VERSION: The version of this Message Mapping Guide is Version 2.02 dated April 14, 2010.

"This artifact is considered to be a technical document. Please contact PHINTech@cdc.gov, copying the NEDSS team at NEDSS@cdc.gov for assistance with this artifact."

This Message Mapping Guide describes the content and message mapping specifications for the set of data elements used to communicate information to meet the requirements for Tuberculosis Case Notifications 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.

References
National Condition Reporting, Notifiable Events and Reporting Mechanisms for 2010, Division of Integrated Surveillance Systems and Services, National Center for Public Health Informatics, Centers for Disease Control and Prevention, January 2010.

National Notification Message Structure Specification version 2.0 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 limited data set 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.

Column	Description
Program Variables Column Headings	
PHIN Variable ID	PHIN data element identifier obtained 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. If data element is not present, the message will error out. **P - Preferred** - This is a preferred variable and there is a requirement to send this information to CDC through cooperative agreement between the Reporting Area and the CDC; however the variables are not required to be sent with each message. These are variables deemed important for your own programmatic needs and are earmarked for CDC analysis and assessment. **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 response does not repeat, the field is not populated or contains "N". Data elements that repeat require special processing.
Value Set Name	Name of the pre-coordinated value set in PHIN-VADS from which the response is obtained. The value sets and coding systems are accessible via the Public Health Information Network Vocabulary Access and Distribution Services. To obtain the valid code set and coding systems for the Tuberculosis Message Mapping Guide, complete the following steps: 1. Go to **http://phinvads.cdc.gov**. 2. Click on the **Views** hyperlink. 3. Enter **Tuberculosis** in the lookup box and press the Search Views button. 4. Click on Details next to Tuberculosis Case Notification to obtain the valid code set.
Value Set Code	Code for the pre-coordinated value set in PHIN-VADS from which the response is obtained. The value sets and coding systems are accessible via the Public Health Information Network Vocabulary Access and Distribution Services. To obtain the valid code set for the Tuberculosis Message Mapping Guide, complete the following steps: 1. Go to **http://phinvads.cdc.gov**. 2. Click on the **Views** hyperlink. 3. Enter **Tuberculosis** in the lookup box and press the Search Views button. 4. Click on Details next to Tuberculosis Case Notification to obtain the valid code set.
Message Mapping Methodology Column Headings	
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, TS, 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.

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	HL7 Message Context	HL7 Data Type	HL7 Optionality	HL7 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. No UID or label is passed in the message.
NOT114	Receiving Application	CDC's PHIN Common Data Store (CDS) is the Receiving Application for this message.	OID	R				MSH-5-Receiving Application.	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/2			MSH-21-Message Profile ID.	EI	R	First instance literal value: 'NND_ORU_v2.0^PHINProfileID^2.16.840.1.114222.4.10.3^ISO' Second instance literal value: 'TB_Case_Map_v2.0^PHINMsgMapID^2.16.840.1.114222.4.10.4^ISO'.
DEM197	Local Subject ID	The local ID of the subject/entity.	Text	R				PID-3-Patient Identifier List	CX	R	PID-3.1-ID Number is the local Subject ID from the sending system's internally assigned Subject ID; PID-3.4-Assigning Authority format <localID&OID&ISO> Does not pass Variable ID or label.
DEM100	Subject Name Type	Name is not requested by the program, but the Patient Name field is required to be populated for the HL7 message to be valid. Have adopted the HL7 convention for processing a field where the name has been removed for de-identification purposes.	Coded	R	Y/2	Name Type (HL7)	PHVS_NameType_HL7_2x	PID-5.7-Patient Name Type	XPN	R	Literal value: |~^^^^^^S| Patient Name Type is passed in the second instance as HL7 reserves the first instance of the name field for Legal Name.
INV168	Local Record ID	This ID must be unique and assigned to this case investigation throughout the life of this case. This identifier is used to group the many messages that may be received for one case investigation.	Text	R				OBR-3-Filler Order Number	EI	R	OBR-3.1 is the internally assigned case/investigation ID. OBR-3.3 is the OID for sending application as assigning authority. OBR-3.4 is the literal value: 'ISO'. The same value is used for each OBR segment, and the UID and label are not passed in the message.
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		Notification Section Header	PHVS_NotificationSectionHeader_CDC	First OBR Segment-OBR-4-Universal Service ID.	CE	R	Literal value: 'PERSUBJ^Person Subject^CDCPHINVS'

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	HL7 Message Context	HL7 Data Type	HL7 Optionality	HL7 Implementation Notes
NOT101	Notification Type	Type of notification. Notification types are "Individual Case," "Environmental," "Summary," and "Laboratory Report".	Coded	R		Notification Section Header	PHVS_NotificationSectionHeader_CDC	Second OBR Segment-OBR-4-Universal Service ID.	CE	R	Literal Value: 'NOTF^Individual Case Notification^CDCPHINVS' No UID or label is passed in the message.
NOT103	Date/Time First Submitted	Date/time the notification was first sent to CDC. This value does not change after the original notification.	Date/time	R				OBR-7-Observation Date/time.	TS	R	The same value is used for each OBR segment, and the UID and label are not passed in the message.
NOT106	Date/Time Message Submitted	This timestamp will be used to determine the most recent message sent in order to identify the most recent data for the case investigation included in the message.	Date/time	R				OBR-22-Result Report/Status Chg Date/time.	TS	R	The same value is used for each OBR segment, and the UID and label are not passed in the message.
INV169	Condition Code	Condition or event that constitutes the reason the notification is being sent	Coded	R		Nationally Notifiable Disease Surveillance System (NNDSS) and Other Conditions of Public Health Importance	PHVS_NotifiableEvent_Disease_Condition_CDC_NNDSS	OBR-31-Reason for Study.	CE	R	Default value in each OBR instance: '10220^Tuberculosis^NND'
						Subject Related					
DEM115	Birth Date	Date of birth in YYYYMMDD format	Date	P				PID-7-Date/Time of Birth	TS	O	The UID and label are not passed in the message.
DEM113	Subject's Sex	Subject's current sex	Coded	O		Sex (MFU)	PHVS_Sex_MFU	PID-8-Administrative Sex	IS	O	The UID and label are not passed in the message.
DEM114	Birth Sex	Patient's biological sex at birth.	Coded	P		Sex (MFU)	PHVS_Sex_MFU	Observation/OBX Segment with this variable ID and label	CWE	O	
DEM152	Race Category	Field containing one or more codes that broadly refer to the subject's race(s).	Coded	P	Y	Race Category	PHVS_RaceCategory_CDC	PID-10-Race	CE	O	To send an "Unknown" value, populate the first 3 components of the CE datatype with 'UNK^Unknown^NULLFL'. The UID and label are not passed in the message.
DEM153	Detailed Race	Specific racial classification to describe the patient's race.	Coded	P	Y	Detailed Race	PHVS_Race_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
DEM165	Subject Address County	County of residence of the subject	Coded	O		County	PHVS_County_FIPS_6-4	PID-11.9-Patient Address - County	IS	O	The entire address construct (PID-11) may repeat per HL7, but only expecting the first instance to be populated and parsed.
DEM162	Subject Address State	State of residence of the subject	Coded	O		State	PHVS_State_FIPS_5-2	PID-11.4-Patient Address - State	ST	O	The entire address construct (PID-11) may repeat per HL7, but only expecting the first instance to be populated and parsed.
DEM163	Subject Address ZIP Code	ZIP Code of residence of the subject	Text	O				PID-11.5-Patient Address - Postal Code	ST	O	The entire address construct (PID-11) may repeat per HL7, but only expecting the first instance to be populated and parsed.

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	HL7 Message Context	HL7 Data Type	HL7 Optionality	HL7 Implementation Notes
DEM155	Ethnic Group Code	Based on the self-identity of the subject as Hispanic or Latino	Coded	P		Ethnicity Group	PHVS_EthnicityGroup_CDC	PID-22-Ethnic Group	CE	O	To send an "Unknown" value, populate the first 3 components of the CE datatype with 'UNK^Unknown^NULLFL'. The UID and label are not passed in the message.
DEM126	Country of Birth	Country of Birth	Coded	P		Birth Country (TB)	PHVS_BirthCountry_TB	Observation/OBX Segment with this variable ID and label	CWE	O	
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 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.	Coded	P		Yes No Indicator (HL7)	PHVS_YesNo_HL7_2x	Observation/OBX Segment with this variable ID and label	CWE	O	
DEM2005	Date Arrived in US	Date when the patient first arrived in the US.	Date	P				Observation/OBX Segment with this variable ID and label	TS	O	
Case Related											
NOT109	Reporting State	State reporting the notification.	Coded	R		State	PHVS_State_FIPS_5-2	Observation/OBX Segment with this variable ID and label	CWE	O	Two-digit numeric FIPS code
NOT113	Reporting County	County reporting the notification.	Coded	R		County	PHVS_County_FIPS_6-4	Observation/OBX Segment with this variable ID and label	CWE	O	Five-digit numeric FIPS code
INV107	Jurisdiction Code	Identifier for the physical site from which the notification is being submitted.	Coded	O				Observation/OBX Segment with this variable ID and label	CWE	O	Jurisdiction Code is expected in the fifth component of the CWE datatype.
INV109	Case Investigation Status Code	Status of the investigation	Coded	O		Case Investigation Status	PHVS_CaseInvestigationStatus_NND	Observation/OBX Segment with this variable ID and label	CWE	O	
INV111	Date Reported	Date that a health department first suspected that the subject might have TB	Date	R				Observation/OBX Segment with this variable ID and label	TS	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	
INV165	MMWR Week	MMWR Week for which case information is to be counted for MMWR publication.	Numeric	P				Observation/OBX Segment with this variable ID 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 variable ID and label	TS	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 variable ID and label	ST	O	
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 variable ID and label	ST	O	

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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	P				Observation/OBX Segment with this variable ID and label	TS	O	
						Tuberculosis Specific					
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 variable ID and label	CWE	O	
TB199	Legacy CLIENTID	TIMS legacy system unique Client ID.	Text	O				Observation/OBX Segment with this variable ID and label	ST	O	
TB200	Legacy RVCTID	TIMS legacy system unique RVCT ID.	Text	O				Observation/OBX Segment with this variable ID 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 variable ID 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 with this variable ID and label	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 variable ID and label	ST	O	
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 variable ID 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 variable ID 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 variable ID 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 variable ID 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 variable ID 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 variable ID 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 variable ID 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 variable ID and label	TS	O	
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 (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	HL7 Message Context	HL7 Data Type	HL7 Optionality	HL7 Implementation Notes
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 variable ID 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 variable ID 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 variable ID 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 variable ID 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 variable ID and label	CWE	O	
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 variable ID 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 variable ID and label	CWE	O	
TB205	Site of Disease	Disease sites affected.	Coded	P	Y	Additional Site of Disease (TB)	PHVS_AdditionalDiseaseSite_TB	Observation/OBX Segment with this variable ID 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 variable ID 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 variable ID 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 variable ID 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 variable ID 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 variable ID and label	TS	O	
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 variable ID 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 variable ID 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 variable ID and label	TS	O	

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	HL7 Message Context	HL7 Data Type	HL7 Optionality	HL7 Implementation Notes
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 variable ID 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 variable ID 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 variable ID and label	CWE	O	
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 variable ID 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_MicroscopicExamCultureSite_TB	Observation/OBX Segment with this variable ID 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 variable ID 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 variable ID 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 variable ID 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 variable ID and label	TS	O	
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 variable ID 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 for the patient's birth sex.	Coded	P		Microscopic Exam Culture Site (TB)	PHVS_MicroscopicExamCultureSite_TB	Observation/OBX Segment with this variable ID and label	CWE	O	
TB240	NAA Date Result Reported	Date the laboratory reported the NAA result.	Date	P				Observation/OBX Segment with this variable ID 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 variable ID 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 variable ID 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 variable ID and label	CWE	O	

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	HL7 Message Context	HL7 Data Type	HL7 Optionality	HL7 Implementation Notes
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 variable ID and label	CWE	O	
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 variable ID 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 variable ID 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 variable ID 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 variable ID 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 variable ID and label	TS	O	
TB120	Millimeters of Induration	Indicate the millimeters of induration.	Numeric	P				Observation/OBX Segment with this variable ID and label	SN	O	
TB250	Interferon Gamma Release Assay for Mycobacterium tuberculosis at Diagnosis	Results of the IGRA performed during the diagnostic evaluation.	Coded	P		Lab Test Interpretation	PHVS_LabTestInterpretation_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
TB251	IGRA Date Collected	Date the blood sample was collected for the IGRA.	Date	P				Observation/OBX Segment with this variable ID and label	TS	O	
TB253	IGRA Test Type	Specify the blood test performed.	Text	P				Observation/OBX Segment with this variable ID 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 variable ID 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 variable ID 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 variable ID 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 variable ID 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 variable ID and label	CWE	O	
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 variable ID and label	CWE	O	

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	HL7 Message Context	HL7 Data Type	HL7 Optionality	HL7 Implementation Notes
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 variable ID 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 variable ID 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 variable ID 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 Long Term Care Facility	PHVS_LongTermCareFacilityType_NND	Observation/OBX Segment with this variable ID 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)	PHVS_OccupationRiskCategory_TB	Observation/OBX Segment with this variable ID 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 by a physician).	Coded	P		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
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 variable ID 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 variable ID 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 variable ID and label	CWE	O	
TB258	Other TB Risk Factors - Specify	Specify comments regarding other TB risk factor.	Text	P				Observation/OBX Segment with this variable ID 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 variable ID 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 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).	Date	P				Observation/OBX Segment with this variable ID and label	TS	O	
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 variable ID and label	CWE	O	

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	HL7 Message Context	HL7 Data Type	HL7 Optionality	HL7 Implementation Notes
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 variable ID 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 variable ID 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 variable ID 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 with this variable ID and label	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 variable ID and label	CWE	O	
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 with this variable ID and label	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 variable ID 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 variable ID 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 variable ID 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 variable ID 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 variable ID 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 variable ID and label	CWE	O	
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 variable ID 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 variable ID and label	CWE	O	
TB261	Levofloxacin therapy	Levofloxacin therapy: Indicate the drug regimen initially prescribed for the treatment of the current case for two weeks.	Coded	P		Yes No Unknown (YNU)	PHVS_YesNoUnknown_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	HL7 Message Context	HL7 Data Type	HL7 Optionality	HL7 Implementation Notes
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 variable ID 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 variable ID and label	CWE	O	
TB263	Other initial regimen (SPECIFY)	Specify name of other anti-TB drug.	Text	P				Observation/OBX Segment with this variable ID 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 variable ID and label	CWE	O	
TB265	Other initial regimen 2 (SPECIFY)	Specify name of other anti-TB drug.	Text	P				Observation/OBX Segment with this variable ID 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 variable ID 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 variable ID 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 variable ID 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 variable ID 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 variable ID 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 variable ID and label	CWE	O	
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		Susceptibility Result	PHVS_SusceptibilityResult_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
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_SusceptibilityResult_CDC	Observation/OBX Segment with this variable ID 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_SusceptibilityResult_CDC	Observation/OBX Segment with this variable ID 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_SusceptibilityResult_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	HL7 Message Context	HL7 Data Type	HL7 Optionality	HL7 Implementation Notes
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_SusceptibilityResult_CDC	Observation/OBX Segment with this variable ID 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_SusceptibilityResult_CDC	Observation/OBX Segment with this variable ID 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_SusceptibilityResult_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
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_SusceptibilityResult_CDC	Observation/OBX Segment with this variable ID 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_SusceptibilityResult_CDC	Observation/OBX Segment with this variable ID 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_SusceptibilityResult_CDC	Observation/OBX Segment with this variable ID 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_SusceptibilityResult_CDC	Observation/OBX Segment with this variable ID 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_SusceptibilityResult_CDC	Observation/OBX Segment with this variable ID 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_SusceptibilityResult_CDC	Observation/OBX Segment with this variable ID 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_SusceptibilityResult_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
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_SusceptibilityResult_CDC	Observation/OBX Segment with this variable ID 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_SusceptibilityResult_CDC	Observation/OBX Segment with this variable ID 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_SusceptibilityResult_CDC	Observation/OBX Segment with this variable ID 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_SusceptibilityResult_CDC	Observation/OBX Segment with this variable ID 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_SusceptibilityResult_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	HL7 Message Context	HL7 Data Type	HL7 Optionality	HL7 Implementation Notes
TB274	Other initial susceptibility SPECIFY	Specify the name of the other drug on which initial drug susceptibility results received.	Text	P				Observation/OBX Segment with this variable ID 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_SusceptibilityResult_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
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 variable ID 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 variable ID 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 with this variable ID and label	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 variable ID 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 variable ID 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 variable ID 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 with this variable ID and label	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 variable ID and label	CWE	O	
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 variable ID 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 variable ID 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 variable ID 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 variable ID 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 variable ID 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 variable ID 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 variable ID 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 variable ID and label	CWE	O	
TB292	Extended Other Specify	Specify the other reason for extending therapy for greater than 12 months.	Text	P				Observation/OBX Segment with this variable ID and label	ST	O	

PHIN Variable ID	Label/Short Name	Description	Data Type	CDC Priority	May Repeat	Value Set Name	Value Set Code	HL7 Message Context	HL7 Data Type	HL7 Optionality	HL7 Implementation Notes
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)	PHVS_HealthCarePracticeType_TB	Observation/OBX Segment with this variable ID 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 with this variable ID and label	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 variable ID 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 with this variable ID and label	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 variable ID 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 with this variable ID and label	CWE	O	
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_MicroscopicExamCultureSite_TB	Observation/OBX Segment with this variable ID 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_SusceptibilityResult_CDC	Observation/OBX Segment with this variable ID 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_SusceptibilityResult_CDC	Observation/OBX Segment with this variable ID 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_SusceptibilityResult_CDC	Observation/OBX Segment with this variable ID 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_SusceptibilityResult_CDC	Observation/OBX Segment with this variable ID 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_SusceptibilityResult_CDC	Observation/OBX Segment with this variable ID 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_SusceptibilityResult_CDC	Observation/OBX Segment with this variable ID 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_SusceptibilityResult_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
TB191	Cycloserine final susceptibility	If follow-up susceptibility testing was done, results of the testing for Cycloserine.	Coded	P		Susceptibility Result	PHVS_SusceptibilityResult_CDC	Observation/OBX Segment with this variable ID 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_SusceptibilityResult_CDC	Observation/OBX Segment with this variable ID 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_SusceptibilityResult_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	

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TB194	Amikacin final susceptibility	If follow-up susceptibility testing was done, results of the testing for Amikacin.	Coded	P		Susceptibility Result	PHVS_SusceptibilityResult_CDC	Observation/OBX Segment with this variable ID 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_SusceptibilityResult_CDC	Observation/OBX Segment with this variable ID 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_SusceptibilityResult_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
TB197	Ofloxacin final susceptibility	If follow-up susceptibility testing was done, results of the testing for Ofloxacin.	Coded	P		Susceptibility Result	PHVS_SusceptibilityResult_CDC	Observation/OBX Segment with this variable ID 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_SusceptibilityResult_CDC	Observation/OBX Segment with this variable ID and label	CWE	O	
TB296	Levofloxacin final susceptibility	If follow-up susceptibility testing was done, results of the testing for Levofloxacin.	Coded	P		Susceptibility Result	PHVS_SusceptibilityResult_CDC	Observation/OBX Segment with this variable ID 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_SusceptibilityResult_CDC	Observation/OBX Segment with this variable ID 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_SusceptibilityResult_CDC	Observation/OBX Segment with this variable ID 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_SusceptibilityResult_CDC	Observation/OBX Segment with this variable ID 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 with this variable ID and label	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_SusceptibilityResult_CDC	Observation/OBX Segment with this variable ID 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 with this variable ID and label	ST	O	

Date	Version	Description
2/22/2010	2.01	Converted posted TB Message Mapping Guide to one page format.
2/22/2010	2.01	NOT116: Changed value set from PHVS_ReportingArea_TB to the PHIN Standard (and identical value set) for PHIN UID NOT116: PHVS_NationalReportingJurisdiction_NND
2/22/2010	2.01	DEM153: Removed rule about matching PID-10 to this PHIN UID per Program.
4/14/2010	2.02	P – Preferred - Reworded this item with a more obvious difference between Preferred and Optional per Program
4/14/2010	2.02	INV168 – add more to the description to stress the importance of this item per Program
4/14/2010	2.02	NOT106 – Label/Short Name – change so that it is not confused with the TB Report Date collected in INV111 per Program
4/14/2010	2.02	NOT106 – Description – added more clarification to stress its importance
4/14/2010	2.02	INV177 – CDC Priority should be P instead of O
4/14/2010	2.02	TB131 – Value Set Name – changed to Type of Long Term Care Facility
4/14/2010	2.02	TB131 – Value Set Code – changed to PHVS_LongTermCareFacilityType_NND