

**National HIV Surveillance System (NHSS)**

Attachment 3(c)

Data Elements for the National HIV Surveillance System (NHSS)

## Data Elements for the National HIV Surveillance System (NHSS)

### Data Elements for Adult HIV Case Reports

*Public reporting burden of this collection of information is estimated to average 20 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/ATSDR Information Collection Review Office Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: PRA (0920-0573)*

### Data Elements for Pediatric HIV Case Reports

*Public reporting burden of this collection of information is estimated to average 35 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/ATSDR Information Collection Review Office Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: PRA (0920-0573)*

### Data Elements for Investigation Reporting and Evaluation

*Public reporting burden of this collection of information is estimated to average 1 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/ATSDR Information Collection Review Office Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: PRA (0920-0573)*

The data elements listed below include data elements for adult HIV case reports (PRA), pediatric case reports (PRA), HIV incidence surveillance information (no longer submitted), laboratory test data, investigation reporting and evaluation information and supplemental data collected from other document types such as birth certificates (BC) and death certificates (DCATC). Data are stored in tables in the enhanced HIV Reporting System (eHRS). Information in the table below reflects information in the version of eHRS currently in place, as of 3/1/2025, with proposed changes to be implemented in subsequent versions of eHRS. The column "Transfer to CDC" indicates whether or not the data collected in a variable are transmitted to CDC. The column "Required/Optional" indicates whether a variable is (1) a program requirement for collection (Required), (2) optional for program collection (Optional), which may include variables that are CDC recommended for collection but collection is optional, (3) generated by the eHRS system (System), (4) data received from other active programs (External), (5) collected from the previous case surveillance system and not collected in eHRS (Legacy System), or (6) data collected in eHRS (Legacy System) or (7) data collected in eHRS (Legacy System). Additional information for users can be found in the eHRS 3.0 User's Technical Reference Guide.

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
<b>ADDRESS</b>	<b>Maintains information on a person's or a child's biological mother's addresses and locations.</b>				
address_dt	The most recent date for which this address is active.	YYYYMMDD	YES	ACRF, PCRF	Required
address_original_type_cd	A code indicating the original address type if address_type_cd is CUR, RAD, RBI, RHE, RSA, RSH, or RSR.	BAD – Bad address COR – Correctional facility FOS – Foster home HML – Homeless MIL – Military OTH – Other POS – Postal RES – Residential SHL – Shelter TMP - Temporary	YES	ACRF, PCRF, DEATH	Required
address_seq	Used by the system as a sequence identifier for the person's or the child's biological mother's addresses.		YES	All	System
address_type_cd	A code indicating the type of address, such as RES (residential) or RSA [residence at stage 3 HIV infection (AIDS) diagnosis].	BAD - Bad address COR - Correctional facility CUR - Current FOS - Foster home HML – Homeless MIL – Military OTH – Other POS – Postal RAD - Residence at death RBI - Residence at birth RES - Residential RHE - Residence at perinatal exposure RSA - Residence at diagnosis of stage 3 HIV infection (AIDS) RSH - Residence at diagnosis of HIV infection	YES	All	Required

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		RSR - Residence at pediatric seroreversion SHL - Shelter TMP – Temporary			
census_block_group	Indicating the census block group for the person's or the child's biological mother's address.		NO	All	Optional
census_congressional_district	Indicating the congressional district for the person's or the child's biological mother's address.		NO	All	Optional
census_group	Indicating the census group for the person's or the child's biological mother's address.		NO	All	Optional
census_msa	Indicating the census metropolitan statistical area (MSA) for the person's or the child's biological mother's address.		NO	All	Optional
census_tract	Indicating the census tract for the person's or the child's biological mother's address.		Optional	All	Required
city_fips	The city FIPS code for the person's or the child's biological mother's address. (5 digits)	FIPS_CITY (table) - 99999	YES	All	Required
city_name	The textual city name for the person's or the child's biological mother's address from the FIPS table. If there is no match to the FIPS table, the text is stored as entered by the user and preceded by an asterisk.	FIPS_CITY (table), ZIP_CITY (table)	YES	All	Required
country_cd	The ISO country code for the person's or the child's biological mother's address.	COUNTRY_CODE (table)	YES	All	Required
country_usd	The FIPS code for the U.S. Minor Outlying Islands.	COUNTRY_CODE (table)	YES	All	Required, if country_cd = "UMI" (U.S. Minor Outlying Areas)
county_fips	The FIPS county code for the person's or the child's biologic mother's address.	FIPS_COUNTY (table) - 999	YES	All	Required
county_name	The county name for the person's or the child's biological mother's address from	FIPS_COUNTY (table), ZIP_CITY (table)	YES	All	Required

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
	the FIPS_COUNTY table. If there is no match to the FIPS_COUNTY table, the text is stored as entered by the user and preceded by an asterisk.				
doc_belongs_to	Indicates who the address data belong to: PERSON or MOTHER.	PERSON, MOTHER	YES	All	System
document_uid	A unique identifier for a document.		YES	All	System
geographic_level	Geographic level to which the address was geocoded.	1 – Street match 2 – Zip code match 3 – City and state match 4 – No match 5 – No match through eHARS geocoding functionality	YES	All	Required
phone	The value indicating the person's or the child's biological mother's telephone number.	9999999999	NO	All	Required
state_cd	The state postal code for the person's or the child's biological mother's address.	STATE_CODES	YES	All	Required
street_address1	Primary description of the person's or the child's biological mother's street address, such as number and street name.		NO	All	Required
street_address2	Secondary description of the person's or the child's biological mother's street address, such as apartment, building, or unit and number.		NO	All	Required
zip_cd	The zip code associated with the person's or the child's biological mother's address.	ZIP_CITY (table) - 99999	NO	All	Required
<b>ARV_PROPHYLAXIS</b>	<b>Maintains information on a person's antiretroviral (ARV) drug use for treatment, prophylaxis, or other purposes. It also maintains a child's biological mother's ARV-use information prior to the pregnancy, during pregnancy, or during labor and delivery.</b>				
document_uid	A unique identifier for a document.		YES	ACRF, PCRF	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
drug_cd	Identifier for an ARV drug.	DRUG	YES	ACRF, PCRF	Optional
drug_last_use_dt	The date the person or the child's biological mother last used the ARV drug.	YYYYMMDD	YES	ACRF, PCRF	Required
drug_rsn	Reason the person took the ARV drug or reason the child's biological mother did not receive any ARV drugs during this pregnancy or during labor and delivery.	1 – No prenatal care 2 – HIV serostatus of biological mother unknown 3 – Biological mother known to be/tested HIV-negative during pregnancy 4 – Birth not in hospital 5 – precipitous delivery/STAT Cesarean delivery 6 – Prescribed but not administered 8 – Not documented 9 – Unknown HBVTX – Hepatitis B virus treatment HIVTX – HIV treatment OTH – Other PEP – Post-exposure prophylaxis PMTCT – Prevention of mother-to-child transmission PREP – Pre-exposure prophylaxis	YES	ACRF, PCRF	Required
drug_seq	Used by the system as a sequence identifier for each ARV drug added to a document.		YES	ACRF, PCRF	System
drug_start_dt	The date the person or the child's biological mother began taking the ARV drug.	YYYYMMDD	YES	ACRF, PCRF	Required
obs_uid	An internal identifier for an observation.		YES	ACRF, PCRF	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
other_drug_rsn	Text entered to specify the reason the person took the ARV drug when a selection value is not available or appropriate, or the reason the child's biological mother did not receive any ARV drugs during this pregnancy or during labor and delivery when a selection value is not available or appropriate.		YES	ACRF, PCRF	Required, if drug_rsn="OTH" (Other)
other_drug_specify	Unlisted ARV drug name.		YES	ACRF, PCRF	Optional, if drug_cd = "88" (Other)
<b>BIRTH_DELIVERY</b>	<b>Maintains information regarding the reason or reasons an infant, who was exposed to HIV perinatally with or without consequent infection, was delivered through cesarean section.</b>				
csection_rsn	A code to determine why the delivery was a C-section.	1 – HIV indication (high viral load) 2 – Previous Cesarean (repeat) 3 – Malpresentation (breech, transverse) 4 – Prolonged labor or failure to progress 5 – Biological mother's or physician's preference 6 – Fetal distress 7 – Placenta abruptia or p. previa 8 – Other 9 – Not specified	YES	PCRF, LEGACY_PCRF	Optional
delivery_seq	Sequence identifier for each reason added to a PCRF document.	0-999999	YES	PCRF, LEGACY_PCRF	System
document_uid	A unique identifier for a document.		YES	PCRF, LEGACY_PCRF	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
other_csection_rsn	User-entered reason when a selection value is not available.		YES	PCRF, LEGACY_PCRF	Optional, if csection_rsn = "8" (Other)
<b>BIRTH_HISTORY</b>	<b>Maintains birth history information (e.g., birth weight, congenital disorders) for children who were exposed to HIV prenatally with or without consequent infection.</b>				
birth_history_avail	Whether the child's birth history is available.	Y – Yes N – No U – Unknown	YES	PCRF, LEGACY_PCRF	Optional
birth_place	Place of birth	1 – Hospital 2 – Freestanding birthing center 3 – Home birth, clinic/doctor's office 9 – Unknown	YES	BC	Optional
birth_type	Type of birth.	1 – Single 2 – Twin 3 – >2 9 – Unknown	YES	PCRF, LEGACY_PCRF, BC	Optional
birth_wt	Child's birth weight in grams.	NULL, MIN = 28, MAX = 9070	YES	PCRF, LEGACY_PCRF, BC	Optional
breastfed_discharge	Infant is being breastfed at discharge	Y – Yes N – No U – Unknown	YES	BC	Optional
congenital_disorders	Indicates the presence of congenital disorders.	Y – Yes N – No U – Unknown	YES	PCRF, LEGACY_PCRF	Optional
congenital_disorders_cd	Code for the type of congenital disorder.	Code for BC (see list below) or ICD-10-CM or MACDP code for PCRF  01 - Anencephaly 02 - Meningomyelocele/Spina bifida 03 - Cyanotic congenital heart disease	YES	PCRF, LEGACY_PCRF, BC	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		04 - Congenital diaphragmatic hernia 05 - Omphalocele 06 - Gastroschisis 07 - Limb reduction defect (excluding congenital amputation and dwarfing syndromes) 08 - Cleft lip with or without cleft palate 09 - Cleft palate alone 10 - Down syndrome 11 - Suspected chromosomal disorder 12 - Down syndrome (karyotype confirmed) 13 - Suspected chromosomal disorder (karyotype confirmed) 14 - Down syndrome (karyotype pending) 15 - Suspected chromosomal disorder (karyotype pending) 16 - Hypospadias 17 - None of the anomalies listed above			
delivery_dt	Date when biological mother delivered infant(s).	YYYYMMDD	YES	PCRF, LEGACY_PCRF	Optional
delivery_method	Method of delivery.	For PCRF: 1 – Vaginal 2 – Elective Cesarean 3 – Nonelective Cesarean 4 – Cesarean, unknown 8 – Cesarean	YES	PCRF, LEGACY_PCRF, BC	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		9 – Unknown  For BC: 5 – Vaginal, spontaneous 6 – Vaginal, forceps 7 – Vaginal, vacuum 8 – Cesarean			
delivery_time	Military time when biological mother delivered infant(s).	HH:MM:SS	YES	PCRF, LEGACY_PCRF	Optional
document_uid	A unique identifier for a document.		YES	PCRF, LEGACY_PCRF, BC	System
infant_transfer	Was the infant transferred to another facility within 24 hours of delivery?	Y – Yes N – No	YES	BC	Optional
neonatal_status	Child’s neonatal status.	1 – Full Term 2 – Premature 9 – Unknown	YES	PCRF, LEGACY_PCRF	Optional
neonatal_status_weeks	Neonatal gestational age in weeks.	01 – 98 99 – Unknown 00 – None	YES	PCRF, LEGACY_PCRF, BC	Optional
rupture_dt	Date when membrane rupture occurred.	YYYYMMDD	YES	PCRF, LEGACY_PCRF	Optional
rupture_time	Military time when membrane rupture occurred.	HH:MM:SS	YES	PCRF, LEGACY_PCRF	Optional
<b>BIRTHING_PERSON_HISTORY</b>	<b>Maintains information pertaining to the child’s biological mother’s pregnancy history, receipt of prenatal care, date of first positive test result to confirm HIV infection and indication of receipt of HIV medical care within 6 weeks on or before delivery.</b>				
bp_cd4_test	Was a CD4 test result (with a specimen collection date within the 6 weeks on or before delivery) documented in the biological mother’s labor/delivery record?	Y – Yes N – No U – Unknown	YES	PCRF, LEGACY_PCRF	Optional
bp_first_post_dt	Date of biological mother’s first HIV positive test result to confirm infection	YYYYMMDD	YES	All	Optional
bp_vl_test	Was a quantitative NAAT (RNA or DNA) test result (with a specimen collection date within the 6 weeks on or before delivery) documented in the	Y – Yes N – No U – Unknown	YES	PCRF, LEGACY_PCRF	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
	biological mother's labor/delivery record?				
document_uid	A unique identifier for a document.		YES	All	System
first_pnc_visit_dt	Date of biological mother's first prenatal care visit	YYYYMMDD	YES	BC	Optional
last_normal_menses_dt	Date when biological mother's last normal menses began.	YYYYMMDD	YES	BC	Optional
last_pnc_visit_dt	Date of biological mother's last prenatal care visit.	YYYYMMDD	YES	BC	Optional
month_preg_pnc	Month of pregnancy biological mother's prenatal care began.	01 – 10 99 – Unknown 00 – None	YES	PCRF, LEGACY_PCRF	Optional
num_pnc_visits	Total number of prenatal care visits.	01 – 98 99 – Unknown 00 – None	YES	PCRF, LEGACY_PCRF, BC	Optional
num_prev_live_births	Number of previous live births.	1 – 99	YES	PCRF, BC	Optional
num_prev_preg	Total number of previous pregnancies.	1-99	YES	PCRF, LEGACY_PCRF	Optional
preg_before	Has the biological mother ever been pregnant before?	Y – Yes N – No U – Unknown	YES	PCRF, LEGACY_PCRF	Optional
<b>CALC_OBSERVATION</b>	<b>Maintains information on a person's calculated observations.</b>				
calc_obs_uid	A unique identifier for a calculated observation.	CALC_OBSERVATION_CODE (table)	YES/NO	All	Refer to CALC_OBSERVATION_C ODE table for requirements for each variable

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
calc_obs_value	The calculated observation's value.		YES/NO	All	Refer to CALC_OBSERVATION_C ODE table for valid data element values for each variable
document_uid	A unique identifier for a document.		YES	All	System
<b>CALC_OBSERVATION_CO DE</b>	<b>A table that maintains information calc_obs_value and associated descriptions.</b>				
1	HARS Legacy - AIDS category	1 - Definitive (pre-85) case 2 - Definitive (1985) case 3 - Definitive (1987) case 4 - Presumptive (1987) case 5 - Definitive (1993) case 6 - Presumptive (1993) case 7 - Immunologic (1993) case 8 - Undetermined case 9 - Non-case	YES	All	System
2	HARS Legacy - HIV category	1 - HIV Definitive 2 - HIV Presumptive 3 - HIV Indeterminate 4 - HIV Negative Definitive 5 - HIV Negative Presumptive 8 - Pending Confirmation 9 - HIV Unknown	YES	All	System
3	HARS Legacy - Date the first disease was diagnosed based on the 1993 expanded AIDS case definition	YES_NO	YES	All	System
4	HARS Legacy - Date the first disease was diagnosed based on the pre-1993 expanded AIDS case definition	YYYYMMDD	YES	All	System
5	HARS Legacy - Date of the first condition classifying as AIDS based on the current AIDS case definition	YYYYMMDD	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
6	HARS Legacy - Date of the first condition classifying as AIDS based on the applicable AIDS case definition	YYYYMMDD	YES	All	System
7	HARS Legacy - Date of last negative HIV test result	YYYYMMDD	YES	All	System
8	HARS Legacy - Date a case was reported as HIV positive	YYYYMMDD	YES	All	System
9	HARS Legacy - Date a case was reported as AIDS category level 1	YYYYMMDD	YES	All	System
10	HARS Legacy - Date a case was reported as AIDS category level 2	YYYYMMDD	YES	All	System
11	HARS Legacy - Date a case was reported as AIDS category level 3	YYYYMMDD	YES	All	System
12	HARS Legacy - Date a case was reported as AIDS category level 4	YYYYMMDD	YES	All	System
13	HARS Legacy - Date a case was reported as AIDS category level 5	YYYYMMDD	YES	All	System
14	HARS Legacy - Date a case was reported as AIDS category level 6	YYYYMMDD	YES	All	System
15	HARS Legacy - Date a case was reported as AIDS category level 7	YYYYMMDD	YES	All	System
16	HARS Legacy - Date a case was reported as not infected with HIV	YYYYMMDD	YES	All	System
17	HARS Legacy - Date a case was reported as perinatal exposure	YYYYMMDD	YES	All	System
18	HARS Legacy - Date the death of a case was reported	YYYYMMDD	YES	All	System
19	HARS Legacy - Mode of transmission	01 - Male sexual contact with other male (MSM) 02 - Injection drug use (nonprescription) (IDU) 03 - Male sexual contact with other male and	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		injection drug use (MSM & IDU) 04 - Adult received clotting factor for hemophilia/coagulation disorder 05 - Heterosexual contact 06 - Adult received transfusion of blood/blood components, transplant of organ/tissue, or artificial insemination 08 - Adult with other confirmed risk 09 - Adult with risk not reported/other 11 - Child received clotting factor for hemophilia/coagulation disorder 12 - Mother with, or at risk for, HIV infection 13 - Child received transfusion of blood/blood components or transplant of organ/tissue 14 - Child with other risk 18 - Child with other confirmed risk 19 - Child with risk not reported/other			
20	HARS Legacy - Class	A1 - Asymptomatic, CD4 count > 500 or percent > 29% A2 - Asymptomatic, CD4 count 200-499 or percent 14-28%	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		<p>A3 - Asymptomatic, CD4 count &lt; 200 or percent &lt; 14%</p> <p>A9 - Asymptomatic, unknown CD4</p> <p>B1 - Symptomatic, CD4 count &gt; 500 or percent &gt; 29%</p> <p>B2 - Symptomatic, CD4 count 200-499 or percent 14-28%</p> <p>B3 - Symptomatic, CD4 count &lt; 200 or percent &lt; 14%</p> <p>B9 - Symptomatic, unknown CD4</p> <p>C1 - AIDS, CD4 count &gt; 500 or percent &gt; 29%</p> <p>C2 - AIDS, CD4 count 200-499 or percent 14-28%</p> <p>C3 - AIDS, CD4 count &lt; 200 or percent &lt; 14%</p> <p>C9 - AIDS, unknown CD4</p> <p>Unknown clinical category,</p> <p>X1 - CD4 count &gt; 500 or percent &gt; 29%</p> <p>X2 - Unknown clinical category, CD4 count 200-499 or percent 14-28%</p> <p>X3 - Unknown clinical category, CD4 count &lt; 200 or percent &lt; 14%</p> <p>X9 - Unknown clinical category, unknown CD4</p>			

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
21	HARS Legacy - Date of first positive HIV test result or doctor diagnosis of HIV	YYYYMMDD	YES	All	System
78	HARS Legacy - CD4 count < 400	YES_NO	YES	All	System
85	HARS Legacy - First positive HIV-1 EIA test result date	YYYYMMDD	YES	All	System
86	HARS Legacy - Last negative HIV-1 EIA test result date	YYYYMMDD	YES	All	System
87	HARS Legacy - Most recent HIV-1 EIA test result value	POS=Positive NEG=Negative	YES	All	System
89	HARS Legacy - Most recent HIV-1 EIA test result date		YES	All	System
90	HARS Legacy - Overall HIV-1 EIA test result value	POS=Positive NEG=Negative	YES	All	System
91	HARS Legacy - Overall HIV-1 EIA test result date	YYYYMMDD	YES	All	System
92	HARS Legacy - First positive HIV-1/2 combined test result date	YYYYMMDD	YES	All	System
93	HARS Legacy - Last negative HIV-1/2 combined test result date	YYYYMMDD	YES	All	System
94	HARS Legacy - Most recent HIV-1/2 combined test result value	POS=Positive NEG=Negative	YES	All	System
95	HARS Legacy - Most recent HIV-1/2 combined test result date	YYYYMMDD	YES	All	System
96	HARS Legacy - Overall HIV-1/2 combined test result value	POS=Positive NEG=Negative	YES	All	System
97	HARS Legacy - Overall HIV-1/2 combined test result date	YYYYMMDD	YES	All	System
98	HARS Legacy - First positive Western Blot/IFA test result date	YYYYMMDD	YES	All	System
99	HARS Legacy - Last negative Western Blot/IFA test result date	YYYYMMDD	YES	All	System
100	HARS Legacy - Most recent Western Blot/IFA test result value	POS_NEG_IND	YES	All	System
101	HARS Legacy - Most recent Western Blot/IFA test result date	YYYYMMDD	YES	All	System
102	HARS Legacy - Overall Western Blot/IFA test result value	POS_NEG_IND	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
103	HARS Legacy - Overall Western Blot/IFA test result date	YYYYMMDD	YES	All	System
104	HARS Legacy - First positive Other HIV Antibody test result date	YYYYMMDD	YES	All	System
105	HARS Legacy - Last negative Other HIV Antibody test result date	YYYYMMDD	YES	All	System
106	HARS Legacy - Most recent Other HIV Antibody test result value	POS_NEG_IND	YES	All	System
107	HARS Legacy - Most recent Other HIV Antibody test result date	YYYYMMDD	YES	All	System
108	HARS Legacy - Overall Other HIV Antibody test result value	POS_NEG_IND	YES	All	System
109	HARS Legacy - Overall Other HIV Antibody test result date	YYYYMMDD	YES	All	System
110	HARS Legacy - First positive Detection/Antigen/Viral load test result date	YYYYMMDD	YES	All	System
111	HARS Legacy - Last negative Detection/Antigen/Viral load test result date	YYYYMMDD	YES	All	System
112	HARS Legacy - Most recent Detection/Antigen/Viral load test result value	POS_NEG_IND	YES	All	System
113	HARS Legacy - Most recent Detection/Antigen/Viral load test result date	YYYYMMDD	YES	All	System
114	HARS Legacy - Overall Detection/Antigen/Viral load test result value	POS_NEG_IND	YES	All	System
115	HARS Legacy - Overall Detection/Antigen/Viral load test result date	YYYYMMDD	YES	All	System
116	HARS Legacy - Most recent CD4 count value		YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
117	HARS Legacy - Most recent CD4 percent value		YES	All	System
118	HARS Legacy - Most recent CD4 test result date	YYYYMMDD	YES	All	System
119	HARS Legacy - Lowest count from all CD4 test result values		YES	All	System
120	HARS Legacy - Lowest CD4 count test result date	YYYYMMDD	YES	All	System
121	HARS Legacy - Lowest percent from all CD4 test result values		YES	All	System
122	HARS Legacy - Lowest CD4 percent test result date	YYYYMMDD	YES	All	System
123	HARS Legacy - First CD4 count < 200 value		YES	All	System
124	HARS Legacy - First CD4 percent < 14 value		YES	All	System
125	HARS Legacy - First CD4 count < 200 or percent < 14 date	YYYYMMDD	YES	All	System
216	HARS Legacy - Expanded mode of transmission	01 - Male sexual contact with other male (MSM) 02 - Injection drug use (nonprescription) (IDU) 03 - Male sexual contact with other male and injection drug use (MSM & IDU) 04 - Adult received clotting factor for hemophilia/coagulation disorder 05 - Heterosexual contact with injection drug user 06 - Heterosexual contact with bisexual man 07 - Heterosexual contact with person with hemophilia 08 - Born in an NIR country	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		Heterosexual contact with person born in an NIR country 09 - Heterosexual contact with HIV-infected transfusion recipient 11 - Heterosexual contact with HIV-infected person 12 - Heterosexual contact with person at risk for HIV infection 13 - Adult received transfusion of blood/blood components, transplant of organ/tissue, or artificial insemination 14 - Adult with risk not reported/other 15 - Child received clotting factor for hemophilia/coagulation disorder 16 - Mother injection drug use (nonprescription) (IDU) 17 - Mother had sex with male injection drug user 18 - Mother had sex with bisexual man 19 - Mother had sex with person with hemophilia 20 - Mother born in an NIR country 21 - Mother had sex with person born in an NIR country			

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		22 - Mother had sex with HIV-infected transfusion recipient 23 - Mother had sex with HIV-infected man 24 - Mother received transfusion of blood/blood components, transplant of organ/tissue, or artificial insemination 25 - Mother has HIV infection 26 - Child received transfusion of blood/blood components or transplant of organ/tissue 27 - Child with risk not reported/other 28 - Child with other risk 88 - Child with other confirmed risk			
217	Old race	1 - White, not Hispanic 2 - Black, not Hispanic 3 - Hispanic 4 - Asian/Pacific Islander 5 - American Indian/Alaska Native 9 - Unknown	YES	All	System
218	Race	1 - Hispanic, All races 2 - Not Hispanic, American Indian/Alaska Native 3 - Not Hispanic, Asian 4 - Not Hispanic, Black 5 - Not Hispanic, Native Hawaiian/Pacific Islander 6 - Not Hispanic, White 7 - Not Hispanic, Legacy Asian/Pacific Islander	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		8 - Not Hispanic, Multi-race 9 - Unknown			
219	Earliest date the first document was entered into the system	YYYYMMDD	YES	All	System
220	Earliest date the first document was received at the health department	YYYYMMDD	YES	All	System
221	Transmission category	01 - Male sexual contact with other male (MSM) 02 - Injection drug use (nonprescription) (IDU) 03 - Male sexual contact with other male and injection drug use (MSM+IDU) 04 - Adult received clotting factor for hemophilia/coagulation disorder 05 - Heterosexual contact 06 - Adult received transfusion of blood/blood components, transplant of organ/tissue, or artificial insemination 07 - Perinatal exposure with HIV infection first diagnosed at age 13 years or older 08 - Adult with other confirmed risk 09 - Adult with No Identified Risk (NIR) 10 - Adult with No Reported Risk (NRR)	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		11 - Child received clotting factor for hemophilia/coagulation disorder 12 - Perinatal exposure 13 - Child received transfusion of blood/blood components or transplant of organ/tissue 18 - Child with other confirmed risk 19 - Child with No Identified Risk (NIR) 20 - Child with No Reported Risk (NRR) 99 - Risk factors selected with no age at diagnosis			
222	Expanded transmission category	01-Adult male sexual contact with male (MSM) 02-Adult injection drug use (IDU) 03-Adult MSM & IDU 04-Adult received clotting factor 05-Adult heterosexual contact with IDU 06-Adult heterosexual contact with bisexual male 07-Adult heterosexual contact with person with hemophilia or coagulation disorder 10-Adult heterosexual contact with transfusion or transplant recipient with documented HIV infection 11-Adult heterosexual contact with person with	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		documented HIV infection, risk factor not specified 13-Adult received transfusion or transplant 14-Adult undetermined transmission category 15-Child received clotting factor 16-Mother IDU 17-Mother had heterosexual contact with IDU 18-Mother had heterosexual contact with bisexual male 19-Mother had heterosexual contact with person with hemophilia or coagulation disorder 22-Mother had heterosexual contact with transfusion or transplant recipient with documented HIV infection 23-Mother had heterosexual contact with person with documented HIV infection, risk factor not specified 24-Mother received transfusion or transplant 25-Mother HIV positive 26-Child received transfusion or transplant			

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		27-Child undetermined transmission category 28-Child other confirmed risk factor 88-Adult other confirmed risk factor 99-Adult and pediatric risk factors selected with no age at diagnosis  f			
223	Exposure category	01 - MSM only 02 - IDU only 03 - Heterosexual contact only 04 - MSM & IDU 05 - IDU & Heterosexual contact 06 - MSM & Heterosexual contact 07 - MSM & IDU & Heterosexual contact 08 - Perinatal exposure 09 - Other 10 - No Identified Risk (NIR) 11 - No Reported Risk (NRR) 99-Adult and pediatric risk factors selected with no age at diagnosis	YES	All	System
224	Date of first positive HIV test result or doctor diagnosis of HIV	YYYYMMDD	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
225	Type of first evidence of HIV infection (positive HIV test result or doctor diagnosis of HIV)	1 - Lab test 2 - Physician diagnosis	YES	All	System
226	First CD4 or viral load test result date after HIV diagnosis	YYYYMMDD	YES	All	System
227	Type of first test after HIV diagnosis (CD4 or viral load)	1 - CD4 2 - Viral load 3 - CD4 and Viral Load	YES	All	System
228	Most recent test result date	YYYYMMDD	YES	All	System
229	Most recent test type	1 - CD4 2 - Viral load	YES	All	System
230	Most recent test result value	LAB_RESULT_VALUE	YES	All	System
243	First detectable viral load test result date	YYYYMMDD	YES	All	System
244	First detectable viral load test result value (copies/ml)		YES	All	System
245	Most recent viral load test result value (copies/ml)		YES	All	System
246	Most recent viral load test result date	YYYYMMDD	YES	All	System
247	Most recent undetectable viral load test result date	YYYYMMDD	YES	All	System
252	The earliest date on which the immunologic criteria for stage 3 were met	YYYYMMDD	YES	All	System
253	First CD4 count test result < 350 value		YES	All	System
254	First CD4 count test result < 350 date	YYYYMMDD	YES	All	System
255	Most recent CD4 count test result value		YES	All	System
256	Most recent CD4 count test result date	YYYYMMDD	YES	All	System
257	Most recent CD4 percent test result value		YES	All	System
258	Most recent CD4 percent test result date	YYYYMMDD	YES	All	System
259	Most recent CD4 test result (count or percent) date	YYYYMMDD	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
260	First CD4 test result value after HIV diagnosis		YES	All	System
261	First CD4 test result date after HIV diagnosis	YYYYMMDD	YES	All	System
262	Lowest CD4 count test result value		YES	All	System
263	Lowest CD4 count test result date	YYYYMMDD	YES	All	System
264	Lowest CD4 percent test result value		YES	All	System
265	Lowest CD4 percent test result date	YYYYMMDD	YES	All	System
266	First positive Qualitative RNA/DNA test result date	YYYYMMDD	YES	All	System
267	Most recent Qualitative RNA/DNA test result value		YES	All	System
268	Most recent Qualitative RNA/DNA test result date	YYYYMMDD	YES	All	System
269	Most recent negative Qualitative RNA/DNA Test Result date	YYYYMMDD	YES	All	System
270	First positive HIV antigen test result date	YYYYMMDD	YES	All	System
271	First positive HIV culture test result date	YYYYMMDD	YES	All	System
272	HIV case definition category	1 - HIV positive, definitive 2 - HIV positive, presumptive 3 - HIV indeterminate 4 - HIV negative, definitive 5 - HIV negative, presumptive 8 - Pending confirmation 9 - Unknown	YES	All	System
273	AIDS case definition category	7 - AIDS case defined by immunologic (CD4 count or percent) criteria 9 - Not an AIDS case A - AIDS case defined by clinical disease (OI) criteria	YES	All	System
274	Age at HIV diagnosis (years)	1-99	YES	All	System
275	Age at HIV diagnosis (months)	1-99	YES	All	System
276	Age at AIDS diagnosis (years)	1-99	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
277	Age at AIDS diagnosis (months)	1-99	YES	All	System
278	Age at HIV disease diagnosis (years)	1-99	YES	All	System
279	Age at HIV disease diagnosis (months)	1-99	YES	All	System
281	Date of the earliest condition classifying the case as stage 3 HIV infection	YYYYMMDD	YES	All	System
282	The earliest date on which the clinical disease criterion (opportunistic illness [OI] diagnosis) for stage 3 HIV infection was met	YYYYMMDD	YES	All	System
285	HIV disease diagnosis date	YYYYMMDD	YES	All	System
287	Diagnostic status	1 - Adult HIV 2 - Adult AIDS 3 - Perinatal HIV exposure 4 - Pediatric HIV 5 - Pediatric AIDS 6 - Pediatric seroreverter 9 - Unknown	YES	All	System
288	Date reported as HIV positive	YYYYMMDD	YES	All	System
289	Date reported as not infected with HIV (seroreverters)	YYYYMMDD	YES	All	System
290	Date reported as perinatal exposure	YYYYMMDD	YES	All	System
291	Date reported as AIDS (non-immunologic)	YYYYMMDD	YES	All	System
292	Date reported as AIDS (immunologic)	YYYYMMDD	YES	All	System
293	Date reported as AIDS (earliest)	YYYYMMDD	YES	All	System
294	Date reported as HIV disease	YYYYMMDD	YES	All	System
295	Disease progression category (report date)	YYYYMMDD	YES	All	System
296	Disease progression category (diagnosis date)	YYYYMMDD	YES	All	System
297	Meets CDC case definition for HIV (not AIDS)	YES_NO	YES	All	System
298	Meets CDC case definition for AIDS	YES_NO	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
299	Meets CDC case definition for HIV disease	YES_NO	YES	All	System
300	Meets CDC eligibility for HIV (not AIDS)	YES_NO	YES	All	System
301	Meets CDC eligibility for AIDS	YES_NO	YES	All	System
302	Meets CDC eligibility for HIV disease	YES_NO	YES	All	System
303	Age at death (years)	1-99	YES	All	System
304	Age at death (months)	1-99	YES	All	System
305	Date death reported	YYYYMMDD	YES	All	System
306	Type of first CD4 test after HIV diagnosis (count or percent)	RESULT_UNITS_CD4	YES	All	System
307	Meets CDC case definition for HIV perinatal exposure or pediatric seroreverter	YES_NO	YES	All	System
308	Meets CDC eligibility for HIV perinatal exposure or pediatric seroreverter	YES_NO	YES	All	System
309	Laboratory documented date of last negative before first positive HIV test result	YYYYMMDD	YES	All	System
310	Date of last negative before first positive HIV test result from testing history	YYYYMMDD	YES	All	System
312	Stage 0 HIV infection at diagnosis	A – Stage 0, <b>acute</b> infection at diagnosis B – Stage 0, <b>unknown if acute</b> at diagnosis N – Insufficient evidence for diagnosis	YES	All	System
313	Stage at diagnosis based only on CD4 and opportunistic illness (OI)	1 - Stage 1, CD4 cnt≥500 or CD4 pct≥26 2 - Stage 2, 200≤CD4 cnt≤499 or 14≤CD4 pct≤25 3 - Stage 3, OI or CD4 cnt<200 or CD4 pct <14 9 - Stage unknown	YES	All	System
314	Date of earliest use of antiretroviral medications for HIV treatment	YYYYMMDD	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
315	Date of last use of antiretroviral medications for HIV treatment	YYYYMMDD	YES	All	System
316	Date of earliest use of antiretroviral medications for pre-exposure prophylaxis	YYYYMMDD	YES	All	System
317	Date of last use of antiretroviral medications for pre-exposure prophylaxis	YYYYMMDD	YES	All	System
318	Date of earliest use of antiretroviral medications for post-exposure prophylaxis	YYYYMMDD	YES	All	System
319	Date of last use of antiretroviral medications for post-exposure prophylaxis	YYYYMMDD	YES	All	System
320	Date of earliest use of antiretroviral medications for prevention of mother-to-child transmission	YYYYMMDD	YES	All	System
321	Date of last use of antiretroviral medications for prevention of mother-to-child transmission	YYYYMMDD	YES	All	System
322	Date of earliest use of antiretroviral medications for Hepatitis B treatment	YYYYMMDD	YES	All	System
323	Date of last use of antiretroviral medications for Hepatitis B	YYYYMMDD	YES	All	System
324	Date of earliest use of antiretroviral medications for other reasons	YYYYMMDD	YES	All	System
325	Date of last use of antiretroviral medications for other reasons	YYYYMMDD	YES	All	System
326	Date of earliest use of antiretroviral medications	YYYYMMDD	YES	All	System
327	Date of last use of antiretroviral medications	YYYYMMDD	YES	All	System
328	Did mother receive any antiretroviral medications prior to this pregnancy?	YES, NO_REF_UNK	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
329	Date of mother's earliest use of antiretroviral medications prior to this pregnancy	YYYYMMDD	YES	All	System
330	Date of mother's last use of antiretroviral medications prior to this pregnancy	YYYYMMDD	YES	All	System
331	Did mother receive any antiretroviral medications during pregnancy?	YES, NO_REF_UNK	YES	All	System
332	Date of mother's earliest use of antiretroviral medications during pregnancy	YYYYMMDD	YES	All	System
333	Date of mother's last use of antiretroviral medications during pregnancy	YYYYMMDD	YES	All	System
334	Did mother receive any antiretroviral medications during labor/delivery?	YES, NO_REF_UNK	YES	All	System
335	Date of mother's earliest use of antiretroviral medications during labor/delivery	YYYYMMDD	YES	All	System
336	Date of mother's last use of antiretroviral medications during labor/delivery	YYYYMMDD	YES	All	System
338	Most recent viral load test	Enter codes Table 4-5	YES	All	System
339	First viral suppression date at or after HIV disease diagnosis	YYYYMMDD	YES	All	System
340	First HIV suppression result at or after HIV disease diagnosis		YES	All	System
341	First HIV suppression result test type at or after HIV disease diagnosis	Enter codes Table 4-5	YES	All	System
<b>CONSENT_QUESTIONNAIRE</b>	<b>Maintains information on a person's consent for STARHS (Serologic Testing Algorithm for Recent HIV Seroconversion). Note: All variables in this tables were not collected since 2005 but are stored in eHARS.</b>				
cconsent1	Did the person consent to participate in STARHS when approached the first time?	Y – Yes N – No U – Unknown	YES	LEGACY_CONSENT	Retired

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
cconsent2	Did the person consent to participate in STARHS when approached the second time?	Y – Yes N – No U – Unknown	YES	LEGACY_CONSENT	Retired
cconsentvisit1	The type of visit when the person was approached for STARHS consent the first time.	01 – Pre-test 02 – Post-test 03 – Other follow-up	YES	LEGACY_CONSENT	Retired
cconsentvisit2	The type of visit when the person was approached for STARHS consent the second time.	01 – Pre-test 02 – Post-test 03 – Other follow-up	YES	LEGACY_CONSENT	Retired
cdate1	Date of first approach for consent.	YYYYMMDD	YES	LEGACY_CONSENT	Retired
cdate2	Date of second approach for consent.	YYYYMMDD	YES	LEGACY_CONSENT	Retired
document_uid	A unique identifier for a document.		YES	LEGACY_CONSENT	System
<b>DEATH</b>	<b>Maintains information on a person's death.</b>				
autopsy	Was an autopsy performed?	Y – Yes N – No U – Unknown	YES	LEGACY_NDI, DEATH	Optional
city_fips	The FIPS code for the city where the person died.	FIPS_CITY (table)	YES	LEGACY_NDI, DEATH	Optional
city_name	The name of the city where the person died.	FIPS_CITY (table)	YES	LEGACY_NDI, DEATH	Optional
country_cd	The ISO code for the country where the person died.	COUNTRY_CODE (table)	YES	LEGACY_NDI, DEATH	Optional
country_usd	The FIPS code for the U.S. Minor Outlying Island where the person died.	COUNTRY_CODE (table)	YES	LEGACY_NDI, DEATH	Optional, if country_cd = "UMI" (U.S. Minor Outlying Islands)
county_fips	The FIPS code for the county where the person died.	FIPS_COUNTY (table)	YES	LEGACY_NDI, DEATH	Optional
county_name	The name of the county where the person died.	FIPS_COUNTY (table)	YES	LEGACY_NDI, DEATH	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
document_uid	A unique identifier for a document.		YES	ACRF, PCRF, DEATH, LEGACY_NDI, LEGACY_ACRF, LEGACY_PCRF	System
dod	The person's date of death.	YYYYMMDD	YES	ACRF, PCRF, DEATH, LEGACY_NDI, LEGACY_ACRF, LEGACY_PCRF	Required, if person's vital_status = "2" (Dead)
place	The type of place where the person died, such as a residence or hospital.	001 – Hospital, inpatient 002 – Hospital, outpatient or emergency room 003 – Hospital, dead on arrival 004 – Nursing home or hospice 005 – Residence 006 – Jail/Adult detention center 007 – Juvenile detention center 008 – Group/Assisted living home 009 – Homeless shelter 010 – Homeless, on the street 011 – Hospital, institution (HARS) 888 – Other 999 – Unknown	YES	DEATH, LEGACY_NDI,	Optional
state_cd	The postal code for the state where the person died.	STATE_CODES	YES	ACRF, PCRF, DEATH, LEGACY_NDI, LEGACY_ACRF, LEGACY_PCRF	Required, if person's vital_status = "2" (Dead)
<b>DEATH_DX</b>	<b>Maintains information on a person's causes of death.</b>				

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
descr	A phrase or statement describing the cause of death.		YES	LEGACY_NDI, DEATH	Optional
document_uid	A unique identifier for a document.		YES	LEGACY_NDI, DEATH	Optional
icd_cd	The ICD code assigned.		YES	LEGACY_NDI, DEATH	Optional
icd_cd_type	The type of ICD code assigned, either ICD 9 (represented by 9) or ICD 10 (represented by 10).	9 – ICD9 10 – ICD10	YES	LEGACY_NDI, DEATH	Optional
line	line on death certificate that contains the ICD code.	1-9	YES	LEGACY_NDI, DEATH	Optional
line_number	A number indicating Underlying or Additional cause (00 indicates Underlying; all other numbers indicate Additional).	00-20	YES	LEGACY_NDI, DEATH	Optional
nature_of_injury	For NCHS electronic data, the nature of injury flag (1 represents nature of injury codes and 0 represents all other cause codes).	0, 1	YES	LEGACY_NDI, DEATH	Optional
position	Corresponds to the position of the cause of death on each line of the death certificate (1 if the cause is the first one listed, 2 if the cause is the second one listed, and so forth).		YES	LEGACY_NDI, DEATH	Optional
<b>DOCUMENT</b>	<b>Maintains information about a document (such as a case report form).</b>				
author	The person who completed the original form.		NO	All	Optional
author_phone	The phone number of the person who completed the original form.	7 or 10 digits	NO	All	Optional
complete_dt	Date the form or document was completed or populated with information. For example, when the chart abstraction was completed.	YYYYMMDD	YES	All	Required

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
document_number	A field indicating the number of the document. For example, the certificate number associated with a birth certificate.		NO	All	Optional
document_source_cd	The source code of the document.	A01.01-Inpatient Record/Acute Care Facility A01.01.01-Inpatient Record/Acute Care Facility/Infection Control Practitioner A01.01.02-Inpatient Record/Acute Care Facility/Obstetrics and Gynecology A01.01.02.01-Inpatient Record/Acute Care Facility/Obstetrics and Gynecology/Prenatal Care A01.01.02.02-Inpatient Record/Acute Care Facility/Obstetrics and Gynecology/Labor and Delivery A01.01.03-Inpatient Record/Acute Care Facility/Pediatric A01.01.04-Inpatient Record/Acute Care Facility/Birth A01.01.05-Inpatient Record/Acute Care Facility/All Other A01.02-Inpatient Record/Veteran's Administration Hospital A01.02.01-Inpatient Record/Veteran's Administration	YES	All	Required

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		Hospital/Infection Control Practitioner A01.02.02-Inpatient Record/Veteran's Administration Hospital/All Other A01.03-Inpatient Record/Military Hospital A01.03.01-Inpatient Record/Military Hospital/Infection Control Practitioner A01.03.02-Inpatient Record/Military Hospital/Obstetrics and Gynecology A01.03.02.01-Inpatient Record/Military Hospital/Obstetrics and Gynecology/Prenatal Care A01.03.02.02-Inpatient Record/Military Hospital/Obstetrics and Gynecology Labor and Delivery A01.03.03-Inpatient Record/Military Hospital/Pediatric A01.03.04-Inpatient Record/Military Hospital/All Other A01.04-Inpatient Record/Long Term Care Facility			

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		A01.04.01-Inpatient Record/Long Term Care Facility/Nursing Home A01.04.02-Inpatient Record/Long Term Care Facility/Rehabilitation Center A01.04.03-Inpatient Record/Long Term Care Facility/Drug Treatment Program A01.05-Inpatient Record/Hospice A02-Outpatient Record A02.01-Outpatient Record/HMO A02.01.01-Outpatient Record/HMO/Hospital- associated outpatient clinic A02.01.02-Outpatient Record/HMO/Non- Hospital associated outpatient clinic A02.02-Outpatient Record/VA Outpatient Clinic A02.03-Outpatient Record/Private Physician A02.03.01-Outpatient Record/Private Physician/Hospital- associated outpatient clinic A02.03.02-Outpatient Record/Private Physician/Non-Hospital associated outpatient clinic A02.04-Outpatient Record/Adult HIV Clinic			

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		A02.04.01-Outpatient Record/Adult HIV Clinic/Hospital-associated outpatient clinic A02.04.02-Outpatient Record/Adult HIV Clinic/Non-Hospital associated outpatient clinic A02.05-Outpatient Record/Infectious Disease Clinic A02.05.01-Outpatient Record/Infectious Disease Clinic/Hospital- associated outpatient clinic A02.05.02-Outpatient Record/Infectious Disease Clinic/Non-Hospital associated outpatient clinic A02.06-Outpatient Record/County Health Dept. Clinic A02.07-Outpatient Record/Maternal HIV Clinic A02.07.01-Outpatient Record/Maternal HIV Clinic/Hospital-associated outpatient clinic A02.07.02-Outpatient Record/Maternal HIV Clinic/Non-Hospital associated outpatient clinic A02.08-Outpatient Record/Prenatal Clinic			

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		A02.08.01-Outpatient Record/Prenatal Clinic/Hospital-associated outpatient clinic A02.08.02-Outpatient Record/Prenatal Clinic/Non-Hospital associated outpatient clinic A02.09-Outpatient Record/Pediatric HIV Clinic A02.09.01-Outpatient Record/Pediatric HIV Clinic/Hospital-associated outpatient clinic A02.09.02-Outpatient Record/Pediatric HIV Clinic/Non-Hospital associated outpatient clinic A02.10-Outpatient Record/Obstetrics and Gynecology A02.10.01-Outpatient Record/Obstetrics and Gynecology/Hospital- associated outpatient clinic A02.10.02-Outpatient Record/Obstetrics and Gynecology/Non-Hospital associated outpatient clinic A02.11-Outpatient Record/Pediatric Clinic A02.11.01-Outpatient Record/Pediatric Clinic/Hospital-associated outpatient clinic A02.11.02-Outpatient Record/Pediatric			

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		Clinic/Non-Hospital associated outpatient clinic A02.12-Outpatient Record/TB Clinic A02.12.01-Outpatient Record/TB Clinic/Hospital- associated outpatient clinic A02.12.02-Outpatient Record/TB Clinic/Non- Hospital associated outpatient clinic A02.14-Outpatient Record/Indian Health Service Clinic A02.14.01-Outpatient Record/Indian Health Service Clinic/Hospital- associated outpatient clinic A02.14.02-Outpatient Record/Indian Health Service Clinic/Non- Hospital associated outpatient clinic A02.15-Outpatient Record/Early Intervention Nurse A02.15.01-Outpatient Record/Early Intervention Nurse/Hospital- associated outpatient clinic A02.15.02-Outpatient Record/Early Intervention Nurse/Non- Hospital associated outpatient clinic			

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		A02.16-Outpatient Record/Visiting Nurse Service A02.16.01-Outpatient Record/Visiting Nurse Service/Hospital- associated outpatient clinic A02.16.02-Outpatient Record/Visiting Nurse Service/Non-Hospital associated outpatient clinic A02.17-Outpatient Record/Hemophilia Treatment Center A02.17.01-Outpatient Record/Hemophilia Treatment Center/Hospital- associated outpatient clinic A02.17.02-Outpatient Record/Hemophilia Treatment Center/Non- Hospital associated outpatient clinic A02.18-Outpatient Record/Hospice A02.18.01-Outpatient Record/Hospice/Hospital- associated outpatient clinic A02.18.02-Outpatient Record/Hospice/Non- Hospital associated outpatient clinic A02.19-Outpatient Record/Drug Treatment Center A02.19.01-Outpatient Record/Drug Treatment			

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		Center/Hospital- associated outpatient clinic A02.19.02-Outpatient Record/Drug Treatment Center/Non- Hospital associated outpatient clinic A02.20-Outpatient Record/Rehabilitation Center A02.20.01-Outpatient Record/Rehabilitation Center/Hospital-associated outpatient clinic A02.20.02-Outpatient Record/Rehabilitation Center/Non-Hospital associated outpatient clinic A02.25-Outpatient Record/Other Clinic A02.25.01-Outpatient Record/Other Clinic/Hospital-associated outpatient clinic A02.25.02-Outpatient Record/Other Clinic/Non- Hospital associated outpatient clinic A02.26-Outpatient Record/PrEP Clinic A02.27-Outpatient Record/Telemedicine Clinic A03-Emergency Room A04-Screening, Diagnosis and Referral Agency			

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		A04.01-Screening, Diagnosis and Referral Agency/Blood Bank A04.02-Screening, Diagnosis and Referral Agency/Drug Treatment Clinic or Program A04.03-Screening, Diagnosis and Referral Agency/Family Planning Clinic A04.04-Screening, Diagnosis and Referral Agency/HIV Case Management Agency A04.05-Screening, Diagnosis and Referral Agency/HIV Counseling and Testing Site A04.06-Screening, Diagnosis and Referral Agency/Immigration A04.07-Screening, Diagnosis and Referral Agency/Insurance Report A04.08-Screening, Diagnosis and Referral Agency/Job Corps A04.09-Screening, Diagnosis and Referral Agency/Military A04.10-Screening, Diagnosis and Referral Agency/Partner Counseling and Referral Services A04.11-Screening, Diagnosis and Referral Agency/STD Clinic			

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		A04.12-Public health notes A05-Laboratory A05.01-Laboratory/Hospital A05.02-Laboratory/State A05.03-Laboratory/Private A05.03.01- Laboratory/Private/Referen ce A05.03.02- Laboratory/Private/Other A06-Other Database A06.01-Other Database/AIDS Drug Assistance Program (ADAP) A06.02-Other Database/ASD A06.03-Other Database/Birth Certificate A06.04-Other Database/Birth Defects Registry A06.05-Other Database/Cancer Registry A06.06-Other Database/Database provided by coroner not associated with inpatient facility A06.07-Other Database/Death Certificate A06.08-Other Database/EHRAP A06.09-Other Database/EPS			

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		A06.10-Other Database/HARS A06.11-Other Database/Health department records A06.12-Other Database/Hepatitis Registry A06.13-Other Database/Hospital billing summary or discharge records A06.14-Other Database/HRSA HIV CARE A06.15-Other Database/Immunization registry A06.16-Other Database/Medicaid Records A06.17-Other Database/National Death Index (NDI) Search A06.18-Other Database/Out of State Reports A06.19-Other Database/Prison, Jail or Other Correctional Facility A06.20-Other Database/PSD A06.21-Other Database/State Disease Registry A06.22-Other Database/SHAS A06.23-Other Database/SHDC			

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		A06.24-Other Database/STD Registry A06.25-Other Database/Tuberculosis Registry A06.27-Other Database/Vital Statistics (State/Local) A06.28-Other Database/HARS NDI A06.29-Other Database/RIDR A06.29.01-Other Database/RIDR/CDC RIDR A06.29.02-Other Database/RIDR/CDC Soundex Check A06.29.03-Other Database/RIDR/Other State-to-State Communications A06.30-Other Database/SSDMF or SSDI A06.31-Other Database/Legacy TTH Pre- test A06.32-Other Database/Legacy TTH Post- test A06.33-Other Database/Legacy Consent A06.34-Other Database/MMP			

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		A06.34.01-Other Database/MMP/Medical Record Abstraction A06.34.02-Other Database/MMP/Patient Interview A06.35-Other Database/FIMR A06.35.01-Other Database/FIMR/Medical Record Abstraction A06.35.02-Other Database/FIMR/Patient Interview A06.36-Other Database/Internet Person/People Search A06.50-Other Database/Other A07-Other Facility Record A07.01-Other Facility Record/Prison, jail, or other correctional facility A07.02-Other Facility Record/Coroner not associated with inpatient facility A10-Other source A10.01-COPHI Investigation A10.02-Patient interview UNK-Unknown SOURCE-No source defined			
document_type_cd	A code indicating the type of document.	000 – Person View 001 – Adult Case Report Form (ACRF) 002 – Pediatric Case Report Form (PCRF) 003 – Legacy ACRF	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		004 – Laboratory Document 005 – Birth Certificate Document 006 – Death Document 009 – Legacy PCRF 010 – Supplemental Risk Form 011 – Legacy HARS NDI 012 – Testing and 013 – Consent Form			
document_uid	A unique identifier for a document.		YES	All	System
ehars_uid	A unique identifier for a case or person.		YES	All	System
enter_by	The user ID of the person who entered the information into eHARS, auto populated by the application.		NO	All	Optional
enter_dt	The system date when the document was entered into eHARS.	YYYYMMDD	YES	All	System
facility_uid	Facility completing the form.	FACILITY_CODE (table)	YES	ACRF, PCRF, LEGACY_CONSENT, LEGACY_TTH	Optional - System
initdocuid	If this document contains follow up information, this field captures the document UID of the report that initiated the investigation.		YES	All	Required if follow-up document
initinvest	Did this document initiate a follow-up investigation?	Y – Yes N – No U – Unknown	YES	All	Optional
modify_dt	The date the document was last modified.	YYYYMMDD	YES	All	Optional
notes	Notes or comments regarding the document.		NO	All	Optional
primary_owner	For the PV, the site_cd of the site who owns the case as determined by multiple jurisdiction hierarchy, Also, the		YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
	site_cd indicating who owns the document (for all other document types)				
provider_uid	Provider completing the form.	PROVIDER_CODE (table)	NO	ACRF, PCRF, LEGACY_CONSENT, LEGACY_TTH	Optional - System
pv_categ	The Person View stage 3 HIV infection (AIDS) category at the time the document was entered into eHARS. <b>(Note: This field was retired from usage as of version 4.0)</b>		YES	All	System
pv_hcateg	The Person View HIV category at the time the document was entered into the system. <b>(Note: This field was retired from usage as of version 4.0)</b>		YES	All	System
receive_dt	The date the document was received at the health department.	YYYYMMDD	YES	All	Optional
rep_hlth_dept_cd	The health department reporting this information to the site. The code consists of the state abbreviation and either the three-digit FIPS county code (state + fips county code), or the five-digit FIPS place code (state + fips place code).	Two-character state abbreviation + three-digit FIPS county code or five-digit FIPS place code	YES	All	Optional
rep_hlth_dept_name	The name of the reporting health department.		YES	All	Required
rpt_medium	The medium used to transport the information to the site, such as paper form, faxed or diskette, mailed.	1 - Paper form, field visit 2 - Paper form, mailed 3 - Paper form, faxed 4 - Telephone 5 - Electronic transfer, Internet 6 - Diskette, mailed	YES	All	Optional
ship_flag	A value indicating if the document/Person View needs to be transferred to CDC.	0-9999	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
site_cd	A unique identifier representing the reporting site or location where eHARS is installed.	SITE_CODE	YES	All	System
status_flag	Status of the document or Person View.	A – Active D – Deleted E – Error M – Moved P – Purged R – Required field missing W – Warning	YES	All	System
surv_method	A field indicating whether the report was obtained via active or passive surveillance.	A - Active F - Follow-up P - Passive R - Reabstraction U - Unknown	YES	All	Required
<b>FACILITY_CODE</b>	<b>Maintains information for selecting and identifying healthcare facilities.</b>				
city_fips	City FIPS code for the facility's address.	FIPS_CITY (table)	YES	N/A	Optional
city_name	City name associated with the facility's address.	FIPS_CITY (table)	YES	N/A	Optional
country_cd	ISO country code for the facility's address.	COUNTRY_CODE (table)	YES	N/A	Optional
country_usd	The FIPS code for the facility's address on the U.S. Minor Outlying Island.	COUNTRY_CODE (table)	YES	N/A	Optional, if country_cd = "UMI" (U.S. Minor Outlying Islands)
county_fips	County FIPS code for the facility's address.	FIPS_COUNTY (table)	YES	N/A	Optional
county_name	County name associated with the facility's address.	FIPS_COUNTY (table)	YES	N/A	Optional
email	The email address of the facility.		NO	N/A	Optional
facility_type_cd	Type of healthcare facility.	F.OTH-Facility/Other F.UNK-Facility/Unknown F01-Inpatient Facility	YES	N/A	Required

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		F01.01-Inpatient Facility/Hospital F01.04-Inpatient Facility/Long Term Care F01.50-Inpatient Facility/Drug Treatment F01.OTH-Inpatient Facility/Other F01.UNK-Inpatient Facility/Unknown F02-Outpatient Facility F02.01-Outpatient Facility/HMO Clinic F02.03-Outpatient Facility/Private Physician's Office F02.04-Outpatient Facility/Adult HIV Clinic F02.05-Outpatient Facility/Infectious Disease Clinic F02.09-Outpatient Facility/Pediatric HIV Specialty Clinic F02.10-Outpatient Facility/Obstetrics and Gynecology Clinic F02.11-Outpatient Facility/Pediatric Clinic F02.12-Outpatient Facility/TB Clinic F02.16-Outpatient Facility/Home Health Agency F02.17-Outpatient Facility/Hemophilia Treatment Center			

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		F02.18-Outpatient Facility/Hospice F02.19-Outpatient Facility/Drug Treatment Center F02.25-Outpatient Facility/Other Clinic F02.50-Outpatient Facility/ACTG Site F02.51-Outpatient Facility/Community Health Center F02.52-Outpatient Facility/Employee Health Clinic F02.53-Outpatient Facility/Health Department/Public Health Clinic F02.54-Outpatient Facility/Mobile Clinic F02.55-Outpatient Facility/Non-mobile Street Outreach F02.56-Outpatient Facility/PACTG Site F02.57-Outpatient Facility/Primary Care Clinic, Not Specified F02.58-Outpatient Facility/School or University Clinic F02.59-Outpatient Facility/PrEP Clinic			

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		F02.60-Outpatient Facility/Telemedicine Clinic F02.OTH-Outpatient Facility/Other F02.UNK-Outpatient Facility/Unknown F03-Emergency Room F04-Screening, Diagnostic, Referral Agency (S,D,R) F04.01-(S,D,R) Blood Bank or Plasma Center F04.02-(S,D,R) Drug Treatment Center F04.03-(S,D,R) Family Planning Clinic F04.04-(S,D,R) HIV Case Management Agency F04.05-(S,D,R) HIV Counseling and Testing Site F04.07-(S,D,R) Insurance Screening F04.11-(S,D,R) STD Clinic F04.OTH-(S,D,R) Other F04.UNK-(S,D,R) Unknown F05-Laboratory F07-Other Specific Facility F07.01-Other Specific Facility/Correctional Facility F07.02-Other Specific Facility/Coroner or Medical Examiner			
facility_uid	A unique identifier for a healthcare facility.		YES	N/A	System
fax	The fax number of the facility.		NO	N/A	Optional
funding_cd	Type of HRSA funding a facility receives.	1 – Title I 2 – Title II 3 – Title III 4 – Title IV	YES	N/A	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		5 – SPNS 6 – None 8 – Other 9 – Unknown			
funding_flag	Does the facility receive HRSA funding?	Y – Yes N – No	YES	N/A	Optional
name1	Primary name of the facility.		YES	N/A	Optional
name2	Secondary or alternative name of the facility.		YES	N/A	Optional
phone	Phone number of the facility.		NO	N/A	Optional
setting_cd	Facility setting	001 – Public, unspecified 002 – Federal, VA 003 – Federal, IHS 004 – Federal, military 005 – Federal, corrections 006 – Federal, other/unspecified 007 – State 008 – County/Parish 009 – City/Town/Township 010 – Private 999 – Unknown	YES	N/A	Optional
ship_flag	A field used by the application to determine if the information for this facility needs to be transferred to CDC.	0 = Do not ship, 1 = Ship to CDC	NO	N/A	Optional
state_cd	State postal code of the facility's address.	STATE_CODES	YES	N/A	Optional
street_address1	Facility's primary street address.		NO	N/A	Optional
street_address2	Facility's secondary street address.		NO	N/A	Optional
zip_cd	Zip code for the facility's address.	ZIP_CITY (table)	NO	N/A	Optional
<b>FACILITY_EVENT</b>	<b>Maintains information pertaining to a person's events that involve a facility, such as facility at birth or facility at HIV diagnosis.</b>				

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
doc_belongs_to	Indicates if the facility event data (such as facility at HIV dx or facility at birth) belong to PERSON, MOTHER, or CHILD.	PERSON, MOTHER, CHILD	YES	All except DEATH and LAB	Optional
document_uid	A unique identifier for a document.		YES	All except DEATH and LAB	System
event_cd	The type of event that occurred.	01 – Facility of HIV diagnosis 02 – Facility of stage 3 HIV infection (AIDS) diagnosis 03 – Facility of perinatal exposure 05 – Fospital of birth 07 – Facility where child was transferred within 24 hours of delivery	YES	All except DEATH and LAB	Optional
facility_uid	The unique identifier of the facility associated with this event.	FACILITY_CODE (table)	YES	All except DEATH and LAB	Optional - System
provider_uid	The unique identifier of the provider associated with this event.	PROVIDER_CODE (table)	NO	All except DEATH and LAB	Optional - System
<b>ID</b>	<b>Maintains identifiers belonging to a person, or to a child's biological mother, or to a female patient's children.</b>				
doc_belongs_to	The identifier belongs to: PERSON, MOTHER, or CHILD <i>n</i> .	PERSON, MOTHER, CHILD <i>n</i>	YES	All	System
document_uid	A unique identifier for a document.		YES	All	System
id_cd	The type of identifier assigned to a person, mother, or child.	ID_CODE	YES	All	Refer to ID_CODE table for requirements for each variable
id_seq	Sequence identifier for each identification type added to a document	1-99999999	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
id_value	The value of the person's, the mother's or the child's identifier.		YES	All	Refer to ID_CODE table for valid data element values for each variable
<b>ID_CODE</b>	<b>A table that contains all distinct ID.id_cd values and associated descriptions, including any locally-defined ID types. *Required for the stateno associated with the state of report and the cityno associated with the applicable city of report.</b>				
001	FL STATENO		YES	All	Optional*
003	HRSA URN		NO	All	Optional
004	Medicaid Number		NO	All	Optional
005	GA STATENO		YES	All	Optional*
006	PA STATENO		YES	All	Optional*
007	Ryan White Number		NO	All	Optional
008	AIDS Drug Assistance Program (ADAP) Number		NO	All	Optional
009	STD*MIS Number		YES	All	Optional
010	Prison Number		NO	All	Optional
011	RVCT (TB) Number		YES	All	Optional
012	Social Security Number (SSN)		NO	All	Optional
013	Social Security Number Alias		NO	All	Optional
015	CA Non-named Code (reported)		NO	All	Optional
016	CA Non-named Code (verified)		NO	All	Optional
017	CT Coded Identifier (reported)		NO	All	Optional
019	DC Unique Id (reported)		NO	All	Optional
020	DC Unique Id (verified)		NO	All	Optional
021	DE Coded Identifier (reported)		NO	All	Optional
022	DE Coded Identifier (verified)		NO	All	Optional
023	HI Unnamed Test Code (reported)		NO	All	Optional
024	HI Unnamed Test code (verified)		NO	All	Optional
025	IL Patient Code Number (reported)		NO	All	Optional
026	IL Patient Code Number (verified)		NO	All	Optional
027	Philadelphia, PA Unique Code (reported)		NO	All	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
028	Philadelphia, PA Unique Code (verified)		NO	All	Optional
029	MA Coded Identifier (reported)		NO	All	Optional
030	MA Coded Identifier (verified)		NO	All	Optional
031	MD Unique Identifier (reported)		NO	All	Optional
032	MD Unique Identifier (verified)		NO	All	Optional
033	ME Coded Identifier (reported)		NO	All	Optional
034	ME Coded Identifier (verified)		NO	All	Optional
035	MT Coded Identifier (reported)		NO	All	Optional
036	MT Coded Identifier (verified)		NO	All	Optional
037	OR Coded Identifier (reported)		NO	All	Optional
038	OR Coded Identifier (verified)		NO	All	Optional
041	RI Coded Identifier (reported)		NO	All	Optional
042	RI Coded Identifier (verified)		NO	All	Optional
043	VT Non-named Code (reported)		NO	All	Optional
044	VT Non-named Code (verified)		NO	All	Optional
045	WA Non-named Coded Id (reported)		NO	All	Optional
046	WA Non-named Coded Id (verified)		NO	All	Optional
047	PATNO (HARS)		YES	All	Optional
048	HIVNO (HARS)		YES	All	Optional
049	Medical Record Number (MEDRECNO)		NO	All	Optional
050	TX STATENO		YES	All	Optional*
051	Houston, TX CITYNO		YES	All	Optional*
052	LA STATENO		YES	All	Optional*
053	WA STATENO		YES	All	Optional*
054	MI STATENO		YES	All	Optional*
055	AL STATENO		YES	All	Optional*
056	NJ STATENO		YES	All	Optional*
059	Counseling and Testing		NO	All	Optional
067	WA Non-named Code (generated)		NO	All	Optional
069	DC Unique Id (generated)		NO	All	Optional
070	DE Coded Identifier (generated)		NO	All	Optional
071	HI Unnamed Test Code (generated)		NO	All	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
072	IL Patient Code Number (generated)		NO	All	Optional
073	Philadelphia, PA Unique Code (generated)		NO	All	Optional
074	MA Coded Identifier (generated)		NO	All	Optional
075	MD Unique Identifier (generated)		NO	All	Optional
076	ME Coded Identifier (generated)		NO	All	Optional
077	MT Coded Identifier (generated)		NO	All	Optional
078	OR Coded Identifier (generated)		NO	All	Optional
079	PR Coded Identifier (retired)		NO	All	Optional
080	VT Non-named Code (generated)		NO	All	Optional
081	CA Non-named Code (generated)		NO	All	Optional
082	CT Coded Identifier (generated)		NO	All	Optional
083	RI Coded Identifier (generated)		NO	All	Optional
084	WA Non-named Code Alias (reported)		NO	All	Optional
086	CA Non-named Code Alias (reported)		NO	All	Optional
090	DC Unique Id Alias (reported)		NO	All	Optional
092	DE Coded Identifier Alias (reported)		NO	All	Optional
094	HI Unnamed Test Code Alias (reported)		NO	All	Optional
096	IL Patient Code Number Alias (reported)		NO	All	Optional
098	Philadelphia, PA Unique Code Alias (reported)		NO	All	Optional
100	MA Coded Identifier Alias (reported)		NO	All	Optional
102	MD Unique Identifier Alias (reported)		NO	All	Optional
104	ME Coded Identifier Alias (reported)		NO	All	Optional
106	MT Coded Identifier Alias (reported)		NO	All	Optional
108	OR Coded Identifier Alias (reported)		NO	All	Optional
112	RI Coded Identifier Alias (reported)		NO	All	Optional
114	VT Non-named Code Alias (reported)		NO	All	Optional
132	UCSF Patient Identifier		NO	All	Optional
133	Reporting Health Department Number (generic cityno)		YES	All	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
134	AK STATENO		YES	All	Optional*
135	AZ STATENO		YES	All	Optional*
136	AR STATENO		YES	All	Optional*
137	CA STATENO		YES	All	Optional*
138	CO STATENO		YES	All	Optional*
139	CT STATENO		YES	All	Optional*
140	DE STATENO		YES	All	Optional*
141	HI STATENO		YES	All	Optional*
142	ID STATENO		YES	All	Optional*
143	IL STATENO		YES	All	Optional*
144	IN STATENO		YES	All	Optional*
145	IA STATENO		YES	All	Optional*
146	KS STATENO		YES	All	Optional*
147	KY STATENO		YES	All	Optional*
148	ME STATENO		YES	All	Optional*
149	MD STATENO		YES	All	Optional*
150	MA STATENO		YES	All	Optional*
151	MN STATENO		YES	All	Optional*
152	MS STATENO		YES	All	Optional*
153	MO STATENO		YES	All	Optional*
154	MT STATENO		YES	All	Optional*
155	NE STATENO		YES	All	Optional*
156	UT STATENO		YES	All	Optional*
157	VT STATENO		YES	All	Optional*
158	VA STATENO		YES	All	Optional*
159	WV STATENO		YES	All	Optional*
160	WI STATENO		YES	All	Optional*
161	WY STATENO		YES	All	Optional*
162	NV STATENO		YES	All	Optional*
163	NH STATENO		YES	All	Optional*
164	NM STATENO		YES	All	Optional*
165	NY STATENO		YES	All	Optional*

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
166	NC STATENO		YES	All	Optional*
167	ND STATENO		YES	All	Optional*
168	OH STATENO		YES	All	Optional*
169	OK STATENO		YES	All	Optional*
170	OR STATENO		YES	All	Optional*
171	RI STATENO		YES	All	Optional*
172	SC STATENO		YES	All	Optional*
173	SD STATENO		YES	All	Optional*
174	TN STATENO		YES	All	Optional*
175	New York, NY CITYNO		YES	All	Optional*
176	American Samoa STATENO		YES	All	Optional*
177	Mariana Islands STATENO		YES	All	Optional*
178	DC STATENO		YES	All	Optional*
179	Guam STATENO		YES	All	Optional*
180	Puerto Rico STATENO		YES	All	Optional*
181	Virgin Islands STATENO		YES	All	Optional*
182	San Francisco, CA CITYNO		YES	All	Optional*
183	Los Angeles, CA CITYNO		YES	All	Optional*
184	Chicago, IL CITYNO		YES	All	Optional*
185	Philadelphia, PA CITYNO		YES	All	Optional*
186	PATNO (ASD)		YES	All	Optional
187	INS Number		NO	All	Optional
188	KY Unique Code Alias (Retired)		NO	All	Optional
189	Tracking ID		NO	All	Optional
190	Generic ID		NO	All	Optional
191	PEMS Client Unique Key		NO	All	Optional
192	PEMS Local Client Key		NO	All	Optional
193	PEMS Form ID		NO	All	Optional
195	Palau STATENO		YES	All	Optional
196	Marshall Islands STATENO		YES	All	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
197	MMP PARID		YES	All	Optional
198	FIMR ID		YES	All	Optional
199	Federated States of Micronesia STATENO		YES	All	Optional*
200	EvalWeb Client ID		NO	All	Optional
201	EvalWeb Form ID		YES	All	Optional
202	EvalWeb Partner Services Case Number		YES	All	Optional
203	Integrated Disease Surveillance System Person ID		No	All	Optional
204	Integrated Disease Surveillance System Event ID		No	All	Optional
<b>INVESTIGATION_CASE</b>	<b>Maintains investigation information about a person (e.g., not in HIV medical care investigation).</b>				
document_uid	A unique identifier for a document.		YES	ACRF	System
int_dispo	Intervention disposition.	1 – No linkage/re- engagement intervention initiated 2 – Linkage/re-engagement intervention declined by client 3 – Returned to care before linkage/re-engagement intervention was initiated 4 – Linkage/re-engagement intervention initiated, not successfully linked to/re- engaged in care 5 – Linked to/re-engaged in care, documented 6 – Linked to/re-engaged in care, client self-report, only 7 – Linkage/re-engagement status unknown	YES	ACRF	Required
int_dispo_dt	Intervention disposition date.	YYYYMMDD	YES	ACRF	Required
invest_case_seq	Sequence number to make the record unique.		YES	ACRF	System
invest_dispo	Investigation disposition.	1 – Deceased	YES	ACRF	Required

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		2 – Resides out of jurisdiction 3 – In care 4 – Not in care 5 – Unable to determine			
invest_dispo_dt	Investigation disposition date.	YYYYMMDD	YES	ACRF	Required
invest_dispo_method	Basis of investigation disposition.	1 – Database/record search, only 2 – Patient contact/field investigation, only 3 – Database/record search and patient contact/field investigation	YES	ACRF	Required
invest_ident_dt	Date first identified as needing investigation	YYYYMMDD	YES	ACRF	Required
invest_ident_method	How person was first identified as needing investigation.	01 – Health department HIV surveillance system (e.g., eHARS) 02 – Health department integrated data system 03 – Provider report 04 – Cluster investigation 05 – Elevated viral load investigation 06 – Partner services investigation 07 – Medical Monitoring Project (MMP) 88 – Other	YES	ACRF	Required
invest_incl	Included in investigation.	Y - Included in investigation N - Excluded from investigation	YES	ACRF	Required
invest_start_dt	Date investigation opened.	YYYYMMDD	YES	ACRF	Required
invest_type_cd	Type of investigation	0 - Transmission Cluster	YES	ACRF	Required

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		1 - Not in care			
<b>INVESTIGATION_CLUSTER</b>	<b>A table that maintains the details of molecular cluster investigation.</b>				
cluster_ident_method	Method of cluster identification.	01 – State/local molecular cluster analysis 02 – National molecular cluster analysis 03 – State/local time-space cluster analysis 04 – National time-space cluster analysis 05 – Provider notification 06 – Partner services notification 88 – Other	YES	ACRF	Required
cluster_uid	Unique cluster ID number.	A-Z, 0-9,-,_, blank	YES	ACRF	Required
document_uid	A unique identifier for a document.		YES	ACRF	System
invest_cluster_seq	Sequence number to make the record unique.		YES	ACRF	System
person_ident_dt	Date person was identified as part of this cluster.	YYYYMMDD	YES	ACRF	Required
person_ident_met	How person was identified as part of this cluster.	1 – Through analysis/notification 2 – Through investigation	YES	ACRF	Required
<b>LAB</b>	<b>Maintains information on a person's laboratory test results.</b>				
accession_number	An identifier assigned by the lab to a specimen when received; acts as a tracking mechanism for the specimen.		NO	ACRF, PCRF, LAB	Optional
case_cd	For application use, a code associating a diagnostic test with the HIV/AIDS case definition algorithm.		YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF	System
clia_uid	The CLIA or CLIP identifier of the laboratory that performed the test.	CLIA_CODE (table)	YES	ACRF, PCRF, LAB	Optional
comments	Notes or comments regarding a lab test entered by a user.		YES	ACRF, PCRF, LAB	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
document_uid	A unique identifier for a document.		YES	ACRF, PCRf, LAB, LEGACY_ACRF, LEGACY_PCRF	System
facility_uid	The unique identifier of the facility that ordered the test.	FACILITY_CODE (table)	YES	ACRF, PCRf, LAB	Optional - System
lab_seq	Sequence identifier for every laboratory test result belonging to a person.		YES	ACRF, PCRf, LAB, LEGACY_ACRF, LEGACY_PCRF	System
lab_test_cd	The eHARS defined codes to identify laboratory tests	EC-001 – HIV-1 IA EC-002 – HIV-1/2 IA EC-003 – HIV-2 IA EC-004 – HIV-1/2 Ag/Ab EC-005 – HIV-1/2 type- differentiating IA (initial) EC-006 – HIV-1 Western Blot EC-007 – HIV-2 Western Blot EC-008 – HIV-1 IFA EC-009 – HIV-1 culture EC-010 – HIV-2 culture EC-011 – HIV-1 p24 antigen EC-012 – HIV-1 RNA/DNA NAAT (Qualitative) EC-013 – HIV-2 RNA/DNA NAAT (Qualitative) EC-014 – HIV-1 RNA/DNA NAAT (Quantitative) – Retired EC-015 – HIV-2 RNA/DNA NAAT (Quantitative) – Retire EC-016 – CD4 T- lymphocytes	YES	ACRF, PCRf, LAB, LEGACY_ACRF, LEGACY_PCRF	Required

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		EC-017 – CD4 percent EC-018 – HIV-1 Genotype (PR RNA Nucleotide Sequence-Sanger method) EC-019 – HIV-1 Genotype (RT RNA Nucleotide Sequence-Sanger method) EC-020 – HIV-1 Genotype (PR/RT RNA Nucleotide Sequence-Sanger method) EC-021 – HIV-1 Genotype (IN RNA Nucleotide Sequence-Sanger method) EC-022 – HIV-1 Genotype (PR/RT/IN RNA Nucleotide Sequence-Sanger method) EC-023 – STARHS (BED) EC-024 – STARHS (Vironostika-LS) EC-025 – STARHS (Bio-Rad Avidity) EC-026 – STARHS (Other) EC-027 – STARHS (Unknown) EC-028 – Rapid EC-029 – HIV-1/2 Ag/Ab- Differentiating IA EC-030 – HIV-1 Genotype (EN RNA Nucleotide Sequence-Sanger method) EC-031 – HIV-1 Genotype (FI RNA Nucleotide Sequence-Sanger method) EC-032 – HIV-1/2 Ag/Ab and type-differentiating IA EC-036 – HIV-1/2 type- differentiating IA (supplemental)			

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		EC-039 – HIV-1 Genotype (Unspecified) EC-040 – HIV-1 Genotype (PR RNA Nucleotide Sequence-NGS method) EC-041 – HIV-1 Genotype (RT RNA Nucleotide Sequence-NGS method) EC-042 – HIV-1 Genotype (PR/RT RNA Nucleotide Sequence-NGS method) EC-043 – HIV-1 Genotype (IN RNA Nucleotide Sequence-NGS method) EC-044 – HIV-1 Genotype (PR/RT/IN RNA Nucleotide Sequence-NGS method) EC-045 – HIV-1 Genotype (EN RNA Nucleotide Sequence-NGS method) EC-046 – HIV-1 Genotype (FI RNA Nucleotide Sequence-NGS method) EC-047 – HIV-1 Genotype (PR DNA Nucleotide Sequence NGS method) EC-048 – HIV-1 Genotype (RT DNA Nucleotide Sequence NGS method) EC-049 – HIV-1 Genotype (PR/RT DNA Nucleotide Sequence NGS method) EC-050 – HIV-1 Genotype (PR/RT DNA Nucleotide Sequence NGS method)			

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		EC-051 – HIV-1 Genotype (PR/RT DNA Nucleotide Sequence NGS method)			
lab_test_type	The type of lab test.	07 – Point-of-care test by provider 08 – Self-test, result directly observed by a provider 09 – Lab test, self-collected sample.	YES	ACRF, PCRf, LAB, LEGACY_ACRF, LEGACY_PCRF	Optional if the test is rapid
manufacturer	The manufacturer of the test (applicable to viral load tests only)	01-Bayer Diagnostics 02-Organon Teknika 03-Roche Molecular Systems Inc. 04-Abbott Laboratories 05-ABBOTT Molecular Inc. 06-Alere 07-Avioq Inc. 08-BioLife Plasma Services 09-bioLytical Laboratories Inc. 10-Bio-Rad Laboratories 11-Celera Diagnostics 12-ChemBio Diagnostic Systems Inc. 13-Gen-Probe Inc. 14-Home Access Health Corp. 15-Maxim Biomedical Inc. 16-MedMira Laboratories Inc. 17-National Genetics Institute 18-OraSure Technologies 19-Ortho-Clinical Diagnostics Inc.	YES	ACRF, PCRf, LAB, LEGACY_ACRF, LEGACY_PCRF	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		21-Sanochemia Pharmazeutika AG 22-Siemens Healthcare Diagnostics Inc. 23-Trinity Biotech 24-Becton Dickinson 25-Beckman Coulter 26-Cytognos 27-Guava Technologies 28-Partec 29-Invitrogen/Dynal biotech 30-PointCare technologies 31-Sysmex 32-i+MED Laboratories Co. Ltd. 33-Visible Genetics 34-Applied Biosystems 35-Virco 36-bioMerieux, Inc 37-Siemens Medical Solutions Diagnostics 38-Chiron Corporation 40-Streck 41-DiaSorin 42-Hologic 88-Other 99-Unknown			
provider_uid	The unique identifier of the provider who ordered the test.	PROVIDER_CODE (table)	NO	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF	Optional-System
receive_dt	The date the lab that performed the test received the specimen from either a healthcare provider or another laboratory.	YYYYMMDD	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
result	The result value including the optical density for STARHS.	LAB_RESULT_VALUE (but depends upon the test)	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF	Required when entering a lab test
result_interpretation	An interpretation of the lab result. For viral load tests, values include: within range =, below range (limit) <, above range (limit) >. For STARHS tests the STARHS_RESULT values as found in LOOKUP_CODE table.	RESULT_INTERPRETATION - For viral load tests STARHS_RESULT - For STARHS tests Old HARS value "I" (indeterminate) [viewable only]	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF	Optional
result_range_lower	The lower boundary reference range or detection limit for viral load.	0-999.999,999	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF	Optional
result_range_upper	The upper boundary reference range or detection limit for viral load.	0-999.999,999	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF	Optional
result_rpt_dt	The date the test result was reported or processed at the lab.	YYYYMMDD	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF	Optional
result_units	The reported units.	RESULT_UNITS_CD4, RESULT_UNITS	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF	Required when entering a CD4 test
sample_dt	The date the specimen was collected.	YYYYMMDD	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF	Required when entering a lab test
sample_id	A unique identifier used to distinguish samples; may be specimen number or ID.		NO	ACRF, PCRF, LAB	Optional
specimen	The type of specimen collected.	BLD - Blood OTH - Other SAL - Saliva UNK - Unknown URN - Urine	YES	ACRF, PCRF, LAB	Optional
sreason	The reason the STARHS specimen was not sent for testing.	1 - Quantity not sufficient	YES	ACRF, PCRF, LAB	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		2 - Specimen never received at public lab 3 - Specimen broke in transit 4 - Other 5 - Not sufficient antibodies			
starhs_sample_id	If this is a confirmatory test aliquoted for STARHS, the STARHS specimen ID.		YES	ACRF, PCRF, LAB	If lab_test_cd=EC-023, EC-024, EC-025, EC-026, or EC-027 then this variable is REQUIRED
<b>LAB_ANALYTE</b>	<b>A table that contains the HIV-1/2 Ag/Ab and Type-Differentiating Immunoassay lab test's analyte results.</b>				
document_uid	A unique identifier for a document.		YES	ACRF, PCRF, LAB	System
lab_seq	Sequence identifier for a person's laboratory results.		YES	ACRF, PCRF, LAB	System
lab_test_cd	The eHARS defined codes to identify lab tests	LAB_TEST_CODE (table)	YES	ACRF, PCRF, LAB	Required
result_interpretation	An interpretation of the lab result.	RESULT_INT_ANALYTE	YES	ACRF, PCRF, LAB	Required when entering a lab test
result	The result value.	0.00000-9999.99999, <, >, =	YES	ACRF, PCRF, LAB	Optional
result_units	The reported units	IDX	YES	ACRF, PCRF, LAB	System
<b>LAB_GENOTYPE</b>	<b>A table that contains the gene sequence from a person's genotype diagnostic test.</b>				
document_uid	A unique identifier for a document.		YES	ACRF, PCRF, LAB	System
genotype_sequence	The genotype sequence result from a genotype diagnostic test.	GENE_VALIDATION	YES	ACRF, PCRF, LAB	Required
lab_seq	Sequence identifier for a person's laboratory results.		YES	ACRF, PCRF, LAB	System
<b>OBSERVATION</b>	<b>A table that maintains information on a person's observations.</b>				
document_uid	An internal unique identifier for a document. For person-based local fields, the ehars_uid is stored in this field. For document-based local fields, the document_uid is stored in this field.		YES	All	System
obs_uid	An internal unique identifier for an observation.	OBSERVATION_CODE (table)	YES	All	Refer to OBSERVATION_CODE

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
					table for requirements for each variable
obs_value	The value for the observed object.		YES	All	Refer to OBSERVATION_CODE table for valid data element values for each variable
<b>OBSERVATION_CODE</b>	<b>A table that contains all distinct obs_value and associated descriptions.</b>				
1	Report status		YES	All	Optional
2	HARS Legacy - Laboratory name		YES	All	Legacy HARS
3	HARS Legacy - Other facility type at HIV diagnosis (specify)		YES	All	Legacy HARS
4	HARS Legacy - Has patient received a physical exam for this condition?	YES_NO_UNK	YES	All	Legacy HARS
5	HARS Legacy - Other facility type at perinatal exposure (specify)		YES	All	Legacy HARS
6	If HIV laboratory tests were not documented, is HIV diagnosis documented by a physician?	YES_NO_UNK	YES	All	Required if laboratory test not documented
7	Date patient was confirmed by a physician as HIV infected	YYYYMMDD	YES	All	Required if laboratory test not documented and physician diagnosis
8	Entered age at HIV diagnosis (years)		YES	All	Optional
9	Entered age at AIDS diagnosis (years)		YES	All	Optional
10	Clinical record reviewed	YES_NO	YES	All	Optional
11	Date patient was diagnosed as asymptomatic	YYYYMMDD	YES	All	Optional
12	Date patient was diagnosed as symptomatic	YYYYMMDD	YES	All	Optional
13	HARS Legacy - Other facility type at AIDS diagnosis (specify)		YES	All	Legacy HARS
14	Has patient been informed of his/her HIV infection?	YES_NO_UNK	YES	All	Optional
15	By whom patient's partners will be notified and counseled about their HIV exposure	PATIENT_NOTIFIER	YES	All	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
16	Is patient receiving or has patient been referred for medical services?	YES_NO_UNK	YES	All	Optional
17	Is patient receiving or has patient been referred for substance abuse treatment services?	YES_NO_NA_UNK	YES	All	Optional
18	HARS Legacy - Follow up date		YES	All	Legacy HARS
19	HARS Legacy - Follow up status of patient	1=Active follow-up 2=Moved from state 3=Provider out of state 4=Lost to follow-up 9=Unknown	YES	All	Legacy HARS
20	HARS Legacy - Laboratory ID number		YES	All	Legacy HARS
21	HARS Legacy - Did patient have heterosexual relations with a person born outside of the U.S.?	YES_NO_UNK	YES	All	Legacy HARS
22	HARS Legacy - Country of person with whom patient had heterosexual relations	See HARS country codes	YES	All	Legacy HARS
23	Patient is receiving or has been referred for OB-GYN services	YES_NO_UNK	YES	All	Optional
24	Is patient currently pregnant?	YES_NO_UNK	YES	All	Required
25	Has patient delivered live-born infant?	YES_NO_UNK	YES	All	Optional
26	HARS Legacy - Has child's mother had sex with a man born outside of the U.S.?	YES_NO_UNK	YES	All	Legacy HARS
27	HARS Legacy - Is patient receiving HIV prophylactic therapy?	YES_NO_UNK	YES	All	Legacy HARS
28	HARS Legacy - Has patient been referred for treatment?	YES_NO_UNK	YES	All	Legacy HARS
29	HARS Legacy - Country of man with whom child's mother had sex	See HARS country codes	YES	All	Legacy HARS
31	HARS Legacy - Method of partner notification	1=Patient referred 2=Health department referred 8=Other provider	YES	All	Legacy HARS

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
32	HARS Legacy - Source of AIDS report	LEGACY_SOURCE	YES	All	Legacy HARS
33	HARS Legacy - Source of HIV report	LEGACY_SOURCE	YES	All	Legacy HARS
34	HARS Legacy - Source of AIDS report (specify)		YES	All	Legacy HARS
35	HARS Legacy - Source of HIV report (specify)		YES	All	Legacy HARS
39	Date of last medical evaluation	YYYYMMDD	YES	All	Optional
40	Date of initial evaluation for HIV infection	YYYYMMDD	YES	All	Optional
41	Was reason for initial HIV evaluation due to clinical signs/symptoms?	YES_NO_UNK	YES	All	Optional
42	Date of mother's first HIV positive test	YES_NO_UNK	YES	All	Optional
43	eHARS Retired — Was mother counseled about HIV testing during this pregnancy, labor, or delivery?	YES_NO_UNK	YES	All	Optional
44	eHARS Retired — If HIV tests were not positive or were not done, does this patient have an immunodeficiency that would disqualify him/her from AIDS case definition?	YES_NO_UNK	YES	All	Optional
45	Is patient confirmed by a physician as not HIV infected?	YES_NO_UNK	YES	All	Optional
46	Date patient confirmed by physician as not HIV infected	YYYYMMDD	YES	All	Optional
47	Is child's birth history available?	YES_NO_UNK	YES	All	Optional
48	Entered diagnostic status at report	1 - Adult HIV 2 - Adult AIDS 3 - Perinatal HIV exposure 4 - Pediatric HIV 5 - Pediatric AIDS 6 - Pediatric seroreverter 9 - Unknown	YES	All	Optional
58	HARS Legacy - Mother's type of coagulation disorder	1=Hemophilia A 2=Hemophilia B 8=Other disorder	YES	All	Legacy HARS
74	HARS Legacy - Was mother diagnosed with HIV/AIDS?	YES_NO_UNK	YES	All	Legacy HARS

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
75	HARS Legacy - Was mother diagnosed with HIV/AIDS prior to child's birth?	YES_NO_UNK	YES	All	Legacy HARS
76	Has child received neonatal zidovudine?	YES_NO_UNK	YES	All	Retired
78	Has child received other neonatal anti-retroviral therapy?	YES_NO_UNK	YES	All	Retired
81	Has patient received anti-retroviral therapy?	YES_NO_UNK	YES	All	Retired
83	Has patient received PCP prophylaxis?	YES_NO_UNK	YES	All	Optional
84	Date PCP prophylaxis started	YYYYMMDD	YES	All	Optional
86	Is patient enrolled in government/other clinical trial?	PATIENT_ENROLLED_TRIAL	YES	All	Optional
87	Is patient enrolled at clinic?	PATIENT_ENROLLED_CLINIC	YES	All	Optional
88	HARS Legacy - Primary source of reimbursement for medical treatment	1=Medicaid 2=Private coverage 3=No coverage 4=Other public fund 7=Government program 9=Unknown	YES	All	Legacy HARS
89	Child's primary caretaker	1 - Biological parent(s) 2 - Other relative 3 - Foster/Adoptive parent, relative 4 - Foster/Adoptive parent, unrelated 7 - Social service agency 8 - Other (please specify in comments) 9 - Unknown	YES	All	Optional
90	HARS Legacy - For pediatric presumptive AIDS before 10/94, was lymphocyte count low (< 1000 ul)?	YES_NO_UNK	YES	All	Legacy HARS
91	HARS Legacy - For pediatric presumptive AIDS before 10/94, was CD4/CD8 ratio low (< 1000 ul)?	YES_NO_UNK	YES	All	Legacy HARS

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
92	HARS Legacy - For pediatric presumptive AIDS before 10/94, total serum immunoglobulins category	1=<1500 mg/dl 2=1500-2500 3=>2500 mg/dl 9=Unknown	YES	All	Legacy HARS
93	HARS Legacy - For pediatric presumptive AIDS before 10/94, highest total serum immunoglobulins value (mg/dl)		YES	All	Legacy HARS
94	HARS Legacy - For pediatric presumptive AIDS before 10/94, date of highest total serum immunoglobulins		YES	All	Legacy HARS
95	HARS Legacy - Was mother known to be uninfected after child's birth?	YES_NO_UNK	YES	All	Legacy HARS
96	HARS Legacy - Scheduled follow-up: TB update	range: 0-9, A-Z	YES	All	Legacy HARS
99	HARS Legacy - Scheduled follow-up: heterosexual case update	range: 0-9, A-Z	YES	All	Legacy HARS
100	HARS Legacy - Father's birthplace	1=US 7=US possession 8=Other 9=Unknown	YES	All	Legacy HARS
101	HARS Legacy - Father's country of birth	See HARS country codes	YES	All	Legacy HARS
102	HARS Legacy - Father's U.S. dependency of birth	See HARS US dependency codes	YES	All	Legacy HARS
114	Entered age at HIV diagnosis (months)		YES	All	Optional
115	Entered age at AIDS diagnosis (months)		YES	All	Optional
116	HARS Legacy - Clinical status assessed within one month of initial report	1=Asymptomatic 2=Symptomatic for HIV/AIDS	YES	All	Legacy HARS
118	HARS Legacy - NDI match category	1=Death not previously known 2=Death previously known; certificate identified by NDI 3=Death and certificate previously identified	YES	All	Legacy HARS
128	HARS Legacy - Scheduled follow-up: immunologic case update	range: 0-9, A-Z	YES	All	Legacy HARS
138	HARS Legacy - Physician name		YES	All	Legacy HARS

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
139	HARS Legacy - Patient name		YES	All	Legacy HARS
179	HARS Legacy - Comments from ARS		YES	All	Legacy HARS
180	HARS Legacy - Was this child referred?	1=Yes, by health dept. 2=Yes, by health care/provider 3=No, family refused 4=No 9=Unknown	YES	All	Legacy HARS
181	HARS Legacy - Comment line 1		YES	All	Legacy HARS
182	HARS Legacy - Comment line 2		YES	All	Legacy HARS
183	HARS Legacy - Comment line 3		YES	All	Legacy HARS
184	HARS Legacy - Comment line 4		YES	All	Legacy HARS
186	HARS Legacy - Date initial AIDS form completed	YYYYMMDD	YES	All	Legacy HARS
187	HARS Legacy - State GSA geographic code of current residence	(FIPS_CITY.state_fips)	YES	All	Legacy HARS
189	HARS Legacy - Form (Adult of Pediatric)	A=Adult P=Pediatric	YES	All	Legacy HARS
190	HARS Legacy - Date initial HIV form completed	YYYYMMDD	YES	All	Legacy HARS
192	HARS Legacy - Date of HIV diagnosis reported at facility	YYYYMMDD	YES	All	Legacy HARS
194	HARS Legacy - Date of AIDS diagnosis reported at facility	YYYYMMDD	YES	All	Legacy HARS
196	HARS Legacy - State GSA geographic code of residence at HIV diagnosis	(FIPS_CITY.state_fips)	YES	All	Legacy HARS
197	HARS Legacy - State GSA geographic code of facility at HIV diagnosis	(FIPS_CITY.state_fips)	YES	All	Legacy HARS
198	HARS Legacy - Has child received IVIG therapy?	YES_NO_UNK	YES	All	Legacy HARS
199	HARS Legacy - Mother received blood products	YES_NO_UNK	YES	All	Legacy HARS
200	HARS Legacy - Date of perinatal HIV exposure reported at facility	YYYYMMDD	YES	All	Legacy HARS

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
202	HARS Legacy - State GSA geographic code of facility at perinatal HIV exposure	(FIPS_CITY.state_fips)	YES	All	Legacy HARS
204	HARS Legacy - State GSA geographic code of residence at AIDS diagnosis	(FIPS_CITY.state_fips)	YES	All	Legacy HARS
205	HARS Legacy - Record shipment to CDC indicator	N=No Y, 2, ....=Yes	YES	All	Legacy HARS
206	HARS Legacy - State GSA geographic code of facility at AIDS diagnosis	(FIPS_CITY.state_fips)	YES	All	Legacy HARS
207	HARS Legacy - State GSA geographic code of reporting state	(FIPS_CITY.state_fips)	YES	All	Legacy HARS
208	HARS Legacy - Record status	A - Active record B - Deleted record E - Fields in error F - Deleted with fields in error R - Required fields missing S - Deleted with reqd fields missing V - Pending verification W - Deleted before verified X - Reuse record in Database Z - ID number change	YES	All	Legacy HARS
210	HARS Legacy - Physician phone		YES	All	Legacy HARS
211	HARS Legacy - Reporting state	(FIPS_CITY.state_cd)	YES	All	Legacy HARS
212	HARS Legacy - Mother receive any other anti-retroviral medication during pregnancy (specify)		YES	All	Legacy HARS
220	Primary source of reimbursement for medical treatment at time of AIDS diagnosis	01 - CHAMPUS/TRICARE 02 - CHIP 03 - Medicaid 04 - Medicaid, pending 05 - Medicare 06 - Other public funding 07 - Private insurance, HMO	YES	All	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		08 - Private insurance, PPO 09 - Private insurance, unspecified 10 - Self insured 11 - State funded, COBRA 12 - State funded, other 13 - State funded, unspecified 14 - VA 15 - No health insurance 88 - Other 99 - Unknown			
221	Primary source of reimbursement for medical treatment at time of HIV diagnosis	01 - CHAMPUS/TRICARE 02 - CHIP 03 - Medicaid 04 - Medicaid, pending 05 - Medicare 06 - Other public funding 07 - Private insurance, HMO 08 - Private insurance, PPO 09 - Private insurance, unspecified 10 - Self insured 11 - State funded, COBRA 12 - State funded, other 13 - State funded, unspecified 14 - VA 15 - No health insurance 88 - Other 99 - Unknown	YES	All	Optional
222	Did the documented laboratory test results meet approved alternate HIV testing algorithm criteria?	YES_NO_UNK	YES	All	Required if laboratory tests meet approved alternative algorithm

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
223	If YES, provide specimen collection date of earliest positive test for this algorithm	YYYYMMDD	YES	All	Required if laboratory tests meet approved alternative algorithm
224	Ever taken any ARVs?	YES_NO_UNK	YES	ACRF, PCRF	Required
225	Main source of antiretroviral (ARV) use information	1 - Provider Report 2 - Patient Interview 3 - Medical Record Review 4 - NHM&E 5 - Other	YES	ACRF	Required
227	Date patient reported information	YYYYMMDD	YES	ACRF	Required
229	Date of last use of PCP prophylaxis	YYYYMMDD	YES	ACRF, PCRF	Optional
230	eHARS Retired -Did mother receive zidovudine(ZDV,AZT) prior to this pregnancy?	YES_NO_UNK	YES	PCRF	Retired
231	eHARS Retired - Did mother receive zidovudine(ZDV,AZT) during pregnancy	YES_NO_REF_UNK	YES	PCRF	Retired
232	eHARS Retired -If yes, what week of pregnancy was zidovudine (ZDV, AZT) start)	01-52	YES	PCRF	Retired
233	eHARS Retired -Did mother receive any other Antiretroviral medication during pregnancy?	YES_NO_UNK	YES	PCRF	Retired
234	eHARS Retired -Did mother receive zidovudine(ZDV,AZT) during labor/delivery?	YES_NO_REF_UNK	YES	PCRF	Retired
235	eHARS Retired -Did mother receive any other Antiretroviral medication during labor/delivery	YES_NO_UNK	YES	PCRF	Retired
236	Did mother receive any ARVs prior to this pregnancy?	YES_NO_UNK	YES	PCRF	Optional
237	Did mother receive any ARVs during pregnancy?	YES_NO_UNK	YES	PCRF	Optional
238	Did mother receive any ARVs during labor/delivery?	YES_NO_UNK	YES	PCRF	Optional
239	Evidence of receipt of HIV medical care other than laboratory test result	1 - Yes, documented 2 - Yes, client self-report, only	YES	ACRF	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
240	Date of medical visit or prescription	YYYYMMDD	YES	ACRF	Optional
241	Suspect acute HIV infection	YES_NO_UNK	YES	ACRF	Optional
242	Clinical sign/symptom consistent with acute retroviral syndrome	YES_NO_UNK	YES	ACRF	Optional
243	Date of acute retroviral syndrome sign/symptom onset	YYYYMMDD	YES	ACRF	Optional
244	Other evidence suggestive of acute HIV infection	YES_NO_UNK	YES	ACRF	Optional
245	Date of other evidence	YYYYMMDD	YES	ACRF	Optional
246	Description of other evidence	[A-Z,0-9, special character]	YES	ACRF	Optional
247	eHARS Retired - 1. If information on the mother is not available, was the child adopted, or in foster care?	YES_NO_NA	YES	PCRF	Retired
248	eHARS Retired -2. Records Abstracted		YES	PCRF	Retired
249	eHARS Retired -3. Weeks' gestation at first prenatal care visit.		YES	PCRF	Retired
250	eHARS Retired - 19. Was mothers HIV serostatus noted in prenatal care, labor and delivery and child's birth records?	YHIVP_YHIVN_NO_RNA_UNK	YES	PCRF	Retired
251	eHARS Retired -12. Were ARV's prescribed for the mother during this pregnancy: gestational age		YES	PCRF	Retired
252	eHARS Retired -14. Did mother receive ARV's during labor and delivery?: time received, type of administration		YES	PCRF	Retired
253	eHARS Retired -20. Were antiretroviral drugs prescribed for the child?: time started, art completed, stop codes		YES	PCRF	Retired
254	eHARS Retired -15. Was mother referred for HIV care after delivery?	YES_NO_ND_RNA_UNK	YES	PCRF	Retired
255	eHARS Retired -16a. Indicate first CD4 result after discharge from hospital (up to 6 months after discharge)		YES	PCRF	Retired

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
256	eHARS Retired -16b. Indicate first viral load after discharge from hospital (up to 6 months after discharge)		YES	PCRF	Retired
257	eHARS Retired -17. Birth information available	BNH_RNA	YES	PCRF	Retired
258	eHARS Retired -17. Onset of labor	YES_NO hh:mm:ssss MM/DD/YYYY	YES	PCRF	Retired
259	eHARS Retired -17. Admission to labor and delivery	YES_NO hh:mm:ssss MM/DD/YYYY	YES	PCRF	Retired
260	eHARS Retired - 7. Sibling date of birth, HIV serostatus, State No, City No		YES	PCRF	Retired
261	eHARS Retired - 8. Was substance use during pregnancy noted in medical or social work records?		YES	PCRF	Retired
262	eHARS Retired - 8b. If substances used, were any injected? Specify injected substance(s).		YES	PCRF	Retired
263	eHARS Retired - 9. Was a toxicology screen done on the mother (either during pregnancy or at the time of delivery)?		YES	PCRF	Retired
264	eHARS Retired - 10. Was a toxicology screen done on the infant at birth?	YPR_YNR_NO_TSND	YES	PCRF	Retired
265	eHARS Retired - Was this child breastfed?	YES_NO	YES	PCRF	Retired
266	eHARS Retired - Maternal stateno		YES	PCRF	Retired
<b>OI</b>	<b>A table that maintains information on a person's opportunistic infections (diseases indicative of AIDS).</b>				
document_uid	A unique identifier for a document.		YES	All	System
dx	A code indicating if the diagnosis was presumptive or definitive.	DEF_PRE	YES	ACRF, PCRF, LEGACY_ACRF, LEGACY_PCRF	Optional
dx_dt	The date the AIDS defining condition was diagnosed.	YYYYMMDD	YES	ACRF, PCRF, LEGACY_ACRF, LEGACY_PCRF	Optional
oi_cd	A code indicating a person's AIDS defining conditions.	AD01 - Bacterial infection, multiple or recurrent	YES	ACRF, PCRF, LEGACY_ACRF, LEGACY_PCRF	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		(including Salmonella septicemia) AD02 - Candidiasis, bronchi, trachea, or lungs AD03 - Candidiasis, esophageal AD04 - Carcinoma, invasive cervical AD05 - Coccidioidomycosis, disseminated or extrapulmonary AD06 - Cryptococcosis, extrapulmonary AD07 - Cryptosporidiosis, chronic intestinal (>1 mo. duration) AD08 - Cytomegalovirus disease (other than in liver, spleen, or nodes) AD09 - Cytomegalovirus retinitis (with loss of vision) AD10 - HIV encephalopathy AD11 - Herpes simplex: chronic ulcer(s) (>1 mo. duration) or bronchitis, pneumonitis, or esophagitis AD12 - Histoplasmosis, disseminated or extrapulmonary AD13 - Isosporiasis, chronic intestinal (> 1 mo. duration) AD14 - Kaposi's sarcoma AD15 - Lymphoid interstitial pneumonia and/or pulmonary lymphoid			

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		AD16 - Lymphoma, Burkitts (or equivalent term) AD17 - Lymphoma, immunoblastic (or equivalent term) AD18 - Lymphoma, primary in brain AD19 - Mycobacterium avium complex or M. kansasii, disseminated or extrapulmonary AD20 - M. tuberculosis, pulmonary AD21 - M. tuberculosis, disseminated or extrapulmonary AD22 - Mycobacterium, of other species or unidentified species, disseminated or extrapulmonary AD23 - Pneumocystis carinii pneumonia AD24 - Pneumonia, recurrent, in 12 mo. period AD25 - Progressive multifocal leukoencephalopathy AD26 - Salmonella septicemia, recurrent AD27 - Toxoplasmosis of brain, onset at >1 mo. of age AD28 - Wasting syndrome due to HIV			
oi_seq	Sequence identifier for a person's AIDS defining conditions.	0-99,999,999	YES	ACRF, PCRF, LEGACY_ACRF, LEGACY_PCRF	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
<b>OTHER_HEALTH_CONDI TIONS</b>	<b>A table that maintains the health conditions, other than HIV, of biological mother and infant during pregnancy, labor and delivery. This information is collected in the Birth History and Biological Mother History sections of Pediatric Case Report Forms (PCRF) documents.</b>				
document_uid	A unique identifier for a document.		YES	PCRF, LEGACY_PCRF	System
condition_seq	Sequence number. Implement sequence number to way RISK and ADDRESS to handle all codes on PV.	0-999999	YES	PCRF, LEGACY_PCRF	System
condition_event_cd	Connects to the overall question or section to allow storage when data gathered for different questions for the same case.	CONDITION_EVENT_CD	YES	PCRF, LEGACY_PCRF	System
condition_cd	Unique code for health condition	HEALTH_CONDITION_CD	YES	PCRF, LEGACY_PCRF	Optional
condition_value	Screening value or diagnosis value of other health condition.	YES_NO_UNK - only for new records, manual entry and ADI ND & RNA- valid for PHER converted data and will appear as greyed out options in manual entry drop-down box	YES	PCRF, LEGACY_PCRF	Optional
condition_dt	Date screening or performed or date condition diagnosed.	YYYYMMDD .	YES	PCRF, LEGACY_PCRF	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
doc_belongs_to	Indicates who the address data belong to: PERSON, MOTHER.	PERSON, MOTHER	YES	PCRF, LEGACY_PCRF PCRF, LEGACY_PCRF	System
<b>PERSON</b>	<b>A table that maintains demographic information about a person.</b>				
birth_country_cd	A code indicating the country of birth.	COUNTRY_CODE (table)	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, LEGACY_CONSENT, LEGACY_TTH	Optional
birth_country_usd	A code indicating the specific U.S. dependency of birth.	COUNTRY_CODE (table)	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, LEGACY_CONSENT, LEGACY_TTH	Optional
birth_sex	The person's sex, as noted on the birth certificate.	F - Female M - Male U – Unknown/undetermined	YES	All	Required
current_gender	The person's current gender or psychosocial construct that most people use to classify a person as male, female, both, or neither. When eHARS is first installed and configured, the state determines whether or not this field is displayed.	F - Female FM - Transgender-Female to Male U - Unknown M - Male MF - Transgender-Male to Female AD - Additional Gender Identity	NO	All except BC	Discontinued
current_sex	Physiological anatomy and biology that determines if someone is male, female, or intersexed. At installation, the state determines whether or not this field is displayed.	F - Female I - Intersexed M - Male	YES	All except BC	Retired
dob	The first known date of birth.	YYYYMMDD	YES	All	Required
dob_alias	The second known or alias date of birth.	YYYYMMDD	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, LEGACY_CONSENT, LEGACY_TTH	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
doc_belongs_to	Indicates if the demographics data belong to PERSON, MOTHER, FATHER, or CHILDN.	PERSON, MOTHER, FATHER, CHILDN	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC	System
document_uid	A unique identifier for a document.		YES	All	System
education	The level of education (optional field).	1 - 8th grade or less 2 - Some high school 3 - High school graduate, GED or equivalent 4 - Some college 5 - College degree 6 - Post-graduate work 7 - Some school, level unknown 9 - Unknown	NO	All except BC	Optional
ethnicity1	Indicates if the person is of Hispanic or Latino origin. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.	ETHNICITY	YES	All	Required
ethnicity2	Indicates if the person is of Hispanic or Latino origin. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.	ETHNICITY	YES	All	Optional
gender_identity_dt	The date the gender identity of the person was identified.	YYYYMMDD	NO	All except BC	Discontinued
gender_identity	User entered gender identity of the person		NO	All except BC	Discontinued

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
Other_gender_identity	User entered gender identity when gender_identity is "AD" (Additional gender identity)		NO	All except BC	Discontinued
hars_race	For legacy HARS data, a read-only field indicating the person's race code entered in HARS previous to v6.0 (prior to implementation of Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity [ <a href="http://www.whitehouse.gov/omb/fedreg/ombdir15.html">http://www.whitehouse.gov/omb/fedreg/ombdir15.html</a> ]).	1-White, not Hispanic 2-Black, not Hispanic 3-Hispanic 4-Asian/Pacific Islander 5-American Indian/Alaska Native 9-Unknown	YES	LEGACY_ACRF, LEGACY_PCRF	Legacy HARS
hars_xrace	HARS expanded race.	HARS_XRACE	YES	LEGACY_ACRF, LEGACY_PCRF	Legacy HARS
hcw	Is this person a healthcare worker? (optional field)	YES_NO_UNK	YES	ACRF	Optional
hcw_occup	Occupation, if healthcare worker (optional field).	OCCUPATION	YES	ACRF, LEGACY_CONSENT, LEGACY_TTH	Optional
marital_status	The person's marital status.	A - Married and separated D - Divorced M - Married N - Not otherwise specified O - Other S - Single and never married U - Unknown W - Widowed	NO	All except PCRF	Optional
race1	Indicates the person's race.	RACE	YES	All	Required
race2	Indicates the person's race.	RACE	YES	All	Required
race3	Indicates the person's race.	RACE	YES	All	Required
race4	Indicates the person's race.	RACE	YES	All	Required
race5	Indicates the person's race.	RACE	YES	All	Required
sexual_orientation	The person's sexual orientation	SEXUAL_ORIENTATION	YES	All except BC	Required

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
sexual_orientation_dt	The date the sexual orientation of the person was identified.	YYYYMMDD	YES	All except BC	Required
other_sexual_orientation_	Use entered sexual orientation when sexual_orientation is "AD" (Additional sexual orientation)		YES	All except BC	Required
vital_status	Indicates vital status at time form was completed—alive, dead, or unknown.	1 - Alive 2 - Dead 9 - Unknown	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC	Required
<b>PERSON_NAME</b>	<b>A table that maintains information on a person's names and Soundex codes.</b>				
doc_belongs_to	Indicates if the name belongs to PERSON, MOTHER, or CHILDn.	PERSON, MOTHER, CHILDn	YES	All	System
document_uid	A unique identifier for a document.		YES	All	System
first_name	The person's first name.		NO	All	Optional
first_name_sndx	The person's first name in a Soundex format.		NO	All	System
last_name	The person's last name. For hyphenated or last names containing two words, the standard is as follows: Smith Jones.		NO	All	Required
last_name_sndx	The person's last name in a Soundex format.		YES	All	System
middle_name	The person's middle name.		NO	All	Optional
name_prefix	The person's name prefix.		NO	All	Optional
name_suffix	The person's name suffix.		NO	All	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
name_use_cd	A code indicating the type of name being used, such as Maiden or Birth. The default value is Legal.	NAME_USE	YES	All	Optional
person_name_seq	Sequence identifiers for a person's name.	0-999,999,999	YES	All	System
removal_ind	A field used by the application to determine if the name removal utility has been applied to this row.	YES_NO	NO		System
<b>PREGNANCY_OUTCOME</b>	<b>A table to capture final outcome of previous pregnancies of biological mother.</b>				
document_uid	A unique identifier for a document.		YES	PCRF, LEGACY_PCRF	System
preg_outcome	Final outcome of pregnancy.	PREGNANCY_OUTCOME	YES	PCRF, LEGACY_PCRF	Optional
preg_seq	Auto-generated number to allow for multiple events per document.	0-9	YES	PCRF, LEGACY_PCRF	System
preg_outcome_dt	Year in which pregnancy event occurred.	YYYY.... YYYYMMDD 99999999	YES	PCRF, LEGACY_PCRF	Optional
<b>PRETEST_QUESTIONNAIRE</b>	<b>A table that maintains information on a person's pretest questionnaire.</b>				
document_uid	A unique identifier for the person's Pretest Questionnaire.		YES	ACRF, LEGACY_TTH	System
qhrtnw	Are you now taking any ARVs?	YES_NO	YES	ACRF, LEGACY_TTH	Optional
Ucts	Main source of testing history information.	UCTS	YES	ACRF, LEGACY_TTH	Required
ufposa	When you first tested positive for HIV, was the HIV test an anonymous test?	YES_NO_REF	YES	ACRF, LEGACY_TTH	Optional
ufposd	Date of first positive HIV test		YES	ACRF, LEGACY_TTH	Required
ufposd_self	First positive test result from self-test performed by patient	YES_NO_UNK	YES	ACRF	Required
ufps_site	Name of facility where first tested positive for HIV	SITE_CD	NO	ACRF, LEGACY_TTH	Optional
ufps_state	State where first tested positive for HIV	STATE_CODES_PR	YES	ACRF, LEGACY_TTH	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
ufpstyp	Type of facility where first tested positive for HIV	FACILITY_TYPE	YES	ACRF, LEGACY_TTH	Optional
uftstd	When was the first time you ever got tested for HIV?		YES	ACRF, LEGACY_TTH	Optional
ulstnd	Date of last negative HIV test		YES	ACRF, LEGACY_TTH	Required
ulstnd_sef	Last negative test result from a self-test performed by patient	YES_NO_UNK	YES	ACRF	Required
ulstngs	Type of facility where last tested negative for HIV	FACILITY_TYPE	YES	ACRF, LEGACY_TTH	Optional
ulstngs_site	Name of facility where last tested negative for HIV	SITE_CD	NO	ACRF, LEGACY_TTH	Optional
ulstngs_state	State where last tested negative for HIV	STATE_CODES_PR	YES	ACRF, LEGACY_TTH	Optional
ungtst	Ever had a negative HIV test?	YES_NO_REF_UNK	YES	ACRF, LEGACY_TTH	Required
unumtsts	Number of negative HIV tests within 24 months before first positive test	0-99	YES	ACRF, LEGACY_TTH	Required
unumtsts_self	Number of negative test results were self-tests performed by patient	0-99	YES	ACRF	Required
upastp	Ever had a positive HIV test result?	YES_NO_REF	YES	ACRF, LEGACY_TTH	Required
upnumtsts	For persons who had a previous positive test (Legacy Pre-test form only): In the two years before your first positive test, how many times did you get tested for HIV?	0-99	YES	ACRF, LEGACY_TTH	Legacy Incidence
uptests	Have you been tested for HIV before today?	YES_NO_REF	YES	ACRF, LEGACY_TTH	Optional
uqintd	Date patient reported information		YES	ACRF, LEGACY_TTH	Required
ur3_5sp	Reason for getting today's HIV test: If other reason, describe		YES	ACRF, LEGACY_TTH	Optional
ur4e_5sp	Reason for getting the first positive HIV test: If other reason, describe		YES	ACRF, LEGACY_TTH	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
ureas3_1	Reason for getting today's HIV test: Think you might have been exposed to HIV in the 6 months before the test	YES_NO	YES	ACRF, LEGACY_TTH	Optional
ureas3_2	Reason for getting today's HIV test: Get tested on a regular basis and it is time to get tested again	YES_NO	YES	ACRF, LEGACY_TTH	Optional
ureas3_3	Reason for getting today's HIV test: Just checking to make sure you are HIV negative	YES_NO	YES	ACRF, LEGACY_TTH	Optional
ureas3_4	Reason for getting today's HIV test: Required by insurance, military, court, or other agency	YES_NO	YES	ACRF, LEGACY_TTH	Optional
ureas3_5	Reason for getting today's HIV test: Other reason you want to get tested	YES_NO	YES	ACRF, LEGACY_TTH	Optional
urs4e_1	Reason for getting the first positive HIV test: Thought you might have been exposed to HIV in the past 6 months before the test	YES_NO	YES	ACRF, LEGACY_TTH	Optional
urs4e_2	Reason for getting the first positive HIV test: Got tested on a regular basis and it was time to get tested again	YES_NO	YES	ACRF, LEGACY_TTH	Optional
urs4e_3	Reason for getting the first positive HIV test: Just checking to make sure you were HIV negative	YES_NO	YES	ACRF, LEGACY_TTH	Optional
urs4e_4	HIV test required	YES_NO	YES	ACRF, LEGACY_TTH	Optional
urs4e_5	Reason for getting the first positive HIV test: Other reason you wanted to get tested	YES_NO	YES	ACRF, LEGACY_TTH	Optional
<b>PROVIDER_CODE</b>	<b>A table that maintains information on healthcare providers.</b>				
first_name	The first name of the healthcare provider.		NO	N/A	Optional
last_name	The last name of the healthcare provider.		NO	N/A	Optional
middle_name	The middle name of the healthcare provider.		NO	N/A	Optional
name_prefix	The name prefix of the healthcare provider.		NO	N/A	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
name_suffix	The name suffix of the healthcare provider.		NO	N/A	Optional
phone	The phone number of the healthcare provider.	7 or 10 digits	NO	N/A	Optional
provider_uid	A unique identifier for a healthcare provider.		NO	N/A	System
ship_flag	A field used by the application to determine if the information needs to be transferred to CDC		NO	N/A	System
specialty_cd	A code indicating the type of specialty for this health care provider.	SPECIALTY_CD	YES	N/A	Optional
<b>RIDR</b>	<b>A table that maintains information pertaining to a case's duplicate status review.</b>				
comments	Notes or comments pertaining to the duplicate status information entered for this person.		NO	ACRF, PCRF	Optional
document_uid	A unique identifier of the current document.		YES	ACRF, PCRF	System
duplicate_status	The status of the duplicate review, such as Pending or Same As.	1 - Same as 2 - Different than 3 - Pending	YES	ACRF, PCRF	Required if case identified as potential duplicate
ehars_uid	A unique identifier for the existing case.		YES	ACRF, PCRF	System
last_verify_dt	The date when the status of the duplicate review was last verified.	YYYYMMDD	YES	ACRF, PCRF	Optional
state_cd	The two character postal code of the state of the possible duplicate case.	STATE_CODES_PR	YES	ACRF, PCRF	Required if case identified as potential duplicate
stateno	The stateno identifier of the possible duplicate case.		YES	ACRF, PCRF	Required if case identified as potential duplicate
verify_by	The person who reviewed the duplicate status entry.		YES	ACRF, PCRF	Optional
<b>RISK</b>	<b>A table that maintains information on a person's risk factors.</b>				

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
cophi_status	Code that indicates the COPHI investigation status, if applicable.	1 - Open, under investigation 2 - Closed, confirmed COPHI 3 - Closed, investigated, not confirmed 4 - Closed, not a COPHI 5 - Will not be investigated, not confirmed 9 - Unknown	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH_DOC	Optional
detail	This field captures detailed information about risk factor—the type of clotting factor the person had or the occupation, if occupational exposure. <b>Note:</b> RISK.detail also stores NIR type information (1 = user entered [if date investigation was completed is entered], 2 = system assigned)	For R04, R30, R33, R32 => CLOTTING_FACTOR For R13 => OCCUPATION For R80, R81 => 1 = user entered [if date investigation was completed is entered], 2 = system assigned	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Optional
display	A field used by the application for display purposes.	A(adult), P(pediatric), H(hemophilia)	NO	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	System
document_uid	A unique identifier for a document.		YES	All	System
resolution_dt	The date the COPHI investigation was resolved.	YYYYMMDD	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Optional
risk_cd	Code indicating a risk factor (such as R03 indicating IDU).	RISK_CD (table)	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Refer to RISK_CD table for requirements for each variable

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
risk_seq	Sequence identifier for a person's modes of exposure.	0-99,999,999	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	System
risk_value	Code indicating the risk factor value (Y-Yes, N-No, U-Unknown, or 2-CDC confirmed) or the mother's infection status (1-9).	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Refer to RISK_CD table for valid data element values for each variable
trans_first_dt	If patient received transfusion of blood/blood components, the first date the patient received transfusion. <b>Note:</b> For user entered NIR (No Identified Risk), the date entered is stored in this field.	YYYYMMDD	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Required
trans_last_dt	If patient received transfusion of blood/blood components, the last date the patient received transfusion. <b>Note:</b> When the system identifies NIR, the system date is stored in this field.	YYYYMMDD	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Required
<b>RISK_CD</b>	<b>A table that contains all distinct RISK.risk_cd values and associated descriptions.</b>				
R01	Sex with male	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Required
R02	Sex with female	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Required
R03	Injected non-prescription drugs	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Required

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
R04	Received clotting factor for hemophilia/coagulation disorder	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Required
R05	Heterosexual contact with person who injected drugs	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Required
R06	Heterosexual contact with bisexual male	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Required
R07	Heterosexual contact with person with hemophilia/coagulation disorder	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Required
R08	Heterosexual contact with transfusion recipient with documented HIV infection	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Required
R09	Heterosexual contact with transplant recipient with documented HIV infection	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Required
R10	Heterosexual contact with person with AIDS or documented HIV infection, risk not specified	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Required
R11	Received transfusion of blood/blood components (other than clotting factor)	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Required
R12	Received transplant of tissue/organs or artificial insemination	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Required
R13	Worked in a health care or clinical laboratory setting	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB, LEGACY_ACRF,	Required

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
				LEGACY_PCRF, BC, DEATH	
R14	Sexual contact with male	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Required
R15	Sexual contact with female	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Required
R16	Child's biological mother's infection status	For R16 only => M_INFECTION_STATUS	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Required
R17	Perinatally acquired HIV infection	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Required
R18	Injected non-prescription drugs	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Required
R19	Heterosexual contact with person who injected drugs	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Required
R20	Heterosexual contact with bisexual male	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Required
R21	Heterosexual contact with male with hemophilia/coagulation disorder	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Required

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
R22	Heterosexual contact with transfusion recipient with documented HIV infection	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Required
R23	Heterosexual contact with transplant recipient with documented HIV infection	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Required
R24	Heterosexual contact with male with AIDS or documented HIV infection, risk not specified	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Required
R25	Received transfusion of blood/blood components (other than clotting factor)	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Required
R26	Received transplant or tissue/organs or artificial insemination	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Required
R27	Injected non-prescription drugs	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Required
R30	Received clotting factor for hemophilia/coagulation disorder (LEGACY)	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Required
R32	Received clotting factor for hemophilia/coagulation disorder (LEGACY)	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Required
R33	Received clotting factor for hemophilia/coagulation disorder	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Required
R34	Received transfusion of blood/blood components (other than clotting factor)	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB, LEGACY_ACRF,	Required

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
				LEGACY_PCRF, BC, DEATH	
R35	Received transplant of tissue/organs	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Required
R36	Child breastfed by biological mother	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Required
R37	Child received premasticated/pre- chewed food from biological mother	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Required
R38	Child breastfedby biological mother	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Required
R39	Child received premasticated/pre- chewed food from a person (not biological mother)	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Required
R40	Adult other documented risk	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Required
R41	Child other documented risk	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Required
R80	Adult no identified risk	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Required

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
R81	Child no identified risk	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB, LEGACY_ACRF, LEGACY_PCRF, BC, DEATH	Required
<b>SUBSTANCE_HISTORY</b>	<b>A table that maintains the toxicology data of biological mother and infant during pregnancy, labor and delivery. This information is collected in the Birth History and Biological Mother History sections of Pediatric Case Report Forms (PCRF) documents.</b>				
document_uid	A unique identifier for a document.		YES	PCRF, LEGACY_PCRF	System
substance_seq	Sequence number.		YES	PCRF, LEGACY_PCRF	System
doc_belongs_to	Indicates who the substance data belongs to: PERSON or MOTHER.	MOTHER, PERSON	YES	PCRF, LEGACY_PCRF	System
substance_event_cd	Code to determine if and when substance was tested for use or injection by mother or person.	SUBSTANCE_EVENT_CD	YES	PCRF, LEGACY_PCRF	System
substance_cd	Substance code used or injected by person.	SUBSTANCE_CD	YES	PCRF, LEGACY_PCRF	Optional
substance_value	Result value selected.	SUBSTANCE_USE_RESULT SUBSTANCE_SCREEN_RESU LT	YES	PCRF, LEGACY_PCRF	Optional
substance_detail	User entered substance name when Other (specify) code is chosen.	alphanumeric, NULL, blank	YES	PCRF, LEGACY_PCRF	Optional
substance_dt	Date of substance screening or use.	YYYYMMDD	YES	PCRF, LEGACY_PCRF	Optional