

## Respiratory Pathogens Surveillance: Data Table for Daily Electronic Upload

These data will be collected through a daily electronic file transfer from the facility to NHSN via Comma Separated Values (CSV) file. Data elements will be electronically captured from the facility's electronic medical record, patient registration system (admission, discharge, transfer [ADT] data), laboratory information system, and pharmacy electronic medication administration system.

Page 1 of 2

<b>Table 1. CSV File Descriptors – Required Data</b> <i>These data elements will be transmitted with each day's report.</i>	
Variable Name	Description of Variable
orgid	NHSN Facility ID number
reportDate	Calendar date of data observations
admitPatIDMrn	Medical Record Number
encounterID	Encounter Number
admitStatus	Admission status in ADT system
gname	First name
surname	Last name
dob	Date of birth
gender	Gender
race	Race
ethnicity	Ethnicity
permAddr1	Address of patient's primary residence
permCity	City of patient's primary residence
permState	State of patient's primary residence
permZipCode	Zip code of patient's primary residence
phone	Primary phone number
phoneType	Primary phone number type (home, work, mobile, temporary)
admitDate	Date of admission
location	Patient's location in facility at midnight census

<b>Table 2. CSV File Descriptors – Optional Data</b> <i>These data elements may be transmitted with each day's report.</i>	
Variable Name	Description of Variable
mname	Middle name
sexAtBirth	Sex assigned to patient at birth
genderIdentity	Patient's preferred/self-identified gender
permAddr2	Secondary address information for patient's primary residence
tempAddr2	Secondary address information for patient's temporary residence
altPhone	Alternate phone number (may enter up to 3 alternate phone numbers)

altPhoneType	Alternate phone number type (home, work, mobile, temporary)
email	Email address

<b>Table 3. CSV File Descriptors – Conditionally Required</b> <i>These data elements will be transmitted with each day's report when present in the electronic medical record.</i>	
Variable Name	Description of Variable
tempAddr1	Address of patient's temporary residence
tempCity	City of patient's temporary residence
tempState	State of patient's temporary residence
tempZipCode	Zip code of patient's temporary residence
dischDate	Discharge date
dischDisposition	Discharge disposition (e.g., home, long-term care, skilled nursing facility, expired, etc.)
specID	Specimen ID number assigned by laboratory
labTestCode	LOINC code for viral laboratory Nucleic Acid (NA) or Antigen (Ag) test
labTestOrderDate	Laboratory test order date and time
labTestCollectDate	Laboratory test collection date and time
labTestResultDate	Laboratory test result date and time
labTestResult	Laboratory final test result
contactPrec	Presence of contact precautions
contactPrecStartDate	Contact precautions start date
contactPrecEndDate	Contact precautions end date
dropletPrec	Presence of droplet precautions
dropletPrecStartDate	Droplet precautions start date
dropletPrecEndDate	Droplet precautions end date
airbornePrec	Presence of airborne precautions
airbornePrecStartDate	Airborne precautions start date
airbornePrecEndDate	Airborne precautions end date
medOrder	Medication with active order on report date
medOrderDate	Medication order date and time
medOrderStartDate	Medication start date and time
medAdm	Medication administered on report date
medLastAdmDate	Date and time of last administration of the medication

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)). Public reporting burden of this collection of information is estimated to average 2 minutes per response, including



the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, 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, Reports Clearance Officer, 1600 Clifton Rd., MS H21-8, Atlanta, GA 30333, ATTN: PRA (0920-0666).

