

## PHLIS2 Transmission File Structure - Updated (version 03/25/2025)

Depending on the transmission mechanism, the transmission protocol calls for the required influenza and non-influenza data to be transmitted via a comma-delimited ASCII file with either the .csv extension or the .txt extension. Please note that when submitting to PHLIS2 via AIMS, reporters must submit a comma-delimited text file using a .txt extension.

If the non-required variables do not have values, leave them blank or null. However, they must have a position in the transmitted file. All values are contained between two double quotes: "{insert variable value}." If the variable is blank or null, then use two double quotes only: "". See below for a message example.<sup>a</sup>

This data dictionary describes the file and corresponding values expected by the receiving application at the CDC. The column name may not be the exact variable in your database but provides a description to help place your corresponding variable into the right location. Should you require assistance please contact Rebecca Dahl at [rdahl@cdc.gov](mailto:rdahl@cdc.gov) or the PHLIS help desk email at [phlissupport@cdc.gov](mailto:phlissupport@cdc.gov).

#	Variable	Required <sup>b</sup>	Type (Length)	Description	Comments
1	Site ID	R	Character (10)	Site ID assigned by CDC	This will be an ID for each testing lab. NSFLU+State Abbreviation+Number: NSFLUWV01
2	Specimen ID	R	Character (30)	Unique specimen ID	Specimen/Accession/Aliquot ID assigned by each lab
3	Patient ID	R	Character (30)	Unique patient ID	Patient ID assigned by each lab
4	Patient Birth Date	MR	Date (10) (mm/dd/yyyy)	Date of birth	Patient birth date is required if patient age and type are blank.
5	Patient Age	MR	Numeric (3)	Patient age	Patient age is required if patient birth date is blank.
6	Patient Age Type	C	Character (1)	Patient age type	Patient age type is required if patient age is specified. Other acceptable values: D (day), W (week), M (month), Y (year)
7	Patient Sex	O	Character (1)	Patient sex	Acceptable values: M, Male, F, Female, U, Unknown
8	Patient State	R	Character (2)	State of residence	State Abbreviation e.g.: GA, WV, MD
9	Patient County	O	Character (30)	County of residence	County Name
10	Patient Zip Code	O	Numeric (9)	Zip code of residence	Zip code or Zip code + 4: e.g. 30329 or 30329-4018
11	Submitting Lab Name	O	Character (40)	Submitting lab name	Submitting laboratory name
12	Submitting Physician Name	O	Character (40)	Submitting physician name	Submitting physician name
13	Collection Date	MR	Date (10) (mm/dd/yyyy)	Date clinical specimen collected	Collection date is required if both receive date and test date are blank.
14	Receive Date	MR	Date (10) (mm/dd/yyyy)	Date specimen/isolate received at laboratory	Receive date is required if both collection date and test date are blank.
15	Test Date	MR	Date (10) (mm/dd/yyyy)	Date specimen/isolate tested	Test date is required if both collection date and receive date are blank.

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16	Specimen Type <sup>c</sup>	O	Character (40)	Specimen type	If using values other than SNOMED codes, other acceptable values include, but are not limited to: Original clinical material, Isolate, Unknown
17	Specimen Source <sup>c</sup>	C	Character (40)	Description of specimen source	Required if specimen is non-respiratory; otherwise, this field is optional. If using values other than SNOMED codes, other acceptable values include, but are not limited to: Nasal (swab or other method), Bronchial-Alveolar Lavage, Nasopharyngeal (swab or other method), Sputum, Throat (swab or other method), Serum, CSF, Stool, Unknown
18	Test Method <sup>c</sup>	R	Character (40)	Description of test performed	If using values other than LOINC codes, other acceptable values include, but are not limited to: FLUAV + FLUBV PCR, FLUAV PCR, FLUBV PCR, FLUAV H5 PCR, hMPV PCR, HPIV1 PCR, HCoV HKU1 PCR, RSV A PCR, Rhinovirus PCR, Enterovirus PCR, Rhino/Entero PCR, Norovirus GI + GII PCR, SARS-CoV-2 PCR, SARS-CoV-2 IgG IA, RPP PCR, Virus culture
19	Test Result <sup>c</sup>	R	Character (40)	Description of test result	If using values other than SNOMED codes, other acceptable non-SARS-CoV-2 values include, but are not limited to: Influenza A (2009H1N1pdm), Influenza A(H1), Influenza A(H3), Influenza B, Influenza A(subtype unknown), Influenza A(inconclusive), Influenza A(could not be subtyped), Influenza A(H5), Presumptive Influenza A(H3N2)v, Respiratory Syncytial Virus A, Respiratory Syncytial Virus B, Respiratory Syncytial Virus Unknown, Rhinovirus, Parainfluenza Virus 1, Adenovirus, Negative, Not Detected  For SARS-CoV-2 test results, other acceptable values: nCov Detected, nCov Not Detected, nCov inconclusive, nCov invalid
20	Isolate Sent to CDC	O	Character (1 or 7)	Was the isolate sent to CDC?	Acceptable values: Y, Yes, N, No, U, Unknown
21	Isolate Sent to CDC ID	O	Character (30)	Laboratory ID for the isolate sent to CDC	Laboratory ID for isolate sent to CDC
22	Comments	R	Character (66)		Comments
23	Antiviral Medication	O	Character (1 or 7)	Was the patient receiving influenza antiviral medication?	Acceptable values: Y, Yes, N, No, U, Unknown

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#	Variable	Required <sup>b</sup>	Type (Length)	Description	Comments
24	Outbreak Related	O	Character (1 or 7)	Was the specimen related to an outbreak?	Acceptable values: Y, Yes, N, No, U, Unknown
25	Facility Type	O	Character (22)	Did the specimen come from an outpatient, inpatient, or long-term care facility?	Acceptable values: Outpatient, Inpatient, Long-Term Care Facility, U, Unknown
26	Travel Outside US	O	Character (1 or 7)	Did the patient travel outside the US within 10 days of illness onset?	Acceptable values: Y, Yes, N, No, U, Unknown
27	Countries Traveled To	C	Character (50)	Country names	List countries traveled to if Travel Outside US = Y, Yes
28	Vaccination	O	Character (1 or 7)	Was the patient vaccinated for influenza?	Acceptable values: Y, Yes, N, No, U, Unknown
<p><sup>a</sup> Message example: "NSLABME01","CDC01152007","077659846","","25","Y","M","ME","","11111","Public Health Lab","Dr. Smith","11/11/2018","11/12/2018","11/13/2018","","","40988-8","260373001","N","","2.16.840.1.114222.4.1.93923","N","N","N","U","",""</p> <p><sup>b</sup> Required: <b>R</b> = Required, <b>MR</b> = Minimally required, ≥1 variable of set must have a value, <b>C</b> = Conditionally required, <b>O</b> = Optional</p> <p><sup>c</sup> If not using standardized codes, e.g., LOINC or SNOMED, please note that the provided list of qualitative values are not exhaustive and other values may be included.</p>					