**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.*

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| **Table 1. CSV File Descriptors – Required Data** | *These data elements will be transmitted with each day’s report.* |
| **Variable Name** | Description of Variable |
| orgid | NHSN Facility ID number |
| reportDate | Calendar date of data observations |
| addtlPatIDMrn | 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 |
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| **Table 2. CSV File Descriptors – Optional Data** | *These data elements may be transmitted with each day’s report.* |
| **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 |
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| **Table 3. CSV File Descriptors – Conditionally Required**  | *These data elements will be transmitted with each day’s report when present in the electronic medical record.* |
| **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). |