Ethnic Group
6	Person Address County
7	Person Address State
8	Person Address ZIP Code
9	Symptomatic Indicator
10	Symptom Onset Date
11	Clinical Diagnosis Date
12	Earliest Specimen Collection Date Associated with a Positive Lab Result
13	Earliest Result Date of a Positive Lab Result
14	Pregnancy Status

15	Hospitalized
16	Person Deceased
17	Deceased Date
18	Death Associated with Condition
19	Condition Code
20	Case ID
21	Calculated Case Counting Date
22	Age
23	Age Units
24	Case Disease Imported Code
25	Gender Identity
26	Case Status
27	Case Outbreak Name
28	Notification Result Status
29	Date First Received by Public Health Agency

30	Date of Electronic Case Notification to CDC
31	MMWR Week
32	MMWR Year
33	National Reporting Jurisdiction
34	Disability Type
35	Disability Type Indicator
36	Exposure
37	Exposure Indicator
38	Exposure Comment
39	Clinical Manifestation
40	Clinical Manifestation Indicator
41	Clinical Manifestation Comment
42	Underlying Health Condition

43	Underlying Health Condition Indicator
44	Underlying Health Condition Comment
45	Current Occupation
46	Current Occupation Standardized
47	Current Industry
48	Current Industry Standardized
49	Test Type
50	Test Result Data Type
51	Test Result

52	Test Result Units
53	Test Result Reference Range
54	Specimen Type

Description

The jurisdictional identifier that uniquely identifies the person.

Person's date of birth

Sex, from any data source.

Race category - Major OMB Race Categories. Detailed race information would be rolled up to these major OMB race categories.

Based on the self-identity of the person as Hispanic or Latino

County of residence of the person at time of calculated case counting date (CCCD)

State of residence of the person at time of calculated case counting date (CCCD)

ZIP Code of residence of the person at time of calculated case counting date (CCCD)

Indicator that the person was symptomatic with symptoms associated with the condition being reported

The earliest date of the onset of symptoms relevant to the reported condition.

The earliest date that the condition being reported to public health system was identified by a clinician as the final, suspected, or most likely diagnosis.

The earliest date a clinical specimen was collected from the person that produced a laboratory result that was positive or indicative of the disease or condition being reported to a public health agency.

The date on which the first result that was positive or indicative of the disease or condition was either generated or reported by the laboratory.

Indicator that the person is pregnant at the time of the calculated case counting date

Did person have a hospitalization associated with the condition?

Indicator that the person is deceased

Date and time at which the person's death occurred.

Indicator that death was associated with the condition

Condition or event that constitutes the reason the notification is being sent.

The jurisdictional identifier that uniquely identifies the case.

The calculated case counting date (CCCD) is the value of the earliest of the available component dates of Symptom Onset Date, Clinical Diagnosis Date, Earliest Specimen Collection Date Associated with a Positive Lab Result, Earliest Result Date of a Positive Lab Result, Date First Received by Public Health Agency, and Date Entered/Record Initiated

Person's age at time of calculated case counting date (CCCD)

Units for person's age at time of calculated case counting date (CCCD)

Indication of where the disease/condition was likely acquired.

Person-identified gender identity (i.e., an individual's personal sense of being a man, woman, or another gender, regardless of the sex that person was assigned at birth)

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

A state-assigned name for an identified outbreak.

Status of the notification

The earliest date a report for the case was received by any public health agency, whether a state/territory or county/local agency, within the jurisdiction in which the case will be counted. Reports may include phone calls and any other mechanisms accepted by the agency.

Date/time this version of the electronic case notification was sent. It will be the same value as NOT103 for the original notification. For updates, this is the update/send date/time.

MMWR Week for which case information is to be counted for MMWR publication. MMWR Week to be based on calculated case counting date (CCCD).

MMWR Year (YYYY) for which case information is to be counted for MMWR publication. MMWR Year to be based on calculated case counting date (CCCD).

National jurisdiction reporting the notification to CDC

Type of disability (vision, hearing, mobility, cognition, self-care, independent living, communication, or intellectual/developmental).

Indicator representing whether or not the person had the disability in the corresponding instance of the repeating group

Was the person exposed to any of the following during the XX days prior to symptom onset? Note: If the symptom onset date is unknown, then the date that the patient first tested positive can be used as a proxy for symptom onset date.

Indicator representing whether or not the person had the exposure in the corresponding instance of the repeating group

Use this field to communicate anything about the person's exposures for this condition.

Signs, symptoms, or other clinical manifestations associated with the condition being reported

Indicator representing whether or not the person had the clinical manifestation in the corresponding instance of the repeating group

Use this field to communicate anything about the person's signs, symptoms, or other clinical manifestations for this condition.

Pre-existing health conditions that may worsen the course or severity of the disease or health condition

Indicator representing whether or not the person had the underlying health condition in the corresponding instance of the repeating group

Use this field to communicate anything about the person's underlying health conditions for this condition.

This data element is used to capture the narrative text of a person's current occupation.

This data element is used to capture the CDC NIOSH standard occupation code based upon the narrative text of a person's current occupation. (The National Institute for Occupational Safety and Health (NIOSH) has developed a web-based software tool designed to translate industry and occupation text to standardized Industry and Occupation codes. The NIOSH Industry and Occupational Computerized Coding System (NIOCCS) is available here: <https://csams.cdc.gov/nioccs/Default.aspx>

This data element is used to capture the narrative text of a person's current industry.

This data element is used to capture the CDC NIOSH standard industry code based upon the narrative text of a person's current industry. (The National Institute for Occupational Safety and Health (NIOSH) has developed a web-based software tool designed to translate industry and occupation text to standardized Industry and Occupation codes. The NIOSH Industry and Occupational Computerized Coding System (NIOCCS) is available here: <https://csams.cdc.gov/nioccs/Default.aspx>

The lab test or analysis that was performed on the specimen

This field identifies the HL7 data type used for Test Result

Qualitative or quantitative results for test performed. This can include various types of results such as numeric, coded, text, or other types relevant to the specific result.

Units of measure for the quantitative test result value

Identifies the upper and lower limits or bounds of test result values for the quantitative test result value

This indicates the type of specimen tested.

Data Type	Value Set Code
Text	N/A
Date	N/A
Coded	PHVS_Sex_NNDSS (value set under construction. See subsequent tab)
Coded	PHVS_RaceCategory_CDC_NullFlavor
Coded	PHVS_EthnicityGroup_CDC_Unk
Coded	PHVS_County_FIPS_6-4
Coded	PHVS_State_FIPS_5-2
Text	N/A
Coded	PHVS_YesNoUnknown_CDC
Date	N/A
Date	N/A
Date	N/A
Date	N/A
Coded	PHVS_YesNoUnknown_CDC

Coded	PHVS_YesNoUnknown_CDC
Coded	PHVS_YesNoUnknown_CDC
Date	N/A
Coded	PHVS_YesNoUnknown_CDC
Coded	PHVS_NotifiableEvent_Disease_Condition_CDC_NNDSS
Text	N/A
Date	N/A
Numeric	N/A
Coded	PHVS_AgeUnit_UCUM
Coded	PHVS_DiseaseAcquiredJurisdiction_NND
Coded	PHVS_DisabilityType_NNDSS (value set under construction. See subsequent tab)
Coded	PHVS_CaseClassStatus_NND
Text	N/A
Coded	PHVS_ResultStatus_NND
Date	N/A

DateTime	N/A
Numeric	N/A
Date	N/A
Coded	PHVS_NationalReportingJurisdiction_NND
Coded	PHVS_DisabilityType_NNDSS (value set under construction. See subsequent tab)
Coded	PHVS_YesNoUnknown_CDC
Coded	PHVS_Exposure_NNDSS (value set under construction. See subsequent tab)
Coded	PHVS_YesNoUnknown_CDC
LongText	N/A
Coded	N/A
Coded	PHVS_YesNoUnknown_CDC
LongText	N/A
Coded	N/A

Coded	PHVS_YesNoUnknown_CDC
LongText	N/A
Text	N/A
CodedNoText	PHVS_Occupation_CDC_Census2010
Text	N/A
CodedNoText	PHVS_Industry_CDC_Census2010
Coded	PHVS_LabTestName_CDC
Coded	To be SNOMED CT for coded values
None	N/A

Coded	PHVS_UnitsOfMeasure_CDC
Text	N/A
Coded	PHVS_Specimen_CDC