PUBLIC HEALTH INFORMATION NETWORK

Public Health Information Network
HL7 Version 2.5

TUBERCULOSIS
CASE NOTIFICATION
MESSAGE MAPPING GUIDE

Version 2.0

January 9, 2009

Centers for Disease Control and Prevention

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REVISION HISTORY

Date	Version	Description
6/5/2008	V2.0	Removed the example message tab.
6/5/2008	V2.0	Removed TB203 per TB Program lead (using the generic INV109 Case Investigation Status element for 2009)
6/5/2008	V2.0	Removed TB098 per TB Program lead
6/5/2008	V2.0	Removed DEM2003 per TB Program lead
6/5/2008	V2.0	Removed TB202 per TB Program lead
6/5/2008	V2.0	Removed TB105 per TB Program lead
6/5/2008	V2.0	Removed TB107 per TB Program lead
6/5/2008	V2.0	Removed TB112 per TB Program lead
6/5/2008	V2.0	Removed TB115 per TB Program lead
6/5/2008	V2.0	Removed TB117 per TB Program lead
6/5/2008	V2.0	Removed TB118 per TB Program lead
6/5/2008	V2.0	Removed TB121 per TB Program lead
6/5/2008	V2.0	Removed TB123 per TB Program lead
6/5/2008	V2.0	Removed TB124 per TB Program lead
6/5/2008	V2.0	Removed TB151 per TB Program lead
6/5/2008	V2.0	Removed TB174 per TB Program lead
6/5/2008	V2.0	Removed TB180 per TB Program lead
6/5/2008	V2.0	Added new TB variables TB205-301 in TB Obs and Data Element Index Tabs per TB Program Lead.
6/16/2008	V2.0	Changed any coded observations that used IS (user-defined code) datatype to use the CWE (coded with exceptions) datatype.
7/22/2008	V2.0	Removed DEM156 Detailed Ethnicity
7/22/2008	V2.0	Removed TB106 and replaced it with TB205 per TB Program lead
7/22/2008	V2.0	Removed TB152 and replaced it with TB206 per TB Program lead
7/22/2008	V2.0	Numerous value set changes and additions pending
7/24/2008	V2.0	Added new TB variables TB207-301 in TB Obs and Data Element Index Tabs per TB Program Lead.
7/24/2008	V2.0	INV107 Jurisdiction Code was not supported in version 1. INV107 is now being used for 'TB Reporting Area'
7/24/2008	V2.0	INV168 usage changed. INV172 was added as an observation to capture the RVCT ID and INV168 remains mapped to OBR-3 as a unique internal identifier for the case/investigation.
7/24/2008	V2.0	INV165 MMWR Week and INV166 MMWR Year were changed from Required in Version 1 to Preferred.
8/12/2008	V2.0	The following fields changed from Required ("R" in the CDC Req/Opt column) to Preferred ("P" in the CDC Req/Opt column): TB153: Case Status TB100: Date Counted
8/12/2008	V2.0	Added as Optional elements per DISSS: DEM162 Patient Address State, DEM163 Patient Address Zip, DEM165 Patient Address County.
8/20/2008	V2.0	Added RPT001 Report Submit Date and removed the "date submitted" verbiage from INV147 Investigation Start Date's label.
8/20/2008	V2.0	Removed a number of data elements on the Generic Obs tab that were shaded and not expected to be used, to bring them in line with the Generic

Date	Version	Description
		Message Mapping Guide.
8/20/2008	V2.0	DEM2004 Country of Origin variable changed to DEM126 Birth Country. The previous RVCT captured Country of Origin as PID-28 Nationality; Birth Country is captured as an observation.
8/21/2008	V2.0	Numerous typos corrected, labels reworked, decriptions refined.
8/21/2008	V2.0	TB289 removed from TB Obs tab - not on Data Element Index.
8/22/2008	V2.0	Added variable IDs created in PHIN Questions: NOT114 Receiving Application and NOT115 Message Profile ID.
8/22/2008	V2.0	Removed second instances of TB199 and TB200 on the Data Element Index.
9/5/2008	V2.0	Added variable DEM2003: US Citizen (US Born) to the Data Element Index and to the 3.2 Subject-related tab.
9/5/2008	V2.0	TB179 Directly Observed Therapy: removed the comment that the value set changed for 2009. It remained the same.
9/10/2008	V2.0	DEM2003 Corrected the label to read "US Born". Corrected the description to remove "is the patient a U.S. citizen or" and left only the description for US born. This question was not to include naturalized citizens so it was clarified.
10/14/2008	V2.0	Removed RPT001 Date of Report data element from Data Element Index and from TB Obs. tab.
10/14/2008	V2.0	Added new generic variable NOT116 National Reporting Jurisdiction and moved the value set Reporting Area (TB) to use this variable rather than INV107. INV107 remains but is used for the state-assigned jurisdiction.
10/14/2008	V2.0	Changed OIDs for coding system references on the Notification Structure tab to HL7 Table 0396 code system identifiers. This change affects INV169, NOT099 and NOT101, where a literal string is given in the Message Mapping Guide to be used in the message. This change does not affect OIDs in use for in the message header (NOT114 and NOT115) or OIDs used for identifier assigning authorities (DEM197 and INV168).
10/22/2008	V2.0	TB 293 Description modified from "Indicates the specimen type for which final susceptibility testing was done." to "Indicates that the specimen type was sputum for which final susceptibility testing was done." The word "sputum" also added to the label for clarification.
10/22/2008	V2.0	TB 268 Description modified from "Indicate the specimen type for which susceptibility testing was done" to "Indicate that the specimen type was sputum for which susceptibility testing was done"
10/22/2008	V2.0	TB280 "If patient moved during TB Therapy, specify where" was set to Y in the "May Repeat" column.
10/29/2008	V2.0	INV177 Date First Reported PHD added to the Data Element Index as an optional data element and un-grayed on the Generic tab.
11/3/2008	V2.0	Corrected the Valid Values on TB178. Acronym for Indian Health Services was auto-corrected to HIS and caused this problem.
12/152008	V2.0	Corrected spellings on INV151 (Generic element not used for TB) and TB279.
1/9/2008	V2.0	Removed the HL7 Repeats column from the Key and from the Mapping Methodology spreadsheets. This information was a duplicate of information contained in the Notification Message Specification/Profile.

TABLE OF CONTENTS

TUBERCULOSIS CASE NOTIFICATION MESSAGE MAPPING GUIDE VERSION 2.0

1 INTRODUCTION

This Message Mapping Guide describes the content and message mapping specifications for the limited set of data elements used to communicate information to meet the requirements for Tuberculosis Individual Case Notification reporting to CDC. The intended audiences 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.

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 Nationally Notifiable Condition message from public health entities to the CDC.

1.1 REFERENCES

U.S. Dept. of Health and Human Services Form Approved OMB NO. 0920-0026 Exp. Date 05/31/2011

CDC 72.9A Rev 09/15/2008 CS121321

RVCT Data Elements Spreadsheet September 2008

1.2 508 COMPLIANCE

This document is the 508-compliant version of the Excel TB Message Mapping Guide. The content is the same but some formatting had to be re-worked.

1.3 CONTACTS

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2   DATA ELEMENT INDEX

This section provides the complete list of data elements of interest requested by the CDC. The last column cross-references to the section of this document where the data element is fully specified for HL7-compliant messaging.

2.1   NOTIFICATION STRUCTURE VARIABLES

These data elements provide the structure for all notifications by mapping consistently to fields in the HL7 message, regardless of what other content is requested.

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
NOT108	Notification ID	The unique identifier for the notification record.	Text	R					Notification Structure
NOT114	Receiving Application	CDC's PHIN Common Data Store (CDS) is the Receiving Application for this message.	OID	R		PHINCDS^2.16.840.1.114 222.4.3.2.10^ISO			Notification Structure
NOT115	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.	Text	R		First instance literal value: 'NND_ORU_v2.0^PHINPro fileID^2.16.840.1.114222.4 .10.3^ISO' Second instance literal value: 'TB_Case_Map_v2.0^PHI NMsgMapID^2.16.840.1.11 4222.4.10.4^ISO'.			Notification Structure
DEM197	Local patient ID	The local ID of the patient/entity.	Text	R					Notification Structure
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. Have adopted the HL7 convention for processing a field where the name has been removed for de-identification purposes.	Coded	R	Y	Literal value: |~^^^^^^S|	Name Type (HL7)	PHVS_NameType_H L7_2x	Notification Structure
INV168	Local record ID	Sending system-assigned local ID of the case investigation with which	Text	R					Notification Structure

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
		the subject is associated.							
NOT099	Subject Type	Type of subject for the notification. "Person", "Place/location", or "Non-Person Living Subject" are the appropriate subject types for Notifications to CDC.	Coded	R		Literal Value: 'PERSUBJ^Person Subject^CDCPHINVS'	Notification Section Header	PHVS_NotificationSectionHeader_CDC	3.5 Notification Structure
NOT101	Notification Type	Type of notification. Notification types are "Individual Case", "Environmental", "Summary", and "Laboratory Report".	Coded	R		Literal Value: 'NOTF^Individual Case Notification^CDCPHINVS'	Notification Section Header	PHVS_NotificationSectionHeader_CDC	3.5 Notification Structure
NOT103	Date First Submitted	Date/time the notification was first sent to CDC. This value does not change after the original notification.	Date/time	R					3.5 Notification Structure
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/time	R					3.5 Notification Structure
INV169	Condition Code	Condition or event that constitutes the reason the notification is being sent.	Coded	R		Default value in each OBR instance: '10220^Tuberculosis^NND'	Nationally Notifiable Disease Surveillance System (NNDSS) & Other Conditions of Public Health Importance	PHVS_NotifiableEvent_Disease_Condition_CDC_NNDSS	3.5 Notification Structure

2.2 TB REPORTING VARIABLES

These data elements are specific to the 2009 RVCT Form.

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
DEM115	Birth Date	Date of birth in YYYYMMDD format	Date	P					3.4 TB-Specific Observations
TB154	Case Verification	Indicates case verification criteria result based on factors such as culture results, smear results, major and additional sites of the disease, x-ray results, TST, IDR, reason therapy was stopped.	Coded	R		0 - Not a Verified Case 1 – Positive Culture 1A -- Positive NAA 2 – Positive Smear/Tissue 3 – Clinical Case Definition 4 - Verified by Provider Diagnosis 5 – Suspect	Case Verification (TB)	PHVS_CaseVerification_TB	3.4 TB-Specific Observations
INV111	Date Reported	Date that a health department first suspected that the patient might have TB.	Date	R					3.3 Generic Observations
INV173	State Case Number	The official identification number for the case commonly known as the RVCT number. Comprised of Year Reported (YYYY) Alpha State Code (XX) Locally Assigned ID Number (999999999).	Text	R					3.3 Generic Observations
INV172	City/County Case Number	The local official identification number for the case. Comprised of Year Reported (YYYY) Alpha State Code (XX) Locally Assigned ID Number (999999999).	Text	P					3.3 Generic Observations
TB207	Linking State Case Number 1	RVCT State Case Number linked to this case. Comprised of Year Reported (YYYY) Alpha State Code (XX) Locally Assigned ID Number (999999999).	Text	P					3.4 TB-Specific Observations
TB208	Link Reason 1	Reason to explain why linking is desired.	Coded	P		1-Recurrence or Previous diagnosis of TB 2-Epidemiologically linked case 3-Case transferred from another area	RVCT Link Reason (TB)	PHVS_RVCTLinkReason_TB	3.4 TB-Specific Observations

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
TB209	Linking State Case Number 2	RVCT State Case Number linked to this case. Comprised of Year Reported (YYYY) Alpha State Code (XX) Locally Assigned ID Number (999999999).	Text	P					3.4 TB-Specific Observations
TB210	Link Reason 2	Reason to explain why linking is desired.	Coded	P		1-Recurrence or Previous diagnosis of TB 2-Epidemiologically linked case 3-Case transferred from another area	RVCT Link Reason (TB)	PHVS_RVCTLinkReason_TB	3.4 TB-Specific Observations
TB080	Reporting Address City	City of patient's residence at the time of TB diagnosis.	Coded	P		GNIS City List	City	PHVS_City_USGS_GNIS	3.4 TB-Specific Observations
TB081	Reporting Address County	County of patient's residence at the time of TB diagnosis.	Coded	P		FIPS County Codes	County	PHVS_County_FIPS_64	3.4 TB-Specific Observations
TB082	Reporting Address Zip Code	Zip code of patient's residence at the time of TB diagnosis.	Text	P					3.4 TB-Specific Observations
TB099	Inside City Limits	Indicate whether or not the reporting City is within city limits; choose Unknown if it is not known for sure whether it is.	Coded	P		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 TB-Specific Observations
TB153	Count Status	Count status of verified case.	Coded	P		-Count as a TB Case -Verified Case: Counted by another US area -Verified Case: TB treatment initiated in another country -Verified Case: Recurrent TB w/in 12 months after completion of therapy	Case Count Status (TB)	PHVS_CaseCountStatus_TB	3.4 TB-Specific Observations
TB211	Country of Verified Case: TB treatment initiated in another country	Specify the country of the Verified Case: TB treatment initiated in another country option of Case Status.	Coded	P		<see PHIN-VADS>	Birth Country (TB)	PHVS_BirthCountry_TB	3.4 TB-Specific Observations
TB100	Date Counted	Date the health department responsible for counting the case verified the case as TB and included it in the official TB case	Date	P					3.4 TB-Specific Observations

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
		count.							
TB102	Previous Diagnosis of TB	Indicates whether the patient had a previous diagnosis of tuberculosis; choose **Yes** if the patient had a verified case of the disease in the past, had been discharged (completed therapy), or was lost to supervision for more than 12 consecutive months, and has the disease again.	Coded	P		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 TB-Specific Observations
TB103	Year of Previous Diagnosis	If a value of Yes was specified for Previous Diagnosis of TB, indicate the year in which the previous episode was diagnosed (use the format YYYY); if there were multiple previous episodes, then this is the year for the most recent previous episode.	Date	P		4-digit year (####)			3.4 TB-Specific Observations
DEM115	Birth Date	Date of birth of patient.	Date	P					3.2 Subject-related
DEM114	Birth Sex	Patient's biological sex at birth.	Coded	P		Male Female Unknown	Sex (MFU)	PHVS_Sex_MFU	3.2 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.	Coded	P		Hispanic Non-Hispanic	Ethnicity Group	PHVS_EthnicityGroup_CDC	3.2 Subject-related
DEM152	Race Category	Broad race grouping to describe the patient's race(s).	Coded	P	Y	American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White	Race Category	PHVS_RaceCategory_CDC	3.2 Subject-related
DEM153	Detailed Race	Specific racial classification to describe the patient's race.	Coded	P	Y	<see PHIN-VADS>	Detailed Race	PHVS_Race_CDC	3.2 Subject-related
DEM126	Country of Birth	Country of Birth.	Coded	P		<see PHIN-VADS>	Birth Country (TB)	PHVS_BirthCountry_TB	3.2 Subject-related
DEM2003	US Born	Is the patient US born? Was the patient born in 1 of the 50 states, born abroad to a parent that is a US Citizen (e.g. born on a military	Coded	P		Yes No		PHVS_YesNo_HL7_2x	3.2 Subject-related

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
		installation), born in 1 of the US Territories, US Islands or US Outlying Areas or born in Guam, Puerto Rico or the US Virgin Islands.							
DEM2005	Date Arrived in US	Date when the patient first arrived in the US.	Date	P					3.2 Subject-related
TB215	Patient lived outside of US for more than 2 months?	Indicates whether a pediatric TB Patient (<15 years old) lived outside the US for an uninterrupted period of more than 2 months.	Coded	P		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 TB-Specific Observations
TB216	Countries lived in	Indicates the countries patient lived in.	Coded	P	Y	<see PHIN-VADS>	Birth Country (TB)	PHVS_BirthCountry_TB	3.4 TB-Specific Observations
TB217	Primary Guardian 1 Birth Country	Indicates the Birth Country of Primary Guardian 1.	Coded	P		<see PHIN-VADS>	Birth Country (TB)	PHVS_BirthCountry_TB	3.4 TB-Specific Observations
TB218	Primary Guardian 2 Birth Country	Indicates the Birth Country of Primary Guardian 2.	Coded	P		<see PHIN-VADS>	Birth Country (TB)	PHVS_BirthCountry_TB	3.4 TB-Specific Observations
TB101	Status at Diagnosis of TB	Vital status of the patient at the time tuberculosis was diagnosed.	Coded	P		Alive Dead Unknown	General Condition Status	PHVS_GeneralConditionStatus_CDC	3.4 TB-Specific Observations
INV146	Date of Death	Date of death based on a status of Dead at time of diagnosis.	Date	P					3.3 Generic Observations
TB220	TB Cause of Death	If the patient was dead at time of diagnosis was TB the cause?	Coded	P		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 TB-Specific Observations
TB205	Site of Disease	Disease sites affected.	Coded	P	Y	TB Disease Site Codes reworked for 2009 - see PHIN-VADS	Additional Site of Disease (TB) **value set changes for 2009**	PHVS_AdditionalDiseaseSite_TB	3.4 TB-Specific Observations
TB108	Sputum Smear	Results of a sputum smear.	Coded	P		Positive Negative Not Done Unknown	Positive Negative Unknown Not Done	PHVS_PosNegUnkNotDone_CDC	3.4 TB-Specific Observations
TB221	Date Sputum Smear Collected	Date the first sputum specimen was collected with a positive or negative result.	Date	P					3.4 TB-Specific Observations

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
TB109	Sputum Culture	Results of a sputum culture.	Coded	P		Positive Negative Not Done Unknown	Positive Negative Unknown Not Done	PHVS_PosNegUnkNot Done_CDC	3.4 TB-Specific Observations
TB223	Sputum Culture Date Collected	Date the first sputum specimen was collected with a positive or negative result.	Date	P					3.4 TB-Specific Observations
TB225	Sputum Culture Date Result Reported	Date the laboratory reported the result for the sputum culture	Date	P					3.4 TB-Specific Observations
TB227	Sputum Culture Reporting Laboratory Type	Describe the Reporting Laboratory Type for the sputum culture.	Coded	P		Public Health Laboratory Commercial Laboratory Other	Reporting Lab Type	PHVS_ReportingLabTy pe_NND	3.4 TB-Specific Observations
TB110	Smear/Pathology/Cy tology of Tissue and Other Body Fluids	Results of a Tissue and other body fluid (non-sputum) smear/pathology/cytology.	Coded	P		Positive Negative Not Done Unknown	Positive Negative Unknown Not Done	PHVS_PosNegUnkNot Done_CDC	3.4 TB-Specific Observations
TB228	Smear/pathology/Cy tology of Tissue and Other Body fluid Date Collected	Date Smear/pathology/Cytology Specimen was collected.	Date	P					3.4 TB-Specific Observations
TB111	Smear/pathology/Cy tology of Tissue and Other Body fluid Anatomic Code	The appropriate anatomic site for the Smear/pathology/Cytology of Tissue and Other Body fluid; the values that appear in this list may vary from one case to the next as they are determined by values entered earlier for the patient's birth sex.	Coded	P		TB Anatomic Sites	Microscopic Exam Culture Site (TB)	PHVS_MicroscopicExa mCultureSite_TB	3.4 TB-Specific Observations
TB230	Smear/pathology/Cy tology Type of Exam	Select each exam type that applies for smear/pathology/cytology of Tissue.	Coded	P	Y	Smear Pathology/Cytology	Microscopic Exam Type (TB)	PHVS_MicroscopicExa mType_TB	3.4 TB-Specific Observations
TB113	Culture of Tissue and Other Body Fluids	Results of a culture of tissue or bodily fluid (non-sputum).	Coded	P		Positive Negative Not Done Unknown	Positive Negative Unknown Not Done	PHVS_PosNegUnkNot Done_CDC	3.4 TB-Specific Observations
TB231	Culture of Tissue and Other Body	Date Specimen was collected for culture of tissue and other body	Date	P					3.4 TB-Specific

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
	Fluids, Date Collected	fluids.							Observations
TB114	Culture of Tissue and Other Body Fluids Anatomic Site	If a value of Positive is specified for Culture of Tissue and Other Body Fluids, choose the appropriate site; the values that appear in this list may vary from one case to the next as they are determined by values entered earlier for the patient's birth sex.	Coded	P		TB Anatomic Sites	Microscopic Exam Culture Site (TB)	PHVS_MicroscopicExamCultureSite_TB	3.4 TB-Specific Observations
TB233	Culture of Tissue and Other Body Fluids Date Result Reported	Date the laboratory reported the result for the culture of tissue and other body fluids.	Date	P					3.4 TB-Specific Observations
TB234	Culture of Tissue and Other Body Fluids Reporting Laboratory Type	Describe the Reporting Laboratory Type for the culture of tissue and other body fluids.	Coded	P		Public Health Laboratory Commercial Laboratory Other	Reporting Lab Type	PHVS_ReportingLabType_NND	3.4 TB-Specific Observations
TB235	Nucleic Acid Amplification Test Result	Indicates the result for any NAA test that has been approved by the FDA.	Coded	P		Positive Negative Unknown Not Done Indeterminate	Lab Test Interpretation	PHVS_LabTestInterpretation_CDC	3.4 TB-Specific Observations
TB236	NAA Date Collected	Date the NAA specimen was collected for the positive or negative result.	Date	P					3.4 TB-Specific Observations
TB238	NAA Specimen Type is Sputum	Indicate if specimen type for the NAA testing is sputum.	Coded	P		Yes No	Yes No Indicator (HL7)	PHVS_YesNo_HL7_2x	3.4 TB-Specific Observations
TB239	NAA Specimen Type Not Sputum	If NAA specimen type is not Sputum, select the appropriate site; the values that appear in this list may vary from one case to the next as they are determined by values entered earlier f for the patient's birth sex.	Coded	P		TB Anatomic Sites	Microscopic Exam Culture Site (TB)	PHVS_MicroscopicExamCultureSite_TB	3.4 TB-Specific Observations
TB240	NAA Date Result Reported	Date the laboratory reported the result.	Date	P					3.4 TB-Specific Observations

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
TB242	NAA Reporting Laboratory Type	Describe the NAA Reporting Laboratory Type.	Coded	P		Public Health Laboratory Commercial Laboratory Other	Reporting Lab Type	PHVS_ReportingLabTy pe_NND	3.4 TB-Specific Observations
TB116	Chest X-ray Results	Results of the initial chest x-ray performed during the diagnostic evaluation for TB.	Coded	P		Abnormal Normal Unknown Not done	Chest XRay Result	PHVS_ChestXRayRes ult_CDC	3.4 TB-Specific Observations
TB243	Abnormal Chest X-ray evidence of a cavity	Was there any evidence of one or more cavities on chest X-ray?	Coded	P		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknow n_CDC	3.4 TB-Specific Observations
TB244	Abnormal Chest X-ray evidence of Miliary TB	Was there any evidence of miliary disease on chest X-ray?	Coded	P		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknow n_CDC	3.4 TB-Specific Observations
TB245	Initial Chest CT Scan or other chest Imaging Study	Results of the initial CT Scan or other chest imaging study performed during the diagnostic evaluation for TB.	Coded	P		Abnormal Normal Unknown Not done	Chest XRay Result	PHVS_ChestXRayRes ult_CDC	3.4 TB-Specific Observations
TB246	Abnormal Initial Chest CT Scan or other chest Imaging Study - Evidence of a cavity	Was there any evidence of one or more cavities on initial chest CT or other chest imaging study?	Coded	P		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknow n_CDC	3.4 TB-Specific Observations
TB247	Abnormal Initial Chest CT Scan or other chest Imaging Study - Evidence of a miliary TB	Was there any evidence of miliary disease on initial chest CT or other chest imaging study?	Coded	P		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknow n_CDC	3.4 TB-Specific Observations
TB119	Skin Test at Diagnosis	Results of the TB (Mantoux) skin test at diagnosis.	Coded	P		Positive Negative Not Done Unknown	Positive Negative Unknown Not Done	PHVS_PosNegUnkNot Done_CDC	3.4 TB-Specific Observations
TB248	Date Tuberculin Skin Test (TST) Placed	Date the TB (Mantoux) skin test placed.	Date	P					3.4 TB-Specific Observations
TB120	Millimeters of Induration	Indicate the millimeters of induration.	Numeric	P					3.4 TB-Specific Observations
TB250	Interferon Gamma Release Assay for	Results of the IGRA performed during the diagnostic evaluation.	Coded	P		Positive Negative	Lab Test Interpretation	PHVS_LabTestInterpre tation_CDC	3.4 TB-Specific

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
	Mycobacterium tuberculosis at Diagnosis					Unknown Not Done Indeterminate			Observations
TB251	IGRA Date Collected	Date the blood sample was collected for the IGRA.	Date	P					3.4 TB-Specific Observations
TB253	IGRA Test Type	Specify the blood test performed (IGRA Test Type).	Text	P					3.4 TB-Specific Observations
TB254	Primary Reason Evaluated for TB disease	Select the single primary or initial reason the patient was evaluated for TB disease.	Coded	P		TB Symptoms Abnormal chest radiograph Contact investigation Targeted testing Health care worker Employment/administrative testing Immigration medical exam Incidental lab result Unknown	Primary Reason For Evaluation (TB)	PHVS_PrimaryReason ForEvaluation_TB	3.4 TB-Specific Observations
TB122	HIV Status	Indicate the patient's HIV status.	Coded	P		Unknown Test Done, Results Unknown Positive Procedure refused Negative Not offered Indeterminate	HIV Status	PHVS_HIVStatusQualit ativeResult_NND	3.4 TB-Specific Observations
TB125	State AIDS Patient Number	If a value of Positive is specified for HIV Status, enter the state HIV/AIDS patient number.	Text	P					3.4 TB-Specific Observations
TB126	City County AIDS Patient Number	If a value of Positive is specified for HIV Status, enter the city or county HIV/AIDS patient number.	Text	P					3.4 TB-Specific Observations
TB127	Homeless Within Past Year	Indicate whether the patient was homeless at any time during the 12 months preceding the tuberculosis diagnostic evaluation.	Coded	P		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknow n_CDC	3.4 TB-Specific Observations
TB128	Resident of Correctional Facility at Time of Diagnosis	Indicate whether the patient was a resident of a correctional facility at the time the tuberculosis	Coded	P		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknow n_CDC	3.4 TB-Specific Observations

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
		diagnostic evaluation was performed.							
TB129	Type of Correctional Facility	If a value of Yes is specified for Resident of Correctional Facility at Time of Diagnosis, indicate the type of correctional facility.	Coded	P		Unknown State Prison Juvenile Correctional Facility Federal Prison Local Jail Other Correctional Facility	Type of Correctional Facility	PHVS_CorrectionalFacilityType_NND	3.4 TB-Specific Observations
TB256	Under custody of Immigration and Customs Enforcement	If a value of Yes is specified for Resident of Correctional Facility at Time of Diagnosis, indicate whether this patient was under custody of Immigration and Customs Enforcement.	Coded	P		Yes No	Yes No Indicator (HL7)	PHVS_YesNo_HL7_2x	3.4 TB-Specific Observations
TB130	Resident of Long Term Care Facility at Time of Diagnosis	Indicate whether the patient was a resident of a long term care facility at the time the tuberculosis diagnostic evaluation was performed.	Coded	P		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 TB-Specific Observations
TB131	Type of Long Term Care Facility	If a value of Yes is specified for Resident of Long Term Care Facility at time of Diagnosis, indicate the type of long term care facility.	Coded	P		Alcohol or Drug Treatment Facility Hospital-Based Facility Residential Facility Long term care hospital Nursing home Psychiatric hospital (Mental Health Residential Facility) Unknown	Type of Long Term Care Facility	PHVS_LongTermCareFacilityType_NND	3.4 TB-Specific Observations
TB206	Primary Occupation Risk	Indicates the one option that best describes the patient's occupation within the 12 months before the diagnostic TB evaluation.	Coded	P		Health Care Worker Migratory Agricultural Worker Correctional Facility Employee Other Occupation Retired Unemployed Not Seeking Employment Unknown	Occupation Risk Category (TB) **More values added for 2009**	PHVS_OccupationRiskCategory_TB	3.4 TB-Specific Observations
TB148	Injecting Drug Use Within Past Year	Indicates whether the patient has injected drugs within the past year	Coded	P		Yes No	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 TB-Specific

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
		(use of a syringe for injecting drugs not prescribed by a physician).				Unknown			Observations
TB149	Non-Injecting Drug Use Within Past Year	Indicate whether the patient has used non-injecting drugs within the past year (drugs not prescribed by a physician).	Coded	P		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 TB-Specific Observations
TB150	Excess Alcohol Use Within Past Year	Indicates whether the patient engaged in excessive use of alcohol within the past year.	Coded	P		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 TB-Specific Observations
TB257	Additional TB Risk Factors	Select all additional TB risk factors that the TB patient may have.	Coded	P	Y	Contact of MDR-TB Patient Contact of Infectious TB Patient Missed Contact Incomplete LTBI Therapy TNF Antagonist Therapy Post-organ Transplantation Diabetes Mellitus End-stage Renal Disease Immunosuppression (not HIV/AIDS) Other (specify) None/No additional risk factors	Risk Factors (TB)	PHVS_RiskFactors_TB	3.4 TB-Specific Observations
TB258	Other TB Risk Factors - Specify	Specify comments regarding other TB risk factor.	Text	P					3.4 TB-Specific Observations
TB259	Immigration Status at First Entry to the US	Select one option to indicate the patient's immigration status at first entry into the US.	Coded	P		Not Applicable (US born) Immigrant Visa Student Visa Employment Visa Tourist Visa Family/fiance Visa Refugee Asylee or Parolee Other Immigration Status Unknown	Immigration Status	PHVS_ImmigrationStatus_NND	3.4 TB-Specific Observations
TB147	Date Therapy Started	Date on which the patient began therapy for tuberculosis (or suspected tuberculosis). This date may be derived from: the	Date	P					3.4 TB-Specific Observations

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
		date the patient first ingested medication (if documented in a medical record or directly observed therapy record); the date medication was first dispensed to the patient (as documented in a medical or pharmacy record); the date medication was first prescribed to patient by a health care provider (documented in a medical record or prescription given to the patient).							
TB132	Isoniazid therapy	Isoniazid therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks.	Coded	P		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 TB-Specific Observations
TB133	Rifampin therapy	Rifampin therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks.	Coded	P		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 TB-Specific Observations
TB134	Pyrazinamide therapy	Pyrazinamide therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks.	Coded	P		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 TB-Specific Observations
TB135	Ethambutol therapy	Ethambutol therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks.	Coded	P		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 TB-Specific Observations
TB136	Streptomycin therapy	Streptomycin therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks.	Coded	P		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 TB-Specific Observations
TB137	Ethionamide therapy	Ethionamide therapy: Indicate the drug regimen initially prescribed for the treatment of the current	Coded	P		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 TB-Specific Observations

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
		case of the disease and taken for two weeks.							
TB138	Kanamycin therapy	Kanamycin therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks.	Coded	P		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 TB-Specific Observations
TB139	Cycloserine therapy	Cycloserine therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks.	Coded	P		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 TB-Specific Observations
TB140	Capreomycin therapy	Capreomycin therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks.	Coded	P		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 TB-Specific Observations
TB141	Para-Amino Salicylic Acid therapy	Para-Amino Salicylic Acid therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks.	Coded	P		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 TB-Specific Observations
TB142	Amikacin therapy	Amikacin therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks.	Coded	P		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 TB-Specific Observations
TB143	Rifabutin therapy	Rifabutin therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks.	Coded	P		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 TB-Specific Observations
TB144	Ciprofloxacin therapy	Ciprofloxacin therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks.	Coded	P		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 TB-Specific Observations
TB145	Ofloxacin therapy	Ofloxacin therapy: Indicate the drug regimen initially prescribed for the treatment of the current	Coded	P		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 TB-Specific Observations

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
		case of the disease and taken for two weeks.							
TB260	Rifapentine therapy	Rifapentine therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks.	Coded	P		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 TB-Specific Observations
TB261	Levofloxacin therapy	Levofloxacin therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks.	Coded	P		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 TB-Specific Observations
TB262	Moxifloxacin therapy	Moxifloxacin therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks.	Coded	P		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 TB-Specific Observations
TB146	Other initial regimen	Other anti-TB drug initial regimen: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks.	Coded	P		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 TB-Specific Observations
TB263	Other initial regimen (SPECIFY)	Specify name of other anti-TB drug.	Text	P					3.4 TB-Specific Observations
TB264	Other initial regimen 2	Other anti-TB drug initial regimen: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks.	Coded	P		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 TB-Specific Observations
TB265	Other initial regimen 2 (SPECIFY)	Specify name of other anti-TB drug.	Text	P					3.4 TB-Specific Observations
TB266	Isolate Submitted for genotyping	Indicate whether the isolate was submitted for genotyping.	Coded	P		Yes No	Yes No Indicator (HL7)	PHVS_YesNo_HL7_2x	3.4 TB-Specific Observations
TB267	If yes, Genotyping Accession Number for Episode	Indicate the genotyping accession number assigned by the genotyping laboratory for the	Text	P					3.4 TB-Specific Observations

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
		current TB episode.							
TB156	Was Drug Susceptibility Testing Done	Indicate whether a drug susceptibility test was performed.	Coded	P		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 TB-Specific Observations
TB157	Date First Isolate Collected	If a value of Yes is specified for Was Drug Susceptibility Testing Done, collection date of the first isolate on which drug susceptibility was performed.	Date	P					3.4 TB-Specific Observations
TB268	Initial Susceptibility Specimen Type Sputum	Indicate that the specimen type was sputum for which susceptibility testing was done.	Coded	P		Yes No	Yes No Indicator (HL7)	PHVS_YesNo_HL7_2x	3.4 TB-Specific Observations
TB269	Initial susceptibilty not sputum anatomic code	The appropriate site; the values that appear in this list may vary from one case to the next as they are determined by values entered earlier for the patient's birth sex.	Coded	P		TB Anatomic Sites	Microscopic Exam Culture Site (TB)	PHVS_MicroscopicExamCultureSite_TB	3.4 TB-Specific Observations
TB158	Isoniazid initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Isoniazid.	Coded	P		Resistant Susceptible Not Done Unknown	Susceptibility Result	PHVS_SusceptibilityResult_CDC	3.4 TB-Specific Observations
TB159	Rifampin initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Rifampin.	Coded	P		Resistant Susceptible Not Done Unknown	Susceptibility Result	PHVS_SusceptibilityResult_CDC	3.4 TB-Specific Observations
TB160	Pyrazinamide initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Pyrazinamide.	Coded	P		Resistant Susceptible Not Done Unknown	Susceptibility Result	PHVS_SusceptibilityResult_CDC	3.4 TB-Specific Observations
TB161	Ethambutol initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Ethambutol.	Coded	P		Resistant Susceptible Not Done Unknown	Susceptibility Result	PHVS_SusceptibilityResult_CDC	3.4 TB-Specific Observations
TB162	Streptomycin initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug	Coded	P		Resistant Susceptible Not Done	Susceptibility Result	PHVS_SusceptibilityResult_CDC	3.4 TB-Specific

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
		susceptibility testing was performed for Streptomycin.				Unknown			Observations
TB163	Ethionamide initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Ethionamide.	Coded	P		Resistant Susceptible Not Done Unknown	Susceptibility Result	PHVS_SusceptibilityResult_CDC	3.4 TB-Specific Observations
TB164	Kanamycin initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Kanamycin.	Coded	P		Resistant Susceptible Not Done Unknown	Susceptibility Result	PHVS_SusceptibilityResult_CDC	3.4 TB-Specific Observations
TB165	Cycloserine initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Cycloserine.	Coded	P		Resistant Susceptible Not Done Unknown	Susceptibility Result	PHVS_SusceptibilityResult_CDC	3.4 TB-Specific Observations
TB166	Capreomycin initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Capreomycin.	Coded	P		Resistant Susceptible Not Done Unknown	Susceptibility Result	PHVS_SusceptibilityResult_CDC	3.4 TB-Specific Observations
TB167	Para-Amino Salicylic Acid initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Para-Amino Salicylic Acid.	Coded	P		Resistant Susceptible Not Done Unknown	Susceptibility Result	PHVS_SusceptibilityResult_CDC	3.4 TB-Specific Observations
TB168	Amikacin initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Amikacin.	Coded	P		Resistant Susceptible Not Done Unknown	Susceptibility Result	PHVS_SusceptibilityResult_CDC	3.4 TB-Specific Observations
TB169	Rifabutin initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Rifabutin.	Coded	P		Resistant Susceptible Not Done Unknown	Susceptibility Result	PHVS_SusceptibilityResult_CDC	3.4 TB-Specific Observations
TB170	Ciprofloxacin initial susceptibility	Indicate the results of susceptibility testing on the first	Coded	P		Resistant Susceptible	Susceptibility Result	PHVS_SusceptibilityResult_CDC	3.4 TB-Specific

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
		isolate for which drug susceptibility testing was performed for Ciprofloxacin.				Not Done Unknown			Observations
TB171	Ofloxacin initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Ofloxacin.	Coded	P		Resistant Susceptible Not Done Unknown	Susceptibility Result	PHVS_SusceptibilityResult_CDC	3.4 TB-Specific Observations
TB270	Rifapentine initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Rifapentine.	Coded	P		Resistant Susceptible Not Done Unknown	Susceptibility Result	PHVS_SusceptibilityResult_CDC	3.4 TB-Specific Observations
TB271	Levofloxacin initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Levofloxacin.	Coded	P		Resistant Susceptible Not Done Unknown	Susceptibility Result	PHVS_SusceptibilityResult_CDC	3.4 TB-Specific Observations
TB272	Moxifloxacin initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Moxifloxacin.	Coded	P		Resistant Susceptible Not Done Unknown	Susceptibility Result	PHVS_SusceptibilityResult_CDC	3.4 TB-Specific Observations
TB273	Other Quinolones initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Other Quinolones.	Coded	P		Resistant Susceptible Not Done Unknown	Susceptibility Result	PHVS_SusceptibilityResult_CDC	3.4 TB-Specific Observations
TB172	Other initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which initial drug susceptibility testing was performed for first Other drug.	Coded	P		Resistant Susceptible Not Done Unknown	Susceptibility Result	PHVS_SusceptibilityResult_CDC	3.4 TB-Specific Observations
TB274	Other initial susceptibiility SPECIFY	Specify the name of the other drug on which initial drug susceptibility results received.	Text	P					3.4 TB-Specific Observations
TB275	Other initial susceptibility 2	Indicate the results of susceptibility testing on the first isolate for which initial drug susceptibility testing was	Coded	P		Resistant Susceptible Not Done Unknown	Susceptibility Result	PHVS_SusceptibilityResult_CDC	3.4 TB-Specific Observations

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
		performed for second Other drug.							
TB276	Other initial susceptibility 2 SPECIFY	Specify the name of the other drug on which initial drug susceptibility results received.	Text	P					3.4 TB-Specific Observations
TB173	Culture Conversion Documented	Indicate whether the sputum culture conversion was documented.	Coded	P		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 TB-Specific Observations
TB175	Date of First Consistently Negative Culture	Date the first consistently negative sputum culture was collected.	Date	P					3.4 TB-Specific Observations
TB277	Reason for not documenting sputum culture conversion	Indicate the one reason for not documenting the sputum culture conversion.	Coded	P		Clinically Improved Patient Refused Patient Lost to Follow-up No Follow-up Sputum Collected Died Unknown Other (Specify)	Sputum Culture Conversion Not Documented Reason	PHVS_SputumCultureConversionNotDocumentedReason_TB	3.4 TB-Specific Observations
TB278	Reason not Documenting Sputum Conversion Other Specify	Specify the other reason for not documenting sputum culture conversion.	Text	P					3.4 TB-Specific Observations
TB279	Patient move during TB Therapy	Indicate whether the patient moved outside the local reporting jurisdiction.	Coded	P		Yes No	Yes No Indicator (HL7)	PHVS_YesNo_HL7_2x	3.4 TB-Specific Observations
TB280	Moved to where	If yes select all that apply to where the patient moved.	Coded	P	Y	In state, Out of jurisdiction Out of state Out of the US	Disease Acquired Jurisdiction	PHVS_DiseaseAcquiredJurisdiction_NND	3.4 TB-Specific Observations
TB281	Transnational Referral	If moved out of the US, indicate whether a transnational referral was made.	Coded	P		Yes No	Yes No Indicator (HL7)	PHVS_YesNo_HL7_2x	3.4 TB-Specific Observations
TB282	In State Move City	If moved in-state, out-of-jurisdiction, then specify the new city jurisdiction.	Coded	P	Y	GNIS City List	City	PHVS_City_USGS_GNIS	3.4 TB-Specific Observations
TB284	In State Move County	If moved in-state, out-of-jurisdiction, then specify the new county jurisdiction.	Coded	P	Y	FIPS County codes	County	PHVS_County_FIPS_6-4	3.4 TB-Specific Observations
TB286	Out of State Move	If moved out of state, then specify the new state jurisdiction.	Coded	P	Y	2-digit FIPS State Codes	State	PHVS_State_FIPS_5-2	3.4 TB-Specific

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
									Observations
TB288	Out of Country Move	If moved out of country, then specify the new country jurisdiction.	Coded	P	Y	<see PHIN-VADS>	Birth Country (TB)	PHVS_BirthCountry_TB	3.4 TB-Specific Observations
TB176	Date Therapy Stopped	Date the patient stopped taking therapy for verified or suspected tuberculosis.	Date	P					3.4 TB-Specific Observations
TB177	Reason Therapy Stopped	Primary reason that therapy was ended or never started; specify this data when the case is closed.	Coded	P		Lost Uncooperative or refused Completed Therapy Adverse Treatment Event Not TB Died Other Unknown	Reason Therapy Stopped (TB)	PHVS_ReasonTherapyStopped_TB	3.4 TB-Specific Observations
TB290	Therapy cause of death	If therapy stopped because patient died, indicate whether cause of death was related to TB.	Coded	P		Related to TB disease Related to TB therapy Unrelated to TB disease Unknown	Cause of Death Related to TB	PHVS_CauseOfDeathRelatedTo_TB	3.4 TB-Specific Observations
TB291	Reason Therapy Extended	Select the reason the therapy extended beyond 12 months.	Coded	P	Y	Revamping resistance Adverse Drug Reaction Non-adherence Failure Clinically Indicated - other reasons Other (specify)	Therapy Extended Reason (TB)	PHVS_TherapyExtendedReason_TB	3.4 TB-Specific Observations
TB292	Extended Other Specify	Specify the other reason for extending therapy for greater than 12 months.	Text	P					3.4 TB-Specific Observations
TB178	Type of Health Care Provider	Select all that apply for the outpatient provider who has responsibility for clinical outpatient decision making.	Coded	P	Y	-Private Practice -Health Department -IHS, Tribal HD, or Tribal Corporation -Institutional/Correctional -Inpatient Care Only -Other -Unknown	Health Care Practice Type (TB) **value set changes for 2009**	PHVS_HealthCarePracticeType_TB	3.4 TB-Specific Observations
TB179	Directly Observed Therapy	Indicate whether the therapy was directly observed therapy.	Coded	P		No, Totally Self-Administered Yes, Totally Directly	Directly Observed Therapy (TB)	PHVS_DirectlyObservedTherapy_TB	3.4 TB-Specific Observations

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
						Observed Yes, Both DOT and Self-Administered Unknown			
TB181	Number Weeks Directly Observed Therapy	Number of weeks of directly observed therapy (DOT); enter the total number of calendar weeks (Sunday through Saturday) that the patient received the minimum amounts of medication under DOT conditions.	Numeric	P					3.4 TB-Specific Observations
TB182	Final Drug Susceptibility Testing	Indicate whether final drug susceptibility was performed.	Coded	P		Yes No Unknown	Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	3.4 TB-Specific Observations
TB183	Final Drug Susceptibility Testing Date	If final drug susceptibility testing done, indicate collection date of the final isolate on which final drug susceptibility was performed.	Date	P					3.4 TB-Specific Observations
TB293	Final Drug Susceptibility Sputum Specimen Type	Indicates that the specimen type was sputum for which final susceptibility testing was done.	Coded	P		Yes No	Yes No Indicator (HL7)	PHVS_YesNo_HL7_2x	3.4 TB-Specific Observations
TB294	Final susceptibility not sputum anatomic code	The appropriate site; the values that appear in this list may vary from one case to the next as they are determined by values entered earlier for the patient's birth sex.	Coded	P		TB Anatomic Sites	Microscopic Exam Culture Site (TB)	PHVS_MicroscopicExamCultureSite_TB	3.4 TB-Specific Observations
TB184	Isoniazid final susceptibility	If follow-up susceptibility testing was done, results of the testing for Isoniazid.	Coded	P		Resistant Susceptible Not Done Unknown	Susceptibility Result	PHVS_SusceptibilityResult_CDC	3.4 TB-Specific Observations
TB185	Rifampin final susceptibility	If follow-up susceptibility testing was done, results of the testing for Rifampin.	Coded	P		Resistant Susceptible Not Done Unknown	Susceptibility Result	PHVS_SusceptibilityResult_CDC	3.4 TB-Specific Observations
TB186	Pyrazinamide final susceptibility	If follow-up susceptibility testing was done, results of the testing for Pyrazinamide.	Coded	P		Resistant Susceptible Not Done Unknown	Susceptibility Result	PHVS_SusceptibilityResult_CDC	3.4 TB-Specific Observations

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
TB187	Ethambutol final susceptibility	If follow-up susceptibility testing was done, results of the testing for Ethambutol.	Coded	P		Resistant Susceptible Not Done Unknown	Susceptibility Result	PHVS_SusceptibilityResult_CDC	3.4 TB-Specific Observations
TB188	Streptomycin final susceptibility	If follow-up susceptibility testing was done, results of the testing for Streptomycin.	Coded	P		Resistant Susceptible Not Done Unknown	Susceptibility Result	PHVS_SusceptibilityResult_CDC	3.4 TB-Specific Observations
TB189	Ethionamide final susceptibility	If follow-up susceptibility testing was done, results of the testing for Ethionamide.	Coded	P		Resistant Susceptible Not Done Unknown	Susceptibility Result	PHVS_SusceptibilityResult_CDC	3.4 TB-Specific Observations
TB190	Kanamycin final susceptibility	If follow-up susceptibility testing was done, results of the testing for Kanamycin.	Coded	P		Resistant Susceptible Not Done Unknown	Susceptibility Result	PHVS_SusceptibilityResult_CDC	3.4 TB-Specific Observations
TB191	Cycloserine final susceptibility	If follow-up susceptibility testing was done, results of the testing for Cycloserine.	Coded	P		Resistant Susceptible Not Done Unknown	Susceptibility Result	PHVS_SusceptibilityResult_CDC	3.4 TB-Specific Observations
TB192	Capreomycin final susceptibility	If follow-up susceptibility testing was done, results of the testing for Capreomycin.	Coded	P		Resistant Susceptible Not Done Unknown	Susceptibility Result	PHVS_SusceptibilityResult_CDC	3.4 TB-Specific Observations
TB193	Para-Amino Salicylic Acid final susceptibility	If follow-up susceptibility testing was done, results of the testing for Para-Amino Salicylic Acid.	Coded	P		Resistant Susceptible Not Done Unknown	Susceptibility Result	PHVS_SusceptibilityResult_CDC	3.4 TB-Specific Observations
TB194	Amikacin final susceptibility	If follow-up susceptibility testing was done, results of the testing for Amikacin.	Coded	P		Resistant Susceptible Not Done Unknown	Susceptibility Result	PHVS_SusceptibilityResult_CDC	3.4 TB-Specific Observations
TB195	Rifabutin final susceptibility	If follow-up susceptibility testing was done, results of the testing for Rifabutin.	Coded	P		Resistant Susceptible Not Done Unknown	Susceptibility Result	PHVS_SusceptibilityResult_CDC	3.4 TB-Specific Observations
TB196	Ciprofloxacin final susceptibility	If follow-up susceptibility testing was done, results of the testing for Ciprofloxacin.	Coded	P		Resistant Susceptible Not Done	Susceptibility Result	PHVS_SusceptibilityResult_CDC	3.4 TB-Specific Observations

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
						Unknown			
TB197	Ofloxacin final susceptibility	If follow-up susceptibility testing was done, results of the testing for Ofloxacin.	Coded	P		Resistant Susceptible Not Done Unknown	Susceptibility Result	PHVS_SusceptibilityResult_CDC	3.4 TB-Specific Observations
TB295	Rifapentine final susceptibility	If follow-up susceptibility testing was done, results of the testing for Rifapentine.	Coded	P		Resistant Susceptible Not Done Unknown	Susceptibility Result	PHVS_SusceptibilityResult_CDC	3.4 TB-Specific Observations
TB296	Levofloxacin final susceptibility	If follow-up susceptibility testing was done, results of the testing for Levofloxacin.	Coded	P		Resistant Susceptible Not Done Unknown	Susceptibility Result	PHVS_SusceptibilityResult_CDC	3.4 TB-Specific Observations
TB297	Moxifloxacin final susceptibility	If follow-up susceptibility testing was done, results of the testing for Moxifloxacin.	Coded	P		Resistant Susceptible Not Done Unknown	Susceptibility Result	PHVS_SusceptibilityResult_CDC	3.4 TB-Specific Observations
TB298	Other Quinolones final susceptibility	If follow-up susceptibility testing was done, results of the testing for Other Quinolones.	Coded	P		Resistant Susceptible Not Done Unknown	Susceptibility Result	PHVS_SusceptibilityResult_CDC	3.4 TB-Specific Observations
TB198	Other final susceptibility 1	If follow-up susceptibility testing was done, results of the testing for Other Drug.	Coded	P		Resistant Susceptible Not Done Unknown	Susceptibility Result	PHVS_SusceptibilityResult_CDC	3.4 TB-Specific Observations
TB299	Other final susceptibility (SPECIFY)	Specify the name of the other drug on which final susceptibility results received.	Text	P					3.4 TB-Specific Observations
TB300	Other final susceptibility 2	If follow-up susceptibility testing was done, results of the testing for Other Drug.	Coded	P		Resistant Susceptible Not Done Unknown	Susceptibility Result	PHVS_SusceptibilityResult_CDC	3.4 TB-Specific Observations
TB301	Other final susceptibility 2 (SPECIFY)	Specify the name of the other drug on which final susceptibility results received.	Text	P					3.4 TB-Specific Observations

2.3 ADDITIONAL INVESTIGATION DATA ELEMENTS FOR TB

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
DEM113	Current sex	Patient's current sex.	Coded	O		Male Female Unknown	Sex (MFU)	PHVS_Sex_MFU	3.2 Subject-related
DEM162	Patient Address State	State of residence of the subject.	Coded	O		2-digit FIPS State codes	State	PHVS_State_FIPS_5-2	3.2 Subject-related
DEM163	Patient Address Zip Code	ZIP Code of residence of the subject.	Text	O					3.2 Subject-related
DEM165	Patient Address County	County of residence of the subject.	Coded	O		FIPS County codes	County	PHVS_County_FIPS_6-4	3.2 Subject-related
NOT109	Reporting State	2-digit code representing state or territory reporting the notification	Coded	R		2-digit FIPS State codes	State	PHVS_State_FIPS_5-2	Generic Obs.
INV107	Jurisdiction Code	Identifier for the physical site from which the notification is being submitted.	Coded	R		state-assigned code	<not in PHIN VADS>	<not in PHIN VADS>	
NOT116	National Reporting Jurisdiction	National jurisdiction reporting the notification to CDC. This will be the same value as NOT109 Reporting State for all reporting jurisdictions except New York City.	Coded	R		2-Digit FIPS Codes for 50 States plus 11 District of Columbia 60 American Samoa 64 Federated States of Micronesia 66 Guam 68 Marshall Islands 69 N.Mariana Islands 70 Republic of Palau 72 Puerto Rico 78 US Virgin Islands 975772 New York City	Reporting Area (TB)	PHVS_ReportingArea_TB	Generic Obs.
INV109	Case Investigation Status Code	The status of the investigation. For example, open or closed.	Coded	P		Open Closed	Case Investigation Status	PHVS_CaseInvestigationStatus_NND	Generic Obs.
TB199	Legacy CLIENTID	TIMS legacy system unique Client ID.	Text	O					TB Obs.
TB200	Legacy RVCTID	TIMS legacy system unique RVCT ID.	Text	O					TB Obs.

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Valid Values	Value Set Name	Value Set Code	Section Reference
INV165	MMWR Week	MMWR Week for which case information is to be counted for MMWR publication.	Numeric	P					Generic Obs.
INV166	MMWR Year	MMWR Year (YYYY) for which case information is to be counted for MMWR publication.	Date	P		4-digit year (####)			Generic Obs.
INV177	Date First Reported PHD	Earliest date the case was reported to the public health department whether at the local, county, or state public health level.	Date	O					Generic Obs.

3   DATA ELEMENT TO MESSAGE MAPPINGS

This section provides the data elements of interest cross-referenced to the HL7 messaging context. The Program Variables Section has the same information as the Data Element index.   The Message Mapping Methodology Section specifies how the data element is conveyed in an HL7-compliant manner.

3.1   KEY

The column headers and their definitions are as follows:

Column	Description
Program Variables Section	
PHIN Variable ID	PHIN data element identifier drawn from the coding system PH_PHINQuestions_CDC.
Label	Short name for the data element, which is passed in the message.
Description	Description of the data element. It may not match exactly with the description in PHIN Questions, because there may be local variations on the description that do not change the basic concept being mapped to the PHIN Question identifier.
Data Type	Data type for the variable response expected by the program area. Data Types are Coded, Numeric, Date or Date/time, and Text.
CDC Priority	Indicator whether the program specifies the field as: **R - Required** - Mandatory for sending the message/will error message out **P - Preferred** - This is an optional variable and there is no requirement to send this information to CDC. However, if this variable is already being collected by the state/territory or if the state/territory is planning to collect this information because it is deemed important for your own programmatic needs, CDC would like this information sent. CDC preferred variables are the most important of the optional variables to be earmarked for CDC analysis/assessment, even if sent from a small group of states. **O - Optional** - This is an optional variable and there is no requirement to send this information to CDC. This variable is considered nice-to-know if the state/territory already collects this information or is planning to collect this information, but has a lower level of importance to CDC than the preferred classification of optional data elements.
May Repeat	Indicator whether the response to the data element may repeat. "Y" in the field indicates that it may repeat. If the program does not indicate the response can repeat, the field is not populated or contains "N". Repeats require special processing.
Value Set Name	Name of the pre-coordinated value set in PHIN-VADS 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 (PHIN VADS).
Value Set Code	Code for the pre-coordinated value set in PHIN-VADS from which the response is drawn.

Column	Description
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. Datatypes expected are CWE, SN, DT, ST, TX, XPN, XTN, or XAD, depending on the type of data being passed.
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. Must always be populated • **O** – Optional. May optionally be populated.
Implementation Notes	Related implementation comments.

3.2 SUBJECT-RELATED DATA ELEMENTS

This section provides the mapping methodology for the demographic variables requested by the program. These subject-related surveillance elements are generally reported under the PID segment as attributes or they map as observations under the first OBR that identifies Subject Type in OBR-4.

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
Subject/Demographic Variables								**Mapping Methodology**			
DEM115	Birth Date	Reported date of birth of patient.	Date	P				PID-7 Date/Time of Birth (does not pass Variable ID or label)	TS	O	
DEM113	Patient's sex	Patient's current sex.	Coded	P		Sex (MFU)	PHVS_Sex_MFU	PID-8 Administrative Sex (does not pass Variable ID or label)	IS	O	
DEM152	Race Category	Field containing one or more codes that broadly refer to the patient's race(s). Note that if "Unknown" is sent, the HL7 Flavor of Null UNK is sent.	Coded	P	Y	Race Category	PHVS_RaceCategory _CDC	PID-10 Race (does not pass Variable ID or label)	CE	O	To send an "Unknown" because the application allows Unknown to be selected (that is, not as a default value): PID-10 would appear as

Subject/Demographic Variables								Mapping Methodology			
PHIN Variable ID	**Label/Short Name**	**Description**	**Data Type**	**CDC Priority**	**May Repeat**	**Value Set Name**	**Value Set Code**	**Message Context**	**HL7 Data Type**	**HL7 Optionality**	**Implementation Notes**
											|UNK^Unknown^NULLFL|
DEM165	Patient Address County	County of residence of the subject.	Coded	P		County	PHVS_County_FIPS_6-4	PID-11.9 Patient Address - County	IS	O	entire address construct may repeat per HL7 but only expecting the first instance to be populated and parsed
DEM162	Patient Address State	State of residence of the subject.	Coded	O		State	PHVS_State_FIPS_5-2	PID-11.4 Patient Address - State	ST	O	entire address construct may repeat per HL7 but only expecting the first instance to be populated and parsed
DEM163	Patient Address Zip Code	ZIP Code of residence of the subject.	Text	O				PID-11.5 Patient Address - Postal Code	ST	O	entire address construct may repeat per HL7 but only expecting the first instance to be populated and parsed
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.	Coded	P		Ethnicity Group	PHVS_EthnicityGroup_CDC	PID-22 Ethnic Group (does not pass Variable ID or label)	CE	O	

Subject/Demographic Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
DEM126	Birth Country	Patient's country of birth.	Coded	O		Country	PHVS_Country_ISO_3166-1	Observation/OBX Segment with this UID and label under the Patient Subject section header in OBR-4.	CWE	O	

3.3 GENERIC DATA ELEMENTS

The generic surveillance elements that are not used for this particular notification are shaded. Some of the generic elements are also notification structural elements, and they appear again in the Notification Structure mapping section.

Generic Surveillance Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
NOT109	Reporting State	2-digit code representing state or territory reporting the notification	Coded	R		State	PHVS_State_FIPS_5-2	Observation/OBX Segment with this UID and label	CWE	R	
NOT116	National Reporting Jurisdiction	National jurisdiction reporting the notification to CDC. This will be the same value as NOT109 Reporting State for all reporting jurisdictions except New York City.	Coded	R		Reporting Area (TB)	PHVS_ReportingArea_TB	Observation/OBX Segment with this UID and label	CWE	R	

Generic Surveillance Variables								Mapping Methodology			
PHIN Variable ID	**Label/Short Name**	**Description**	**Data Type**	**CDC Priority**	**May Repeat**	**Value Set Name**	**Value Set Code**	**Message Context**	**HL7 Data Type**	**HL7 Optionality**	**Implementation Notes**
INV169	Condition Code	Condition or event that constitutes the reason the notification is being sent.	Coded	R		Nationally Notifiable Disease Surveillance System (NNDSS) & Other Conditions of Public Health Importance	PHVS_NotifiableEvent _Disease_Condition_C DC_NNDSS	OBR-31(note that this is a Notification structural element)	CE	O	Default value in each OBR instance: '10220^Tuberculosis ^2.16.840.1.114222. 4.5.277'
INV168	Local record ID	Sending system-assigned unique local ID of the case investigation with which the subject is associated.	Text	R				OBR-3 (note that this is a Notification structural element)	EI	R	
INV173	State Case Number	The official identification number for the case commonly known as the RVCT number. Comprised of Year Reported (YYYY) Alpha State Code (XX) Locally Assigned ID Number (999999999).	Text	R				Observation/OBX Segment with this UID and label	ST	O	
INV172	City/County Case Number	The local official identification number for the case. Comprised of Year Reported (YYYY) Alpha State Code (XX) Locally Assigned ID Number (999999999).	Text	P				Observation/OBX Segment with this UID and label	ST	O	
INV107	Jurisdiction Code	Identifier for the physical site from which the notification is being submitted.	Coded	R		state-assigned jurisdiction codes	state-assigned jurisdiction codes	Observation/OBX Segment with this variable ID and label	CWE	O	
INV109	Case Investigation Status Code	The status of the investigation. For example, open or closed.	Coded	P		Case Investigation Status	PHVS_CaseInvestigati onStatus_NND	Observation/OBX Segment with this variable ID and label	CWE	O	

Generic Surveillance Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
INV110	Investigation Date Assigned	Date the investigator was assigned to this investigation.	Date					Observation/OBX Segment with this variable ID and label	TS	O	
INV111	Date Reported	Date that a health department first suspected that the patient might have TB	Date	R				Observation/OBX Segment with this UID and label	TS	O	
INV112	Reporting Source Type Code	Type of facility or provider associated with the source of information sent to Public Health.	Coded			Reporting Source Type	PHVS_ReportingSourceType_NND	Observation/OBX Segment with this variable ID and label	CWE	O	
INV118	Reporting Source Zip Code	Zip Code of the reporting source for this case.	Text					Observation/OBX Segment with this variable ID and label	ST	O	
INV120	Earliest Date Reported to County	Earliest date reported to county public health system	Date					Observation/OBX Segment with this variable ID and label	TS	O	
INV121	Earliest Date Reported to State	Earliest date reported to state public health system	Date					Observation/OBX Segment with this variable ID and label	TS	O	
INV128	Hospitalized	Was patient hospitalized because of this event?	Coded			Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
INV132	Admission Date	Subject's admission date to the hospital for the condition covered by the investigation.	Date					Observation/OBX Segment with this variable ID and label	TS	O	
INV133	Discharge Date	Subject's discharge date from the hospital for the condition covered by the investigation.	Date					Observation/OBX Segment with this variable ID and label	TS	O	
INV134	Duration of hospital stay in days	Subject's duration of stay at the hospital for the condition covered by the investigation.	Numeric					Observation/OBX Segment with this variable ID and label	SN	O	

Generic Surveillance Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
INV136	Diagnosis Date	Date of diagnosis of condition being reported to public health system	Date					Observation/OBX Segment with this variable ID and label	TS	O	
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					Observation/OBX Segment with this variable ID and label	TS	O	
INV138	Illness End Date	Time at which the disease or condition ends.	Date					Observation/OBX Segment with this variable ID and label	TS	O	
INV139	Illness Duration	Length of time this person had this disease or condition.	Numeric					Observation/OBX Segment with this variable ID and label	SN	O	
INV140	Illness Duration Units	Unit of time used to describe the length of the illness or condition.	Coded			Age unit	PHVS_AgeUnit_UCUM	Observation/OBX Segment with this variable ID and label	CE	O	
INV145	Did the patient die from this illness	Did the patient die from this illness or complications of this illness?	Coded			Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
INV146	Date of death	The date and time the subject's death occurred.	Date	P				Observation/OBX Segment with this variable ID and label	TS	O	
INV147	Investigation Start Date	Date the investigator was assigned to this investigation.	Date					Observation/OBX Segment with this UID and label	TS	O	
INV150	Case outbreak indicator	Denotes whether the reported case was associated with an identified outbreak.	Coded			Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
INV151	Case Outbreak Name	A state-assigned name for an identified outbreak.	Coded					Observation/OBX Segment with this variable ID and label	CWE	O	

Generic Surveillance Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
INV152	Case Disease Imported Code	Indication of where the disease/condition was likely acquired.	Coded			Disease Acquired Jurisdiction	PHVS_DiseaseAcquire dJurisdiction_NND	Observation/OBX Segment with this variable ID and label	CWE	O	
INV153	Imported Country	If the disease or condition was imported, indicates the country in which the disease was likely acquired.	Coded			Country	PHVS_Country_ISO_3 166-1	Observation/OBX Segment with this variable ID and label	CWE	O	
INV154	Imported State	If the disease or condition was imported, indicates the state in which the disease was likely acquired.	Coded			State	PHVS_State_FIPS_5-2	Observation/OBX Segment with this variable ID and label	CWE	O	
INV155	Imported City	If the disease or condition was imported, indicates the city in which the disease was likely acquired.	Coded			City	PHVS_City_USGS_G NIS	Observation/OBX Segment with this variable ID and label	CWE	O	
INV156	Imported County	If the disease or condition was imported, contains the county of origin of the disease or condition.	Coded			County	PHVS_County_FIPS_6 -4	Observation/OBX Segment with this variable ID and label	CWE	O	
INV157	Transmission Mode	Code for the mechanism by which disease or condition was acquired by the subject of the investigation.	Coded			Case Transmission Mode	PHVS_CaseTransmiss ionMode_NND	Observation/OBX Segment with this variable ID and label	CWE	O	
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.	Coded		Y	Case Confirmation Method	PHVS_CaseConfirmati onMethod_NND	Observation/OBX Segment with this variable ID and label	CWE	O	
INV162	Confirmation Date	If an investigation is confirmed as a case, the confirmation date is entered.	Date					Observation/OBX Segment with this variable ID and label	TS	O	

Generic Surveillance Variables								Mapping Methodology			
PHIN Variable ID	**Label/Short Name**	**Description**	**Data Type**	**CDC Priority**	**May Repeat**	**Value Set Name**	**Value Set Code**	**Message Context**	**HL7 Data Type**	**HL7 Optionality**	**Implementation Notes**
INV163	Case Class Status Code	Status of the case/event as suspect, probable, confirmed, or "not a case" per CSTE/CDC/ surveillance case definitions.	Coded			Case Class Status	PHVS_CaseClassStatus_NND	Observation/OBX Segment with this variable ID and label	CWE	O	
INV165	MMWR Week	MMWR Week for which case information is to be counted for MMWR publication.	Numeric	P				Observation/OBX Segment with this UID and label	SN	O	
INV166	MMWR Year	MMWR Year (YYYY) for which case information is to be counted for MMWR publication.	Date	P				Observation/OBX Segment with this UID and label	TS	O	
INV176	Date of First Report to CDC	Date the case was first reported to the CDC.	Date					Observation/OBX Segment with this variable ID and label	TS	O	
INV177	Date First Reported PHD	Earliest date the case was reported to the public health department whether at the local, county, or state public health level.	Date	O				Observation/OBX Segment with this variable ID and label	TS	O	
INV178	Pregnancy status	Indicates whether the patient was pregnant at the time of the event.	Coded			Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
INV2001	Age at case investigation	Patient age at time of case investigation	Numeric					Observation/OBX Segment with this variable ID and label	SN	O	
INV2002	Age units at case investigation	Patient age units at time of case investigation	Coded			Age unit	PHVS_AgeUnit_UCUM	uses the INV2001 observation - maps to OBX-6-Units (does not use INV2002 ID or label)	CE	O	

3.4 TUBERCULOSIS-SPECIFIC DATA ELEMENTS

This section provides the mapping methodology for the case/investigation content requested by the program for this specific notification.

	Program-Specific Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes	
TB154	Case Verification	Indicates case verification criteria result based on factors such as culture results, smear results, major and additional sites of the disease, x-ray results, TST, IDR, reason therapy was stopped.	Coded	R		Case Verification (TB)	PHVS_CaseVerification_TB	Observation/OBX Segment with this UID and label	CWE	O		
TB199	Legacy CLIENTID	TIMS legacy system unique Client ID.	Text	O				Observation/OBX Segment with this UID and label	ST	O		
TB200	Legacy RVCTID	TIMS legacy system unique RVCT ID.	Text	O				Observation/OBX Segment with this UID and label	ST	O		
TB207	Linking State Case Number 1	RVCT State Case Number linked to this case. Comprised of Year Reported (YYYY) Alpha State Code (XX) Locally Assigned ID Number (999999999).	Text	P				Observation/OBX Segment with this UID and label	ST	O		
TB208	Link Reason 1	Reason to explain why linking is desired.	Coded	P		RVCT Link Reason (TB)	PHVS_RVCTLinkReason_TB	Observation/OBX Segment	CWE	O		
TB209	Linking State Case Number 2	RVCT State Case Number linked to this case. Comprised of Year Reported (YYYY) Alpha State Code (XX) Locally Assigned ID Number (999999999).	Text	P				Observation/OBX Segment with this UID and label	ST	O		

	Program-Specific Variables							Mapping Methodology			
PHIN Variable ID	**Label/Short Name**	**Description**	**Data Type**	**CDC Priority**	**May Repeat**	**Value Set Name**	**Value Set Code**	**Message Context**	**HL7 Data Type**	**HL7 Optionality**	**Implementation Notes**
TB210	Link Reason 2	Reason to explain why linking is desired.	Coded	P		RVCT Link Reason (TB)	PHVS_RVCTLinkReason_TB	Observation/OBX Segment with this UID and label	CWE	O	
TB080	Reporting Address City	City of patient's residence at the time of TB diagnosis.	Coded	P		City	PHVS_City_USGS_GNIS	Observation/OBX Segment with this UID and label	CWE	O	
TB099	Inside City Limits	Indicate whether or not the reporting City is within city limits; choose Unknown if it is not known for sure whether it is.	Coded	P		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB081	Reporting Address County	County of patient's residence at the time of TB diagnosis.	Coded	P		County	PHVS_County_FIPS_6-4	Observation/OBX Segment with this UID and label	CWE	O	
TB082	Reporting Address Zip Code	Zip code of patient's residence at the time of TB diagnosis.	Text	P				Observation/OBX Segment with this UID and label	ST	O	
TB153	Count Status	Count status of verified case.	Coded	P		Case Count Status (TB)	PHVS_CaseCountStatus_TB	Observation/OBX Segment with this UID and label	CWE	O	
TB211	Country of Verified Case: TB treatment initiated in another country	Specify the country of the Verified Case: TB treatment initiated in another country option of Case Status.	Coded	P		Birth Country (TB)	PHVS_BirthCountry_TB	Observation/OBX Segment with this UID and label	CWE	O	
TB100	Date Counted	Date the health department responsible for counting the case verified the case as TB and included it in the official TB case count.	Date	P				Observation/OBX Segment with this UID and label	TS	O	

Program-Specific Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
TB102	Previous Diagnosis of TB	Indicates whether the patient had a previous diagnosis of tuberculosis; choose **Yes** if the patient had a verified case of the disease in the past, had been discharged (completed therapy), or was lost to supervision for more than 12 consecutive months, and has the disease again.	Coded	P		Yes No Unknown	Yes No Unknown (YNU)	Observation/OBX Segment with this UID and label	CWE	O	
TB103	Year of Previous Diagnosis	If a value of Yes was specified for Previous Diagnosis of TB, indicate the year in which the previous episode was diagnosed (use the format YYYY); if there were multiple previous episodes, then this is the year for the most recent previous episode.	Date	P				Observation/OBX Segment with this UID and label	TS	O	
TB215	Patient lived outside of US for more than 2 months?	Indicates whether a pediatric TB Patient (<15 years old) lived outside the US for an uninterrupted period of more than 2 months.	Coded	P		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB216	Countries lived in	Indicates the countries patient lived in.	Coded	P	Y	Birth Country (TB)	PHVS_BirthCountry_TB	Observation/OBX Segment with this UID and label	CWE	O	
TB217	Primary Guardian 1 Birth Country	Indicates the Birth Country of Primary Guardian 1.	Coded	P		Birth Country (TB)	PHVS_BirthCountry_TB	Observation/OBX Segment with this UID and label	CWE	O	
TB218	Primary Guardian 2 Birth Country	Indicates the Birth Country of Primary Guardian 2.	Coded	P		Birth Country (TB)	PHVS_BirthCountry_TB	Observation/OBX Segment with this UID and label	CWE	O	

Program-Specific Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
TB101	Status at Diagnosis of TB	Status of the patient at the time tuberculosis was diagnosed (alive, dead, or unknown).	Coded	P		General Condition Status	PHVS_GeneralConditionStatus_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB220	TB Cause of Death	If the patient was dead at time of diagnosis was TB the cause?	Coded	P		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB205	Site of Disease	Disease sites affected.	Coded	P	Y	Additional Site of Disease (TB) **value set changes for 2009**	PHVS_AdditionalDiseaseSite_TB	Observation/OBX Segment with this UID and label	CWE	O	
TB108	Sputum Smear	Results of a sputum smear.	Coded	P		Positive Negative Unknown Not Done	PHVS_PosNegUnkNotDone_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB221	Date Sputum Smear Collected	Date the first sputum specimen was collected with a positive or negative result.	Date	P				Observation/OBX Segment with this UID and label	TS	O	
TB109	Sputum Culture	Results of a sputum culture.	Coded	P		Positive Negative Unknown Not Done	PHVS_PosNegUnkNotDone_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB223	Sputum Culture Date Collected	Date the first sputum specimen was collected with a positive or negative result.	Date	P				Observation/OBX Segment with this UID and label	TS	O	
TB225	Sputum Culture Date Result Reported	Date the laboratory reported the result for the sputum culture.	Date	P				Observation/OBX Segment with this UID and label	TS	O	

Program-Specific Variables								Mapping Methodology			
PHIN Variable ID	**Label/Short Name**	**Description**	**Data Type**	**CDC Priority**	**May Repeat**	**Value Set Name**	**Value Set Code**	**Message Context**	**HL7 Data Type**	**HL7 Optionality**	**Implementation Notes**
TB227	Sputum Culture Reporting Laboratory Type	Describe the Reporting Laboratory Type for the sputum culture.	Coded	P		Reporting Lab Type	PHVS_ReportingLabType_NND	Observation/OBX Segment with this UID and label	CWE	O	
TB110	Smear/Pathology/Cytology of Tissue and Other Body Fluids	Results of a Tissue and other body fluid (non-sputum) smear/pathology/cytology.	Coded	P		Positive Negative Unknown Not Done	PHVS_PosNegUnkNotDone_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB228	Smear/pathology/Cytology of Tissue and Other Body fluid Date Collected	Date Smear/pathology/Cytology Specimen was collected.	Date	P				Observation/OBX Segment with this UID and label	TS	O	
TB111	Smear/pathology/Cytology of Tissue and Other Body fluid Anatomic Code	The appropriate anatomic site for the Smear/pathology/Cytology of Tissue and Other Body fluid; the values that appear in this list may vary from one case to the next as they are determined by values entered earlier for the patient's birth sex.	Coded	P		Microscopic Exam Culture Site (TB)	PHVS_MicroscopicExamCultureSite_TB	Observation/OBX Segment with this UID and label	CWE	O	
TB230	Smear/pathology/Cytology Type of Exam	Select each exam type that applies for smear/pathology/cytology of Tissue.	Coded	P	Y	Microscopic Exam Type (TB)	PHVS_MicroscopicExamType_TB	Observation/OBX Segment with this UID and label	CWE	O	
TB113	Culture of Tissue and Other Body Fluids	Results of a culture of tissue or bodily fluid (non-sputum).	Coded	P		Positive Negative Unknown Not Done	PHVS_PosNegUnkNotDone_CDC	Observation/OBX Segment with this UID and label	CWE	O	

Program-Specific Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
TB231	Culture of Tissue and Other Body Fluids, Date Collected	Date Specimen was collected for culture of tissue and other body fluids.	Date	P				Observation/OBX Segment with this UID and label	TS	O	
TB114	Culture of Tissue and Other Body Fluids Anatomic Site	If a value of Positive is specified for Culture of Tissue and Other Body Fluids, choose the appropriate site; the values that appear in this list may vary from one case to the next as they are determined by values entered earlier for the patient's birth sex.	Coded	P		Microscopic Exam Culture Site (TB)	PHVS_Microscopic ExamCultureSite_TB	Observation/OBX Segment with this UID and label	CWE	O	
TB233	Culture of Tissue and Other Body Fluids Date Result Reported	Date the laboratory reported the result for the culture of tissue and other body fluids.	Date	P				Observation/OBX Segment with this UID and label	TS	O	
TB234	Culture of Tissue and Other Body Fluids Reporting Laboratory Type	Describe the Reporting Laboratory Type for the culture of tissue and other body fluids.	Coded	P		Reporting Lab Type	PHVS_ReportingLabType_NND	Observation/OBX Segment with this UID and label	CWE	O	
TB235	Nucleic Acid Amplification Test Result	Indicates the result for any NAA test that has been approved by the FDA.	Coded	P		Lab Test Interpretation	PHVS_LabTestInterpretation_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB236	NAA Date Collected	Date the NAA specimen was collected for the positive or negative result.	Date	P				Observation/OBX Segment with this UID and label	TS	O	

Program-Specific Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
TB238	NAA Specimen Type is Sputum	Indicate if specimen type for the NAA testing is sputum.	Coded	P		Yes No Indicator (HL7)	PHVS_YesNo_HL7_2x	Observation/OBX Segment with this UID and label	CWE	O	
TB239	NAA Specimen Type Not Sputum	If NAA specimen type is not Sputum, select the appropriate site; the values that appear in this list may vary from one case to the next as they are determined by values entered earlier f for the patient's birth sex.	Coded	P		Microscopic Exam Culture Site (TB)	PHVS_MicroscopicExamCultureSite_TB	Observation/OBX Segment with this UID and label	CWE	O	
TB240	NAA Date Result Reported	Date the laboratory reported the NAA result.	Date	P				Observation/OBX Segment with this UID and label	TS	O	
TB242	NAA Reporting Laboratory Type	Describe the NAA Reporting Laboratory Type.	Coded	P		Reporting Lab Type	PHVS_ReportingLabType_NND	Observation/OBX Segment with this UID and label	CWE	O	
TB116	Chest X-ray Results	Results of the initial chest x-ray performed during the diagnostic evaluation for TB.	Coded	P		Chest XRay Result	PHVS_ChestXRayResult_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB243	Abnormal Chest X-ray evidence of a cavity	Was there any evidence of one or more cavities on chest X-ray?	Coded	P		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB244	Abnormal Chest X-ray evidence of Miliary TB	Was there any evidence of miliary disease on chest X-ray?	Coded	P		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this UID and label	CWE	O	

Program-Specific Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
TB245	Initial Chest CT Scan or other chest Imaging Study	Results of the initial CT Scan or other chest imaging study performed during the diagnostic evaluation for TB.	Coded	P		Chest XRay Result	PHVS_ChestXRayResult_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB246	Abnormal Initial Chest CT Scan or other chest Imaging Study - Evidence of a cavity	Was there any evidence of one or more cavities on initial chest CT or other chest imaging study?	Coded	P		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB247	Abnormal Initial Chest CT Scan or other chest Imaging Study - Evidence of a miliary TB	Was there any evidence of miliary disease on initial chest CT or other chest imaging study?	Coded	P		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB119	Skin Test at Diagnosis	Results of the TB (Mantoux) skin test at diagnosis.	Coded	P		Positive Negative Unknown Not Done	PHVS_PosNegUnkNotDone_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB248	Date Tuberculin Skin Test (TST) Placed	Date the TB (Mantoux) skin test placed.	Date	P				Observation/OBX Segment with this UID and label	TS	O	
TB120	Millimeters of Induration	Indicate the millimeters of induration.	Numeric	P				Observation/OBX Segment with this UID and label	SN	O	
TB250	Interferon Gamma Release Assay for Mycobacterium tuberculosis	Results of the IGRA performed during the diagnostic evaluation.	Coded	P		Lab Test Interpretation	PHVS_LabTestInterpretation_CDC	Observation/OBX Segment with this UID and label	CWE	O	

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Program-Specific Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
	at Diagnosis										
TB251	IGRA Date Collected	Date the blood sample was collected for the IGRA.	Date	P				Observation/OBX Segment with this UID and label	TS	O	
TB253	IGRA Test Type	Specify the blood test performed.	Text	P				Observation/OBX Segment with this UID and label	ST	O	
TB254	Primary Reason Evaluated for TB disease	Select the single primary or initial reason the patient was evaluated for TB disease.	Coded	P		Primary Reason For Evaluation (TB)	PHVS_PrimaryReasonForEvaluation_TB	Observation/OBX Segment with this UID and label	CWE	O	
TB122	HIV Status	Indicate the patient's HIV status.	Coded	P		HIV Status	PHVS_HIVStatusQualitativeResult_NND	Observation/OBX Segment with this UID and label	CWE	O	
TB125	State AIDS Patient Number	If a value of Positive is specified for HIV Status, enter the state HIV/AIDS patient number.	Text	P				Observation/OBX Segment with this UID and label	ST	O	
TB126	City County AIDS Patient Number	If a value of Positive is specified for HIV Status, enter the city or county HIV/AIDS patient number.	Text	P				Observation/OBX Segment with this UID and label	ST	O	
TB127	Homeless Within Past Year	Indicate whether the patient was homeless at any time during the 12 months preceding the tuberculosis diagnostic evaluation.	Coded	P		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this UID and label	CWE	O	

Program-Specific Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
TB128	Resident of Correctional Facility at Time of Diagnosis	Indicate whether the patient was a resident of a correctional facility at the time the tuberculosis diagnostic evaluation was performed.	Coded	P		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB129	Type of Correctional Facility	If a value of Yes is specified for Resident of Correctional Facility at Time of Diagnosis, indicate the type of correctional facility.	Coded	P		Type of Correctional Facility	PHVS_CorrectionalFacilityType_NND	Observation/OBX Segment with this UID and label	CWE	O	
TB256	Under custody of Immigration and Customs Enforcement	If a value of Yes is specified for Resident of Correctional Facility at Time of Diagnosis, indicate whether this patient was under custody of Immigration and Customs Enforcement.	Coded	P		Yes No Indicator (HL7)	PHVS_YesNo_HL7_2x	Observation/OBX Segment with this UID and label	CWE	O	
TB130	Resident of Long Term Care Facility at Time of Diagnosis	Indicate whether the patient was a resident of a long term care facility at the time the tuberculosis diagnostic evaluation was performed.	Coded	P		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB131	Type of Long Term Care Facility	If a value of Yes is specified for Resident of Long Term Care Facility at time of Diagnosis, indicate the type of long term care facility.	Coded	P		Type of Correctional Facility	PHVS_CorrectionalFacilityType_NND	Observation/OBX Segment with this UID and label	CWE	O	
TB206	Primary Occupation Risk	Indicates the one option that best describes the patient's occupation within the 12 months before the diagnostic TB evaluation.	Coded	P		Occupation Risk Category (TB) **value set changes for 2009**	PHVS_OccupationRiskCategory_TB	Observation/OBX Segment with this UID and label	CWE	O	
TB148	Injecting Drug Use Within Past Year	Indicates whether the patient has injected drugs within the past year (use of a syringe for injecting drugs not prescribed	Coded	P		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this UID and label	CWE	O	

	Program-Specific Variables							Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
		by a physician).									
TB149	Non-Injecting Drug Use Within Past Year	Indicate whether the patient has used non-injecting drugs within the past year (drugs not prescribed by a physician).	Coded	P		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB150	Excess Alcohol Use Within Past Year	Indicates whether the patient engaged in excessive use of alcohol within the past year.	Coded	P		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB257	Additional TB Risk Factors	Select all additional TB risk factors that the TB patient may have.	Coded	P	Y	Risk Factors (TB)	PHVS_RiskFactors_TB	Observation/OBX Segment with this UID and label	CWE	O	
TB258	Other TB Risk Factors - Specify	Specify comments regarding other TB risk factor.	Text	P				Observation/OBX Segment with this UID and label	ST	O	
TB259	Immigration Status at First Entry to the US	Select one option to indicate the patient's immigration status at first entry into the US.	Coded	P		Immigration Status	PHVS_ImmigrationStatus_NND	Observation/OBX Segment with this UID and label	CWE	O	
TB147	Date Therapy Started	Date on which the patient began therapy for tuberculosis (or suspected tuberculosis). This date may be derived from: the date the patient first ingested medication (if documented in a medical record or directly observed therapy record); the date medication was first dispensed to the patient (as documented in a medical or	Date	P				Observation/OBX Segment with this UID and label	TS	O	

	Program-Specific Variables							Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
		pharmacy record); the date medication was first prescribed to patient by a health care provider (documented in a medical record or prescription given to the patient).									
TB132	Isoniazid therapy	Isoniazid therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks.	Coded	P		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB133	Rifampin therapy	Rifampin therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks.	Coded	P		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB134	Pyrazinamide therapy	Pyrazinamide therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks.	Coded	P		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB135	Ethambutol therapy	Ethambutol therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks.	Coded	P		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB136	Streptomycin therapy	Streptomycin therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks.	Coded	P		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment	CWE	O	
TB137	Ethionamide therapy	Ethionamide therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks.	Coded	P		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this UID and label	CWE	O	

Program-Specific Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
TB138	Kanamycin therapy	Kanamycin therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks.	Coded	P		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment	CWE	O	
TB139	Cycloserine therapy	Cycloserine therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks.	Coded	P		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB140	Capreomycin therapy	Capreomycin therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks.	Coded	P		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB141	Para-Amino Salicylic Acid therapy	Para-Amino Salicylic Acid therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks.	Coded	P		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB142	Amikacin therapy	Amikacin therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks.	Coded	P		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB143	Rifabutin therapy	Rifabutin therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks.	Coded	P		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB144	Ciprofloxacin therapy	Ciprofloxacin therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks.	Coded	P		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this UID and label	CWE	O	

Program-Specific Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
TB145	Ofloxacin therapy	Ofloxacin therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks.	Coded	P		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB260	Rifapentine therapy	Rifapentine therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks.	Coded	P		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB261	Levofloxacin therapy	Levofloxacin therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks.	Coded	P		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB262	Moxifloxacin therapy	Moxifloxacin therapy: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks.	Coded	P		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB146	Other initial regimen	Other anti-TB drug initial regimen: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks.	Coded	P		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB263	Other initial regimen (SPECIFY)	Specify name of other anti-TB drug.	Text	P				Observation/OBX Segment with this UID and label	ST	O	
TB264	Other initial regimen 2	Other anti-TB drug initial regimen: Indicate the drug regimen initially prescribed for the treatment of the current case of the disease and taken for two weeks.	Coded	P		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this UID and label	CWE	O	

Program-Specific Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
TB265	Other initial regimen 2 (SPECIFY)	Specify name of other anti-TB drug.	Text	P				Observation/OBX Segment with this UID and label	ST	O	
TB266	Isolate Submitted for genotyping	Indicate whether the isolate was submitted for genotyping.	Coded	P		Yes No Indicator (HL7)	PHVS_YesNo_HL7_2x	Observation/OBX Segment with this UID and label	CWE	O	
TB267	If yes, Genotyping Accession Number for Episode	Indicate the genotyping accession number assigned by the genotyping laboratory for the current TB episode.	Text	P				Observation/OBX Segment with this UID and label	ST	O	
TB156	Was Drug Susceptibility Testing Done	Indicate whether a drug susceptibility test was performed.	Coded	P		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB157	Date First Isolate Collected	If a value of Yes is specified for Was Drug Susceptibility Testing Done, collection date of the first isolate on which drug susceptibility was performed.	Date	P				Observation/OBX Segment with this UID and label	TS	O	
TB268	Initial Susceptibility Specimen Type Sputum	Indicate that the specimen type was sputum for which susceptibility testing was done.	Coded	P		Yes No Indicator (HL7)	PHVS_YesNo_HL7_2x	Observation/OBX Segment with this UID and label	CWE	O	
TB269	Initial susceptibilty not sputum anatomic code	The appropriate site; the values that appear in this list may vary from one case to the next as they are determined by values entered earlier for the patient's birth sex.	Coded	P		Microscopic Exam Culture Site (TB)	PHVS_MicroscopicExamCultureSite_TB	Observation/OBX Segment with this UID and label	CWE	O	
TB158	Isoniazid initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was	Coded	P		Susceptibility Result	PHVS_SusceptibilityResult_CDC	Observation/OBX Segment with this UID and label	CWE	O	

		Program-Specific Variables						Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
		performed for Isoniazid.									
TB159	Rifampin initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Rifampin.	Coded	P		Susceptibility Result	PHVS_Susceptibility Result_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB160	Pyrazinamide initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Pyrazinamide.	Coded	P		Susceptibility Result	PHVS_Susceptibility Result_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB161	Ethambutol initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Ethambutol.	Coded	P		Susceptibility Result	PHVS_Susceptibility Result_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB162	Streptomycin initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Streptomycin.	Coded	P		Susceptibility Result	PHVS_Susceptibility Result_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB163	Ethionamide initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Ethionamide.	Coded	P		Susceptibility Result	PHVS_Susceptibility Result_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB164	Kanamycin initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Kanamycin.	Coded	P		Susceptibility Result	PHVS_Susceptibility Result_CDC	Observation/OBX Segment with this UID and label	CWE	O	

Program-Specific Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
TB165	Cycloserine initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Cycloserine.	Coded	P		Susceptibility Result	PHVS_Susceptibility Result_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB166	Capreomycin initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Capreomycin.	Coded	P		Susceptibility Result	PHVS_Susceptibility Result_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB167	Para-Amino Salicylic Acid initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Para-Amino Salicylic Acid.	Coded	P		Susceptibility Result	PHVS_Susceptibility Result_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB168	Amikacin initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Amikacin.	Coded	P		Susceptibility Result	PHVS_Susceptibility Result_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB169	Rifabutin initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Rifabutin.	Coded	P		Susceptibility Result	PHVS_Susceptibility Result_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB170	Ciprofloxacin initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Ciprofloxacin.	Coded	P		Susceptibility Result	PHVS_Susceptibility Result_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB171	Ofloxacin initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Ofloxacin.	Coded	P		Susceptibility Result	PHVS_Susceptibility Result_CDC	Observation/OBX Segment with this UID and label	CWE	O	

Program-Specific Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
TB270	Rifapentine initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Rifapentine.	Coded	P		Susceptibility Result	PHVS_Susceptibility Result_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB271	Levofloxacin initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Levofloxacin.	Coded	P		Susceptibility Result	PHVS_Susceptibility Result_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB272	Moxifloxacin initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Moxifloxacin.	Coded	P		Susceptibility Result	PHVS_Susceptibility Result_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB273	Other Quinolones initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which drug susceptibility testing was performed for Other Quinolones.	Coded	P		Susceptibility Result	PHVS_Susceptibility Result_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB172	Other initial susceptibility	Indicate the results of susceptibility testing on the first isolate for which initial drug susceptibility testing was performed for first Other drug.	Coded	P		Susceptibility Result	PHVS_Susceptibility Result_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB274	Other initial susceptibiility SPECIFY	Specify the name of the other drug on which initial drug susceptibility results received.	Text	P				Observation/OBX Segment with this UID and label	ST	O	
TB275	Other initial susceptibility 2	Indicate the results of susceptibility testing on the first isolate for which initial drug susceptibility testing was performed for second Other drug.	Coded	P		Susceptibility Result	PHVS_Susceptibility Result_CDC	Observation/OBX Segment with this UID and label	CWE	O	

	Program-Specific Variables							Mapping Methodology			
PHIN Variable ID	**Label/Short Name**	**Description**	**Data Type**	**CDC Priority**	**May Repeat**	**Value Set Name**	**Value Set Code**	**Message Context**	**HL7 Data Type**	**HL7 Optionality**	**Implementation Notes**
TB276	Other initial susceptibility 2 SPECIFY	Specify the name of the other drug on which initial drug susceptibility results received.	Text	P				Observation/OBX Segment with this UID and label	ST	O	
TB173	Culture Conversion Documented	Indicate whether the sputum culture conversion was documented.	Coded	P		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB175	Date of First Consistently Negative Culture	Date the first consistently negative sputum culture was collected.	Date	P				Observation/OBX Segment	TS	O	
TB277	Reason for not documenting sputum culture conversion	Indicate the one reason for not documenting the sputum culture conversion.	Coded	P		Sputum Culture Conversion Not Documented Reason	PHVS_SputumCultureConversionNotDocumentedReason_TB	Observation/OBX Segment with this UID and label	CWE	O	
TB278	Reason not Documenting Other Specify	Specify the other reason for not documenting sputum culture conversion.	Text	P				Observation/OBX Segment with this UID and label	ST	O	
TB279	Patient move during TB Therapy	Indicate whether the patient moved outside the local reporting jurisdiction.	Coded	P		Yes No Indicator (HL7)	PHVS_YesNo_HL7_2x	Observation/OBX Segment with this UID and label	CWE	O	
TB280	Moved to where	If the patient moved during TB therapy, select all that apply to where the patient moved.	Coded	P	Y	Disease Acquired Jurisdiction	PHVS_DiseaseAcquiredJurisdiction_NND	Observation/OBX Segment	CWE	O	
TB281	Transnational Referral	If moved out of the US, indicate whether a transnational referral was made.	Coded	P		Yes No Indicator (HL7)	PHVS_YesNo_HL7_2x	Observation/OBX Segment with this UID and label	CWE	O	

Program-Specific Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
TB282	In State Move City	If moved in-state, out-of-jurisdiction then specify the new city jurisdiction.	Coded	P	Y	City	PHVS_City_USGS_GNIS	Observation/OBX Segment with this UID and label	CWE	O	
TB284	In State Move County	If moved in-state, out-of-jurisdiction then specify the new county jurisdiction.	Coded	P	Y	County	PHVS_County_FIPS_6-4	Observation/OBX Segment with this UID and label	CWE	O	
TB286	Out of State Move	If moved out of state, then specify the new state jurisdiction.	Coded	P	Y	State	PHVS_State_FIPS_5-2	Observation/OBX Segment with this UID and label	CWE	O	
TB288	Out of Country Move	If moved out of country, then specify the new country jurisdiction.	Coded	P	Y	Birth Country (TB)	PHVS_BirthCountry_TB	Observation/OBX Segment with this UID and label	CWE	O	
TB176	Date Therapy Stopped	Date the patient stopped taking therapy for verified or suspected tuberculosis.	Date	P				Observation/OBX Segment with this UID and label	TS	O	
TB177	Reason Therapy Stopped	Primary reason that therapy was ended; specify this data when the case is closed.	Coded	P		Reason Therapy Stopped (TB)	PHVS_ReasonTherapyStopped_TB	Observation/OBX Segment with this UID and label	CWE	O	
TB290	Therapy cause of death	If therapy stopped because patient died, indicate whether cause of death was related to TB.	Coded	P		Cause of Death Related to TB	PHVS_CauseOfDeathRelatedTo_TB	Observation/OBX Segment with this UID and label	CWE	O	
TB291	Reason Therapy Extended	Select the reason the therapy extended beyond 12 months.	Coded	P	Y	Therapy Extended Reason (TB)	PHVS_TherapyExtendedReason_TB	Observation/OBX Segment with this UID and label	CWE	O	

Program-Specific Variables								Mapping Methodology			
PHIN Variable ID	**Label/Short Name**	**Description**	**Data Type**	**CDC Priority**	**May Repeat**	**Value Set Name**	**Value Set Code**	**Message Context**	**HL7 Data Type**	**HL7 Optionality**	**Implementation Notes**
TB292	Extended Other Specify	Specify the other reason for extending therapy for greater than 12 months.	Text	P				Observation/OBX Segment with this UID and label	ST	O	
TB178	Type of Health Care Provider	Select all that apply for the outpatient provider who has responsibility for clinical outpatient decision making.	Coded	P	Y	Health Care Practice Type (TB) **value set changes for 2009**	PHVS_HealthCarePracticeType_TB	Observation/OBX Segment with this UID and label	CWE	O	
TB179	Directly Observed Therapy	Indicate whether the therapy was directly observed therapy.	Coded	P		Directly Observed Therapy (TB)	PHVS_DirectlyObservedTherapy_TB	Observation/OBX Segment	CWE	O	
TB181	Number Weeks Directly Observed Therapy	Number of weeks of directly observed therapy (DOT); enter the total number of calendar weeks (Sunday through Saturday) that the patient received the minimum amounts of medication under DOT conditions.	Numeric	P				Observation/OBX Segment with this UID and label	SN	O	
TB182	Final Drug Susceptibility Testing	Indicate whether final drug susceptibility was performed.	Coded	P		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment	CWE	O	
TB183	Final Drug Susceptibility Testing Date	If final drug susceptibility testing done, indicate collection date of the final isolate on which final drug susceptibility was performed.	Date	P				Observation/OBX Segment with this UID and label	TS	O	
TB293	Final Drug Susceptibility Sputum Specimen Type	Indicates that the specimen type was sputum for which final susceptibility testing was done.	Coded	P		Yes No Indicator (HL7)	PHVS_YesNo_HL7_2x	Observation/OBX Segment	CWE	O	

	Program-Specific Variables							**Mapping Methodology**			
PHIN Variable ID	**Label/Short Name**	**Description**	**Data Type**	**CDC Priority**	**May Repeat**	**Value Set Name**	**Value Set Code**	**Message Context**	**HL7 Data Type**	**HL7 Optionality**	**Implementation Notes**
TB294	Final susceptibility not sputum anatomic code	The appropriate site; the values that appear in this list may vary from one case to the next as they are determined by values entered earlier for the patient's birth sex.	Coded	P		Microscopic Exam Culture Site (TB)	PHVS_Microscopic ExamCultureSite_T B	Observation/OBX Segment with this UID and label	CWE	O	
TB184	Isoniazid final susceptibility	If follow-up susceptibility testing was done, results of the testing for Isoniazid.	Coded	P		Susceptibility Result	PHVS_Susceptibility Result_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB185	Rifampin final susceptibility	If follow-up susceptibility testing was done, results of the testing for Rifampin.	Coded	P		Susceptibility Result	PHVS_Susceptibility Result_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB186	Pyrazinamide final susceptibility	If follow-up susceptibility testing was done, results of the testing for Pyrazinamide.	Coded	P		Susceptibility Result	PHVS_Susceptibility Result_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB187	Ethambutol final susceptibility	If follow-up susceptibility testing was done, results of the testing for Ethambutol.	Coded	P		Susceptibility Result	PHVS_Susceptibility Result_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB188	Streptomycin final susceptibility	If follow-up susceptibility testing was done, results of the testing for Streptomycin.	Coded	P		Susceptibility Result	PHVS_Susceptibility Result_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB189	Ethionamide final susceptibility	If follow-up susceptibility testing was done, results of the testing for Ethionamide.	Coded	P		Susceptibility Result	PHVS_Susceptibility Result_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB190	Kanamycin final susceptibility	If follow-up susceptibility testing was done, results of the testing for Kanamycin.	Coded	P		Susceptibility Result	PHVS_Susceptibility Result_CDC	Observation/OBX Segment with this UID and label	CWE	O	

	Program-Specific Variables							Mapping Methodology			
PHIN Variable ID	**Label/Short Name**	**Description**	**Data Type**	**CDC Priority**	**May Repeat**	**Value Set Name**	**Value Set Code**	**Message Context**	**HL7 Data Type**	**HL7 Optionality**	**Implementation Notes**
TB191	Cycloserine final susceptibility	If follow-up susceptibility testing was done, results of the testing for Cycloserine.	Coded	P		Susceptibility Result	PHVS_Susceptibility Result_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB192	Capreomycin final susceptibility	If follow-up susceptibility testing was done, results of the testing for Capreomycin.	Coded	P		Susceptibility Result	PHVS_Susceptibility Result_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB193	Para-Amino Salicylic Acid final susceptibility	If follow-up susceptibility testing was done, results of the testing for Para-Amino Salicylic Acid.	Coded	P		Susceptibility Result	PHVS_Susceptibility Result_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB194	Amikacin final susceptibility	If follow-up susceptibility testing was done, results of the testing for Amikacin.	Coded	P		Susceptibility Result	PHVS_Susceptibility Result_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB195	Rifabutin final susceptibility	If follow-up susceptibility testing was done, results of the testing for Rifabutin.	Coded	P		Susceptibility Result	PHVS_Susceptibility Result_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB196	Ciprofloxacin final susceptibility	If follow-up susceptibility testing was done, results of the testing for Ciprofloxacin.	Coded	P		Susceptibility Result	PHVS_Susceptibility Result_CDC	Observation/OBX Segment	CWE	O	
TB197	Ofloxacin final susceptibility	If follow-up susceptibility testing was done, results of the testing for Ofloxacin.	Coded	P		Susceptibility Result	PHVS_Susceptibility Result_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB295	Rifapentine final susceptibility	If follow-up susceptibility testing was done, results of the testing for Rifapentine.	Coded	P		Susceptibility Result	PHVS_Susceptibility Result_CDC	Observation/OBX Segment with this UID and label	CWE	O	

Program-Specific Variables								Mapping Methodology			
PHIN Variable ID	**Label/Short Name**	**Description**	**Data Type**	**CDC Priority**	**May Repeat**	**Value Set Name**	**Value Set Code**	**Message Context**	**HL7 Data Type**	**HL7 Optionality**	**Implementation Notes**
TB296	Levofloxacin final susceptibility	If follow-up susceptibility testing was done, results of the testing for Levofloxacin.	Coded	P		Susceptibility Result	PHVS_Susceptibility Result_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB297	Moxifloxacin final susceptibility	If follow-up susceptibility testing was done, results of the testing for Moxifloxacin.	Coded	P		Susceptibility Result	PHVS_Susceptibility Result_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB298	Other Quinolones final susceptibility	If follow-up susceptibility testing was done, results of the testing for Other Quinolones.	Coded	P		Susceptibility Result	PHVS_Susceptibility Result_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB198	Other final susceptibility 1	If follow-up susceptibility testing was done, results of the testing for Other Drug.	Coded	P		Susceptibility Result	PHVS_Susceptibility Result_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB299	Other final susceptibility (SPECIFY)	Specify the name of the other drug on which final susceptibility results received.	Text	P				Observation/OBX Segment	ST	O	
TB300	Other final susceptibility 2	If follow-up susceptibility testing was done, results of the testing for Other Drug.	Coded	P		Susceptibility Result	PHVS_Susceptibility Result_CDC	Observation/OBX Segment with this UID and label	CWE	O	
TB301	Other final susceptibility 2 (SPECIFY)	Specify the name of the other drug on which final susceptibility results received.	Text	P				Observation/OBX Segment	ST	O	

3.5 NOTIFICATION DATA ELEMENTS

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. Note that this tab does not describe all of the components required for a structurally valid HL7 message; see National Notification Structural Specification (profile).

Generic Surveillance Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
NOT108	Notification ID	The unique identifier for the notification record.	Text	R				MSH-10-Message Control ID.	ST	R	If notification ID is not unique, a timestamp may be appended. HL7 recommended size increased to 50.
NOT114	Receiving Application	CDC's PHIN Common Data Store (CDS) is the Receiving Application for this message.	OID	R				MSH-5 Receiving Application. PHIN required/HL7 optional.	HD	R	Literal Value: 'PHINCDS^2.16.840.1.114222.4.3.2.10^ISO'
NOT115	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.	Text	R	Y			MSH-21-Message Profile ID. PHIN required/HL7 optional.	EI	R	First instance literal value: 'NND_ORU_v2.0^PHINProfileID^2.16.840.1.114222.4.10.3^ISO' Second instance literal value: 'Var_Case_Map_v2.0^PHINMsgMapID^2.16.840.1.114222.4.10.4^ISO'.
DEM197	Local patient ID	The local ID of the patient/entity.	Text	R				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	Only the sending system's internally assigned patient id used for these de-identified messages

Generic Surveillance Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	Implementation Notes
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. Have adopted the HL7 convention for processing a field where the name has been removed for de-identification purposes.	Coded	R		Name Type (HL7)	PHVS_NameType_HL7_2x	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.	XPN	R	Literal value: |~^^^^^^S|
INV168	Local record ID	Sending system-assigned local ID of the case investigation with which the subject is associated.	Text	R				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'.	EI	R	<same value in each OBR instance>
NOT099	Subject Type	Type of subject for the notification (person, place, or non-person living subject are the appropriate subject types for Case Notifications).	Coded	R		Notification Section Header	PHVS_NotificationSectionHeader_CDC	OBR|1|: Maps to the HL7 attribute OBR-4-Universal Service ID.	CE	R	Literal Value: 'PERSUBJ^Person Subject^CDCPHINVS'
NOT101	Notification Type	Type of notification. Notification types are "Individual Case", "Environmental", "Summary", and "Laboratory Report".	Coded	R		Notification Section Header	PHVS_NotificationSectionHeader_CDC	OBR|2|: Maps to the HL7 attribute OBR-4-Universal Service ID.	CE	R	Literal Value: 'NOTF^Case Notification^CDCPHINVS'
NOT103	Date First Submitted	Date the notification was first sent to CDC. This value does not change after the original notification.	Date/time	R				Maps as a 14 digit timestamp to the HL7 attribute OBR-7-Observation Date/time.	TS	R	<same value in each OBR instance>

Generic Surveillance Variables								Mapping Methodology			
PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	Message Context	HL7 Data Type	HL7 Optionality	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/time	R				Maps as a 14 digit timestamp to the HL7 attribute OBR-22-Result Report/Status Chg Date/time.	TS	R	<same value in each OBR instance>
INV169	Condition Code	Condition or event that constitutes the reason the notification is being sent.	Coded	R		Nationally Notifiable Disease Surveillance System (NNDSS) & Other Conditions of Public Health Importance	PHVS_NotifiableEvent_Disease_Condition_CDC_NNDSS	Maps to HL7 attribute OBR-31-Reason for Study.	CE	R	Default value in each OBR instance: '10030^Varicella Infection^NND'

3.6 ASSOCIATED LAB REPORT DATA ELEMENTS

Not used.

3.7 ASSOCIATED VACCINE RECORD DATA ELEMENTS

Not used.