Label/Short Name	Description	Value Set Code. Search in PHIN VADS using the following link (https://phinvads.cdc.gov/vads/SearchHome.action)
Notification ID	The unique identifier for the notification record	
Receiving Application	CDC's PHIN Common Data Store (CDS) is the Receiving Application for this message.	
Message Profile ID	First instance is the reference to the structural specification used to validate the message. Second instance is the reference to the PHIN Message Mapping Guide from which the content is derived.	
Local Subject ID	The local ID of the subject/entity.	
Subject Name Type	Name is not requested by the program, but the Patient Name field is required to be populated for the HL7 message to be valid. Have adopted the HL7 convention for processing a field where the name has been removed for de-identification purposes.	PHVS_NameType_HL7_2x
Current US Resident	Does the subject currently reside in the USA?	PHVS_YesNoUnknown_CDC
Foreign Resident	Is the subject a Foreign Resident? Refer to CSTE position statement 11-SI-04 for more information: http://www.cste.org/ps2011/11-SI-04.pdf	PHVS_YesNoUnknown_CDC
Immediate National Notifiable Condition	Does this case meet the criteria for immediate (extremely urgent or urgent) notification to CDC? Refer to the CSTE list of NNC at the following link: http://www.cste.org/dnn/LinkClick.aspx?fileticket=A5oAgCiPNT0%3d&tabid=36&mid=1496	PHVS_YesNoUnknown_CDC
Local Record ID	Sending system-assigned local ID of the case investigation with which the subject is associated.	
Subject Type	Type of subject for the notification. "Person," "Place/Location," or "Non-Person Living Subject" are the appropriate subject types for Notifications to CDC.	PHVS_NotificationSectionHeader_CDC
Notification Type	Type of notification. Notification types are "Individual Case," "Environmental," "Summary," and "Laboratory Report".	PHVS_NotificationSectionHeader_CDC
Date First Electronically Submitted	Date/time the notification was first sent to CDC. This value does not change after the original notification.	
Date of Report	Date/time this version of the notification was sent. It will be the same value as NOT103 for the original notification. For updates, this is the update/send date/time.	
Notification Result Status	Status of the notification.	PHVS_ResultStatus_NETSS
Condition Code	Condition or event that constitutes the reason the notification is being sent	PHVS_NotifiableEvent_Disease_Condition_CDC_NNDSS
Birth Date	Date of birth in YYYYMMDD format	
Country of Birth	Country of Birth	PHVS_CountryofBirth_CDC
Sex	Person's sex	PHVS_Sex_MFU
Race Category	Field containing one or more codes that broadly refer to the subject's race(s).	PHVS_RaceCategory_CDC
Country of Usual Residence	Where does the person usually* live (defined as their residence) *For the definition of 'usual residence' refer to CSTE position statement # 11-SI-04 titled "Revised Guidelines for Determining Residency for Disease Reporting" at http://www.cste.org/ps2011/11-SI-04.pdf .	PHVS_CountryofBirth_CDC
Subject Address County	County of residence of the subject	PHVS_County_FIPS_6-4
Subject Address State	State of residence of the subject	PHVS_State_FIPS_5-2
Subject Address ZIP Code	ZIP Code of residence of the subject	
Ethnic Group Code	Based on the self-identity of the subject as Hispanic or Latino	PHVS_EthnicityGroup_CDC_Unk
Reporting State	State reporting the notification.	PHVS_State_FIPS_5-2
Reporting County	County reporting the notification.	PHVS_County_FIPS_6-4
National Reporting Jurisdiction	National jurisdiction reporting the notification to CDC.	PHVS_NationalReportingJurisdiction_NND
Jurisdiction Code	Identifier for the physical site from which the notification is being submitted.	
Date of Report/Referral	Date the event or illness was first reported by the reporting source (physician or lab reported to the local/county/state health department).	
Reporting Source Type Code	Type of facility or provider associated with the source of information sent to Public Health.	PHVS_ReportingSourceType_NND
Reporting Source ZIP Code	ZIP Code of the reporting source for this case.	
Earliest Date Reported to County	Earliest date reported to county public health system	
Earliest Date Reported to State	Earliest date reported to state public health system	
Hospitalized	Was subject hospitalized because of this event?	PHVS_YesNoUnknown_CDC
Admission Date	Subject's first admission date to the hospital for the condition covered by the investigation.	
Discharge Date	Subject's first discharge date from the hospital for the condition covered by the investigation.	
Duration of hospital stay in days	Subject's duration of stay at the hospital for the condition covered by the investigation.	
Diagnosis Date	Earliest date of diagnosis (clinical or laboratory) of condition being reported to public health system	
Date of Illness Onset	Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system	
Illness End Date	Time at which the disease or condition ends.	
Illness Duration	Length of time this subject had this disease or condition.	

Illness Duration Units	Unit of time used to describe the length of the illness or condition.	PHVS_AgeUnit_UCUM
Subject Died	Did the subject die from this illness or complications of this illness?	PHVS_YesNoUnknown_CDC
Deceased Date	If the subject died from this illness or complications associated with this illness, indicate the date of death	
Case Investigation Start Date	The date the case investigation was initiated.	
Case Outbreak indicator	Denotes whether the reported case was associated with an identified outbreak.	PHVS_YesNoUnknown_CDC
Case Outbreak Name	A state-assigned name for an indentified outbreak.	
Case Disease Imported Code	Indication of where the disease/condition was likely acquired.	PHVS_DiseaseAcquiredJurisdiction_NETSS
Imported Country	If the disease or condition was imported, indicates the country in which the disease was likely acquired.	PHVS_Country_ISO_3166-1
Imported State	If the disease or condition was imported, indicates the state in which the disease was likely acquired.	PHVS_State_FIPS_5-2
Imported City	If the disease or condition was imported, indicates the city in which the disease was likely acquired.	PHVS_City_USGS_GNIS
Imported County	If the disease or condition was imported, contains the county of origin of the disease or condition.	PHVS_County_FIPS_6-4
Transmission Mode	Code for the mechanism by which disease or condition was acquired by the subject of the investigation.	PHVS_CaseTransmissionMode_NND
Case Class Status Code	Status of the case/event as suspect, probable, confirmed, or not a case per CSTE/CDC/ surveillance case definitions.	PHVS_CaseClassStatus_NND
MMWR Week	MMWR Week for which case information is to be counted for MMWR publication.	
MMWR Year	MMWR Year (YYYY) for which case information is to be counted for MMWR publication.	
State Case ID	States use this field to link NEDSS investigations back to their own state investigations.	
Date of First Report to CDC	Date the case was first reported to the CDC	
Date First Reported PHD	Earliest date the case was reported to the public health department whether at the local, county, or state public health level.	
Pregnancy status	Indicates whether the subject was pregnant at the time of the event.	PHVS_YesNoUnknown_CDC
Person Reporting to CDC - Name	Name of the person who is reporting the case to the CDC. This is the person that CDC should contract in a state if there are questions regarding this case notification.	
Person Reporting to CDC - Phone Number	Phone Number of the person who is reporting the case to the CDC. This is the person that CDC should contract in a state if there are questions regarding this case notification.	
Email Address of Sender	Email address of person who sent the report	
Legacy Case ID	CDC uses this field to link current case notifications to case notifications submitted by a previous system (NETSS, STD-MIS, etc.)	
Country of Exposure or Country Where Disease was Acquired Note: use exposure or acquired consistently across variables	Indicates the country in which the disease was potentially acquired.	PHVS_CountryofBirth_CDC
State or Province of Exposure	Indicates the state in which the disease was potentially acquired. Business Rule: If Country of exposure was US, populate with US State. If Country of exposure was Mexico, populate with Mexican State. If country of exposure was Canada, populated with Canadian Province. For all other countries, leave null.	PHVS_State_FIPS_5-2
City of Exposure	Indicates the city in which the disease was potentially acquired. Business Rule: If country of exposure is US, populate with US city. For all other cities, can be populated but not required. Note: Since value set only includes US cities, would allow states to populate the CWE 9th component with another city.	
County of Exposure	Indicates the county in which the disease was potentially acquired. Business Rule: If country of exposure is US, populate with US county. Otherwise, leave null.	
Binational Reporting Criteria	For cases meeting the binational criteria, select all the criteria which are met	PHVS_BinationalReportingCriteria_CDC
Age at case investigation	Subject age at time of case investigation	
Age units at case investigation	Subject age units at time of case investigation	PHVS_AgeUnit_UCUM_NETSS
Case Count	Number of cases being reported in the notification	
Comment	General comments to CDC	
Current Occupation	What kind of work do you do?	PHVS_Occupation_CDC_Census_2010
Current Industry	What kind of business or industry do you work in?	PHVS_Industry_CDC_Census_2010
Person Deceased	**Indicator that the person is deceased**	**PHVS_YesNoUnknown_CDC**
Deceased Date	**Person date of death**	**N/A**
Preferred Language	**The language a person is most comfortable using for communication**	**PHVS_PreferredLangauge_NNDSS**

Case Counting Date	**The Case Counting Date (CCD) is the value of the earliest of the available component dates of Symptom Onset Date, Clinical Diagnosis Date, Earliest Specimen Collection Date Associated with a Positive Lab Result, Earliest Result Date of a Positive Lab Result, Date First Received by Public Health Agency, and Date Entered/Record Initiated**	**N/A**
Date of Onset of Signs or Symptoms	**The earliest date of the onset of signs, symptoms, or other clinical manifestations relevant to the reported condition.**	**N/A**
Clinical Diagnosis Date	**The earliest date that the condition being reported to public health system was identified by a clinician as the final, suspected, or most likely diagnosis.**	**N/A**
Earliest Specimen Collection Date Associated with a Positive Lab Result	**The earliest date a clinical specimen was collected from the person that produced a laboratory result that was positive or indicative of the disease or condition being reported to a public health agency.**	**N/A**
Earliest Result Date of a Positive Lab Result	**The date on which the first result that was positive or indicative of the disease or condition was either generated or reported by the laboratory.**	**N/A**
Death Associated with Condition	**Indicator that death was associated with the condition**	**PHVS_YesNoUnknown_CDC**
Estimated Date of Delivery (EDD)	**Estimated date of delivery of the pregnancy**	**N/A**
Housing Status	**Housing status of the person at time of event (i.e., Case Counting Date)**	**PHVS_HousingStatus_NNDSS**
Primary Living Situation	**Primary living situation of the person at time of event (i.e., Case Counting Date)**	**PHVS_LivingSituation_NNDSS**
Educational Attainment	**Highest degree or level of school completed by the person at time of event (i.e., Case Counting Date)**	**PHVS_EducationLevel_NNDSS**
Admitted to Intensive Care Unit (ICU)	**Indicator that the person was admitted to an intensive care unit (ICU) or other specialty care unit for the condition**	**PHVS_YesNoUnknown_CDC**
Identifier Type	**A coded description of the type of identifier included in Identifier Value (ex. Legacy Case ID, NORS ID)**	**TBD**
Identifier Value	**A unique value associated with the identifier type (i.e. a string, typically numeric or alphanumeric, that is associated with a single object or entity)**	**PHVS_YesNoUnknown_CDC**
Disability Type	**Condition of the body or mind (impairment) that makes it more difficult to do certain activities and interact with the world.**	**PHVS_DisabilityType_NNDSS**
Disability Type Indicator	**Indicator representing whether or not the person had the disability**	**PHVS_YesNoUnknown_CDC**
Exposure	**Within exposure window, either the person's contact with an entity (person, animal, or substance) or presence at a location where exposure to an agent could have occurred (i.e., where did pathogen come from)**	**TBD**
Exposure Indicator	**Indicator representing whether or not the person had the exposure**	**PHVS_YesNoUnknown_CDC**
First Date of Exposure	**The first date (and time as available) the exposure occurred.**	**N/A**
Last Date of Exposure	**The last date (and time as available) the exposure occurred.**	**N/A**
Indicator of Any Signs or Symptoms	**Indicator that the person had any signs, symptoms, or other clinical manifestations associated with the condition being reported.**	**PHVS_YesNoUnknown_CDC**
Signs and Symptoms	**Signs, symptoms, or other clinical manifestations associated with the condition being reported**	**TBD**
Signs and Symptoms Indicator	**Indicator representing whether or not the person had the sign, symptom, or other clinical manifestation**	**PHVS_YesNoUnknown_CDC**
Underlying Health Condition	**Pre-existing health conditions that may worsen the course or severity of the disease or health condition**	**TBD**
Underlying Health Condition Indicator	**Indicator representing whether or not the person had the underlying health condition**	**PHVS_YesNoUnknown_CDC**
Current Employment Status	**Person's current self-reported economic relationship to work**	**PHVS_EmploymentStatus_ODH**
Medication Name	**Medication consumed or administered for this condition**	**TBD**
Date Medication Prescribed	**Date the medication was prescribed**	**N/A**
Medication Prescribed Duration	**Prescribed duration of medication**	**N/A**
Medication Prescribed Duration Units	**Units for prescribed duration of medication**	**PHVS_DurationUnits_STD**
Date Medication Started	**Date the medication was first consumed or administered**	**N/A**
Date Medication Ended	**Date the medication was last consumed or administered**	**N/A**
International Travel	**Indicator that person spent time outside of the USA states or territories in a time period relevant to the condition**	**PHVS_YesNoUnknown_CDC**
Domestic Travel	**Indicator that the person spent time domestically outside of their state/territory of residence, but within the USA states or territories, in a time period relevant to the condition**	**PHVS_YesNoUnknown_CDC**
Specify Different Travel Exposure Window	**If the travel exposure window used by the jurisdiction is different from that stated in the CDC travel exposure questions for the condition, specify the time interval in days here. Otherwise, leave blank**	**N/A**
International Destination(s) of Recent Travel	**International destination or countries where the person spent time**	**PHVS_Country_ISO_3166-1**

Domestic Destination(s) of Recent Travel	**Domestic destination, state/territory(s) where the person spent time outside of the state/territory of residence**	**PHVS_State_FIPS_5-2**
Date of Arrival to Travel Destination	**Date of arrival at destination**	**N/A**
Date of Departure from Travel Destination	**Date of departure from destination**	**N/A**
Reason(s) for Travel	**Reason(s) for time spent outside of the jurisdiction of residence**	**PHVS_TravelPurpose_CDC**
Admission Date	**The date on which the person was admitted for hospitalization associated with the condition**	**N/A**
Discharge Date	**The date on which the person was discharged for hospitalization associated with the condition**	**N/A**
Test Result	**Qualitative or quantitative results for test performed. This can include various types of results such as numeric, coded, text, or other types relevant to the specific result.**	**TBD**