Hepatitis Case Notification Message Mapping Guide

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> **VERSION: The version of this Message Mapping Guide is Final 1.0 dated 1/4/2008.**

This Message Mapping Guide describes the content and message mapping specifications for the set of data elements used to communicate information to meet the requirements for Hepatitis case notifications to CDC. The intended audience for this document are the state/local and CDC programs and other public health related organizations interested in using the HL7 V2.5 case notification message specification for transmitting their data elements.

References

Version 2.0 of the National Notification Message Structure Specification is used to inform the mapping methodology for this guide. The ORU^R01 - Unsolicited Observation Message is the HL7 standard message used to pass the Nationally Notifiable Condition Report message. The National Notification message is used to convey a de-identified subset of investigation/surveillance information to meet national reporting requirements, where CDC is the only receiver. This document specifies the structure and methodology for the use of the Health Level 7 (HL7) Version 2.5 Unsolicited Result Message (ORU^R01) that supports the electronic interchange of any de-identified Nationally Notifiable Condition message from public health entities to the CDC.

Understanding the Organization of the Mapping Guide

Revisions	This tab is intended to provide revision control for updates made to the document.
Data Element Index	This tab provides the complete list of data elements of interest requested by the program. The last column cross-references to the tab where the data element is fully specified for messaging.
Key	Column descriptions for the tabs using the mapping methodology.
Subject-related	This tab provides the mapping methodology for the demographic variables requested by the program.
Generic Obs.	This tab provides the content for the generic investigation questions. The ones that are not used for Hepatitis reporting are greyed out.
HEP GEN	Every Hepatitis condition is reported using the Generic Observations plus these Hepatitis Generic data elements. When the condition is one of those below, no further data elements are included: • 10480—Hepatitis, non A, non B, acute • 10102—Hepatitis Delta co- or super-infection, acute (Hepatitis D) • 10103—Hepatitis E, acute • 10120—Hepatitis, viral unspecified • 10105—Hepatitis B virus infection, chronic
Hep A-Acute	10110 Hepatitis A, acute is reported using the generic data elements plus this set of condition-specific elements
Hep B-Acute	10100 Hepatitis B, acute is reported using the generic data elements plus this set of condition-specific elements
Hep C-Acute	10101 Hepatitis C, acute is reported using the generic data elements plus this set of condition-specific elements
Hep C-Infection	10106 Hepatitis C infection, past or present is reported using the generic data elements plus this set of condition-specific elements.
Hep B-Perinatal	10104 Hepatitis B, virus infection perinatal is reported using the generic data elements plus this set of condition-specific elements.
Associated Lab Report	This tab provides the content requested by the program for use with a Hepatitis associated laboratory report.

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Notification Structure | This tab provides the structural elements for the Notification. These variables are not negotiable. Default values are provided for HL7 structural elements that are required but not part of the surveillance data requested.

Example | This tab contains a message that conforms in structure to the Message Specification Guide and in content to this version of the Message Mapping Guide. This message is for example purposes and should not be used as the source of truth for coding, data mapping, or other content.

Variables as Observations

Other than the variables that map to the Patient Identifier segment (see Subject-Specific tab), all other variables are passed as a series of OBX-Observation/Result segments that are logically tied to the OBR-Observation Request "section header" segment that immediately precedes it. This content presents the real differences between the messages since all types of Notifications are handled in a standard manner up to this point.

Revisions

Date	Version	Description
1/2/2008	Final 1.0	HEP100 TESTRX removed duplicate "symptoms of acute hepatitis"
1/2/2008	Final 1.0	HEP153 BTYPE Valid Values constrained to Household member (non-sexual); Other (specify); Sexual; Unknown
1/2/2008	Final 1.0	HEP193 CTYPE Valid Values constrained to Household member (non-sexual); Other (specify); Sexual; Unknown
1/2/2008	Final 1.0	HEP236 HCVTYPE Valid Values constrained to Household member (non-sexual); Other (specify); Sexual; Unknown
1/2/2008	Final 1.0	HEP239 HBVMOMRACE - Copied race category values from DEM152 Race Category
1/2/2008	Final 1.0	INV161 Confirmation Method - removed second instance of "Other"
1/2/2008	Final 1.0	Added 10105 Hepatitis B Virus Infection, chronic, to list of conditions that use this Message Mapping Guide.
1/2/2008	Final 1.0	"CDC Req/Opt" columns were changed to "CDC Priority". See new description on Key tab.
1/2/2008	Final 1.0	"HL7 Usage" columns were changed to "HL7 Optionality". See new description on Key tab.
1/2/2008	Final 1.0	"HL7 Cardinality" columns were changed to "HL7 Repeats". See new description on Key tab. Please note that HL7 defines OBX-5 as allowing repeats, but if the program has not defined the data element as a repeating value, "expecting only one instance" is in the Implementation Notes.
1/2/2008	Final 1.0	Data Element Index and Generic Obs. tab: Set INV173 State Case ID priority to "IA" (send if available).
1/2/2008	Final 1.0	Data Element Index and Generic Obs. tab: Set INV2001 Age at Case Investigation priority to "IA" (send if available).
1/2/2008	Final 1.0	Remapped the Assoc Lab tab to the separate Lab message so that the mappings are similar to the ELR message.
1/2/2008	Final 1.0	Remapped the Assoc Vaccine Rpt tab to the separate Vaccine message.
1/2/2008	Final 1.0	Added mapping and default values for Message Profile ID to the Notification Structure tab.
1/2/2008	Final 1.0	Data Element Index and HEP GEN tab: Revised some of the LOINC codes used as PHIN Question UIDs for questions about specific hepatitis lab tests.
1/2/2008	Final 1.0	Notification Structure Tab - added detail for use with MSH-21 Message Profile ID.
1/2/2008	Final 1.0	HEP255 Birth Country on the GEN HEP tab, and HEP242 Mother's birth country both mapped to new value set called "Birth Country".

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Data Validation	TAB REFERENCE
CORE DEMOGRAPHIC DATA ELEMENTS								Subject-related
DEM115	Birth Date	Date of birth in YYYYMMDD format	Date	IA				Subject-related
DEM113	Patient's sex	Patient's current sex.	Code	IA		Male Female Unknown		Subject-related
DEM152	Race Category	Field containing one or more codes that broadly refer to the patient's race(s).	Code	IA	Y	American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White; Other Race		Subject-related
DEM165	Patient Address County	County of residence of the subject.	Code	IA		FIPS county codes		Subject-related
DEM162	Patient Address State	Patient's address state.	Code	IA		FIPS state codes		Subject-related
DEM163	Patient Address Zip Code	Patient's address Zip code.	Text	IA				Subject-related
DEM155	Ethnic Group Code	Ethnic origin or ethnicity is based on the individual's self-identity of the patient as Hispanic or Latino; choose one value from the list.	Code	IA		Hispanic Non-hispanic		Subject-related
GENERIC NOTIFICATION DATA ELEMENTS								Generic Obs.
NOT109	Reporting State	State reporting the notification.	Code	CR		Standard 2-digit State FIPS code		Generic Obs.
INV169	Condition Code	Condition or event that constitutes the reason the notification is being sent.	Code	CR				Generic Obs.
INV168	Local record ID	Sending system-assigned local ID of the case investigation with which the subject is associated.	Alphanumeric	CR				Generic Obs.
INV173	State Case ID	States use this field to link NEDSS (NETSS) investigations back to their own state investigations.	Text	IA				Generic Obs.
INV107	Jurisdiction Code	Identifier for the physical site from which the notification is being submitted.	Code	CR		state-assigned		Generic Obs.

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Data Validation	TAB REFERENCE
INV108	Case Program Area Code	The organizational ownership of the investigation. Program areas (*e.g.*, Immunization, STD) are defined at the state level by the conditions for which they provide primary prevention and control.	Code	IA		state-assigned		Generic Obs.
INV109	Case Investigation Status Code	Status of the investigation. For example, *open* or *closed*.	Code	IA		Open Closed		Generic Obs.
INV110	Investigation Date Assigned	Date the investigator was assigned to this investigation.	Date	IA				Generic Obs.
INV111	Date of Report	Date the event or illness was first reported by the reporting source	Date	IA				Generic Obs.

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Data Validation	TAB REFERENCE
INV112	Reporting Source Type Code	Type of facility or provider associated with the source of information sent to Public Health.	Code	IA		Blood Bank Correctional Facilities Dentist Other Federal Agencies Hospital Indian Health Service Laboratory Managed Care/HMOs Military Other Treatment Center Pharmacy Public Health Clinic Private Physician Office Data Registries Rural Health Clinic School Clinic Other State and Local Agencies Tribal Government Vital Statistics Veterinary Sources Daycare Facility Drug Treatment Facility Emergency Room/Emergency Department Family Planning Facility National Job Training Program Prenatal/Obstetrics Facility Public Health Clinic – STD Public Health Clinic – TB Public Health Clinic - HIV		Generic Obs.
INV118	Reporting Source Zip Code	Zip Code of the reporting source for this case.	Alphanumeric	IA				Generic Obs.
INV120	Earliest Date Reported to County	Earliest date reported to county public health system	Date	IA				Generic Obs.

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Data Validation	TAB REFERENCE
INV121	Earliest Date Reported to State	Earliest date reported to state public health system	Date	IA				Generic Obs.
INV128	Hospitalized	Was patient hospitalized because of this event?	Code	IA		Yes No Unknown	1) If the patient was hospitalized for this illness, then enable entry of admission date 2) If the patient was hospitalized for this illness, then enable entry of discharge date 3) If the patient was hospitalized for this illness, then enable entry of total duration of stay in the hospital in days	Generic Obs.
INV132	Admission Date	Subject's admission date to the hospital for the condition covered by the investigation.	Date	IA				Generic Obs.
INV133	Discharge Date	Subject's discharge date from the hospital for the condition covered by the investigation.	Date	IA			If the user enters the Discharge Date, then the date must be >= Admission Date	Generic Obs.
INV134	Duration of hospital stay in days	Subject's duration of stay at the hospital for the condition covered by the investigation.	Numeric	IA				Generic Obs.
INV136	Diagnosis Date	Date of diagnosis of condition being reported to public health system	Date	IA			If the user enters the Diagnosis Date, then the date must be >= Illness Onset Date	Generic Obs.
INV137	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	Date	IA				Generic Obs.
INV138	Illness End Date	Time at which the disease or condition ends.	Date	IA				Generic Obs.
INV139	Illness Duration	Length of time this person had this disease or condition.	Numeric	IA			units required	Generic Obs.
INV140	Illness Duration Units	Unit of time used to describe the length of the illness or condition.	Code	IA				Generic Obs.

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Data Validation	TAB REFERENCE
INV145	Did the patient die from this illness	Did the patient die from this illness or complications of this illness?	Code	IA		Yes No Unknown		Generic Obs.
INV147	Investigation Start Date	The date the case investigation was initiated.	Date	IA				Generic Obs.
INV150	Case outbreak indicator	Denotes whether the reported case was associated with an identified outbreak.	Code	IA		Yes No Unknown	If this case is part of an outbreak, then enable entry of outbreak name (INV151)	Generic Obs.
INV151	Case Outbreak Name	A state-assigned name for an indentified outbreak.	Code	IA		state-assigned code		Generic Obs.
INV152	Case Disease Imported Code	Indication of where the disease/condition was likely acquired.	Code			Indigenous Out of country Out of jurisdiction Out of state Unknown		Generic Obs.
INV153	Imported Country	If the disease or condition was imported, indicates the country in which the disease was likely acquired.	Code	IA		ISO Country Codes	if INV152 = Out of Country	Generic Obs.
INV154	Imported State	If the disease or condition was imported, indicates the state in which the disease was likely acquired.	Code	IA		FIPS state codes	if INV152 = Out of State	Generic Obs.
INV155	Imported City	If the disease or condition was imported, indicates the city in which the disease was likely acquired.	Code	IA		GNIS City Codes	if INV152 = Out of Jurisdiction	Generic Obs.
INV156	Imported County	If the disease or condition was imported, contains the county of origin of the disease or condition.	Code	IA		FIPS county codes	if INV152 = Out of Jurisdiction	Generic Obs.

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Data Validation	TAB REFERENCE
INV157	Transmission Mode	Code for the mechanism by which disease or condition was acquired by the subject of the investigation.	Code	IA		Airborne Blood borne Dermal Food borne Indeterminate Mechanical Nosocomial Other Sexually Transmitted Vector borne Water borne Zoonotic		Generic Obs.
INV159	Detection Method	Code for the method by which the public health department was made aware of the case.	Code	IA		Provider reported Prison entry screening Prenatal testing Routine Physical Patient self-referral Other		Generic Obs.
INV161	Confirmation Method	Code for the mechanism by which the case was classified, providing information about how the case classification status was derived. More than one confirmation method may be indicated.	Code	IA	Y	Clinical Diagnosis Epidemiologically linked Lab confirmed Case/outbreak investigation Lab Report Medical Record Review Occup. Disease Surveillance Active Surveillance Provider Certified Local/state specified No Information Given Other		Generic Obs.
INV162	Confirmation Date	If an investigation is confirmed as a case, the confirmation date is entered.	Date	IA				Generic Obs.
INV163	Case Class Status Code	Status of the case/event as suspect, probable, confirmed, or "not a case" per CSTE/CDC/ surveillance case definitions.	Code	CR		Confirmed Not a Case Probable Suspect Unknown		Generic Obs.

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Data Validation	TAB REFERENCE
INV165	MMWR Week	MMWR Week for which case information is to be counted for MMWR publication.	Numeric	CR				Generic Obs.
INV166	MMWR Year	MMWR Year (YYYY) for which case information is to be counted for MMWR publication.	Date	CR		4-digit year (####)		Generic Obs.
INV176	Date of First Report to CDC	Date the case was first reported to the CDC.	Date	IA				Generic Obs.
INV177	Date First Reported PHD	Earliest date the case was reported to a public health department.	Date	IA				Generic Obs.
INV178	Pregnancy status	Indicates whether the patient was pregnant at the time of the event.	Code			Yes No Unknown		Generic Obs.
INV2001	Age at case investigation	Patient age at time of case investigation	Numeric	IA			age units required if age is entered	Generic Obs.
INV2002	Age units at case investigation	Patient age units at time of case investigation	Code	IA		Days Months Weeks Years		Generic Obs.
GENERIC HEPATITIS DATA ELEMENTS								Hep Generic Obs.
HEP100	TESTRX	The reason(s) the patient was tested for hepatitis. (MULTISELECT)	Code	IA	Y	Symptoms of acute hepatitis Blood / Organ donor screening Evaluation of elevated liver enzymes Screening of asymptomatic patient w/o risk factors Other (specify) Prenatal screening Follow-up testing (prior viral hepatitis marker) Screening of asymptomatic patient w/ risk factors Unknown		Hep Generic Obs.
HEP101	OTHREASON	Other reason the patient was tested for hepatitis.	Text	IA				Hep Generic Obs.
HEP102	SYMPTOM	Is patient symptomatic?	Code	IA		Yes No Unknown (YNU)		Hep Generic Obs.

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Data Validation	TAB REFERENCE
HEP103	SYMTDT	Onset date of symptoms.	Date	IA				Hep Generic Obs.
HEP104	JAUNDICED	Was the patient jaundiced?	Code	IA		Yes No Unknown (YNU)		Hep Generic Obs.
HEP106	PREGNANT	Was the patient pregnant?	Code	IA		Yes No Unknown (YNU)		Hep Generic Obs.
HEP107	DUEDT	Patient's pregnancy due date.	Date	IA				Hep Generic Obs.
51661-7	TOTANTIHAV	Total antibody to hepatitis A virus [total anti-HAV].	Code	IA		Positive Negative Unknown		Hep Generic Obs.
51660-9	IGMHAV	IgM antibody to hepatitis A virus [IgM anti-HAV].	Code	IA		Positive Negative Unknown		Hep Generic Obs.
51659-1	HBSAG	Hepatitis B surface antigen [HBsAg].	Code	IA		Positive Negative Unknown		Hep Generic Obs.
39005-4	TOTANTIHBC	Total antibody to hepatitis B core antigen [total anti-HBc].	Code	IA		Positive Negative Unknown		Hep Generic Obs.
51658-3	IGMHBC	IgM antibody to hepatitis B core antigen [IgM anti-HBc].	Code	IA		Positive Negative Unknown		Hep Generic Obs.
51657-5	ANTIHCV	Antibody to hepatitis C virus [anti-HCV].	Code	IA		Positive Negative Unknown		Hep Generic Obs.
51656-7	ANTIHCVSIG	Anti-HCV signal to cut-off ratio.	Text	IA				Hep Generic Obs.
39008-8	SUPANTIHCV	Supplemental anti-HCV assay [e.g., RIBA].	Code	IA		Positive Negative Unknown		Hep Generic Obs.
51655-9	HCVRNA	HCV RNA [e.g., PCR].	Code	IA		Positive Negative Unknown		Hep Generic Obs.
51654-2	ANTIHDV	Antibody to hepatitis D virus [anti-HDV].	Code	IA		Positive Negative Unknown		Hep Generic Obs.
51653-4	ANTIHEV	Antibody to hepatitis E virus [anti-HEV].	Code	IA		Positive Negative Unknown		Hep Generic Obs.
1742-6	ALTSGPT	ALT (SGPT) result (include units).	Numeric	IA				Hep Generic Obs.
HEP122	ALTSGPTUP	ALT (SGPT) result upper limit normal (include units).	Numeric	IA				Hep Generic Obs.
1920-8	ASTSGOT	AST (SGOT) result (include units).	Numeric	IA				Hep Generic Obs.
HEP124	ASTSGOTUP	AST (SGOT) result upper limit normal (include units).	Numeric	IA				Hep Generic Obs.
HEP125	ALTDT	Date of the ALT result.	Date	IA				Hep Generic Obs.
HEP126	ASTDT	Date of the AST result.	Date	IA				Hep Generic Obs.

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Data Validation	TAB REFERENCE
HEP127	EPILINK	If this case has a diagnosis of hepatitis A that has not been serologically confirmed, is there an epidemiologic link between this patient and a laboratory-confirmed hepatitis A case?	Code	IA		Yes No Unknown (YNU)		Hep Generic Obs.
HEP128	DX	Disease diagnosis. This is a required field.	Code	CR		10480-Hepatitis, non A, non B, acute 10102-Hepatitis Delta co- or super-infection, acute (Hepatitis D) 10103-Hepatitis E, acute 10110-Hepatitis A, acute 10100-Hepatitis B, acute 10105-Hepatitis B virus infection, chronic 10101-Hepatitis C, acute 10106-Hepatitis C infection, past or present 10104-Hepatitis B, virus infection perinatal 10120-Hepatitis, viral unspecified	10105, 10480, 10102, 10120 and 10103 use hepatitis generic only 10110 also uses Hep A Acute questions 10100 also uses Hep B Acute questions 10101 also uses Hep C Acute questions 10106 also uses Hep C infection, past or present 10104 also uses Hep B virus infection perinatal questions	Hep Generic Obs.
HEP255	BIRTHPLACE	Patient's country of birth.	Code	IA		ISO Country Codes		Hep Generic Obs.
39007-0	Hepatitis B 'e' antigen [HBeAg]	Hepatitis B 'e' antigen [HBeAg] test result.	Code	IA		Positive Negative Unknown		Hep Generic Obs.
5009-6	HBV DNA	HBV DNA test result.	Code	IA		Positive Negative Unknown		Hep Generic Obs.
HEPATITIS A ACUTE ADDITIONAL QUESTIONS								Hep A, acute
HEP129	CONTACTA	During the two to six weeks prior to the onset of symptoms, was the patient a contact of a person with confirmed or suspected hepatitis A virus infection?	Code	IA		Yes No Unknown		Hep A, acute

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Data Validation	TAB REFERENCE
HEP130	ATYPE	Type of contact the patient had with a person with confirmed or suspected hepatitis A virus infection during the two to six weeks prior to symptom onset.	Code	IA		Babysitter of this patient Child cared for by this patient Household member (non-sexual) Other (specify) Playmate Sex partner Unknown		Hep A, acute
HEP131	AOTHCON	Other type of contact the patient had with a person with confirmed or suspected hepatitis A virus infection during the two to six weeks prior to symptom onset.	Text	IA				Hep A, acute
HEP132	ADAYCARE1	Was the patient a child or employee in daycare center, nursery, or preschool?	Code	IA		Yes No Unknown		Hep A, acute
HEP133	ADAYCARE2	Was the patient a household contact of a child or employee in a daycare center, nursery, or preschool?	Code	IA		Yes No Unknown		Hep A, acute
HEP134	ADAYCAREAID	Was there an identified hepatitis A case in the childcare facility?	Code	IA		Yes No Unknown		Hep A, acute
HEP135	ASEXMALE	Number of male sex partners the person had in the two to six weeks before symptom onset.	Code	IA				Hep A, acute
HEP136	ASEXFEMALE	The number of female sex partners the person had in the two to six weeks before symptom onset.	Code	IA				Hep A, acute
HEP137	AIVDRUGS	Did the patient inject street drugs in the two to six weeks before symptom onset?	Code	IA		Yes No Unknown		Hep A, acute
HEP138	ADRUGS	Did the patient use street drugs, but not inject, in the two to six weeks before symptom onset?	Code	IA		Yes No Unknown		Hep A, acute
HEP139	ATRAVEL	Did the patient travel outside the U.S.A. or Canada in the two to six weeks before symptom onset?	Code	IA		Yes No Unknown		Hep A, acute

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Data Validation	TAB REFERENCE
HEP140	AWHERE	The countries to which the patient traveled (outside the U.S.A. or Canada) in the two to six weeks before symptom onset.	Code	IA	Y	2-alpha ISO country codes		Hep A, acute
HEP141	AHHTRAVEL	Did anyone in the patient's household travel outside the U.S.A. or Canada in the three months before symptom onset?	Code	IA		Yes No Unknown		Hep A, acute
HEP142	AHHWHERE	The countries to which anyone in the patient's household traveled (outside the U.S.A. or Canada) in the three months before symptom onset? (MULTISELECT)	Code	IA	Y	2-alpha ISO country codes		Hep A, acute
HEP143	AOUTBREAK	Is the patient suspected as being part of a common-source outbreak?	Code	IA				Hep A, acute
HEP144	AOUTBRTYPE	Type of outbreak with which the patient is associated.	Code	IA		Foodborne - assoc. w/ an infected food handler Foodborne - NOT assoc. w/ an infected food handler Source not identified Waterborne		Hep A, acute
HEP145	AFOODITEM	Food item with which the foodborne outbreak is associated.	Text	IA				Hep A, acute
HEP146	AHANDLER	Was the patient employed as a food handler during the two weeks prior to onset of symptoms or while ill?	Code	IA				Hep A, acute
HEP147	HEPAVAC	Has patient ever received the hepatitis A vaccine?	Code	IA				Hep A, acute
HEP148	HEPAVACDOS	Number of doses of hepatitis A vaccine the patient received.	Code	IA		1=1 2=2 3+=3 or more		Hep A, acute
HEP149	HEPAVACYR	Year the patient received the last dose of hepatitis A vaccine.	Date	IA				Hep A, acute
HEP150	IMMUGLOB	Has the patient ever received immune globulin?	Code	IA				Hep A, acute
HEP151	IMMUGLOBYR	Date the patient received the last dose of immune globulin.	Date	IA				Hep A, acute
HEPATITIS B ACUTE ADDITIONAL QUESTIONS								Hep B, acute

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Data Validation	TAB REFERENCE
HEP152	CONTACTB	During the six weeks to six months prior to onset of symptoms, was the patient a contact of a person with confirmed or suspected acute or chronic hepatitis B virus infection?	Code	IA		Yes No Unknown		Hep B, acute
HEP153	BTYPE	Type of contact the patient had with a person with confirmed or suspected acute or chronic hepatitis B virus infection during the two to six weeks prior to symptom onset. (MULTISELECT)	Code	IA	Y	Household member (non-sexual) Other (specify) Sexual Unknown		Hep B, acute
HEP154	BOTHCON	Other type of contact the patient had with a person with confirmed or suspected acute or chronic hepatitis B virus infection during the two to six weeks prior to symptom onset.	Text	IA				Hep B, acute
HEP155	BMALESEX	Number of male sex partners the person had in the six months before symptom onset.	Code	IA		0=0 1=1 2=2-5 5= >5 U=Unknown		Hep B, acute
HEP156	BFEMALESEX	Number of female sex partners the person had in the six months before symptom onset.	Code	IA		0=0 1=1 2=2-5 5= >5 U=Unknown		Hep B, acute
HEP157	BSTD	Was patient ever treated for a sexually transmitted disease?	Code	IA		Yes No Unknown		Hep B, acute
HEP158	BSTDYR	Year the patient received the most recent treatment for a sexually transmitted disease.	Date	IA				Hep B, acute
HEP159	BIVDRUGS	Did the patient inject street drugs not prescribed by a doctor in the six weeks to six months before symptom onset?	Code	IA		Yes No Unknown		Hep B, acute

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Data Validation	TAB REFERENCE
HEP160	BDRUGS	Did the patient use street drugs, but not inject, in the six weeks to six months before symptom onset?	Code	IA		Yes No Unknown		Hep B, acute
HEP161	BDIALYSIS	Did the patient undergo hemodialysis in the six weeks to six months before symptom onset?	Code	IA		Yes No Unknown		Hep B, acute
HEP162	BSTICK	Did the patient have an accidental stick or puncture with a needle or other object contaminated with blood in the six weeks to six months before symptom onset?	Code	IA		Yes No Unknown		Hep B, acute
HEP163	BTRANS	Did the patient receive blood or blood products (transfusion) in the six weeks to six months before symptom onset?	Code	IA		Yes No Unknown		Hep B, acute
HEP164	BTRANSDT	Date the patient received blood or blood products (transfusion) in the six weeks to six months before symptom onset.	Date	IA				Hep B, acute
HEP165	BBLOOD	Did the patient have other exposure to someone else's blood in the six weeks to six months before symptom onset?	Code	IA		Yes No Unknown		Hep B, acute
HEP166	BBLOODTYPE	Patient's blood exposure in the six weeks to six months before symptom onset other than through transfusion or an accidental stick or puncture.	Text	IA				Hep B, acute
HEP167	BMEDEMP	Was the patient employed in a medical or dental field involving direct contact with human blood in the six weeks to six months before symptom onset?	Code	IA		Yes No Unknown		Hep B, acute

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Data Validation	TAB REFERENCE
HEP168	BFREQ1	Patient's frequency of blood contact as an employee in a medical or dental field involving direct contact with human blood in the six weeks to six months before symptom onset.	Code	IA		Frequent (several times weekly) Infrequent Unknown		Hep B, acute
HEP169	BPUBSAFEMP	Was the patient employed as a public safety worker (fire fighter, law enforcement, or correctional officer) having direct contact with human blood in the six weeks to six months before symptom onset?	Code	IA		Yes No Unknown		Hep B, acute
HEP170	BFREQ2	Patient's frequency of blood contact as a public safety worker (fire fighter, law enforcement, or correctional officer) having direct contact with human blood in the six weeks to six months before symptom onset.	Code	IA		Frequent (several times weekly) Infrequent Unknown		Hep B, acute
HEP171	BTATTOO	Did the patient receive a tattoo in the six weeks to six months before symptom onset?	Code	IA				Hep B, acute
HEP172	BTATTOOLOC	Location(s) where the patient received a tattoo in the six weeks to six months before symptom onset.	Code	IA	Y	Commercial parlor/shop Correctional facility Other (specify) Unknown		Hep B, acute
HEP173	BTATTOOOTH	Other location where the patient received a tattoo in the six weeks to six months before symptom onset.	ST	IA				Hep B, acute
HEP174	BPIERCE	Did the patient have any part of their body pierced (other than ear) in the six weeks to six months before symptom onset?	Code	IA				Hep B, acute
HEP175	BPIERCELOC	The location(s) where the patient received a piercing in the six weeks to six months before symptom onset.	Code	IA	Y	Commercial parlor/shop Correctional facility Other (specify) Unknown		Hep B, acute

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Data Validation	TAB REFERENCE
HEP176	BPEIRCEOTH	Other location where the patient received a piercing in the six weeks to six months before symptom onset.	Text	IA				Hep B, acute
HEP177	BDENTAL	Did the patient have dental work or oral surgery in the six weeks to six months before symptom onset?	Code	IA				Hep B, acute
HEP178	BSURGERY	Did the patient have surgery (other than oral surgery) in the six weeks to six months before symptom onset?	Code	IA				Hep B, acute
HEP179	BHOSP	Was the patient hospitalized in the six weeks to six months before symptom onset?	Code	IA				Hep B, acute
HEP180	BNURSHOME	Was the patient a resident of a long-term care facility in the six weeks to six months before symptom onset?	Code	IA				Hep B, acute
HEP181	BINCAR	Was the patient incarcerated for longer than 24 hours in the six weeks to six months before symptom onset?	Code	IA		Yes No Unknown		Hep B, acute
HEP182	BINCARTYPE	Type of facility where the patient was incarcerated for longer than 24 hours in the six weeks to six months before symptom onset. (MULTISELECT)	Code	IA	Y	Jail Juvenile facility Prison		Hep B, acute
HEP183	BEVERINCAR	Was the patient ever incarcerated for longer than six months during his or her lifetime?	Code	IA		Yes No Unknown		Hep B, acute
HEP184	INCARYR	Year the patient was most recently incarcerated for longer than six months.	Date	IA				Hep B, acute
HEP185	INCARDUR	Length of time the patient was most recently incarcerated for longer than six months.	Text	IA				Hep B, acute

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Data Validation	TAB REFERENCE
HEP186	INCARUNIT	Length of time (units) the patient was most recently incarcerated for longer than six months.	Code	IA		Days Hours Minutes Months Unknown Weeks Years		Hep B, acute
HEP187	BVACCINE	Did the patient ever receive hepatitis B vaccine?	Code	IA		Yes No Unknown		Hep B, acute
HEP188	BVACCINENO	Number of shots of hepatitis B vaccine the patient received.	Code	IA		1=1 2=2 3+=3 or more		Hep B, acute
HEP189	BVACCINEYR	Year in which the patient received the last shot of hepatitis B vaccine.	Date	IA				Hep B, acute
HEP190	BANTIBODY	Was the patient tested for antibody to HBsAg (anti-HBs) within one to two months after the last dose?	Code	IA		Yes No Unknown		Hep B, acute
HEP191	BRESULT	Was the serum anti-HBs >= 10ml U/ml? (Answer 'Yes' if lab result reported as positive or reactive.)	Code	IA		Yes No Unknown		Hep B, acute
HEP252	BIVOUTPT	Did the patient receive any IV infusions and/or injections in the outpatient setting during the six weeks to six months prior to onset of symptoms?	Code	IA		Yes No Unknown		Hep B, acute
HEPATITIS C ACUTE ADDITIONAL QUESTIONS								Hep C, acute
HEP192	CCONTACT	Was the patient a contact of a person with confirmed or suspected acute or chronic hepatitis C infection in the two weeks to six months before symptom onset?	Code	IA		Yes No Unknown		Hep C, acute

Hepatitis Case Notification Message Mapping Guide

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Data Validation	TAB REFERENCE
HEP193	CTYPE	Type of contact the patient had with a person with confirmed or suspected acute or chronic hepatitis C infection in the two weeks to six months before symptom onset.	Code	IA		Household member (non-sexual) Other (specify) Sexual Unknown		Hep C, acute
HEP194	COTHCON	Other type of contact the patient had with a person with confirmed or suspected acute or chronic hepatitis C infection in the two weeks to six months before symptom onset.	Alphanumeric	IA				Hep C, acute
HEP195	CMALESEC	Number of male sex partners the person had in the six months before symptom onset.	Code	IA		0=0 1=1 2=2-5 5= >5 U=Unknown		Hep C, acute
HEP196	CFEMALESEX	Number of female sex partners the person had in the six months before symptom onset.	Code	IA		0=0 1=1 2=2-5 5= >5 U=Unknown		Hep C, acute
HEP197	CSTD	Was patient ever treated for a sexually transmitted disease?	Code	IA		Yes No Unknown		Hep C, acute
HEP198	CSTDYR	Year the patient received the most recent treatment for a sexually transmitted disease.	Date	IA				Hep C, acute
HEP199	CMEDEMP	Was the patient employed in a medical or dental field involving direct contact with human blood in the two weeks to six months before symptom onset?	Code	IA		Yes No Unknown		Hep C, acute

Hepatitis Case Notification Message Mapping Guide

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Data Validation	TAB REFERENCE
HEP200	CFREQ1	Patient's frequency of blood contact as an employee in a medical or dental field involving direct contact with human blood in the two weeks to six months before symptom onset.	Code	IA		Frequent (several times weekly) Infrequent Unknown		Hep C, acute
HEP201	CPUBSAFEMP	Was the patient employed as a public safety worker (fire fighter, law enforcement, or correctional officer) having direct contact with human blood in the two weeks to six months before symptom onset?	Code	IA		Yes No Unknown		Hep C, acute
HEP202	CFREQ2	The patient's frequency of blood contact as a public safety worker (fire fighter, law enforcement, or correctional officer) having direct contact with human blood in the two weeks to six months before symptom onset.	Code	IA		Frequent (several times weekly) Infrequent Unknown		Hep C, acute
HEP203	CTATTOO	Did the patient receive a tattoo in the two weeks to six months before symptom onset?	Code	IA		Yes No Unknown		Hep C, acute
HEP204	CTATTOOLOC	Location where the patient received a tattoo in the two weeks to six months before symptom onset.	Code	IA		Commercial parlor/shop Correctional facility Other (specify) Unknown		Hep C, acute
HEP205	CTATTOOOTH	Other location where the patient received a tattoo in the two weeks to six months before symptom onset.	Alphanumeric	IA				Hep C, acute
HEP206	CPIERCE	Did the patient have any part of their body pierced (other than ear) in the two weeks to six months before symptom onset?	Code	IA		Yes No Unknown		Hep C, acute
HEP207	CPIERCELOC	Location where the patient received a piercing in the two weeks to six months before symptom onset.	Code	IA		Commercial parlor/shop Correctional facility Other (specify) Unknown		Hep C, acute

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Data Validation	TAB REFERENCE
HEP208	CPIERCEOTH	Other location where the patient received a piercing in the two weeks to six months before symptom onset.	Alphanumeric	IA				Hep C, acute
HEP209	CIVDRUGS	Did the patient inject street drugs not prescribed by a doctor in the two weeks to six months before symptom onset?	Code	IA		Yes No Unknown		Hep C, acute
HEP210	CDRUGS	Did the patient use street drugs, but not inject, in the two weeks to six months before symptom onset?	Code	IA		Yes No Unknown		Hep C, acute
HEP211	CDIALYSIS	Did the patient undergo hemodialysis in the two weeks to six months before symptom onset?	Code	IA		Yes No Unknown		Hep C, acute
HEP212	CSTICK	Did the patient have an accidental stick or puncture with a needle or other object contaminated with blood in the two weeks to six months before symptom onset?	Code	IA		Yes No Unknown		Hep C, acute
HEP213	CTRANSF	Did the patient receive blood or blood products (transfusion) in the two weeks to six months before symptom onset?	Code	IA		Yes No Unknown		Hep C, acute
HEP214	CTRANSDT	Date the patient received blood or blood products (transfusion) in the two weeks to six months before symptom onset.	Date	IA				Hep C, acute
HEP215	CBLOOD	Did the patient have other exposure to someone else's blood in the two weeks to six months before symptom onset?	Code	IA		Yes No Unknown		Hep C, acute
HEP216	CBLOODEX	Patient's blood exposure in the two weeks to six months before symptom onset other than through transfusion or an accidental stick or punture.	Alphanumeric	IA				Hep C, acute

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Data Validation	TAB REFERENCE
HEP217	CDENTAL	Did the patient have dental work or oral surgery in the two weeks to six months before symptom onset?	Code	IA		Yes No Unknown		Hep C, acute
HEP218	CSURGEY	Did the patient have surgery (other than oral surgery) in the two weeks to six months before symptom onset?	Code	IA		Yes No Unknown		Hep C, acute
HEP219	CHOSP	Was the patient hospitalized in the two weeks to six months before symptom onset?	Code	IA		Yes No Unknown		Hep C, acute
HEP220	CNURSHOME	Was the patient a resident of a long-term care facility in the two weeks to six months before symptom onset?	Code	IA		Yes No Unknown		Hep C, acute
HEP221	CINCAR	Was the patient incarcerated for longer than 24 hours in the two weeks to six months before symptom onset?	Code	IA		Yes No Unknown		Hep C, acute
HEP222	CINCARTYPE	Type of facility where the patient was incarcerated for longer than 24 hours in the two weeks to six months before symptom onset.	Code	IA		Jail Juvenile facility Prison		Hep C, acute
HEP223	CEVERINCAR	Was the patient ever incarcerated for longer than six months during his or her lifetime?	Code	IA		Yes No Unknown		Hep C, acute
HEP224	CINCARYR	Year the patient was most recently incarcerated for longer than six months.	Date	IA				Hep C, acute
HEP225	CINCARDUR	Length of time the patient was most recently incarcerated for longer than six months.	Alphanumeric	IA				Hep C, acute
HEP226	CINCARUNIT	Length of time (units) the patient was most recently incarcerated for longer than six months.	Code	IA		Days Hours Minutes Months Unknown Weeks Years		Hep C, acute

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Data Validation	TAB REFERENCE
HEP253	CIVOUTPT	Did the patient receive any IV infusions and/or injections in the outpatient setting during the two weeks to six months prior to onset of symptoms?	Code	IA		Yes No Unknown		Hep C, acute
HEPATITIS C INFECTION ADDITIONAL QUESTIONS								Hep C, chronic
HEP227	HAVTRANSF	Did the patient receive a blood transfusion prior to 1992?	Code	IA		Yes No Unknown		Hep C, chronic
HEP228	HACTRANSP	Did the patient receive an organ transplant prior to 1992?	Code	IA		Yes No Unknown		Hep C, chronic
HEP229	HCVCLOT	Did the patient receive clotting factor concentrates prior to 1987?	Code	IA		Yes No Unknown		Hep C, chronic
HEP230	HCVDIAL	Was the patient ever on long-term hemodialysis?	Code	IA		Yes No Unknown		Hep C, chronic
HEP231	HCVIVDRUGS	Has the patient ever injected drugs not prescribed by a doctor, even if only once or a few times?	Code	IA		Yes No Unknown		Hep C, chronic
HEP232	HCVNUMPART	How many sex partners has patient had (approximate) in lifetime?	Alphanumeric	IA				Hep C, chronic
HEP233	HCVINCAR	Was the patient ever incarcerated?	Code	IA		Yes No Unknown		Hep C, chronic
HEP234	HCVSTD	Was the patient ever treated for a sexually transmitted disease?	Code	IA		Yes No Unknown		Hep C, chronic
HEP235	HCVCONTACT	Was the patient ever a contact of a person who had hepatitis?	Code	IA		Yes No Unknown		Hep C, chronic
HEP236	HCVTYPE	Type of contact the patient had with a person with hepatitis.	Code	IA		Household member (non-sexual) Other (specify) Sexual Unknown		Hep C, chronic

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PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Data Validation	TAB REFERENCE
HEP237	HCVOTHCON	Other type of contact the patient had with a person with hepatitis.	Alphanumeric	IA				Hep C, chronic
HEP238	HCVMEDEMP	Was the patient ever employed in a medical or dental field involving direct contact with human blood?	Code	IA		Yes No Unknown		Hep C, chronic
HEPATITIS B PERINATAL INFECTION ADDITIONAL QUESTIONS								Hep B, perinatal
HEP239	HBVMOMRACE	Race of the patient's mother.	Code	IA	Y	American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White; Other Race		Hep B, perinatal
HEP240	HBVMOMETH	Ethnicity of the patient's mother.	Code	IA		Hispanic or Latino Not Hispanic or Latino		Hep B, perinatal
HEP241	HBVMOMBORN	Was mother born outside the U.S.A.?	Code	IA		Yes No Unknown		Hep B, perinatal
HEP242	HBVMOMCTRY	Mother's birth country (other than the U.S.A.).	Code	IA		2-char country code		Hep B, perinatal
HEP243	HBVCONF	Was the mother confirmed HBsAg positive prior to or at time of delivery?	Code	IA		Yes No Unknown		Hep B, perinatal
HEP244	HBVCONFDEL	Was the mother confirmed HBsAg positive after delivery?	Code	IA		Yes No Unknown		Hep B, perinatal
HEP245	HBVCONFDT	Date of HBsAg positive test result.	Date	IA				Hep B, perinatal
HEP246	HBVVACDOSE	How many doses of hepatitis B vaccine did the child receive?	Code	IA				Hep B, perinatal
HEP247	HBVVACDT1	Date the child received the first dose of hepatitis B vaccine.	Date	IA				Hep B, perinatal
HEP248	HBVVACDT2	Date the child received the second dose of hepatitis B vaccine.	Date	IA				Hep B, perinatal
HEP249	HBVVACDT3	Date the child received the third dose of hepatitis B vaccine.	Date	IA				Hep B, perinatal
HEP250	HBIG	Did the child receive hepatitis B immune globulin (HBIG)?	Code	IA		Yes No Unknown		Hep B, perinatal
HEP251	HBIGDT	Date the child received HBIG.	Date	IA				Hep B, perinatal

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Data Validation	TAB REFERENCE
HEP256	HBVMRACECD	Mother's detailed race category. (MULTISELECT)	Code	IA	Y	<<detailed race list>>		Hep B, perinatal
HEP257	HBVMETHCD	Mother's detailed ethnicity category. (MULTISELECT)	Code	IA	Y	<<detailed ethnicity list>>		Hep B, perinatal
HEP258	HBVMOMRDES	The mothers race - if other than the provided race categories.	Alphanumeric	IA				Hep B, perinatal

Key to columns in each Tab/Worksheet:

Column	Description
Program Variables Section	
PHIN Variable ID	PHIN data element identifier drawn from the value set PHVS_PHINQuestions_CDC (or subset).
Label	Short name for the data element, which is passed in the message.
Description	Description of the data element as in PHIN Questions.
Data Type	Data type for the variable response expected by the program area
CDC Priority	Indicator whether the program specifies the field as: CR - CDC Required - essential for sending the message IA - If Available it should be passed
May Repeat	Indicator whether the response to the data element may repeat. "Yes" in the field indicates that it may; otherwise, the field is not populated. Repeats require special processing.
Value Set Name	Name of the pre-coordinated PHIN value set from which the response is drawn. The value sets and coding systems are accessible via the Public Health Information Network Vocabulary Access and Distribution Services at http://www.cdc.gov/PhinVSBrowser/StrutsController.do.
Data Validation	Business rules used for validating data integrity.
Message Mapping Methodology Section	
Message Context	Specific HL7 segment and field mapping for the element.
HL7 Data Type	HL7 data type used by PHIN to express the variable.
HL7 Optionality	Indicates if the field is required, optional, or conditional in a segment. The only values that appear in the Message Mapping are: • R – Required by HL7 and the field must be populated for the message to validate. • O – Optional. May optionally be populated.
HL7 Repeats	Indicates whether the field may repeat. The only values that appear in the Message Mapping are: • Y – HL7 allows the field to repeat an indefinite or site-determined number of times. • N or blank – No repetition.
Implementation Notes	Related implementation comments.

Subject/Demographic Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Optionality	HL7 Repeats	Implementation Notes
DEM115	Birth Date	Date of birth in YYYYMMDD format	Date	IA				PID-7 Date/Time of Birth (does not pass Variable ID or label)	TS	O	N	
DEM113	Patient's sex	Patient's current sex.	Code	IA		Sex (MFU)		PID-8 Administrative Sex (does not pass Variable ID or label)	IS	O	N	
DEM152	Race Category	Field containing one or more codes that broadly refer to the patient's race(s).	Code	IA	Y	Race Category		PID-10 Race (does not pass Variable ID or label)	CE	O	Y	this does not include detailed race
DEM165	Patient Address County	County of residence of the subject.	Code	IA		County		PID-11.9 Patient Address - County	IS	O	Y	HL7 allows the entire address to repeat but expecting only one instance
DEM162	Patient Address State	Patient's address state.	Code	IA		State		PID-11.4 Patient Address - State	ST	O	Y	HL7 allows the entire address to repeat but expecting only one instance
DEM163	Patient Address Zip Code	Patient's address Zip code.	Text	IA				PID-11.5 Patient Address - Postal Code	ST	O	Y	HL7 allows the entire address to repeat but expecting only one instance
DEM155	Ethnic Group Code	Ethnic origin or ethnicity is based on the individual's self-identity of the patient as Hispanic or Latino; choose one value from the list.	Code	IA		Ethnicity Group		PID-22 Ethnic Group (does not pass Variable ID or label)	CE	O	Y	HL7 defines as repeating but PHIN constrains to one instance; this does not include detailed ethnicity

The generic surveillance elements that are not used for Hepatitis reporting are shaded.

Generic Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Optionality	HL7 Repeats	Implementation Notes
NOT109	Reporting State	State reporting the notification.	Coded	CR		State		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
NOT113	Reporting County	County reporting the notification.	Code	CR				Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
INV169	Condition Code	Condition or event that constitutes the reason the notification is being sent.	Coded	CR		Nationally Notifiable Disease Surveillance System (NNDSS) & Other Conditions of Public Health Importance		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CE	O	Y	expecting only one instance
INV168	Local record ID	Sending system-assigned local ID of the case investigation with which the subject is associated.	Alphanu meric	CR				Observation (OBX segment) under an OBR-4 value of 'NOTF'	EI	R	Y	expecting only one instance
INV172	Local Case ID	Official local (city/county) identification number for the case	Text	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	Y	expecting only one instance
INV173	State Case ID	States use this field to link NEDSS (NETSS) investigations back to their own state investigations.	Text	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	Y	expecting only one instance
INV107	Jurisdiction Code	Identifier for the physical site from which the notification is being submitted.	Code	CR				Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
INV108	Case Program Area Code	The organizational ownership of the investigation. Program areas (e.g., Immunization, STD) are defined at the state level by the conditions for which they provide primary prevention and control.	Code	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance

Generic Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Optionali ty	HL7 Repeats	Implementation Notes
INV109	Case Investigation Status Code	Status of the investigation. For example, *open* or *closed*.	Code	IA		Case Investigation Status		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
INV2006	Case Close Date	Date the case investigation status was marked as Closed.	Date	IA			If the user enters the Date Closed for a case then the date must be >= Date Opened	Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	Y	expecting only one instance
INV110	Investigation Date Assigned	Date the investigator was assigned to this investigation.	Date	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	Y	expecting only one instance
INV111	Date of Report	Date the event or illness was first reported by the reporting source	Date	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	Y	expecting only one instance
INV112	Reporting Source Type Code	Type of facility or provider associated with the source of information sent to Public Health.	Code	IA		Reporting Source Type		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
INV114	Reporting Source Name	Name of the provider reporting the case (typically the patient's primary care provider)	Text	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	Y	expecting only one instance
INV115a	Reporting Source Address Line 1	Reporting source street address Line 1	Text	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	Y	expecting only one instance
INV115b	Reporting Source Address Line 2	Reporting source street address Line 2	Text	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	Y	expecting only one instance
INV116	Reporting Source Address City	Reporting source address city	Code	IA		City		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
INV117	Reporting Source Address State	Reporting source address state	Code	IA		State		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
INV118	Reporting Source Zip Code	Zip Code of the reporting source for this case.	Alphanu meric	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	Y	expecting only one instance

Generic Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Optionality	HL7 Repeats	Implementation Notes
INV119	Reporting Source Address County	Reporting source address county	Code	IA		County		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
INV120	Earliest Date Reported to County	Earliest date reported to county public health system	Date	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	Y	expecting only one instance
INV121	Earliest Date Reported to State	Earliest date reported to state public health system	Date	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	Y	expecting only one instance
INV122	Reporting Source Telephone Number	Reporting source telephone number	Text	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	Y	expecting only one instance
INV128	Hospitalized	Was patient hospitalized because of this event?	Code	IA		Yes No Unknown (YNU)	1) If the patient was hospitalized for this illness, then enable entry of admission date 2) If the patient was hospitalized for this illness, then enable entry of discharge date 3) If the patient was hospitalized for this illness, then enable entry of total duration of stay in the hospital in days	Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
INV129	Hospital Name	Name of the healthcare facility in which the subject was hospitalized.	Text	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	Y	expecting only one instance
INV132	Admission Date	Subject's admission date to the hospital for the condition covered by the investigation.	Date	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	Y	expecting only one instance

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Optionality	HL7 Repeats	Implementation Notes
Generic Surveillance Variables								**Mapping Methodology**				
INV133	Discharge Date	Subject's discharge date from the hospital for the condition covered by the investigation.	Date	IA			If the user enters the Discharge Date, then the date must be >= Admission Date	Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	Y	expecting only one instance
INV134	Duration of hospital stay in days	Subject's duration of stay at the hospital for the condition covered by the investigation.	Numeric	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	SN	O	Y	expecting only one instance
INV136	Diagnosis Date	Date of diagnosis of condition being reported to public health system	Date	IA			If the user enters the Diagnosis Date, then the date must be >= Illness Onset Date	Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	Y	expecting only one instance
INV137	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	Date	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	Y	expecting only one instance
INV138	Illness End Date	Time at which the disease or condition ends.	Date	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	Y	expecting only one instance
INV139	Illness Duration	Length of time this person had this disease or condition.	Numeric	IA			units required	Observation (OBX segment) under an OBR-4 value of 'NOTF'	SN	O	Y	expecting only one instance
INV140	Illness Duration Units	Unit of time used to describe the length of the illness or condition.	Code	IA		Age Unit		uses the INV139 observation - maps to OBX-6-Units (does not use INV140 ID or label)	CE	O	Y	expecting only one instance
INV143	Illness Onset Age	Age at onset of illness	Numeric	IA			units required	Observation (OBX segment) under an OBR-4 value of 'NOTF'	SN	O	Y	expecting only one instance
INV144	Illness Onset Age Units	Age units at onset of illness	Code	IA		Age Unit		uses the INV143 observation - maps to OBX-6-Units (does not use INV144 ID or label)	CWE	O	Y	expecting only one instance

	Generic Surveillance Variables							Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Optionality	HL7 Repeats	Implementation Notes
INV145	Did the patient die from this illness	Did the patient die from this illness or complications of this illness?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
INV146	Date of death	The date and time the subject's death occurred.	Date	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	Y	expecting only one instance
INV147	Investigation Start Date	The date the case investigation was initiated.	Date	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	Y	expecting only one instance
INV150	Case outbreak indicator	Denotes whether the reported case was associated with an identified outbreak.	Code	IA		Yes No Unknown (YNU)	If this case is part of an outbreak, then enable entry of outbreak name (INV151)	Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
INV151	Case Outbreak Name	A state-assigned name for an indentified outbreak.	Code	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
INV152	Case Disease Imported Code	Indication of where the disease/condition was likely acquired.	Code			Disease Acquired Jurisdiction		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
INV153	Imported Country	If the disease or condition was imported, indicates the country in which the disease was likely acquired.	Code	IA		Country	if INV152 = Out of Country	Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
INV154	Imported State	If the disease or condition was imported, indicates the state in which the disease was likely acquired.	Code	IA		State	if INV152 = Out of State	Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
INV155	Imported City	If the disease or condition was imported, indicates the city in which the disease was likely acquired.	Code	IA		City	if INV152 = Out of Jurisdiction	Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
INV156	Imported County	If the disease or condition was imported, contains the county of origin of the disease or condition.	Code	IA		County	if INV152 = Out of Jurisdiction	Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance

	Generic Surveillance Variables							Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Optionality	HL7 Repeats	Implementation Notes
INV157	Transmission Mode	Code for the mechanism by which disease or condition was acquired by the subject of the investigation.	Code	IA		Case Transmission Mode		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
INV159	Detection Method	Code for the method by which the public health department was made aware of the case.	Code	IA		Case Detection Method		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
INV161	Confirmation Method	Code for the mechanism by which the case was classified, providing information about how the case classification status was derived. More than one confirmation method may be indicated.	Code	IA	Y	Case Confirmation Method		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	
INV162	Confirmation Date	If an investigation is confirmed as a case, the confirmation date is entered.	Date	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	Y	expecting only one instance
INV163	Case Class Status Code	Status of the case/event as suspect, probable, confirmed, or "not a case" per CSTE/CDC/ surveillance case definitions.	Code	CR		Case Classification Status		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
INV165	MMWR Week	MMWR Week for which case information is to be counted for MMWR publication.	Numeric	CR				Observation (OBX segment) under an OBR-4 value of 'NOTF'	SN	O	Y	expecting only one instance
INV166	MMWR Year	MMWR Year (YYYY) for which case information is to be counted for MMWR publication.	Date	CR				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	Y	expecting only one instance
INV176	Date of First Report to CDC	Date the case was first reported to the CDC.	Date	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	Y	expecting only one instance
INV177	Date First Reported PHD	Earliest date the case was reported to a public health department.	Date	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	Y	expecting only one instance

	Generic Surveillance Variables							Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Optionality	HL7 Repeats	Implementation Notes
INV178	Pregnancy status	Indicates whether the patient was pregnant at the time of the event.	Code			Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
INV2001	Age at case investigation	Patient age at time of case investigation	Numeric	IA			age unit required	Observation (OBX segment) under an OBR-4 value of 'NOTF'	SN	O	Y	expecting only one instance
INV2002	Age units at case investigation	Patient age units at time of case investigation	Code	IA		Age Unit		uses the INV2001 observation - maps to OBX-6-Units (does not use INV2002 ID or label)	CWE	O	Y	expecting only one instance

Hepatitis Generic Case Notification Variables - these observations apply to all hepatitis case reports.

Currently, the following conditions are reported using just the Subject-related, Generic, and Generic Hepatitis questions.

    10102 Hepatitis Delta co- or super-infection, acute (Hepatitis D)

    10103 Hepatitis E, acute

    10480 Hepatitis, non A, non B, acute

    10105 Hepatitis B virus infection, chronic

    10120 Hepatitis, viral unspecified

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Optionality	HL7 Repeats	Implementation Notes
	Program-Specific Surveillance Variables							Mapping Methodology				
HEP100	TESTRX	The reason(s) the patient was tested for hepatitis. (MULTISELECT)	Code	IA	Y	Reason For Test (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	
HEP101	OTHREASON	Other reason the patient was tested for hepatitis.	Text	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	Y	expecting only one instance
HEP102	SYMPTOM	Is patient symptomatic?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP103	SYMTDT	Onset date of symptoms.	Date	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	Y	expecting only one instance
HEP104	JAUNDICED	Was the patient jaundiced?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP106	PREGNANT	Was the patient pregnant?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP107	DUEDT	Patient's pregnancy due date.	Date	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	Y	expecting only one instance
51661-7	TOTANTIHAV	Total antibody to hepatitis A virus [total anti-HAV]. (formerly HEP110)	Code	IA		Lab Test Interpretation		Observation/OBX Segment with this variable ID and label	CWE	O	Y	expecting only one instance

	Program-Specific Surveillance Variables							Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Optionality	HL7 Repeats	Implementation Notes
51660-9	IGMHAV	IgM antibody to hepatitis A virus [IgM anti-HAV]. (formerly HEP111)	Code	IA		Lab Test Interpretation		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
51659-1	HBSAG	Hepatitis B surface antigen [HBsAg]. (formerly HEP112)	Code	IA		Lab Test Interpretation		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
39005-4	TOTANTIHBC	Total antibody to hepatitis B core antigen [total anti-HBc]. (formerly HEP113)	Code	IA		Lab Test Interpretation		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
51658-3	IGMHBC	IgM antibody to hepatitis B core antigen [IgM anti-HBc]. (formerly HEP114)	Code	IA		Lab Test Interpretation		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
51657-5	ANTIHCV	Antibody to hepatitis C virus [anti-HCV]. (formerly HEP115)	Code	IA		Lab Test Interpretation		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
51656-7	ANTIHCVSIG	Anti-HCV signal to cut-off ratio. (formerly HEP116)	Text	IA		Lab Test Interpretation		Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	Y	expecting only one instance
39008-8	SUPANTIHCV	Supplemental anti-HCV assay [e.g., RIBA]. (formerly HEP117)	Code	IA		Lab Test Interpretation		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
51655-9	HCVRNA	HCV RNA [e.g., PCR]. (formerly HEP118)	Code	IA		Lab Test Interpretation		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
51654-2	ANTIHDV	Antibody to hepatitis D virus [anti-HDV]. (formerly HEP119)	Code	IA		Lab Test Interpretation		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance

Program-Specific Surveillance Variables							Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Optional ity	HL7 Repeats	Implementation Notes
51653-4	ANTIHEV	Antibody to hepatitis E virus [anti-HEV]. (formerly HEP120)	Code	IA		Lab Test Interpretation		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
1742-6	ALTSGPT	ALT (SGPT) result (include units). (formerly HEP121)	Numeric	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	SN	O	Y	expecting only one instance
HEP122	ALTSGPTUP	ALT (SGPT) result upper limit normal (include units).	Numeric	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	SN	O	Y	expecting only one instance
1920-8	ASTSGOT	AST (SGOT) result (include units). (formerly HEP123)	Numeric	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	SN	O	Y	expecting only one instance
HEP124	ASTSGOTUP	AST (SGOT) result upper limit normal (include units).	Numeric	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	SN	O	Y	expecting only one instance
HEP125	ALTDT	Date of the ALT result.	Date	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	Y	expecting only one instance
HEP126	ASTDT	Date of the AST result.	Date	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	Y	expecting only one instance
HEP127	EPILINK	If this case has a diagnosis of hepatitis A that has not been serologically confirmed, is there an epidemiologic link between this patient and a laboratory-confirmed hepatitis A case?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance

Program-Specific Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Optionality	HL7 Repeats	Implementation Notes
HEP128	DX	Disease diagnosis. This is a required field.	Code	CR		Notifiable Condition (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	R	Y	expecting only one instance
HEP255	BIRTHPLACE	Patient's country of birth.	Code	IA		Birth Country		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
39007-0	Hepatitis B 'e' antigen [HBeAg]	Hepatitis B 'e' antigen [HBeAg] test result. (formerly HEP263)	Code	IA		Lab Test Interpretation		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
5009-6	HBV DNA	HBV DNA test result. (formerly HEP264)	Code	IA		Lab Test Interpretation		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance

Hepatitis A Acute Specific Case Notification Variables

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Optionality	HL7 Repeats	Implementation Notes
								Program-Specific Surveillance Variables			**Mapping Methodology**	
HEP129	CONTACTA	During the two to six weeks prior to the onset of symptoms, was the patient a contact of a person with confirmed or suspected hepatitis A virus infection?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP130	ATYPE	Type of contact the patient had with a person with confirmed or suspected hepatitis A virus infection during the two to six weeks prior to symptom onset.	Code	IA		Contact Type (Hepatitis A)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP131	AOTHCON	Other type of contact the patient had with a person with confirmed or suspected hepatitis A virus infection during the two to six weeks prior to symptom onset.	Text	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	Y	expecting only one instance
HEP132	ADAYCARE1	Was the patient a child or employee in daycare center, nursery, or preschool?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP133	ADAYCARE2	Was the patient a household contact of a child or employee in a daycare center, nursery, or preschool?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP134	ADAYCAREID	Was there an identified hepatitis A case in the childcare facility?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP135	ASEXMALE	Number of male sex partners the person had in the two to six weeks before symptom onset.	Code	IA		Number Of Sex Partners (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP136	ASEXFEMALE	The number of female sex partners the person had in the two to six weeks before symptom onset.	Code	IA		Number Of Sex Partners (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP137	AIVDRUGS	Did the patient inject street drugs in the two to six weeks before symptom onset?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP138	ADRUGS	Did the patient use street drugs, but not inject, in the two to six weeks before symptom onset?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Optionality	HL7 Repeats	Implementation Notes
HEP139	ATRAVEL	Did the patient travel outside the U.S.A. or Canada in the two to six weeks before symptom onset?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP140	AWHERE	The countries to which the patient traveled (outside the U.S.A. or Canada) in the two to six weeks before symptom onset.	Code	IA	Y	Country		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	
HEP141	AHHTRAVEL	Did anyone in the patient's household travel outside the U.S.A. or Canada in the three months before symptom onset?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP142	AHHWHERE	The countries to which anyone in the patient's household traveled (outside the U.S.A. or Canada) in the three months before symptom onset? (MULTISELECT)	Code	IA	Y	Country		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	
HEP143	AOUTBREAK	Is the patient suspected as being part of a common-source outbreak?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP144	AOUTBRTYPE	Type of outbreak with which the patient is associated.	Code	IA		Outbreak Type (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP145	AFOODITEM	Food item with which the foodborne outbreak is associated.	Text	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	Y	expecting only one instance
HEP146	AHANDLER	Was the patient employed as a food handler during the two weeks prior to onset of symptoms or while ill?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP147	HEPAVAC	Has patient ever received the hepatitis A vaccine?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP148	HEPAVACDOS	Number of doses of hepatitis A vaccine the patient received.	Code	IA		Vaccine Dose Number (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP149	HEPAVACYR	Year the patient received the last dose of hepatitis A vaccine.	Date	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	Y	expecting only one instance

Program-Specific Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Optionality	HL7 Repeats	Implementation Notes
HEP150	IMMUGLOB	Has the patient ever received immune globulin?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP151	IMMUGLOBYR	Date the patient received the last dose of immune globulin.	Date	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	Y	expecting only one instance

Hepatitis B, Acute Specific Case Notification Variables

Program-Specific Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Optionality	HL7 Repeats	Implementation Notes
HEP152	CONTACTB	During the six weeks to six months prior to onset of symptoms, was the patient a contact of a person with confirmed or suspected acute or chronic hepatitis B virus infection?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP153	BTYPE	Type of contact the patient had with a person with confirmed or suspected acute or chronic hepatitis B virus infection during the two to six weeks prior to symptom onset. (MULTISELECT)	Code	IA	Y	Contact Type (Hepatitis B and C)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	
HEP154	BOTHCON	Other type of contact the patient had with a person with confirmed or suspected acute or chronic hepatitis B virus infection during the two to six weeks prior to symptom onset.	Text	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	Y	expecting only one instance
HEP155	BMALESEX	Number of male sex partners the person had in the six months before symptom onset.	Code	IA		Number of Sex Partners (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP156	BFEMALESEX	Number of female sex partners the person had in the six months before symptom onset.	Code	IA		Number of Sex Partners (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP157	BSTD	Was patient ever treated for a sexually transmitted disease?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP158	BSTDYR	Year the patient received the most recent treatment for a sexually transmitted disease.	Date	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	Y	expecting only one instance

Program-Specific Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Optionality	HL7 Repeats	Implementation Notes
HEP159	BIVDRUGS	Did the patient inject street drugs not prescribed by a doctor in the six weeks to six months before symptom onset?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP160	BDRUGS	Did the patient use street drugs, but not inject, in the six weeks to six months before symptom onset?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP161	BDIALYSIS	Did the patient undergo hemodialysis in the six weeks to six months before symptom onset?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP162	BSTICK	Did the patient have an accidental stick or puncture with a needle or other object contaminated with blood in the six weeks to six months before symptom onset?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP163	BTRANS	Did the patient receive blood or blood products (transfusion) in the six weeks to six months before symptom onset?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP164	BTRANSDT	Date the patient received blood or blood products (transfusion) in the six weeks to six months before symptom onset.	Date	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	Y	expecting only one instance
HEP165	BBLOOD	Did the patient have other exposure to someone else's blood in the six weeks to six months before symptom onset?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP166	BBLOODTYPE	Patient's blood exposure in the six weeks to six months before symptom onset other than through transfusion or an accidental stick or puncture.	Text	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	Y	expecting only one instance

	Program-Specific Surveillance Variables							Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Optionality	HL7 Repeats	Implementation Notes
HEP167	BMEDEMP	Was the patient employed in a medical or dental field involving direct contact with human blood in the six weeks to six months before symptom onset?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP168	BFREQ1	Patient's frequency of blood contact as an employee in a medical or dental field involving direct contact with human blood in the six weeks to six months before symptom onset.	Code	IA		Blood Contact Frequency (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP169	BPUBSAFEMP	Was the patient employed as a public safety worker (fire fighter, law enforcement, or correctional officer) having direct contact with human blood in the six weeks to six months before symptom onset?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP170	BFREQ2	Patient's frequency of blood contact as a public safety worker (fire fighter, law enforcement, or correctional officer) having direct contact with human blood in the six weeks to six months before symptom onset.	Code	IA		Blood Contact Frequency (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP171	BTATTOO	Did the patient receive a tattoo in the six weeks to six months before symptom onset?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP172	BTATTOOLOC	Location(s) where the patient received a tattoo in the six weeks to six months before symptom onset.	Code	IA	Y	Tattoo Obtained From (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	
HEP173	BTATTOOOTH	Other location where the patient received a tattoo in the six weeks to six months before symptom onset.	ST	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	Y	expecting only one instance

Program-Specific Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Optionality	HL7 Repeats	Implementation Notes
HEP174	BPIERCE	Did the patient have any part of their body pierced (other than ear) in the six weeks to six months before symptom onset?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP175	BPIERCELOC	The location(s) where the patient received a piercing in the six weeks to six months before symptom onset.	Code	IA	Y	Tattoo Obtained From (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	
HEP176	BPEIRCEOTH	Other location where the patient received a piercing in the six weeks to six months before symptom onset.	Text	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	Y	expecting only one instance
HEP177	BDENTAL	Did the patient have dental work or oral surgery in the six weeks to six months before symptom onset?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP178	BSURGERY	Did the patient have surgery (other than oral surgery) in the six weeks to six months before symptom onset?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP179	BHOSP	Was the patient hospitalized in the six weeks to six months before symptom onset?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP180	BNURSHOME	Was the patient a resident of a long-term care facility in the six weeks to six months before symptom onset?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP181	BINCAR	Was the patient incarcerated for longer than 24 hours in the six weeks to six months before symptom onset?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP182	BINCARTYPE	Type of facility where the patient was incarcerated for longer than 24 hours in the six weeks to six months before symptom onset. (MULTISELECT)	Code	IA	Y	Incarceration Type (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	

		Program-Specific Surveillance Variables							Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Optionality	HL7 Repeats	Implementation Notes
HEP183	BEVERINCAR	Was the patient ever incarcerated for longer than six months during his or her lifetime?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP184	INCARYR	Year the patient was most recently incarcerated for longer than six months.	Date	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	Y	expecting only one instance
HEP185	INCARDUR	Length of time the patient was most recently incarcerated for longer than six months.	Text	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	SN	O	Y	expecting only one instance
HEP186	INCARUNIT	Length of time (units) the patient was most recently incarcerated for longer than six months.	Code	IA		Age Unit		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CE	O	Y	expecting only one instance
HEP187	BVACCINE	Did the patient ever receive hepatitis B vaccine?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP188	BVACCINENO	Number of shots of hepatitis B vaccine the patient received.	Code	IA		Vaccine Dose Number (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP189	BVACCINEYR	Year in which the patient received the last shot of hepatitis B vaccine.	Date	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	Y	expecting only one instance
HEP190	BANTIBODY	Was the patient tested for antibody to HBsAg (anti-HBs) within one to two months after the last dose?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP191	BRESULT	Was the serum anti-HBs >= 10ml U/ml? (Answer 'Yes' if lab result reported as positive or reactive.)	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance

Program-Specific Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Optionality	HL7 Repeats	Implementation Notes
HEP252	BIVOUTPT	Did the patient receive any IV infusions and/or injections in the outpatient setting during the six weeks to six months prior to onset of symptoms?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance

Hepatitis C Acute Specific Case Notification Variables

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Optionality	HL7 Repeats	Implementation Notes
								Program-Specific Surveillance Variables / **Mapping Methodology**				
HEP192	CCONTACT	Was the patient a contact of a person with confirmed or suspected acute or chronic hepatitis C infection in the two weeks to six months before symptom onset?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP193	CTYPE	Type of contact the patient had with a person with confirmed or suspected acute or chronic hepatitis C infection in the two weeks to six months before symptom onset.	Code	IA		Contact Type (Hepatitis B and C)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP194	COTHCON	Other type of contact the patient had with a person with confirmed or suspected acute or chronic hepatitis C infection in the two weeks to six months before symptom onset.	Text	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	Y	expecting only one instance
HEP195	CMALESEC	Number of male sex partners the person had in the six months before symptom onset.	Code	IA		Number Of Sex Partners (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP196	CFEMALESEX	Number of female sex partners the person had in the six months before symptom onset.	Code	IA		Number Of Sex Partners (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP197	CSTD	Was patient ever treated for a sexually transmitted disease?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP198	CSTDYR	Year the patient received the most recent treatment for a sexually transmitted disease.	Date	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	Y	expecting only one instance

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Optionality	HL7 Repeats	Implementation Notes
			Program-Specific Surveillance Variables					**Mapping Methodology**				
HEP199	CMEDEMP	Was the patient employed in a medical or dental field involving direct contact with human blood in the two weeks to six months before symptom onset?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CE	O	Y	expecting only one instance
HEP200	CFREQ1	Patient's frequency of blood contact as an employee in a medical or dental field involving direct contact with human blood in the two weeks to six months before symptom onset.	Code	IA		Blood Contact Frequency (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP201	CPUBSAFEMP	Was the patient employed as a public safety worker (fire fighter, law enforcement, or correctional officer) having direct contact with human blood in the two weeks to six months before symptom onset?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP202	CFREQ2	Patient's frequency of blood contact as a public safety worker (fire fighter, law enforcement, or correctional officer) having direct contact with human blood in the two weeks to six months before symptom onset.	Code	IA		Blood Contact Frequency (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP203	CTATTOO	Did the patient receive a tattoo in the two weeks to six months before symptom onset?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP204	CTATTOOLOC	Location where the patient received a tattoo in the two weeks to six months before symptom onset.	Code	IA		Tattoo Obtained From (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance

Program-Specific Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Optionality	HL7 Repeats	Implementation Notes
HEP205	CTATTOOOTH	Other location where the patient received a tattoo in the two weeks to six months before symptom onset.	ST	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	Y	expecting only one instance
HEP206	CPIERCE	Did the patient have any part of their body pierced (other than ear) in the two weeks to six months before symptom onset?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP207	CPIERCELOC	Location where the patient received a piercing in the two weeks to six months before symptom onset.	Code	IA		Tattoo Obtained From (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP208	CPIERCEOTH	Other location where the patient received a piercing in the two weeks to six months before symptom onset.	Text	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	Y	expecting only one instance
HEP209	CIVDRUGS	Did the patient inject street drugs not prescribed by a doctor in the two weeks to six months before symptom onset?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP210	CDRUGS	Did the patient use street drugs, but not inject, in the two weeks to six months before symptom onset?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP211	CDIALYSIS	Did the patient undergo hemodialysis in the two weeks to six months before symptom onset?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP212	CSTICK	Did the patient have an accidental stick or puncture with a needle or other object contaminated with blood in the two weeks to six months before symptom onset?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Optionality	HL7 Repeats	Implementation Notes
						Program-Specific Surveillance Variables		**Mapping Methodology**				
HEP213	CTRANSF	Did the patient receive blood or blood products (transfusion) in the two weeks to six months before symptom onset?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP214	CTRANSDT	Date the patient received blood or blood products (transfusion) in the two weeks to six months before symptom onset.	Date	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	Y	expecting only one instance
HEP215	CBLOOD	Did the patient have other exposure to someone else's blood in the two weeks to six months before symptom onset?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP216	CBLOODEX	Patient's blood exposure in the two weeks to six months before symptom onset other than through transfusion or an accidental stick or puncture.	Text	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	Y	expecting only one instance
HEP217	CDENTAL	Did the patient have dental work or oral surgery in the two weeks to six months before symptom onset?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP218	CSURGEY	Did the patient have surgery (other than oral surgery) in the two weeks to six months before symptom onset?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP219	CHOSP	Was the patient hospitalized in the two weeks to six months before symptom onset?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP220	CNURSHOME	Was the patient a resident of a long-term care facility in the two weeks to six months before symptom onset?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Optionality	HL7 Repeats	Implementation Notes
		Program-Specific Surveillance Variables						Mapping Methodology				
HEP221	CINCAR	Was the patient incarcerated for longer than 24 hours in the two weeks to six months before symptom onset?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP222	CINCARTYPE	Type of facility where the patient was incarcerated for longer than 24 hours in the two weeks to six months before symptom onset.	Code	IA		Incarceration Type (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP223	CEVERINCAR	Was the patient ever incarcerated for longer than six months during his or her lifetime?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP224	CINCARYR	Year the patient was most recently incarcerated for longer than six months.	Date	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	Y	expecting only one instance
HEP225	CINCARDUR	Length of time the patient was most recently incarcerated for longer than six months.	Text	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	Y	expecting only one instance
HEP226	CINCARUNIT	Length of time (units) the patient was most recently incarcerated for longer than six months.	Code	IA		Age Unit		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CE	O	Y	expecting only one instance
HEP253	CIVOUTPT	Did the patient receive any IV infusions and/or injections in the outpatient setting during the two weeks to six months prior to onset of symptoms?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance

Hepatitis C Infection Specific Case Notification Variables

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Optionality	HL7 Repeats	Implementation Notes
Program-Specific Surveillance Variables								**Mapping Methodology**				
HEP227	HAVTRANSF	Did the patient receive a blood transfusion prior to 1992?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP228	HACTRANSP	Did the patient receive an organ transplant prior to 1992?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP229	HCVCLOT	Did the patient receive clotting factor concentrates prior to 1987?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP230	HCVDIAL	Was the patient ever on long-term hemodialysis?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP231	HCVIVDRUGS	Has the patient ever injected drugs not prescribed by a doctor, even if only once or a few times?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP232	HCVNUMPART	How many sex partners has patient had (approximate) in lifetime?	Text	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	Y	expecting only one instance
HEP233	HCVINCAR	Was the patient ever incarcerated?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP234	HCVSTD	Was the patient ever treated for a sexually transmitted disease?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP235	HCVCONTACT	Was the patient ever a contact of a person who had hepatitis?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP236	HCVTYPE	Type of contact the patient had with a person with hepatitis.	Code	IA		Contact Type (Hepatitis B and C)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP237	HCVOTHCON	Other type of contact the patient had with a person with hepatitis.	Text	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	Y	expecting only one instance
HEP238	HCVMEDEMP	Was the patient ever employed in a medical or dental field involving direct contact with human blood?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance

Hepatitis B Virus Perinatal Infection Specific Case Notification Variables

	Program-Specific Surveillance Variables							Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Optionality	HL7 Repeats	Implementation Notes
HEP239	HBVMOMRACE	Race of the patient's mother.	Code	IA		Race Category		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP240	HBVMOMETH	Ethnicity of the patient's mother.	Code	IA		Ethnicity Group		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP241	HBVMOMBORN	Was mother born outside the U.S.A.?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP242	HBVMOMCTRY	Mother's birth country (other than the U.S.A.).	Code	IA		Birth Country		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP243	HBVCONF	Was the mother confirmed HBsAg positive prior to or at time of delivery?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP244	HBVCONFDEL	Was the mother confirmed HBsAg positive after delivery?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP245	HBVCONFDT	Date of HBsAg positive test result.	Date	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	Y	expecting only one instance
HEP246	HBVVACDOSE	How many doses of hepatitis B vaccine did the child receive?	Code	IA		Vaccine Dose Number (Hepatitis)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP247	HBVVACDT1	Date the child received the first dose of hepatitis B vaccine.	Date	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	Y	expecting only one instance

Program-Specific Surveillance Variables							Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Optionality	HL7 Repeats	Implementation Notes
HEP248	HBVVACDT2	Date the child received the second dose of hepatitis B vaccine.	Date	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	Y	expecting only one instance
HEP249	HBVVACDT3	Date the child received the third dose of hepatitis B vaccine.	Date	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	Y	expecting only one instance
HEP250	HBIG	Did the child receive hepatitis B immune globulin (HBIG)?	Code	IA		Yes No Unknown (YNU)		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	expecting only one instance
HEP251	HBIGDT	Date the child received HBIG.	Date	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	TS	O	Y	expecting only one instance
HEP256	HBVMRACECD	Mother's detailed race category. (MULTISELECT)	Code	IA	Y	Detailed Race		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	
HEP257	HBVMETHCD	Mother's detailed ethnicity category. (MULTISELECT)	Code	IA	Y	Detailed Ethnicity		Observation (OBX segment) under an OBR-4 value of 'NOTF'	CWE	O	Y	
HEP258	HBVMOMRDES	Mother"s race, if other than the provided race categories.	Text	IA				Observation (OBX segment) under an OBR-4 value of 'NOTF'	ST	O	Y	expecting only one instance

These variables are not negotiable. Default values are provided for HL7 structural elements that are required but not part of the surveillance data requested. This tab does not cover every field required to create a valid message; see National Notification Structural Specification (profile).

Notification Structural Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Optionality	HL7 Repeats	Implementation Notes
NOT108	Notification ID	The unique identifier for the notification record. No UID or label is passed in the message.	Text	CR				MSH-10-Message Control ID. No UID or label is passed in the message.	ST	R	Y	May need to append a timestamp to make the notification ID unique for this message instance.
N/A	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.						MSH-21-Message Profile ID. PHIN required/HL7 optional.	EI	R	Y/2	First instance literal value: 'NationalNotificationORUv2.0^PHINProfileID^2.16.840.1.114222.4.10.3^ISO' Second instance literal value: 'HepatitisCaseNationalNotificationMapv1.0^PHINMsgMapID^2.16.840.1.114222.4.10.4^ISO'.
DEM197	Local patient ID	The local ID of the patient/entity.	Text	CR				PID-3.1 Patient Identifier List – ID Number PID-3.4 Assigning Authority format <localID&OID&ISO> Does not pass Variable ID or label.	CX	R	Y	Only the sending system's internally assigned patient id used for these de-identified messages
DEM100	Patient 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. PHIN has adopted the HL7 convention for processing a field where the name has been removed for de-identification purposes.	Code	CR	Y	Name Type (HL7)		PID-5.7 Patient Name Type - second instance (does not pass Variable ID or label). HL7 reserves the first instance of the name for Legal Name.	CX	R	Y	Literal value: |~^^^^^^S|

Notification Structural Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Optionality	HL7 Repeats	Implementation Notes
INV168	Local record ID	Sending system-assigned local ID of the case investigation with which the subject is associated.	Text	CR				OBR-3-Filler Order Number where OBR-3.1 is the internally assigned case/investigation ID, OBR-3.3 is the OID for sending application as assigning authority, and OBR-3.4 is the literal value 'ISO'. The UID and label are not passed in the message.	EI	R	N	<same value in each OBR instance>
NOT099	Subject Type	Type of subject for the notification.	Code	CR		Notification Section Header		OBR|1|: Maps to the HL7 attribute OBR-4-Universal Service ID. No UID or label is passed in the message.	CE	R	N	Literal Value: 'PERSUBJ^Person Subject^2.16.840.1.114222.4.5.274 - *Note that this notification does not have any observations (OBX segments) specified to appear after the Subject OBR.*
NOT101	Notification Type	Type of notification. Main notification types are "Individual Case", "Environmental", "Summary", and "Laboratory Report".	Code	CR		Notification Section Header		OBR|2|: Maps to the HL7 attribute OBR-4-Universal Service ID. No UID or label is passed in the message.	CE	R	N	Literal Value: 'NOTF^Case Notification^2.16.840.1.114222.4.5.274'
NOT103	Date First Submitted	Date the notification was first sent to CDC. This value does not change after the original notification. No UID or label is passed in the message.	Date	CR				Maps to the HL7 attribute OBR-7-Observation Date/time. No UID or label is passed in the message.	TS	R	N	<same value in each OBR instance>

Notification Structural Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Data Validation	Message Context	HL7 Data Type	HL7 Optionality	HL7 Repeats	Implementation Notes
NOT106	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.	Date	CR				Maps to the HL7 attribute OBR-22-Result Report/Status Chg Date/time. No UID or label is passed in the message.	TS	R	N	<same value in each OBR instance>
INV169	Condition Code	Condition or event that constitutes the reason the notification is being sent.	Code	CR		Nationally Notifiable Disease Surveillance System (NNDSS) & Other Conditions of Public Health Importance		Maps to HL7 attribute OBR-31-Reason for Study. The UID and label are not passed in the message.	CWE	R	Y	expecting only one instance

This is the set of variables that map to a separate ORU^R01 in exactly the same way that ELR maps, but with additional data elements to link it to the Notification. There is a specific message structural specification/profile that needs to be used to create a valid message. This mapping shows only the data elements of interest for anyone passing a lab report that is physically associated with the case. The laboratory report is not required to be included with the Notification.

Program-Specific Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Data Validation	Value Set Name	Message Context	HL7 Data Type	HL7 Option ality	HL7 Repeat s	Implementation Notes
LAB143	Reporting Lab Name	Name of Laboratory that reported test result.	Alphanumeric	IA				MSH-4 Sending Facility	HD	R		
LAB144	Reporting Lab CLIA Number	CLIA (Clinical Laboratory Improvement Act) identifier for the laboratory that performed the test.	Alphanumeric	IA				MSH-4 Sending Facility	HD	R		
INV168	Local record ID (case ID)	Sending system-assigned local ID of the case investigation with which the subject is associated. This field has been added to provide the mapping to the case/investigation to which this lab result is associated. This field should appear exactly as it appears in OBR-3 of the Case Notification.	Alphanumeric	CR				OBR-2-Order Placer Number	CX	R		
LAB202	Filler Order Number	A laboratory generated number that identifies the test/order instance.	Alphanumeric	CR				OBR-3-Filler Order Number	CX	R		
LAB112	Ordered Test Name	Ordered Test Name is the lab test ordered by the physician. It will always be included in an ELR, but there are many instances in which the user entering manual reports will not have access to this information.	Coded	IA			Ordered Test	OBR-4 Universal Service ID	CE	O		
LAB163	Date of Specimen Collection	The date the specimen was collected.	Date	IA				SPM-17 Specimen Collection Date/time	TS	O		
LAB166	Specimen Site	This indicates the physical location, of the subject, where the specimen originated. Examples include: Right Internal Jugular, Left Arm, Buttock, Right Eye, etc.	Coded	IA			Specimen	SPM-8 Specimen Source Site	CWE	O		

Program-Specific Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Data Validation	Value Set Name	Message Context	HL7 Data Type	HL7 Option ality	HL7 Repeat s	Implementation Notes
LAB125	Specimen Number	A laboratory generated number that identifies the specimen related to this test.	Alphanumeric	IA				SPM-2 Specimen ID	ST	O		
LAB165	Specimen Source	The medium from which the specimen originated. Examples include whole blood, saliva, urine, etc.	Coded	IA			Specimen	SPM-4 Specimen Type	CWE	O		
LAB262	Specimen Details	Specimen details if specimen information entered as text.	Alphanumeric	IA				SPM-14 Specimen Description	ST	O		
LAB503	Date Sample Received at Lab	Date Sample Received at Lab (accession date).	Date	IA				SPM-18 Specimen Received Date/time	TS	O		
LAB108	Sample Analyzed date	The date and time the sample was analyzed by the laboratory.	Date	IA				OBX-19 Date/time of the analysis	TS	O		
LAB197	Lab Report Date	Date result sent from Reporting Laboratory.	Date	IA				OBR-22 Results Report/Status Change Date/time	TS	O		
LAB196	Report Status	The status of the lab report.	Coded	IA			Result Status (HL7)	OBR-25 Result Status	ID	O		
LAB101	Resulted Test Name	The lab test that was run on the specimen.	Coded	IA			Lab Test Result Name (Hepatitis)	OBX-3 Observation Identifier	CE	O		
LAB114	Numeric Result	Results expressed as numeric value/quantitative result.	Numeric	IA				OBX-5 Observation Result where OBX-2 value is SN	SN	O		
LAB115	Result Units	The unit of measure for numeric result value.	Coded	IA			Units Of Measure	OBX-6-Units	CE	O		

Program-Specific Surveillance Variables							Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Data Validation	Value Set Name	Message Context	HL7 Data Type	HL7 Optionality	HL7 Repeats	Implementation Notes
LAB192	Coded Result Value	Coded qualitative result value.	Coded	IA			Lab Test Result Qualitative	OBX-5 Observation Result where OBX-2 value is CE	CE	O		May repeat for multipart, single answer results with appropriate data types, e.g., CE, TX, and FT data types as declared in OBX-2-Value type.
LAB278	Organism Name	The organism name as a test result. This element is used when the result was reported as an organism.	Coded				Microorganism (Hepatitis)	OBX-5 Observation Result where OBX-2 = CE	CE	O	Y	May repeat for multipart, single answer results with the same data type.
LAB208	Lab Result Text Value	Textual result value, used if result is neither numeric nor coded.	Alphanumeric					OBX-5 Observation Result where OBX-2 = TX	TX	O	Y	May repeat for multipart, single answer results with the same data type.
LAB207	Result Status	The Result Status is the degree of completion of the lab test.	Coded				Observation Result Status (HL7)	OBX-11 Observation Result Status	CWE	R		
LAB118	Interpretation Flag	The interpretation flag identifies a result that is not typical as well as how it's not typical. Examples: Susceptible, Resistant, Normal, Above upper panic limits, below absolute low.	Coded				Abnormal Flag (HL7)	OBX-8 Abnormal Flags	CWE	O	Y	

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Data Validation	Value Set Name	Message Context	HL7 Data Type	HL7 Option ality	HL7 Repeat s	Implementation Notes
Program-Specific Surveillance Variables							Mapping Methodology				
LAB119	Reference Range From	The reference range from value allows the user to enter the value on one end of a expected range of results for the test. This is used mostly for quantitative results.	Alphanumeric					OBX-7 Reference Range	ST	O		
LAB120	Reference Range To	The reference range to value allows the user to enter the value on the other end of a valid range of results for the test. This is used mostly for quantitative results.	Alphanumeric					OBX-7 Reference Range	ST	O		
LAB105	Test Method	The technique or method used to perform the test and obtain the test results. Examples: Serum Neutralization, Titration, dipstick, test strip, anaerobic culture.	Coded				Observation Method	OBX-17 Observation Method	CE	O	Y	
LAB104	Lab Result Comments	Comments having to do specifically with the lab result test. These are the comments from the NTE segment if the result was originally an Electronic Laboratory Report.	Alphanumeric					NTE segments - value in NTE-3	TX	O	Y	
**Additional Data Elements as Observations Start Here**												
LAB334	Date received in state public health lab	Date the isolate was received in state public health laboratory.	Date	IA				Observation/OBX segment added to the separate Lab report message	TS	O		
LAB504	Lab Test Coded Comments	Explanation for missing result (e.g., clotting, quantity not sufficient, etc.)	Coded				Missing Lab Result Reason	Observation/OBX segment added to the separate Lab report message	CWE	O	Y	expecting only one instance
LAB508	Sent to CDC for Genotyping	Indicate whether the specimens were sent to CDC for genotyping.	Coded	IA			Yes No Unknown (YNU)	Observation/OBX segment added to the separate Lab report message	CWE	O		

Program-Specific Surveillance Variables							Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Data Validation	Value Set Name	Message Context	HL7 Data Type	HL7 Option ality	HL7 Repeat s	Implementation Notes
LAB509	Genotyping Sent Date	If the specimen was sent to the CDC for genotyping, date on which the specimens were sent.	Date	IA				Observation/OBX segment added to the separate Lab report message	TS	O		
LAB510	Sent For Strain ID	Indicate whether the specimen was sent for strain identification.	Coded	IA			Yes No Unknown (YNU)	Observation/OBX segment added to the separate Lab report message	CWE	O		
LAB511	Strain Type	If the specimen was sent for strain identification, indicate the strain.	Coded	IA			Microbiology Strain	Observation/OBX segment added to the separate Lab report message	CWE	O		
Isolate Tracking Data Elements Start Here												
LAB329	Track Isolate	Track Isolate functionality indicator	Coded				True False (TF)	Observation/OBX segment added to the separate Lab report message	CWE	O	Y	expecting only one instance
LAB330	Patient status at specimen collection	Patient status at specimen collection	Coded				Patient Location Status at Specimen Collection	Observation/OBX segment added to the separate Lab report message	CWE	O	Y	expecting only one instance
LAB331	Isolate received in state public health lab	Isolate received in state public health lab	Coded				Yes No Unknown (YNU)	Observation/OBX segment added to the separate Lab report message	CWE	O	Y	expecting only one instance
LAB332	Reason isolate not received	Reason isolate not received	Coded				Isolate Not Received Reason	Observation/OBX segment added to the separate Lab report message	CWE	O	Y	expecting only one instance
LAB333	Reason isolate not received (Other)	Reason isolate not received (Other)	Alphanumeri c					Observation/OBX segment added to the separate Lab report message	ST	O	Y	expecting only one instance

Program-Specific Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Data Validation	Value Set Name	Message Context	HL7 Data Type	HL7 Option ality	HL7 Repeat s	Implementation Notes
LAB334	Date received in state public health lab	Date received in state public health lab	Date/time					Observation/OBX segment added to the separate Lab report message	TS	O	Y	expecting only one instance
LAB335	State public health lab isolate id number	State public health lab isolate id number	Alphanumeric					Observation/OBX segment added to the separate Lab report message	ST	O	Y	expecting only one instance
LAB336	Case confirmed at state public health lab	Case confirmed at state public health lab	Coded				Yes No Unknown (YNU)	Observation/OBX segment added to the separate Lab report message	CWE	O	Y	expecting only one instance
LAB337	PulseNet Isolate	PulseNet Isolate Indicator	Coded				True False (TF)	Observation/OBX segment added to the separate Lab report message	CWE	O	Y	expecting only one instance
LAB338	Isolate PFGE sent to central PulseNet	Isolate PFGE sent to central PulseNet database	Coded				Yes No Unknown (YNU)	Observation/OBX segment added to the separate Lab report message	CWE	O	Y	expecting only one instance
LAB339	PulseNet PFGE Designation Enzyme 1	PulseNet PFGE Designation Enzyme 1	Alphanumeric					Observation/OBX segment added to the separate Lab report message	ST	O	Y	expecting only one instance
LAB340	State Health Dept Lab PFGE Designation Enzyme 1	State Health Dept Lab PFGE Designation Enzyme 1	Alphanumeric					Observation/OBX segment added to the separate Lab report message	ST	O	Y	expecting only one instance
LAB341	PulseNet PFGE Designation Enzyme 2	PulseNet PFGE Designation Enzyme 2	Alphanumeric					Observation/OBX segment added to the separate Lab report message	ST	O	Y	expecting only one instance
LAB342	State Health Dept Lab PFGE Designation Enzyme 2	State Health Dept Lab PFGE Designation Enzyme 2	Alphanumeric					Observation/OBX segment added to the separate Lab report message	ST	O	Y	expecting only one instance

Program-Specific Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Data Validation	Value Set Name	Message Context	HL7 Data Type	HL7 Option ality	HL7 Repeat s	Implementation Notes
LAB343	PulseNet PFGE Designation Enzyme 3	PulseNet PFGE Designation Enzyme 3	Alphanumeri c					Observation/OBX segment added to the separate Lab report message	ST	O	Y	expecting only one instance
LAB344	State Health Dept Lab PFGE Designation Enzyme 3	State Health Dept Lab PFGE Designation Enzyme 3	Alphanumeri c					Observation/OBX segment added to the separate Lab report message	ST	O	Y	expecting only one instance
LAB345	NARMS Isolate Indicator	National Antimicrobial Resistance Management System (NARMS) Isolate	Coded				True False (TF)	Observation/OBX segment added to the separate Lab report message	CWE	O	Y	expecting only one instance
LAB346	Isolate sent to NARMS	Isolate sent to NARMS	Coded				Yes No Unknown (YNU)	Observation/OBX segment added to the separate Lab report message	CWE	O	Y	expecting only one instance
LAB347	Reason isolate not sent to NARMS	Reason isolate not sent to NARMS	Coded				Isolate Not Sent To NARMS Reason	Observation/OBX segment added to the separate Lab report message	CWE	O	Y	expecting only one instance
LAB348	State-assigned NARMS ID number	State-assigned NARMS ID number	Alphanumeri c					Observation/OBX segment added to the separate Lab report message	ST	O	Y	expecting only one instance
LAB349	NARMS Isolate Expected Ship Date	NARMS Isolate Expected Ship Date	Date/time					Observation/OBX segment added to the separate Lab report message	TS	O	Y	expecting only one instance
LAB350	NARMS Isolate Actual Ship Date	NARMS Isolate Actual Ship Date	Date/time					Observation/OBX segment added to the separate Lab report message	TS	O	Y	expecting only one instance
LAB351	EIP Isolate	EIP (Emerging Infectious Program) Isolate Indicator	Coded				True False (TF)	Observation/OBX segment added to the separate Lab report message	CWE	O	Y	expecting only one instance

Program-Specific Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Data Validation	Value Set Name	Message Context	HL7 Data Type	HL7 Option ality	HL7 Repeat s	Implementation Notes
LAB352	Specimen available for further EIP testing	Specimen available for further EIP testing	Coded				Isolate Availability EIP Testing	Observation/OBX segment added to the separate Lab report message	CWE	O	Y	expecting only one instance
LAB353	Reason specimen not available for further EIP test	Reason specimen not available for further EIP test	Coded				Isolate Not Available EIP Test Reason	Observation/OBX segment added to the separate Lab report message	CWE	O	Y	expecting only one instance
LAB354	Other reason why specimen is not available	Other reason why specimen is not available	Alphanumeri c					Observation/OBX segment added to the separate Lab report message	ST	O	Y	expecting only one instance
LAB355	If "Yes", where will the specimen be shipped	If "Yes", where will the specimen be shipped	Coded				Specimen Shipped	Observation/OBX segment added to the separate Lab report message	CWE	O	Y	expecting only one instance
LAB356	EIP Isolate Expected Ship Date	EIP Isolate Expected Ship Date	Date/time					Observation/OBX segment added to the separate Lab report message	TS	O	Y	expecting only one instance
LAB357	EIP Isolate Actual Ship Date	EIP Isolate Actual Ship Date	Date/time					Observation/OBX segment added to the separate Lab report message	TS	O	Y	expecting only one instance
LAB358	Was specimen requested for reshipment	Was specimen requested for reshipment	Coded				Yes No Indicator (HL7)	Observation/OBX segment added to the separate Lab report message	CWE	O	Y	expecting only one instance
LAB359	Reason specimen requested for reshipment	Reason specimen requested for reshipment	Coded				Specimen Reshipment Reason	Observation/OBX segment added to the separate Lab report message	ST	O	Y	expecting only one instance
LAB360	Other reason for reshipment	Other reason for reshipment	Alphanumeri c					Observation/OBX segment added to the separate Lab report message	ST	O	Y	expecting only one instance

Program-Specific Surveillance Variables								Mapping Methodology				
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Data Validation	Value Set Name	Message Context	HL7 Data Type	HL7 Option ality	HL7 Repeat s	Implementation Notes
LAB361	EIP Isolate Expected Reship Date	EIP Isolate Expected Reship Date	Date/time					Observation/OBX segment added to the separate Lab report message	TS	O	Y	expecting only one instance
LAB362	EIP Isolate Actual Reship Date	EIP Isolate Actual Reship Date	Date/time					Observation/OBX segment added to the separate Lab report message	TS	O	Y	expecting only one instance

This is the set of variables that may be passed if the Case Notification has an associated Vaccine event report. Vaccine reports are not required to be included with the Notification. If present, each vaccine event is carried under a separate VXU^V04 Unsolicited Vaccine Report Update message. There is a specific message structural specification/profile that needs to be used to create a valid message. This mapping shows only the data elements of interest for anyone passing a vaccine report that is physically associated with the case.

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Concepts	Data Validation	Value Set Name	Message Context	HL7 Data Type	HL7 Usage	HL7 Optionality	HL7 Repeats
VAC101	Vaccine Administered	The type of vaccine administered, (e.g., MMR, DaPT, HepB).	Coded	CR				Vaccines Administered (CVX)	RXA-5 Administered Code	CE	O		
INV168	Local record ID	Sending system-assigned local ID of the case investigation with which the subject is associated. This field has been added to provide the mapping to the case/investigation to which this lab result is associated. This field should appear exactly as it appears in OBR-3 of the Case Notification.	Alphanumeric	CR					ORC-2-Order Placer Number	CX	R		
VAC102	Vaccination Record ID	A system generated ID for a vaccination record.	Alphanumeric	CR					ORC-3-Filler Placer Number	CX	R		
VAC103	Vaccine Administered Date	The date that the vaccine was administered.	Date	CR					RXA-3 Date/Time Start of Administration	TS	R		
VAC104	Vaccination Anatomical Site	The anatomical site where the vaccination was given.	Coded	IA				Immunization Body Site	RXR-2 Administration Site	CWE	O		
VAC105	Age At Vaccination	The person's age at the time the vaccination was given (includes units).	Numeric	IA				Age Unit	Observation in VXU message (OBX segment)	SN	O		
VAC107	Vaccine Manufacturer	Manufacturer of the vaccine	Coded	IA				Manufacturers Of Vaccines (MVX)	RXA-17 Substance Manufacturer Name	CWE	O		
VAC108	Vaccine Lot Number	The vaccine lot number of the vaccine administered.	Alphanumeric	IA					RXA-15 Substance Lot Number	ST	O		
VAC109	Vaccine Expiration Date	The expiration date of the vaccine administered.	Date	IA					RXA-16 Substance Expiration Date	TS	O		

Program-Specific Surveillance Variables / Mapping Methodology

Example Hepatitis A, Acute Notification Message

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MSH|^~\&|SendAppl^<OID TBA>^ISO|SendFac^<OID TBA>^ISO|RecAppl^<OID TBA>^ISO|^2.16.840.1.114222^ISO|200801010921100||ORU^R01^ORU_R01|NOT050106511200801010921100|D|2.5|||||||||NationalNotificationORUv2.0^PHINProfileID^2.16.840.1.114222.4.10.3^ISO~HepatitisCaseNationalNotificationMapv1.0^PHINMsgMapID^2.16.840.1.114222.4.10.4^ISO
PID|1|||<DEM197 value>^^&OID&ISO||~^^^^^S||19671206|F||2054-5^Black or African American^2.16.840.1.113883.6.238^B^Black^L~2106-3^White^2.16.840.1.113883.6.238^C^Caucasian^L|^^^GA^30303^^^^DEKALB||||||||||2186-5^Not Hispanic or Latino^2.16.840.1.113883.6.238^NH^^L<CR>
OBR|1|""|<INV168 value>^^OID^ISO|PERSUBJ^Person Subject^2.16.840.1.114222.4.5.274|||200706010191310|||||||||||||200706010191310|||F|||||10110^Hepatitis A acute^2.16.840.1.114222.4.5.277<CR>
OBR|2|""|CAS1000280924GA01^^OID^ISO|NOTF^Individual Case Notification^2.16.840.1.114222.4.5.274||200711010191310|||||||||||||||200711010191310|||F|||||10110^Hepatitis A acute^2.16.840.1.114222.4.5.277<CR>
OBX|1|CWE|NOT109^Reporting State^2.16.840.1.114222.4.5.232||GA^Georgia^2.16.840.1.113883.6.92||||||F<CR>
OBX|2|CWE|INV107^Case Jurisdiction Code^2.16.840.1.114222.4.5.232||^^^Jurisdiction^local jurisdiction code^L||||||F<CR>
OBX|3|CWE|INV108^Case Program Area Code^2.16.840.1.114222.4.5.232||^^^ProgramArea^local program area code^L||||||F<CR>
OBX|4|CWE|INV109^Case Investigation Status Code^2.16.840.1.114222.4.5.232||385651009^Opened^2.16.840.1.113883.6.96^O^Open^L ||||||F<CR>
OBX|5|TS|INV111^Date of Report^2.16.840.1.114222.4.5.232||20071115||||||F<CR>
OBX|6|CWE|INV112^Reporting Source Type Code^2.16.840.1.114222.4.5.232||C0442681^Correctional Institutions^2.16.840.1.113883.6.86^CF^Correctional Facilities^L||||||F<CR>
OBX|7|ST|INV118^Reporting Source Address Zip Code^2.16.840.1.114222.4.5.232||30303||||||F<CR>
OBX|8|TS|INV120^Earliest Date Reported to County^2.16.840.1.114222.4.5.232||20071222||||||F<CR>
OBX|9|TS|INV121^Earliest Date Reported to State^2.16.840.1.114222.4.5.232||20071222||||||F<CR>
OBX|10|CWE|INV128^Was the patient hospitalized as a result of this event?^2.16.840.1.114222.4.5.232||N^No^2.16.840.1.113883.12.136||||||F<CR>
OBX|11|TS|INV136^Diagnosis Date^2.16.840.1.114222.4.5.232||20071028||||||F<CR>
OBX|12|TS|INV137^Date of Illness Onset^2.16.840.1.114222.4.5.232||20071028||||||F<CR>
OBX|13|CWE|INV145^Did the patient die?^2.16.840.1.114222.4.5.232||N^No^2.16.840.1.113883.12.136||||||F<CR>
OBX|14|TS|INV147^Investigation Start Date^2.16.840.1.114222.4.5.232||20071116||||||F<CR>
OBX|15|TS|INV150^Case Outbreak Indicator^2.16.840.1.114222.4.5.232||N^No^2.16.840.1.113883.12.136||||||F<CR>
OBX|16|TS|INV152^Case Disease Imported Code^2.16.840.1.114222.4.5.232||PHC245^Out of jurisdiction, from another jurisdiction within state^2.16.840.1.114222.4.5.274^OOS^Out of jurisdiction^L||||||F<CR>
OBX|17|CWE|INV154^Imported State^2.16.840.1.114222.4.5.232||AL^Alabama^2.16.840.1.113883.6.92^01^Alabama^L||||||F<CR>
OBX|18|CWE|INV161^Confirmation Method^2.16.840.1.114222.4.5.232||PHC235^Active surveillance^2.16.840.1.114222.4.5.274^AS^Active Surveillance^L~PHC236^Case and or outbreak investigation^2.16.840.1.114222.4.5.274^CE^Case/Outbreak Investigation^L||||||F<CR>
OBX|19|TS|INV162^Confirmation Date^2.16.840.1.114222.4.5.232||20071114||||||F<CR>
OBX|20|CWE|INV163^Case Class Status Code^2.16.840.1.114222.4.5.232||410605003^Confirmed present^2.16.840.1.113883.6.96^C^Confirmed^L||||||F<CR>
OBX|21|SN|INV165^MMWR Week^2.16.840.1.114222.4.5.232||^46||||||F<CR>
OBX|22|TS|INV166^MMWR Year^2.16.840.1.114222.4.5.232||2007||||||F<CR>
OBX|23|ST|INV173^State Case ID^2.16.840.1.114222.4.5.232||GA003092111||||||F<CR>
OBX|24|CWE|HEP100^TESTRX^2.16.840.1.114222.4.5.232||PHC307^Symptoms of acute hepatitis^2.16.840.1.114222.4.5.274^AHEP^Symptoms of acute hepatitis^L~PHC309^Evaluation of elevated liver enzymes^2.16.840.1.114222.4.5.274^ENZYME^Evaluation of elevated liver enzymes^L||||||F<CR>
OBX|25|ST|HEP101^OTHREASON^2.16.840.1.114222.4.5.232||other hepatitis testing reason text|||||||F<CR>
OBX|26|CWE|HEP102^SYMPTOM^2.16.840.1.114222.4.5.232||Y^Yes^2.16.840.1.113883.12.136||||||F<CR>
OBX|27|TS|HEP103^SYMTDT^2.16.840.1.114222.4.5.232||20070517||||||F<CR>
OBX|28|CWE|HEP104^JAUNDICED^2.16.840.1.114222.4.5.232||Y^Yes^2.16.840.1.113883.12.136||||||F<CR>
OBX|29|CWE|HEP106^PREGNANT^2.16.840.1.114222.4.5.232||Y^Yes^2.16.840.1.113883.12.136||||||F<CR>
OBX|30|TS|HEP107^DUEDT^2.16.840.1.114222.4.5.232||20070606||||||F<CR>
OBX|31|CWE|51661-7^TOTANTIHAV^2.16.840.1.113883.6.1||10828004^Positive^2.16.840.1.113883.6.96^P^^L||||||F<CR>
OBX|32|CWE|51660-9^IGMHAV^2.16.840.1.113883.6.1||10828004^Positive^2.16.840.1.113883.6.96^P^^L||||||F<CR>
OBX|33|CWE|51659-1^HBSAG^2.16.840.1.113883.6.1||10828004^Positive^2.16.840.1.113883.6.96^P^^L||||||F<CR>
OBX|34|CWE|HEP113^TOTANTIHBC^2.16.840.1.114222.4.5.232||10828004^Positive^2.16.840.1.113883.6.96^P^^L||||||F<CR>
OBX|35|CWE|51658-3^IGMHBC^2.16.840.1.113883.6.1||UNK^Unknown^2.16.840.1.113883.5.1008^U^^L||||||F<CR>
OBX|36|CWE|51657-5^ANTIHCV^2.16.840.1.113883.6.1||260385009^Negative^2.16.840.1.113883.6.96^N^^L||||||F<CR>
OBX|37|ST|51656-7^ANTIHCVSIG^2.16.840.1.113883.6.1||2||||||F<CR>
OBX|38|CWE|39008-8^SUPANTIHCV^2.16.840.1.113883.6.1||260385009^Negative^2.16.840.1.113883.6.96^N^^L||||||F<CR>
OBX|39|CWE|51655-9^HCVRNA^2.16.840.1.113883.6.1||260385009^Negative^2.16.840.1.113883.6.96^N^^L||||||F<CR>
OBX|40|CWE|51654-2^ANITHDV^2.16.840.1.113883.6.1||10828004^Positive^2.16.840.1.113883.6.96^P^^L||||||F<CR>
OBX|41|CWE|51653-4^ANTIHEV^2.16.840.1.113883.6.1||10828004^Positive^2.16.840.1.113883.6.96^P^^L||||||F<CR>
OBX|42|SN|1742-6^ALTSGPT^2.16.840.1.113883.6.1||^9||||||F<CR>
OBX|43|SN|HEP122^ALTSGPTUP^2.16.840.1.114222.4.5.232||^45||||||F<CR>
OBX|44|SN|1920-8^ASTSGOT^2.16.840.1.113883.6.1||^60||||||F<CR>
OBX|45|SN|HEP124^ASTSGOTUP^2.16.840.1.114222.4.5.232||^100||||||F<CR>
OBX|46|TS|HEP125^ALTDT^2.16.840.1.114222.4.5.232||20071114||||||F<CR>
OBX|47|TS|HEP126^ASTDT^2.16.840.1.114222.4.5.232||20071114||||||F<CR>
OBX|48|CWE|39007-0^Hepatitis B 'e' antigen [HBeAg]^2.16.840.1.113883.6.1||260385009^Negative^2.16.840.1.113883.6.96^N^^L||||||F<CR>
OBX|49|CWE|5009-6^HBV DNA^2.16.840.1.113883.6.1||260385009^Negative^2.16.840.1.113883.6.96^N^^L||||||F<CR>
OBX|50|CWE|HEP127^EPILINK^2.16.840.1.114222.4.5.232||Y^Yes^2.16.840.1.113883.12.136||||||F<CR>
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OBX|52|CWE|HEP255^BIRTHPLACE^2.16.840.1.114222.4.5.232||AF^AFGHANISTAN^2.16.1^AFG^AFGHANISTAN^L||||||F<CR>
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OBX|54|CWE|HEP130^ATYPE^2.16.840.1.114222.4.5.232||OTH^Other^2.16.840.1.113883.5.1008^O^Other (specify)>L||||||F<CR>
OBX|55|ST|HEP131^AOTHCON^2.16.840.1.114222.4.5.232||specify other contact type text||||||F<CR>
OBX|56|CWE|HEP132^ADAYCARE1^2.16.840.1.114222.4.5.232||N^No^2.16.840.1.113883.12.136||||||F<CR>
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OBX|60|CWE|HEP136^ASEXFEMALE ^2.16.840.1.114222.4.5.232||258317007^0^2.16.840.1.113883.6.96^None^^L||||||F<CR>
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OBX|63|CWE|HEP139^ATRAVEL^2.16.840.1.114222.4.5.232||Y^Yes^2.16.840.1.113883.12.136||||||F<CR>
OBX|64|CWE|HEP140^AWHERE^2.16.840.1.114222.4.5.232||AF^AFGHANISTAN^2.16.1^AFG^AFGHANISTAN^L-AZ^AZERBAIJAN^2.16.1^AZE^AZERBAIJAN^2.16.840.1.113883.5.28~BLR^BELARUS^2.16.840.1.113883.5.28||||||F<CR>
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OBX|66|CWE|HEP142^AHHWHERE^2.16.840.1.114222.4.5.232||AF^AFGHANISTAN^2.16.1^AFG^AFGHANISTAN^L-AZE^AZERBAIJAN^2.16.840.1.113883.5.28~BLR^BELARUS^2.16.840.1.113883.5.28||||||F<CR>
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OBX|68|CWE|HEP144^AOUTBRTYPE^2.16.840.1.114222.4.5.232||PHC304^Foodborne and not associated with an infected food handler^2.16.840.1.114222.4.5.274^FNA^FNA=Foodborne-NOT assoc. w/ an infected food handler^L||||||F<CR>
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OBX|72|CWE|HEP148^HEPAVACDOS^2.16.840.1.114222.4.5.232||19338005^Two^2.16.840.1.113883.6.96^2^2 doses^L||||||F<CR>
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