Data Element
Message Profile Identifier
Other Race Text
Country of Birth
Other Birth Place
Country of Usual Residence
Illness End Date
Illness Duration
Illness Duration Units
Admission Date
Discharge Date
Duration of Hospital Stay in Days
State Case Identifier

Legacy Case Identifier
Age at Case Investigation
Age Unit at Case Investigation
Imported Country
Imported State
Imported City
Imported County
Country of Exposure
State or Province of Exposure
City of Exposure
County of Exposure
Transmission Mode

Immediate National Notifiable Condition
Case Outbreak Indicator
Jurisdiction Code
Reporting Source Type Code
Reporting Source ZIP Code
Binational Reporting Criteria
Person Reporting to CDC - Name
Person Reporting to CDC - Phone Number
Person Reporting to CDC - Email
Case Investigation Start Date
Date First Electronically Submitted
Date Reported
Earliest Date Reported to County
Earliest Date Reported to State
Date CDC Was First Verbally Notified of This Case

Reporting State
Reporting County
Comment

Description
Message Profile Identifiers provide a literal value to use for the references in MSH-21. MSH-21 will always contain a reference to the notification type in the "PHINProfileID" namespace and a reference to the implemented version of the Generic MMG in the "PHINMsgMapID" namespace. For conditions that have a condition-specific MMG, MSH-21 will also contain a reference to that MMG that is also in the "PHINMsgMapID" namespace.
Other Race Text
Country of Birth
Other Birth Place
Where does the person usually live (defined as their residence). This variable replaces the Foreign Resident variable mentioned in 11-SI-04 titled "Revised Guidelines for Determining Residency for Disease Reporting" located at http://c.ymcdn.com/sites/www.cste.org/resource/resmgr/PS/11-SI-04.pdf. Cases with country of usual residence equal to the US, Puerto Rico, and US Virgin Islands as well as unknown and null responses will be included in the state-specific counts and rates.
Date at which the disease or condition ends.
Length of time this subject had this disease or condition.
Unit of time used to describe the length of the illness or condition.
Subject’s most recent admission date to the hospital for the condition covered by the investigation.
Subject's most recent discharge date from the hospital for the condition covered by the investigation.
Subject's duration of stay at the hospital for the condition covered by the investigation.
States use this identifier to link NEDSS investigations back to their own state investigations.

CDC uses this identifier to link current case notifications to case notifications submitted by a previous system (NETSS, STD-MIS, etc.). If migrating between systems, incorporate the original Local Record ID (INV168 in OBR-3) into the Legacy Case Identifier (77997-5) field in the new system.
Subject age at time of case investigation
Subject age unit at time of case investigation
If the disease or condition was imported, indicates the country in which the disease was likely acquired.
If the disease or condition was imported, indicates the state in which the disease was likely acquired.
If the disease or condition was imported, indicates the city in which the disease was likely acquired.
If the disease or condition was imported, contains the county of origin of the disease or condition.
Indicates the country in which the disease was likely acquired.
Indicates the state (or Province) in which the disease was likely acquired. Note: If Country of exposure was US, populate with US State. If Country of exposure was Mexico, populate with Mexican State. If country of exposure was Canada, populated with Canadian Province. For all other countries, leave null.
Indicates the city in which the disease was likely acquired Note: If country of exposure is US, populate with US city. For all other cities, can be populated but not required.
Indicates the county in which the disease was likely acquired Note: If country of exposure is US, populate with US county. Otherwise, leave null.
Code for the mechanism by which disease or condition was acquired by the subject of the investigation.

Does this case meet the criteria for immediate (extremely urgent or urgent) notification to CDC? Refer to the Notifications Requirements for the relevant year to see the NNCs by notification timeliness category at the following link: https://ndc.services.cdc.gov/event-codes-other-surveillance-resources/
Denotes whether the reported case was associated with an identified outbreak.
Identifier for the physical site from which the notification is being submitted.
Type of facility or provider associated with the source of information sent to Public Health.
ZIP Code of the reporting source for this case.
For cases meeting the binational criteria, select all the criteria which are met.
Name of the person who is reporting the case to the CDC. This is the person that CDC should contact in a state if there are questions regarding this case notification.
Phone Number of the person who is reporting the case to the CDC. This is the person that CDC should contact in a state if there are questions regarding this case notification.
Email Address of the person reporting the case to the CDC. This is the person that CDC should contact in a state if there are questions regarding this case notification.
The date the case investigation was initiated.
Date/time the notification was first electronically sent to CDC. This value does not change after the original notification.
Date that a health department first suspected the subject might have the condition.
Earliest date reported to county public health system.
Earliest date reported to state public health system.
Date the case of an Immediately National Notifiable Condition was first verbally reported to the CDC Emergency Operation Center or the CDC Subject Matter Expert responsible for this condition.

State reporting the notification
County reporting the notification
Use this field, if needed, to communicate anything unusual about this case, which is not already covered with the other data elements. Do not send personally identifiable information to CDC in this field.

Data Type	Value Set Code
Text	N/A
Text	N/A
Coded	PHVS_BirthCountry_CDC
Text	N/A
Coded	PHVS_Country_ISO_3166-1
Date	N/A
Numeric	N/A
Coded	PHVS_DurationUnit_CDC
Date	N/A
Date	N/A
Numeric	N/A
Text	N/A

Text	N/A
Numeric	N/A
Coded	PHVS_AgeUnit_UCUM
Coded	PHVS_Country_ISO_3166-1
Coded	PHVS_State_FIPS_5-2
Coded	PHVS_City_USGS_GNIS
Coded	PHVS_County_FIPS_6-4
Coded	PHVS_Country_ISO_3166-1
Coded	PHVS_StateProvinceOfExposure_CDC
Text	N/A
Text	N/A
Coded	PHVS_CaseTransmissionMode_NND

Coded	PHVS_YesNoUnknown_CDC
Coded	PHVS_YesNoUnknown_CDC
Text	N/A
Coded	PHVS_ReportingSourceType_NND
Text	N/A
Coded	PHVS_BinationalReportingCriteria_CDC
Text	N/A
Text	N/A
Text	N/A
Date	N/A
DateTime	N/A
Date	N/A
Date	N/A
Date	N/A
Date	N/A

Coded	PHVS_State_FIPS_5-2
Coded	PHVS_County_FIPS_6-4
LongText	N/A