

Form Approved  
OMB No. 0920-0573  
Expiration Date: XX/XX/XXXX

**National HIV Surveillance System (NHSS)**

Attachment 3c.  
Data Elements for the National HIV Surveillance System (NHSS)

## Data Elements for the National HIV Surveillance System (NHSS)

### Data Elements for Adult and Pediatric HIV Confidential Case Reports

*Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a persons is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: PRA (0920-0573)*

### Data Elements for HIV Incidence Surveillance

*Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a persons is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: PRA (0920-0573)*

### Data Elements for Molecular HIV Surveillance

*Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a persons is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: PRA (0920-0573)*

The data elements listed below include data elements for adult/adolescent case reports (ACRF), pediatric case reports (PCRF), and supplemental data collected in some areas for HIV incidence surveillance (HIS), Molecular HIV Surveillance (MHS) and perinatal HIV exposure reporting (PHER). Data are stored in tables in the enhanced HIV Reporting System (eHARS). Information in the table below reflects eHARS v4.7.1. The column "Transfer to CDC" indicates whether or not the data collected in a variable are transmitted to CDC. The column "Required/Optional" indicates whether a variable is: (1) a program requirement for collection (Required); some variables are required only for HIS or MHS and those have additional notation; (2) optional for program collection (Optional), which may include variables that are CDC recommended for collection but collection is optional; (3) generated by the eHARS system from entered values of other variables and is optional to collect (Optional-System); (4) generated by the eHARS system (System); (5) retired from collection in eHARS (Retired); (6) retained from the previous case surveillance system and is not collected in eHARS (Legacy HARS); or (7) retained from the previous incidence surveillance system and is not collected in eHARS (Legacy Incidence). Additional information for users can be found in the eHARS 4.7.1 Technical Reference Guide.

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
<b>ADDRESS</b>	<b>A table that maintains information on a person's addresses and locations.</b>				
address_seq	Used by the system as a sequence identifier for a person's addresses.		YES	All	System
address_type_cd	A code indicating the type of address, such as RES (residential) or RSA (residence at AIDS diagnosis).	BAD - Bad address COR - Correctional facility CUR - Current FOS - Foster home HML - Homeless POS - Postal RAD - Residence at death RBI - Residence at birth RES - Residential SHL - Shelter TMP - Temporary	YES	All	Required if RSH or RSA
address_dt	The most recent date for which this address is active.		YES	All	Required if RSH or RSA
census_block_group	An optional field indicating the census block group for the person's address.		NO	All	Optional
census_congressional_district	An optional field indicating the congressional district for the person's address.		NO	All	Optional
census_group	An optional field indicating the census group for the person's address.		NO	All	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
census_msa	An optional field indicating the census metropolitan statistical area (MSA) for the person's address.		NO	All	Optional
census_tract	An optional field indicating the census tract for the person's address.		NO	All	Optional
city_fips	The city FIPS code for a person's address. (5 digits)	FIPS_CITY (table) - 99999	YES	All	Required if RSH or RSA
city_name	The textual city name for the person's address from the FIPS table. If there is no match to the FIPS table, the text is stored as entered by the user and preceded by an asterisk.	FIPS_CITY (table), ZIP_CITY (table)	YES	All	Required if RSH or RSA
country_cd	The ISO country code for a person's address.	COUNTRY_CODE (table)	YES	All	Required if RSH or RSA
country_usd	The FIPS U.S. dependency country code for the person's address.	COUNTRY_CODE (table)	YES	All	Required if RSH or RSA
county_fips	The FIPS county code for a person's address.	FIPS_COUNTY (table) - 999	YES	All	Required if RSH or RSA
county_name	The county name for the person's address from the FIPS table. If there is no match to the FIPS table, the text is stored as entered by the user and preceded by an asterisk.	FIPS_COUNTY (table), ZIP_CITY (table)	YES	All	Required if RSH or RSA
doc_belongs_to	Indicates who the address data belong to: PERSON, MOTHER, or CHILD.	PERSON, MOTHER, CHILD	YES	BC	System
document_uid	A unique identifier for a document.		YES	All	System
phone	The value indicating a person's telephone number.	9999999999	NO	All	Required if RSH or RSA
state_cd	The state postal code for a person's address.	<u>STATE_CODES</u>	YES	All	Required if RSH or RSA
street_address1	Primary description of a person's street address, such as number and street name.		NO	All	Required if RSH or RSA
street_address2	Secondary description of a person's street address, such as apartment, building, or unit and number.		NO	All	Required if RSH or RSA
zip_cd	The zip code associated with a person's address.	ZIP_CITY (table) - 99999	NO	All	Required if RSH or RSA

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
<b>BIRTH_HISTORY</b> A table that maintains information pertaining to the child's birth or the mother's prenatal care, labor, and delivery. This information is collected in the Birth History section of Pediatric Case Report Forms (PCRF) and Birth Certificate (BC) documents.					
birth_defects	From PCRF, indicates the presence of birth defects.	<u>YES NO UNK</u>	YES	PCRF, LEGACY_PEDIATRIC	Optional
birth_defects_cd	From PCRF and BC, birth defect codes.	01 - Anencephaly 02 - Meningomyelocele/Spina bifida 03 - Cyanotic congenital heart disease 04 - Congenital diaphragmatic hernia 05 - Omphalocele 06 - Gastroschisis 07 - Limb reduction defect (excluding congenital amputation and dwarfing syndromes) 08 - Cleft lip with or without cleft palate 09 - Cleft palate alone 10 - Down syndrome 11 - Suspected chromosomal disorder 12 - Down syndrome (karyotype confirmed) 13 - Suspected chromosomal disorder (karyotype confirmed) 14 - Down syndrome (karyotype pending) 15 - Suspected chromosomal disorder (karyotype pending)	YES	PCRF, LEGACY_PEDIATRIC, BC	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		16 - Hypospadias 17 - None of the anomalies listed above			
birth_place	From BC, place of birth, such as home or hospital	<u>BIRTH_PLACE</u>	YES	BC	Optional
birth_type	From PCRF and BC, the type of birth, such as single or twin.	1 - Single 2 - Twin 3 - >2 9 - Unknown	YES	PCRF, LEGACY_PEDIATRIC, BC	Optional
birth_wt	From PCRF and BC, the child's birth weight in grams.	NULL, MIN = 28, MAX = 9070	YES	PCRF, LEGACY_PEDIATRIC, BC	Optional
breastfed	From PCRF and BC: Was this child breastfed?	<u>YES NO UNK</u>	YES	BC	Optional
delivery_method	From PCRF and BC, the method of delivery, such as vaginal or Cesarean.	DELIVERY, DELIVERY_BC	YES	PCRF, LEGACY_PEDIATRIC, BC	Optional
document_uid	A unique identifier for the PCRF or BC.		YES	All	System
first_pnc_visit_dt	From BC, the date of the mother's first prenatal care visit.	YYYYMMDD	YES	BC	Optional
infant_transfer	From BC: Was the infant transferred to another facility?	<u>YES NO</u>	YES	BC	Optional
last_live_birth_dt	From BC, the date of the mother's last live birth.	YYYYMMDD	YES	BC	Optional
last_normal_menses_dt	From BC, the date of the mother's last menses.	YYYYMMDD	YES	BC	Optional
last_pnc_visit_dt	From BC, the date of the mother's last prenatal care visit.	YYYYMMDD	YES	BC	Optional
maternal_birth_country_cd	From PCRF, the mother's country of birth.	COUNTRY_CODE (table)	YES	PCRF, LEGACY_PEDIATRIC	Optional
maternal_birth_country_usd	From PCRF, the mother's country of birth if U.S. dependency.	COUNTRY_CODE (table)	YES	PCRF, LEGACY_PEDIATRIC	Optional
maternal_dob	From PCRF, the mother's date of birth.	YYYYMMDD	YES	PCRF, LEGACY_PEDIATRIC	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
maternal_sndx	From PCRF, the mother's last name Soundex.		YES	PCRF, LEGACY_PEDIATRIC	Optional
maternal_stateno	From PCRF, the mother's STATENO identifier.		YES	PCRF, LEGACY_PEDIATRIC	Optional
month_preg_pnc	From PCRF, the month of pregnancy that mother's prenatal care began.	01 - 12, 99(unknown), 00(none)	YES	PCRF, LEGACY_PEDIATRIC	Optional
neonatal_status	From PCRF, the child's neonatal status.	1 - Full Term 2 - Premature 9 - Unknown	YES	PCRF, LEGACY_PEDIATRIC	Optional
neonatal_status_weeks	From PCRF and BC, the gestational age of the child at delivery.	01 - 98, 99(unknown), 00(none)	YES	PCRF, LEGACY_PEDIATRIC, BC	Optional
num_pnc_visits	From PCRF and BC, the number of prenatal care visits.	01-98, 99(unknown), 00(none)	YES	PCRF, LEGACY_PEDIATRIC, BC	Optional
num_prev_live_births	From BC, the number of previous live births.	00-99	YES	BC	Optional
other_art_labor	From PCRF: Did the mother receive other anti-retroviral drugs during labor/delivery?	<u>YES NO UNK</u>	YES	PCRF, LEGACY_PEDIATRIC	Optional
other_art_labor_cd	From PCRF, the other anti-retroviral drugs the mother received during labor/delivery.	<u>DRUG</u>	YES	PCRF, LEGACY_PEDIATRIC	Optional
other_art_preg	From PCRF: Did the mother receive other anti-retroviral drugs during pregnancy?	<u>YES NO UNK</u>	YES	PCRF, LEGACY_PEDIATRIC	Optional
other_art_preg_cd	From PCRF, the other anti-retroviral drugs the mother received during pregnancy.	<u>DRUG</u>	YES	PCRF, LEGACY_PEDIATRIC	Optional
zido_labor	From PCRF: Did the mother receive AZT during labor?	<u>YES_NO_REF_UNK</u>	YES	PCRF, LEGACY_PEDIATRIC	Optional
zido_preg	From PCRF: Did the mother receive AZT during pregnancy?	<u>YES_NO_REF_UNK</u>	YES	PCRF, LEGACY_PEDIATRIC	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
zido_prior_preg	From PCRf: Did the mother receive AZT prior to this pregnancy?	<u>YES NO UNK</u>	YES	PCRf, LEGACY_PEDIATRIC	Optional
zido_week	From PCRf, the week AZT therapy started.	00-99	YES	PCRf, LEGACY_PEDIATRIC	Optional
<b>CALC_OBSERVATION</b>	<b>A table that maintains information on a person's calculated observations.</b>				
calc_obs_uid	A unique identifier for a calculated observation.	<u>CALC_OBSERVATION_CODE</u> (table)	YES	All	Refer to CALC_OBSERVATION_C ODE table for requirements for each variable
calc_obs_value	The calculated observation's value.		YES	All	Refer to CALC_OBSERVATION_C ODE table for valid data element values for each variable
document_uid	A unique identifier for a document.		YES	All	System
<b>CALC_OBSERVATION_C ODE</b>	<b>A table that maintains information calc_obs_value and associated descriptions.</b>				
1	HARS Legacy - AIDS category	1 - Definitive (pre-85) case 2 - Definitive (1985) case 3 - Definitive (1987) case 4 - Presumptive (1987) case 5 - Definitive (1993) case 6 - Presumptive (1993) case 7 - Immunologic (1993) case 8 - Undetermined case 9 - Non-case	YES	All	System
2	HARS Legacy - HIV category	1 - HIV Definitive 2 - HIV Presumptive 3 - HIV Indeterminate 4 - HIV Negative Definitive 5 - HIV Negative Presumptive 8 - Pending Confirmation 9 - HIV Unknown	YES	All	System
3	HARS Legacy - Date the first disease was	<u>YES_NO</u>	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
	diagnosed based on the 1993 expanded AIDS case definition				
4	HARS Legacy - Date the first disease was diagnosed based on the pre-1993 expanded AIDS case definition	YYYYMMDD	YES	All	System
5	HARS Legacy - Date of the first condition classifying as AIDS based on the current AIDS case definition	YYYYMMDD	YES	All	System
6	HARS Legacy - Date of the first condition classifying as AIDS based on the applicable AIDS case definition	YYYYMMDD	YES	All	System
7	HARS Legacy - Date of last negative HIV test result	YYYYMMDD	YES	All	System
8	HARS Legacy - Date a case was reported as HIV positive	YYYYMMDD	YES	All	System
9	HARS Legacy - Date a case was reported as AIDS category level 1	YYYYMMDD	YES	All	System
10	HARS Legacy - Date a case was reported as AIDS category level 2	YYYYMMDD	YES	All	System
11	HARS Legacy - Date a case was reported as AIDS category level 3	YYYYMMDD	YES	All	System
12	HARS Legacy - Date a case was reported as AIDS category level 4	YYYYMMDD	YES	All	System
13	HARS Legacy - Date a case was reported as AIDS category level 5	YYYYMMDD	YES	All	System
14	HARS Legacy - Date a case was reported as AIDS category level 6	YYYYMMDD	YES	All	System
15	HARS Legacy - Date a case was reported as AIDS category level 7	YYYYMMDD	YES	All	System
16	HARS Legacy - Date a case was reported as not infected with HIV	YYYYMMDD	YES	All	System
17	HARS Legacy - Date a case was reported as perinatal exposure	YYYYMMDD	YES	All	System
18	HARS Legacy - Date the death of a case	YYYYMMDD	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
	was reported				
19	HARS Legacy - Mode of transmission	01 - Male sexual contact with other male (MSM) 02 - Injection drug use (nonprescription) (IDU) 03 - Male sexual contact with other male and injection drug use (MSM & IDU) 04 - Adult received clotting factor for hemophilia/coagulation disorder 05 - Heterosexual contact 06 - Adult received transfusion of blood/blood components, transplant of organ/tissue, or artificial insemination 08 - Adult with other confirmed risk 09 - Adult with risk not reported/other 11 - Child received clotting factor for hemophilia/coagulation disorder 12 - Mother with, or at risk for, HIV infection 13 - Child received transfusion of blood/blood components or transplant of organ/tissue 14 - Child with other risk 18 - Child with other confirmed risk 19 - Child with risk not reported/other	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
20	HARS Legacy - Class	A1 - Asymptomatic, CD4 count > 500 or percent > 29% A2 - Asymptomatic, CD4 count 200-499 or percent 14-28% A3 - Asymptomatic, CD4 count < 200 or percent < 14% A9 - Asymptomatic, unknown CD4 B1 - Symptomatic, CD4 count > 500 or percent > 29% B2 - Symptomatic, CD4 count 200-499 or percent 14-28% B3 - Symptomatic, CD4 count < 200 or percent < 14% B9 - Symptomatic, unknown CD4 C1 - AIDS, CD4 count > 500 or percent > 29% C2 - AIDS, CD4 count 200- 499 or percent 14-28% C3 - AIDS, CD4 count < 200 or percent < 14% C9 - AIDS, unknown CD4 Unknown clinical category, X1 - CD4 count > 500 or percent > 29% X2 - Unknown clinical category, CD4 count 200- 499 or percent 14-28%	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		X3 - Unknown clinical category, CD4 count < 200 or percent < 14% X9 - Unknown clinical category, unknown CD4			
21	HARS Legacy - Date of first positive HIV test result or doctor diagnosis of HIV	YYYYMMDD	YES	All	System
78	HARS Legacy - CD4 count < 400	<u>YES_NO</u>	YES	All	System
85	HARS Legacy - First positive HIV-1 EIA test result date	YYYYMMDD	YES	All	System
86	HARS Legacy - Last negative HIV-1 EIA test result date	YYYYMMDD	YES	All	System
87	HARS Legacy - Most recent HIV-1 EIA test result value	POS=Positive NEG=Negative	YES	All	System
89	HARS Legacy - Most recent HIV-1 EIA test result date		YES	All	System
90	HARS Legacy - Overall HIV-1 EIA test result value	POS=Positive NEG=Negative	YES	All	System
91	HARS Legacy - Overall HIV-1 EIA test result date	YYYYMMDD	YES	All	System
92	HARS Legacy - First positive HIV-1/2 combined test result date	YYYYMMDD	YES	All	System
93	HARS Legacy - Last negative HIV-1/2 combined test result date	YYYYMMDD	YES	All	System
94	HARS Legacy - Most recent HIV-1/2 combined test result value	POS=Positive NEG=Negative	YES	All	System
95	HARS Legacy - Most recent HIV-1/2 combined test result date	YYYYMMDD	YES	All	System
96	HARS Legacy - Overall HIV-1/2 combined test result value	POS=Positive NEG=Negative	YES	All	System
97	HARS Legacy - Overall HIV-1/2 combined test result date	YYYYMMDD	YES	All	System
98	HARS Legacy - First positive Western Blot/IFA test result date	YYYYMMDD	YES	All	System
99	HARS Legacy - Last negative Western Blot/IFA test result date	YYYYMMDD	YES	All	System
100	HARS Legacy - Most recent Western	<u>POS_NEG_IND</u>	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
	Blot/IFA test result value				
101	HARS Legacy - Most recent Western Blot/IFA test result date	YYYYMMDD	YES	All	System
102	HARS Legacy - Overall Western Blot/IFA test result value	<u>POS_NEG_IND</u>	YES	All	System
103	HARS Legacy - Overall Western Blot/IFA test result date	YYYYMMDD	YES	All	System
104	HARS Legacy - First positive Other HIV Antibody test result date	YYYYMMDD	YES	All	System
105	HARS Legacy - Last negative Other HIV Antibody test result date	YYYYMMDD	YES	All	System
106	HARS Legacy - Most recent Other HIV Antibody test result value	<u>POS_NEG_IND</u>	YES	All	System
107	HARS Legacy - Most recent Other HIV Antibody test result date	YYYYMMDD	YES	All	System
108	HARS Legacy - Overall Other HIV Antibody test result value	<u>POS_NEG_IND</u>	YES	All	System
109	HARS Legacy - Overall Other HIV Antibody test result date	YYYYMMDD	YES	All	System
110	HARS Legacy - First positive Detection/Antigen/Viral load test result date	YYYYMMDD	YES	All	System
111	HARS Legacy - Last negative Detection/Antigen/Viral load test result date	YYYYMMDD	YES	All	System
112	HARS Legacy - Most recent Detection/Antigen/Viral load test result value	<u>POS_NEG_IND</u>	YES	All	System
113	HARS Legacy - Most recent Detection/Antigen/Viral load test result date	YYYYMMDD	YES	All	System
114	HARS Legacy - Overall Detection/Antigen/Viral load test result value	<u>POS_NEG_IND</u>	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
115	HARS Legacy - Overall Detection/Antigen/Viral load test result date	YYYYMMDD	YES	All	System
116	HARS Legacy - Most recent CD4 count value		YES	All	System
117	HARS Legacy - Most recent CD4 percent value		YES	All	System
118	HARS Legacy - Most recent CD4 test result date	YYYYMMDD	YES	All	System
119	HARS Legacy - Lowest count from all CD4 test result values		YES	All	System
120	HARS Legacy - Lowest CD4 count test result date	YYYYMMDD	YES	All	System
121	HARS Legacy - Lowest percent from all CD4 test result values		YES	All	System
122	HARS Legacy - Lowest CD4 percent test result date	YYYYMMDD	YES	All	System
123	HARS Legacy - First CD4 count < 200 value		YES	All	System
124	HARS Legacy - First CD4 percent < 14 value		YES	All	System
125	HARS Legacy - First CD4 count < 200 or percent < 14 date	YYYYMMDD	YES	All	System
216	HARS Legacy - Expanded mode of transmission	01 - Male sexual contact with other male (MSM) 02 - Injection drug use (nonprescription) (IDU) 03 - Male sexual contact with other male and injection drug use (MSM & IDU) 04 - Adult received clotting factor for hemophilia/coagulation disorder 05 - Heterosexual contact with injection drug user 06 - Heterosexual contact with bisexual man 07 - Heterosexual contact	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		with person with hemophilia 08 - Born in an NIR country Heterosexual contact with person born in an NIR country 09 - Heterosexual contact with HIV-infected transfusion recipient 11 - Heterosexual contact with HIV-infected person 12 - Heterosexual contact with person at risk for HIV infection 13 - Adult received transfusion of blood/blood components, transplant of organ/tissue, or artificial insemination 14 - Adult with risk not reported/other 15 - Child received clotting factor for hemophilia/coagulation disorder 16 - Mother injection drug use (nonprescription) (IDU) 17 - Mother had sex with male injection drug user 18 - Mother had sex with bisexual man 19 - Mother had sex with person with hemophilia 20 - Mother born in an NIR country			

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		21 - Mother had sex with person born in an NIR country 22 - Mother had sex with HIV-infected transfusion recipient 23 - Mother had sex with HIV-infected man 24 - Mother received transfusion of blood/blood components, transplant of organ/tissue, or artificial insemination 25 - Mother has HIV infection 26 - Child received transfusion of blood/blood components or transplant of organ/tissue 27 - Child with risk not reported/other 28 - Child with other risk 88 - Child with other confirmed risk			
217	Old race	1 - White, not Hispanic 2 - Black, not Hispanic 3 - Hispanic 4 - Asian/Pacific Islander 5 - American Indian/Alaska Native 9 - Unknown	YES	All	System
218	Race	1 - Hispanic, All races 2 - Not Hispanic, American Indian/Alaska Native 3 - Not Hispanic, Asian 4 - Not Hispanic, Black 5 - Not Hispanic, Native Hawaiian/Pacific Islander	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		6 - Not Hispanic, White 7 - Not Hispanic, Legacy Asian/Pacific Islander 8 - Not Hispanic, Multi-race 9 - Unknown			
219	Earliest date the first document was entered into the system	YYYYMMDD	YES	All	System
220	Earliest date the first document was received at the health department	YYYYMMDD	YES	All	System
221	Transmission category	01 - Male sexual contact with other male (MSM) 02 - Injection drug use (nonprescription) (IDU) 03 - Male sexual contact with other male and injection drug use (MSM+IDU) 04 - Adult received clotting factor for hemophilia/coagulation disorder 05 - Heterosexual contact 06 - Adult received transfusion of blood/blood components, transplant of organ/tissue, or artificial insemination 07 - Perinatal exposure with HIV infection first diagnosed at age 13 years or older 08 - Adult with other confirmed risk 09 - Adult with No Identified Risk (NIR)	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		10 - Adult with No Reported Risk (NRR) 11 - Child received clotting factor for hemophilia/coagulation disorder 12 - Perinatal exposure 13 - Child received transfusion of blood/blood components or transplant of organ/tissue 18 - Child with other confirmed risk 19 - Child with No Identified Risk (NIR) 20 - Child with No Reported Risk (NRR) 00 - Risk factors selected with no age at diagnosis			
222	Expanded transmission category	01 - Male sexual contact with other male (MSM) 02 - Injection drug use (nonprescription) (IDU) 03 - Male sexual contact with other male and injection drug use (MSM & IDU) 04 - Adult received clotting factor for hemophilia/coagulation disorder 05 - Heterosexual contact with IDU 06 - Heterosexual contact with male who had sexual contact with other male 07 - Heterosexual contact with person with	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		hemophilia 10 - Heterosexual contact with blood transfusion/transplant recipient with documented HIV infection 11 - Heterosexual contact with person with AIDS or documented HIV infection, risk not specified 13 - Adult received transfusion of blood/blood components, transplant of organ/tissue, or artificial insemination 14 - Adult with undetermined transmission category 15 - Child received clotting factor for hemophilia/coagulation disorder 16 - Perinatal exposure, mother had injection drug use 17 - Perinatal exposure, mother had heterosexual contact with IDU 18 - Perinatal exposure, mother had heterosexual contact with bisexual male 19 - Perinatal exposure, mother had heterosexual contact with person with hemophilia			

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		22 - Perinatal exposure, mother had heterosexual contact with blood transfusion/transplant recipient with documented HIV infection 23 - Perinatal exposure, mother had heterosexual contact with male with AIDS or documented HIV infection, risk not specified 24 - Perinatal exposure, mother received transfusion of blood/blood components, transplant of organ/tissue, or artificial insemination 25 - Perinatal exposure, mother with documented HIV infection 26 - Child received transfusion of blood/blood components or transplant of organ/tissue 27 - Child with undetermined transmission category 28 - Child with other confirmed risk 88 - Adult with other confirmed risk 99 - Risk factors selected with no age at diagnosis			
223	Exposure category	01 - MSM only 02 - IDU only 03 - Heterosexual contact only 04 - MSM & IDU	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		05 - IDU & Heterosexual contact 06 - MSM & Heterosexual contact 07 - MSM & IDU & Heterosexual contact 08 - Perinatal exposure 09 - Other 10 - No Identified Risk (NIR) 11 - No Reported Risk (NRR)			
224	Date of first positive HIV test result or doctor diagnosis of HIV	YYYYMMDD	YES	All	System
225	Type of first evidence of HIV infection (positive HIV test result or doctor diagnosis of HIV)	1 - Lab test 2 - Physician diagnosis	YES	All	System
226	First CD4 or viral load test result date after HIV diagnosis	YYYYMMDD	YES	All	System
227	Type of first test after HIV diagnosis (CD4 or viral load)	1 - CD4 2 - Viral load	YES	All	System
228	Most recent test result date	YYYYMMDD	YES	All	System
229	Most recent test type	1 - CD4 2 - Viral load	YES	All	System
230	Most recent test result value	<u>LAB_RESULT_VALUE</u>	YES	All	System
231	First positive HIV screening test result date	YYYYMMDD	YES	All	System
232	Most recent HIV screening test result value	<u>POS_NEG_IND</u>	YES	All	System
233	Most recent HIV screening test result date	YYYYMMDD	YES	All	System
234	Last negative before first positive HIV screening test result date	YYYYMMDD	YES	All	System
235	Overall HIV screening test result value	<u>POS_NEG_IND</u>	YES	All	System
236	Overall HIV screening test result date	YYYYMMDD	YES	All	System
237	First positive HIV antibody confirmatory test result date	YYYYMMDD	YES	All	System
238	Most recent HIV antibody confirmatory	<u>POS_NEG_IND</u>	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
	test result value				
239	Most recent HIV antibody confirmatory test result date	YYYYMMDD	YES	All	System
240	Last negative confirmatory before first positive HIV antibody confirmatory test collection date	YYYYMMDD	YES	All	System
241	Overall HIV antibody confirmatory test result value	<u>POS NEG IND</u>	YES	All	System
242	Overall HIV antibody confirmatory test result date	YYYYMMDD	YES	All	System
243	First detectable viral load test result date	YYYYMMDD	YES	All	System
244	First detectable viral load test result value (copies/ml)		YES	All	System
245	Most recent viral load test result value (copies/ml)		YES	All	System
246	Most recent viral load test result date	YYYYMMDD	YES	All	System
247	Most recent undetectable viral load test result date	YYYYMMDD	YES	All	System
248	First CD4 count test result < 200 value		YES	All	System
249	First CD4 count test result < 200 date	YYYYMMDD	YES	All	System
250	First CD4 percent test result < 14 value		YES	All	System
251	First CD4 percent test result < 14 date	YYYYMMDD	YES	All	System
252	The earliest date on which the immunologic criteria for stage 3 were met	YYYYMMDD	YES	All	System
253	First CD4 count test result < 350 value		YES	All	System
254	First CD4 count test result < 350 date	YYYYMMDD	YES	All	System
255	Most recent CD4 count test result value		YES	All	System
256	Most recent CD4 count test result date	YYYYMMDD	YES	All	System
257	Most recent CD4 percent test result value		YES	All	System
258	Most recent CD4 percent test result date	YYYYMMDD	YES	All	System
259	Most recent CD4 test result (count or percent) date	YYYYMMDD	YES	All	System
260	First CD4 test result value after HIV diagnosis		YES	All	System
261	First CD4 test result date after HIV diagnosis	YYYYMMDD	YES	All	System
262	Lowest CD4 count test result value		YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
263	Lowest CD4 count test result date	YYYYMMDD	YES	All	System
264	Lowest CD4 percent test result value		YES	All	System
265	Lowest CD4 percent test result date	YYYYMMDD	YES	All	System
266	First positive Qualitative RNA/DNA test result date	YYYYMMDD	YES	All	System
267	Most recent Qualitative RNA/DNA test result value		YES	All	System
268	Most recent Qualitative RNA/DNA test result date	YYYYMMDD	YES	All	System
269	Most recent negative Qualitative RNA/DNA Test Result date	YYYYMMDD	YES	All	System
270	First positive HIV antigen test result date	YYYYMMDD	YES	All	System
271	First positive HIV culture test result date	YYYYMMDD	YES	All	System
272	HIV case definition category	1 - HIV positive, definitive 2 - HIV positive, presumptive 3 - HIV indeterminate 4 - HIV negative, definitive 5 - HIV negative, presumptive 8 - Pending confirmation 9 - Unknown	YES	All	System
273	AIDS case definition category	7 - AIDS case defined by immunologic (CD4 count or percent) criteria 9 - Not an AIDS case A - AIDS case defined by clinical disease (OI) criteria	YES	All	System
274	Age at HIV diagnosis (years)	1-99	YES	All	System
275	Age at HIV diagnosis (months)	1-99	YES	All	System
276	Age at AIDS diagnosis (years)	1-99	YES	All	System
277	Age at AIDS diagnosis (months)	1-99	YES	All	System
278	Age at HIV disease diagnosis (years)	1-99	YES	All	System
279	Age at HIV disease diagnosis (months)	1-99	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
280	Date of the first condition classifying as AIDS based on the applicable AIDS case definition	YYYYMMDD	YES	All	System
281	Date of the earliest condition classifying the case as stage 3 infection based on the most recent surveillance case definition for stage 3 HIV infection	YYYYMMDD	YES	All	System
282	The earliest date on which the clinical disease criterion (opportunistic illness [OI] diagnosis) for stage 3 HIV infection was met	YYYYMMDD	YES	All	System
283	Date the first disease was diagnosed based on the pre-1993 expanded AIDS case definition	YYYYMMDD	YES	All	System
285	HIV disease diagnosis date	YYYYMMDD	YES	All	System
286	Class	A1-Asymptomatic, CD4 count > 500 or percent > 29% A2-Asymptomatic, CD4 count 200-499 or percent 14-28% A3-Asymptomatic, CD4 count < 200 or percent < 14% A9-Asymptomatic, unknown CD4 B1-Symptomatic, CD4 count > 500 or percent > 29% B2-Symptomatic, CD4 count 200-499 or percent 14-28% B3-Symptomatic, CD4 count < 200 or percent < 14% B9-Symptomatic, unknown CD4 C1-AIDS, CD4 count > 500	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		or percent > 29% C2-AIDS, CD4 count 200-499 or percent 14-28% C3-AIDS, CD4 count < 200 or percent < 14% C9-AIDS, unknown CD4 X1-Unknown clinical category, CD4 count > 500 or percent > 29% X2-Unknown clinical category, CD4 count 200-499 or percent 14-28% X3-Unknown clinical category, CD4 count < 200 or percent < 14% X9-Unknown clinical category, unknown CD4			
287	Diagnostic status	1 - Adult HIV 2 - Adult AIDS 3 - Perinatal HIV exposure 4 - Pediatric HIV 5 - Pediatric AIDS 6 - Pediatric seroreverter 9 - Unknown	YES	All	System
288	Date reported as HIV positive	YYYYMMDD	YES	All	System
289	Date reported as not infected with HIV (seroreverters)	YYYYMMDD	YES	All	System
290	Date reported as perinatal exposure	YYYYMMDD	YES	All	System
291	Date reported as AIDS (non-immunologic)	YYYYMMDD	YES	All	System
292	Date reported as AIDS (immunologic)	YYYYMMDD	YES	All	System
293	Date reported as AIDS (earliest)	YYYYMMDD	YES	All	System
294	Date reported as HIV disease	YYYYMMDD	YES	All	System
295	Disease progression category (report date)	YYYYMMDD	YES	All	System
296	Disease progression category (diagnosis date)	YYYYMMDD	YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
297	Meets CDC case definition for HIV (not AIDS)	<u>YES_NO</u>	YES	All	System
298	Meets CDC case definition for AIDS	<u>YES_NO</u>	YES	All	System
299	Meets CDC case definition for HIV disease	<u>YES_NO</u>	YES	All	System
300	Meets CDC eligibility for HIV (not AIDS)	<u>YES_NO</u>	YES	All	System
301	Meets CDC eligibility for AIDS	<u>YES_NO</u>	YES	All	System
302	Meets CDC eligibility for HIV disease	<u>YES_NO</u>	YES	All	System
303	Age at death (years)	1-99	YES	All	System
304	Age at death (months)	1-99	YES	All	System
305	Date death reported	YYYYMMDD	YES	All	System
306	Type of first CD4 test after HIV diagnosis (count or percent)	<u>RESULT_UNITS_CD4</u>	YES	All	System
307	Meets CDC case definition for HIV perinatal exposure or pediatric seroreverter	<u>YES_NO</u>	YES	All	System
308	Meets CDC eligibility for HIV perinatal exposure or pediatric seroreverter	<u>YES_NO</u>	YES	All	System
<b>CONSENT_QUESTIONNAIRE</b>	<b>A table that maintains information on a person's consent for STARHS (HIV incidence surveillance). Note: All variables in this tables were not collected since 2005, but are stored in eHARS.</b>				
cconsent1	Did the person consent to participate in STARHS when approached the first time?	<u>YES_NO_UNK</u>	YES	TTH	Retired
cconsent2	Did the person consent to participate in STARHS when approached the second time?	<u>YES_NO_UNK</u>	YES	TTH	Retired
cconsentvisit1	The type of visit when the person was approached for STARHS consent the first time.	01 - Pre-test 02 - Post-test 03 - Other Follow-up	YES	TTH	Retired
cconsentvisit2	The type of visit when the person was approached for STARHS consent the second time.	01 - Pre-test 02 - Post-test 03 - Other Follow-up	YES	TTH	Retired
cdate1	Date of first approach for consent.		YES	TTH	Retired
cdate2	Date of second approach for consent.		YES	TTH	Retired
document_uid	A unique identifier for a document.		YES	TTH	System
<b>DEATH</b>	<b>A table that maintains information on a person's death.</b>				
autopsy	Was an autopsy performed?	<u>YES_NO_UNK</u>	YES	LEGACY_NDI, DEATH_DOC	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
city_fips	The FIPS code for the city where the person died.	FIPS_CITY (table)	YES	LEGACY_NDI, DEATH_DOC	Optional
city_name	The name of the city where the person died.	FIPS_CITY (table)	YES	LEGACY_NDI, DEATH_DOC	Optional
country_cd	The ISO code for the country where the person died.	COUNTRY_CODE (table)	YES	LEGACY_NDI, DEATH_DOC	Optional
country_usd	The U.S. Dependency code where the person died.	COUNTRY_CODE (table)	YES	LEGACY_NDI, DEATH_DOC	Optional
county_fips	The FIPS code for the county where the person died.	FIPS_COUNTY (table)	YES	LEGACY_NDI, DEATH_DOC	Optional
county_name	The name of the county where the person died.	FIPS_COUNTY (table)	YES	LEGACY_NDI, DEATH_DOC	Optional
document_uid	A unique identifier for the Death Document.		YES	ACRF, PCRF, DEATH_DOC, LEGACY_NDI, LEGACY_ADULT, LEGACY_PEDIATRIC	System
dod	The person's date of death.		YES	ACRF, PCRF, DEATH_DOC, LEGACY_NDI, LEGACY_ADULT, LEGACY_PEDIATRIC	Required if person's vital status = Dead
place	The type of place where the person died, such as a residence or hospital.	1 - Hospital, inpatient 2 - Hospital, outpatient or emergency room 3 - Hospital, dead on arrival 4 - Nursing home or hospice 5 - Residence 6 - Jail/Adult detention center 7 - Juvenile detention	YES	ACRF, PCRF, DEATH_DOC, LEGACY_NDI, LEGACY_ADULT, LEGACY_PEDIATRIC	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		center 8 - Group/Assisted living home 9 - Homeless shelter 10 - Homeless, on the street 11 - Hospital, institution (HARS) 888 - Other 999 - Unknown			
state_cd	The postal code for the state where the person died.	<u>STATE CODES</u>	YES	ACRF, PCRf, DEATH_DOC, LEGACY_NDI, LEGACY_ADULT, LEGACY_PEDIATRIC	Required if person's vital status = Dead
<b>DEATH_DX</b>	<b>A table that maintains information on a person's causes of death.</b>				
descr	A phrase or statement describing the cause of death.		YES	LEGACY_NDI, DEATH_DOC	Optional
document_uid	A unique identifier for the Death Document.		YES	LEGACY_NDI, DEATH_DOC	Optional
icd_cd	The ICD code assigned.	ICD9, ICD10	YES	LEGACY_NDI, DEATH_DOC	Optional
icd_cd_type	The type of ICD code assigned, either ICD 9 (represented by 9) or ICD 10 (represented by 10).	9 - ICD-9 10 - ICD-10	YES	LEGACY_NDI, DEATH_DOC	Optional
line	A system generated number for NCHS electronic data, the line number on the tape.	1-9	YES	LEGACY_NDI, DEATH_DOC	Optional
line_number	A number indicating the sequence of death causes (00 is first).	1-6	YES	LEGACY_NDI, DEATH_DOC	Optional
nature_of_injury	For NCHS electronic data, the nature of injury flag (1 represents nature of injury codes and 0 represents all other cause codes).	0,1	YES	LEGACY_NDI, DEATH_DOC	Optional
position	Corresponds to the position of the cause of death on each line of the death		YES	LEGACY_NDI, DEATH_DOC	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
	certificate (1 if the cause is the first one listed, 2 if the cause is the second one listed, and so forth).				
<b>DOCUMENT</b>	<b>A table that maintains information about a document (such as a case report form).</b>				
author	The person who completed the original form.		NO	All	Optional
author_phone	The phone number of the person who completed the original form.	7 or 10 digits	NO	All	Optional
complete_dt	Date the form or document was completed or populated with information. For example, when the chart abstraction was completed.	YYYYMMDD	YES	All	Required
document_number	A field indicating the number of the document. For example, the certificate number associated with a birth certificate.		NO	All	Optional
document_source_cd	The source code of the document, such as A01 for Inpatient Record or A02 for Outpatient Record.	A01-Inpatient Record A01.01-Acute Care Facility A01.01.01-Infection Control Practitioner A01.01.02-OBGYN records A01.01.02.01-Prenatal Care records A01.01.02.02-Labor and Delivery records A01.01.03-Pediatric records A01.01.04-Birth records A01.01.05-All other records A01.02-Veteran's Administration A01.02.01-Infection Control Practitioner A01.02.02-All other records A01.03-Military Hospital A01.03.01-Infection Control	YES	All	Required

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		Practitioner A01.03.02-OBGYN Records A01.03.02.01-Prenatal Care records A01.03.02.02-Labor and Delivery records A01.03.03-Pediatric Records A01.03.04-All Other Records A01.04-Long term care facility A01.04.01-Nursing home A01.04.02-Rehabilitation center A01.04.03-Drug treatment program A01.05-Hospice A02-Outpatient Record A02.01-HMO A02.01.01-Hospital- associated outpatient clinic A02.01.02-Non-Hospital associated outpatient clinic A02.02-VA OP Clinic A02.03-Private Physician A02.03.01-Hospital- associated outpatient clinic A02.03.02-Non-Hospital associated outpatient clinic A02.04-Adult HIV Clinic A02.04.01-Hospital- associated outpatient clinic A02.04.02-Non-Hospital associated outpatient clinic A02.05-Infectious Disease Clinic A02.05.01-Hospital-			

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		associated outpatient clinic A02.05.02-Non-Hospital associated outpatient clinic A02.06-County Health Dept. Clinic A02.07-Maternal HIV Clinic A02.07.01-Hospital- associated outpatient clinic A02.07.02-Non-Hospital associated outpatient clinic A02.08-Prenatal Clinic or Records A02.08.01-Hospital- associated outpatient clinic A02.08.02-Non-Hospital associated outpatient clinic A02.09-Pediatric HIV Clinic A02.09.01-Hospital- associated outpatient clinic A02.09.02-Non-Hospital associated outpatient clinic A02.10-Obstetrics and Gynecology A02.10.01-Hospital- associated outpatient clinic A02.10.02-Non-Hospital associated outpatient clinic A02.11-Pediatric Clinic A02.11.01-Hospital- associated outpatient clinic A02.11.02-Non-Hospital associated outpatient clinic A02.12-TB Clinic A02.12.01-Hospital- associated outpatient clinic			

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		A02.12.02-Non-Hospital associated outpatient clinic A02.13-HRSA-funded clinic A02.14-Indian Health Service clinic A02.14.01-Hospital- associated outpatient clinic A02.14.02-Non-Hospital associated outpatient clinic A02.15-Early Intervention Nurse A02.15.01-Hospital- associated outpatient clinic A02.15.02-Non-Hospital associated outpatient clinic A02.16-Visiting Nurse Service A02.16.01-Hospital- associated outpatient clinic A02.16.02-Non-Hospital associated outpatient clinic A02.17-Hemophilia Treatment Center A02.17.01-Hospital- associated outpatient clinic A02.17.02-Non-Hospital associated outpatient clinic A02.18-Hospice A02.18.01-Hospital- associated outpatient clinic A02.18.02-Non-Hospital associated outpatient clinic A02.19-Drug Treatment Center A02.19.01-Hospital- associated outpatient clinic A02.19.02-Non-Hospital associated outpatient clinic			

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		A02.20-Rehabilitation Center A02.20.01-Hospital- associated outpatient clinic A02.20.02-Non-Hospital associated outpatient clinic A02.25-Other Clinic A02.25.01-Hospital- associated outpatient clinic A02.25.02-Non-Hospital associated outpatient clinic A03-Emergency Room A04-Screening, Diagnosis and Referral Agencies A04.01-Blood Bank A04.02-Drug Treatment Clinic or Program A04.03-Family Planning Clinic A04.04-HIV Case Management Agency A04.05-HIV Counseling and Testing site A04.06-Immigration A04.07-Insurance report A04.08-Job Corps A04.09-Military A04.10-Partner Counseling and Referral Services A04.11-STD Clinic A04.12-Public health notes A05-Laboratories A05.01-Hospital laboratory A05.02-State Laboratory A05.03-Private Laboratory			

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		A05.03.01-Reference laboratory A05.03.02-Other Laboratory A06-Other Databases of information A06.01-AIDS Drug Assistance Program (ADAP) A06.02-ASD Database A06.03-Birth Certificate A06.04-Birth Defects Registry A06.05-Other Cancer Registry A06.06-Database provided by coroner A06.07-Death Certificate A06.08-EHRAP Database A06.09-EPS Database A06.10-HARS Database A06.11-Health department records A06.12-Hepatitis Registry A06.13-Hospital billing summary or discharge database A06.14-HRSA HIV CARE Database A06.15-Immunization registry A06.16-Medicaid Records A06.17-National Death Index (NDI) Search A06.18-Out of State Report A06.19-Prison, Jail or other Correctional Facility A06.20-PSD Database A06.21-State Disease			

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		Registry A06.22-SHAS Database A06.23-SHDC Database A06.24-STD Registry A06.25-Tuberculosis Registry A06.27-Vital Statistics (state/local) A06.28-HARS NDI A06.29-Routine Interstate Duplicate Resolution (RIDR) report A06.30-Social Security Death Master File (SSDMF) or Social Security Death Index (SSDI) A06.31-Legacy TTH Pretest A06.32-Legacy TTH Post- test A06.33-Legacy Consent A06.34-Medical Monitoring Project (MMP) A06.34.01-MMP Medical Record Abstraction A06.34.02-MMP Patient Interview A06.35-Fetal-Infant Mortality Review (FIMR) A06.35.01-FIMR Medical Record Abstraction A06.35.02-FIMR Patient Interview A06.50-Other Database or Report A07-Other Facility Records			

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		A07.01-Prison, jail, or other correctional facility A07.02-Coroner not associated with inpatient facility A10-Other source A10.01-COPHI Investigation A10.02-Patient interview UNK-Unknown No source defined			
document_type_cd	A code indicating the type of document, such as 001 for Adult Case Report Form or 005 for Birth Certificate.	000-document.personView 001- document.adultCaseReport Doc 002- document.pediatricReportD oc 003- document.harsAdultDoc 004-document.lab 005- document.birthCertificateD oc 006- document.deathCertificate Doc 009- document.harsPediatricDoc 010-Supplemental Risk Form 011-document.harsNdiDoc 012-document.tthDoc 013-document.consent 015-document.starhs	YES	All	System
document_uid	A unique identifier for a document.		YES	All	System
ehars_uid	A unique identifier for a case or person.		YES	All	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
enter_by	The user ID of the person who entered the information into eHARS, auto-populated by the application.		NO	All	Optional
enter_dt	The system date when the document was entered into eHARS.	YYYYMMDD	YES	All	System
facility_uid	For case report forms and incidence documents, indicates the facility completing the form.	FACILITY_CODE (table)	YES	ACRF, PCRF, TTH	Optional - System
initdocuid	If this document contains follow up information, this field captures the document UID of the report that initiated the investigation.		YES	All	Required if follow-up document
initinvest	Did this document initiate a follow-up investigation?	<u>YES NO UNK</u>	YES	All	Optional
modify_dt	The date the document was last modified.	YYYYMMDD	YES	All	Optional
notes	Notes or comments regarding the document.		NO	All	Optional
provider_uid	For case report forms and incidence documents, indicates the provider completing the form.	PROVIDER_CODE (table)	NO	ACRF, PCRF, TTH	Optional - System
pv_categ	The Person View AIDS category at the time the document was entered into eHARS. <b>(Note: This field was retired from usage as of version 4.0)</b>		YES	All	System
pv_hcateg	The Person View HIV category at the time the document was entered into the system. <b>(Note: This field was retired from usage as of version 4.0)</b>		YES	All	System
receive_dt	The date the document was received at the health department.	YYYYMMDD	YES	All	Optional
rep_hlth_dept_cd	The health department reporting this information to the site. The code consists of the state abbreviation and either the three digit FIPS county code (state + fips	two character state abbreviation + three digit FIPS county code or five digit FIPS place code	YES	All	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
	county code), or the five digit FIPS place code (state + fips place code).				
rep_hlth_dept_name	The name of the reporting health department.		YES	All	Required
rpt_medium	An indication of the medium used to transport the information to the site, such as paper form, faxed or diskette, mailed.	1 - Paper form, field visit 2 - Paper form, mailed 3 - Paper form, faxed 4 - Telephone 5 - Electronic transfer, Internet 6 - Diskette, mailed	YES	All	Optional
ship_flag	A value indicating if the document/Person View needs to be transferred to state health department (satellite installations) or to CDC.	0-9999	YES	All	System
site_cd	A unique identifier representing the reporting site or location where eHARS is installed.	<u>SITE_CODE</u>	YES	All	System
status_flag	A value indicating the status of the document or Person View.	DOCUMENT_STATUS (non- pv documents), PERSON_VIEW_STATUS (pv documents)	YES	All	System
surv_method	A field indicating whether the report was obtained via active or passive surveillance.	A - Active F - Follow-up P - Passive R - Reabstraction U - Unknown	YES	All	Required
<b>FACILITY_CODE</b>	<b>A table that maintains information for selecting and identifying healthcare facilities.</b>				
city_fips	City FIPS code for the facility's address.	FIPS_CITY (table)	YES	N/A	Optional
city_name	City name associated with the facility's address.	FIPS_CITY (table)	YES	N/A	Optional
country_cd	ISO country code for the facility's address.	COUNTRY_CODE (table)	YES	N/A	Optional
country_usd	U.S. dependency code for the facility's address, if applicable.	COUNTRY_CODE (table)	YES	N/A	Optional
county_fips	County FIPS code for the facility's address.	FIPS_COUNTY (table)	YES	N/A	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
county_name	County name associated with the facility's address.	FIPS_COUNTY (table)	YES	N/A	Optional
email	The email address of the facility.		NO	N/A	Optional
facility_type_cd	A code indicating the type of healthcare facility.	F.OTH-Facility/Other F.UNK-Facility/Unknown F01-Inpatient Facility F01.01-Inpatient Facility/Hospital F01.04-Inpatient Facility/Long Term Care F01.50-Inpatient Facility/Drug Treatment F01.OTH-Inpatient Facility/Other F01.UNK-Inpatient Facility/Unknown F02-Outpatient Facility F02.01-Outpatient Facility/HMO Clinic F02.03-Outpatient Facility/Private Physician's Office F02.04-Outpatient Facility/Adult HIV Clinic F02.05-Outpatient Facility/Infectious Disease Clinic F02.09-Outpatient Facility/Pediatric HIV Specialty Clinic F02.10-Outpatient Facility/Obstetrics and Gynecology Clinic F02.11-Outpatient Facility/Pediatric Clinic	YES	N/A	Required

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		F02.12-Outpatient Facility/TB Clinic F02.16-Outpatient Facility/Home Health Agency F02.17-Outpatient Facility/Hemophilia Treatment Center F02.18-Outpatient Facility/Hospice F02.19-Outpatient Facility/Drug Treatment Center F02.25-Outpatient Facility/Other Clinic F02.50-Outpatient Facility/ACTG Site F02.51-Outpatient Facility/Community Health Center F02.52-Outpatient Facility/Employee Health Clinic F02.53-Outpatient Facility/Health Department/Public Health Clinic F02.54-Outpatient Facility/Mobile Clinic F02.55-Outpatient Facility/Non-mobile Street Outreach F02.56-Outpatient Facility/PACTG Site F02.57-Outpatient Facility/Primary Care Clinic, Not Specified F02.58-Outpatient			

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		Facility/School or University Clinic F02.OTH-Outpatient Facility/Other F02.UNK-Outpatient Facility/Unknown F03-Emergency Room F04-Screening, Diagnostic, Referral Agency (S,D,R) F04.01-(S,D,R) Blood Bank or Plasma Center F04.02-(S,D,R) Drug Treatment Center F04.03-(S,D,R) Family Planning Clinic F04.04-(S,D,R) HIV Case Management Agency F04.05-(S,D,R) HIV Counseling and Testing Site F04.07-(S,D,R) Insurance Screening F04.11-(S,D,R) STD Clinic F04.OTH-(S,D,R) Other F04.UNK-(S,D,R) Unknown F05-Laboratory F07-Other Specific Facility F07.01-Other Specific Facility/Correctional Facility F07.02-Other Specific Facility/Coroner or Medical Examiner			
facility_uid	A unique identifier for a healthcare facility.		YES	N/A	System
fax	The fax number of the facility.		NO	N/A	Optional
funding_cd	A code that indicates the type of HRSA	<u>FUNDING_CD</u>	YES	N/A	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
	funding a facility receives.				
funding_flag	Does the facility receive HRSA funding?	<u>YES NO</u>	YES	N/A	Optional
name1	Primary name of the facility.		YES	N/A	Optional
name2	Secondary or alternative name of the facility.		YES	N/A	Optional
phone	Phone number of the facility.		NO	N/A	Optional
setting_cd	A code identifying the setting of the facility, such as Federal, VA.	1-Public, unspecified 2-Federal, VA 3-Federal, IHS 4-Federal, military 5-Federal, corrections 6-Federal, other/unspecified 7-State 8-County/Parish 9-City/Town/Township 10-Private 999-Unknown	YES	N/A	Optional
ship_flag	A field used by the application to determine if the information for this facility needs to be transferred to CDC.	0 = Do not ship, 1 = Ship to CDC	NO	N/A	Optional
state_cd	State postal code of the facility's address.	<u>STATE CODES</u>	YES	N/A	Optional
street_address1	Facility's primary street address.		NO	N/A	Optional
street_address2	Facility's secondary street address.		NO	N/A	Optional
zip_cd	Zip code for the facility's address.	<u>ZIP_CITY</u> (table)	YES	N/A	Optional
<b>FACILITY_EVENT</b>	<b>A table that maintains information pertaining to a person's events that involve a facility, such as facility at birth or facility at HIV diagnosis.</b>				
doc_belongs_to	Indicates if the facility event data (such as facility at HIV dx or facility at birth) belong to PERSON or CHILDn.	PERSON, MOTHER, CHILD	YES	ACRF, PCRF, LEGACY_ADULT, LEGACY_PEDIATRIC, TTH	Optional
document_uid	A unique identifier for a document.		YES	ACRF, PCRF, LEGACY_ADULT, LEGACY_PEDIATRIC, TTH	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
event_cd	A code that indicates the type of event that occurred.	01 - Facility of HIV diagnosis 02 - Facility of AIDS diagnosis 03 - Facility of perinatal exposure 05 - Hospital of birth 07 - Facility where child was transferred within 24 hours of delivery	YES	ACRF, PCRF, LEGACY_ADULT, LEGACY_PEDIATRIC, TTH	Optional
facility_uid	The unique identifier of the facility associated with this event.	FACILITY_CODE (table)	YES	ACRF, PCRF, LEGACY_ADULT, LEGACY_PEDIATRIC, TTH	Optional - System
provider_uid	The unique identifier of the provider associated with this event.	PROVIDER_CODE (table)	NO	ACRF, PCRF, LEGACY_ADULT, LEGACY_PEDIATRIC, TTH	Optional - System
<b>ID</b>	<b>A table that maintains information on a person's identifiers.</b>				
doc_belongs_to	Indicates who the identifier belongs to: PERSON, MOTHER, or CHILD $n$ .	PERSON, MOTHER, CHILD $n$	YES	ACRF, LEGACY_ADULT, PCRF, LEGACY_PEDIATRIC, BC	System
document_uid	A unique identifier for a document.		YES	All	System
id_cd	Code that indicates the type of identifier assigned to a person.	<u>ID_CODE</u>	YES	All	Refer to ID_CODE table for requirements for each variable
id_seq	Sequence identifier for a person's identification codes. A person can have multiple identification code types (id_cd_type) on the Person View document only.	1-99999999	YES	All	System
id_value	The value of the person's identifier.		YES	All	Refer to ID_CODE table

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
					for valid data element values for each variable
<b>ID_CODE</b>	<b>A table that contains all distinct ID.id_cd values and associated descriptions, including any locally-defined ID types. *Required for the stateno associated with the state of report and the cityno associated with the applicable city of report.</b>				
001	FL STATENO		YES	All	Optional*
003	HRSA URN		NO	All	Optional
004	Medicaid Number		NO	All	Optional
005	GA STATENO		YES	All	Optional*
006	PA STATENO		YES	All	Optional*
007	Ryan White Number		NO	All	Optional
008	AIDS Drug Assistance Program (ADAP) Number		NO	All	Optional
009	STD*MIS Number		YES	All	Optional
010	Prison Number		NO	All	Optional
011	RVCT (TB) Number		YES	All	Optional
012	Social Security Number (SSN)		NO	All	Optional
013	Social Security Number Alias		NO	All	Optional
015	CA Non-named Code (reported)		NO	All	Optional
016	CA Non-named Code (verified)		NO	All	Optional
017	CT Coded Identifier (reported)		NO	All	Optional
019	DC Unique Id (reported)		NO	All	Optional
020	DC Unique Id (verified)		NO	All	Optional
021	DE Coded Identifier (reported)		NO	All	Optional
022	DE Coded Identifier (verified)		NO	All	Optional
023	HI Unnamed Test Code (reported)		NO	All	Optional
024	HI Unnamed Test code (verified)		NO	All	Optional
025	IL Patient Code Number (reported)		NO	All	Optional
026	IL Patient Code Number (verified)		NO	All	Optional
027	Philadelphia, PA Unique Code (reported)		NO	All	Optional
028	Philadelphia, PA Unique Code (verified)		NO	All	Optional
029	MA Coded Identifier (reported)		NO	All	Optional
030	MA Coded Identifier (verified)		NO	All	Optional
031	MD Unique Identifier (reported)		NO	All	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
032	MD Unique Identifier (verified)		NO	All	Optional
033	ME Coded Identifier (reported)		NO	All	Optional
034	ME Coded Identifier (verified)		NO	All	Optional
035	MT Coded Identifier (reported)		NO	All	Optional
036	MT Coded Identifier (verified)		NO	All	Optional
037	OR Coded Identifier (reported)		NO	All	Optional
038	OR Coded Identifier (verified)		NO	All	Optional
041	RI Coded Identifier (reported)		NO	All	Optional
042	RI Coded Identifier (verified)		NO	All	Optional
043	VT Non-named Code (reported)		NO	All	Optional
044	VT Non-named Code (verified)		NO	All	Optional
045	WA Non-named Coded Id (reported)		NO	All	Optional
046	WA Non-named Coded Id (verified)		NO	All	Optional
047	PATNO (HARS)		YES	All	Optional
048	HIVNO (HARS)		YES	All	Optional
049	Medical Record Number (MEDRECNO)		NO	All	Optional
050	TX STATENO		YES	All	Optional*
051	Houston, TX CITYNO		YES	All	Optional*
052	LA STATENO		YES	All	Optional*
053	WA STATENO		YES	All	Optional*
054	MI STATENO		YES	All	Optional*
055	AL STATENO		YES	All	Optional*
056	NJ STATENO		YES	All	Optional*
059	Counseling and Testing		NO	All	Optional
067	WA Non-named Code (generated)		NO	All	Optional
069	DC Unique Id (generated)		NO	All	Optional
070	DE Coded Identifier (generated)		NO	All	Optional
071	HI Unnamed Test Code (generated)		NO	All	Optional
072	IL Patient Code Number (generated)		NO	All	Optional
073	Philadelphia, PA Unique Code (generated)		NO	All	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
074	MA Coded Identifier (generated)		NO	All	Optional
075	MD Unique Identifier (generated)		NO	All	Optional
076	ME Coded Identifier (generated)		NO	All	Optional
077	MT Coded Identifier (generated)		NO	All	Optional
078	OR Coded Identifier (generated)		NO	All	Optional
079	PR Coded Identifier (retired)		NO	All	Optional
080	VT Non-named Code (generated)		NO	All	Optional
081	CA Non-named Code (generated)		NO	All	Optional
082	CT Coded Identifier (generated)		NO	All	Optional
083	RI Coded Identifier (generated)		NO	All	Optional
084	WA Non-named Code Alias (reported)		NO	All	Optional
086	CA Non-named Code Alias (reported)		NO	All	Optional
090	DC Unique Id Alias (reported)		NO	All	Optional
092	DE Coded Identifier Alias (reported)		NO	All	Optional
094	HI Unnamed Test Code Alias (reported)		NO	All	Optional
096	IL Patient Code Number Alias (reported)		NO	All	Optional
098	Philadelphia, PA Unique Code Alias (reported)		NO	All	Optional
100	MA Coded Identifier Alias (reported)		NO	All	Optional
102	MD Unique Identifier Alias (reported)		NO	All	Optional
104	ME Coded Identifier Alias (reported)		NO	All	Optional
106	MT Coded Identifier Alias (reported)		NO	All	Optional
108	OR Coded Identifier Alias (reported)		NO	All	Optional
112	RI Coded Identifier Alias (reported)		NO	All	Optional
114	VT Non-named Code Alias (reported)		NO	All	Optional
132	UCSF Patient Identifier		NO	All	Optional
133	Reporting Health Department Number (generic cityno)		YES	All	Optional
134	AK STATENO		YES	All	Optional*
135	AZ STATENO		YES	All	Optional*
136	AR STATENO		YES	All	Optional*
137	CA STATENO		YES	All	Optional*
138	CO STATENO		YES	All	Optional*

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
139	CT STATENO		YES	All	Optional*
140	DE STATENO		YES	All	Optional*
141	HI STATENO		YES	All	Optional*
142	ID STATENO		YES	All	Optional*
143	IL STATENO		YES	All	Optional*
144	IN STATENO		YES	All	Optional*
145	IA STATENO		YES	All	Optional*
146	KS STATENO		YES	All	Optional*
147	KY STATENO		YES	All	Optional*
148	ME STATENO		YES	All	Optional*
149	MD STATENO		YES	All	Optional*
150	MA STATENO		YES	All	Optional*
151	MN STATENO		YES	All	Optional*
152	MS STATENO		YES	All	Optional*
153	MO STATENO		YES	All	Optional*
154	MT STATENO		YES	All	Optional*
155	NE STATENO		YES	All	Optional*
156	UT STATENO		YES	All	Optional*
157	VT STATENO		YES	All	Optional*
158	VA STATENO		YES	All	Optional*
159	WV STATENO		YES	All	Optional*
160	WI STATENO		YES	All	Optional*
161	WY STATENO		YES	All	Optional*
162	NV STATENO		YES	All	Optional*
163	NH STATENO		YES	All	Optional*
164	NM STATENO		YES	All	Optional*
165	NY STATENO		YES	All	Optional*
166	NC STATENO		YES	All	Optional*
167	ND STATENO		YES	All	Optional*
168	OH STATENO		YES	All	Optional*

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
169	OK STATENO		YES	All	Optional*
170	OR STATENO		YES	All	Optional*
171	RI STATENO		YES	All	Optional*
172	SC STATENO		YES	All	Optional*
173	SD STATENO		YES	All	Optional*
174	TN STATENO		YES	All	Optional*
175	New York, NY CITYNO		YES	All	Optional*
176	American Samoa STATENO		YES	All	Optional*
177	Mariana Islands STATENO		YES	All	Optional*
178	DC STATENO		YES	All	Optional*
179	Guam STATENO		YES	All	Optional*
180	Puerto Rico STATENO		YES	All	Optional*
181	Virgin Islands STATENO		YES	All	Optional*
182	San Francisco, CA CITYNO		YES	All	Optional*
183	Los Angeles, CA CITYNO		YES	All	Optional*
184	Chicago, IL CITYNO		YES	All	Optional*
185	Philadelphia, PA CITYNO		YES	All	Optional*
186	PATNO (ASD)		YES	All	Optional
187	INS Number		NO	All	Optional
188	KY Unique Code Alias (Retired)		NO	All	Optional
189	Tracking ID		NO	All	Optional
190	Generic ID		NO	All	Optional
191	PEMS Client Unique Key		NO	All	Optional
192	PEMS Local Client Key		NO	All	Optional
193	PEMS Form ID		NO	All	Optional
195	Palau STATENO		YES	All	Optional
196	Marshall Islands STATENO		YES	All	Optional
197	MMP PARID		YES	All	Optional
198	FIMR ID		YES	All	Optional
199	Federated States of Micronesia STATENO		YES	All	Optional*
<b>LAB</b>	<b>A table that maintains information on a person's diagnostic tests and STARHS results.</b>				
accession_number	An identifier assigned by the lab to a specimen when received; acts as a		NO	LAB_DOC	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
	tracking mechanism for the specimen.				
case_cd	For application use, a code associating a diagnostic test with the HIV/AIDS case definition algorithm.	<u>LAB_TEST_CODE (table)</u>	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC	System
clia_uid	The CLIA provider number of the laboratory that performed the test.	CLIA_CODE (table)	YES	LAB_DOC	Optional
comments	Notes or comments regarding a lab test entered by a user. These values are transferred to CDC.		YES	LAB_DOC	Optional
document_uid	A unique identifier for a document.		YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC	System
facility_uid	The unique identifier of the facility that ordered the test.	FACILITY_CODE (table)	YES	LAB_DOC	Optional - System
lab_seq	Sequence identifier for a person's laboratory results.		YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC	System
lab_test_cd	The eHARS defined codes to identify lab tests	<u>LAB_TEST_CODE (table)</u>	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC	Required
lab_test_type	The type of lab test.	RAPID_TEST_TYPE <b>(As of version 4.0 the values below have been retired from usage.)</b> TYPE_OF_KIT TYPE_OF_KIT_STARHS TYPE_OF_KIT_VL	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC	Required if the test is rapid
manufacturer	The manufacturer of the test (applicable to viral load tests only)	01-Bayer Diagnostics 02-Organon Teknika	YES	ACRF, PCRF, LAB_DOC,	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		03-Roche Molecular Systems Inc. 04-Abbott Laboratories 05-ABBOTT Molecular Inc. 06-Alere 07-Avioq Inc. 08-BioLife Plasma Services 09-bioLytical Laboratories Inc. 10-Bio-Rad Laboratories 11-Celera Diagnostics 12-Chembio Diagnostic Systems Inc. 13-Gen-Probe Inc. 14-Home Access Health Corp. 15-Maxim Biomedical Inc. 16-MedMira Laboratories Inc. 17-National Genetics Institute 18-OraSure Technologies 19-Ortho-Clinical Diagnostics Inc. 21-Sanochemia Pharmazeutika AG 22-Siemens Healthcare Diagnostics Inc. 23-Trinity Biotech 24-Becton Dickinson 25-Beckman Coulter 26-Cytognos 27-Guava Technologies 28-Partec 29-Invitrogen/Dynal biotech 30-PointCare technologies 31-Sysmex		LEGACY_ADULT, LEGACY_PEDIATRIC	

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		32-i+MED Laboratories Co. Ltd. 33-Visible Genetics 34-Applied Biosystems 35-Virco 36-bioMerieux, Inc 37-Siemens Medical Solutions Diagnostics 38-Chiron Corporation 40-Streck 88-Other 99-Unknown			
provider_uid	The unique identifier of the provider who ordered the test.	PROVIDER_CODE (table)	NO	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC	Optional-System
receive_dt	The date the lab that performed the test received the specimen from either a healthcare provider or another laboratory.	YYYYMMDD	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC	Optional
result	The result value including the optical density for STARHS.	<u>LAB_RESULT_VALUE (but depends upon the test)</u>	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC	Required when entering a lab test For HIS: required for valid STARHS result
result_interpretation	An interpretation of the lab result. For viral load tests, values include: within range =, below range (limit) <, above range (limit) >. For STARHS tests the STARHS_RESULT values as found in LOOKUP_CODE table.	RESULT_INTERPRETATION - For viral load tests STARHS_RESULT - For STARHS tests Old HARS value "I" (indeterminate) [viewable only]	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC	Optional
result_range_lower	The lower boundary reference range or detection limit for viral load.	0-999.999,999	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
result_range_upper	The upper boundary reference range or detection limit for viral load.	0-999.999,999	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC	Optional
result_rpt_dt	The date the test result was reported or processed at the lab.	YYYYMMDD	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC	Optional
result_units	The reported units.	<u>RESULT_UNITS_CD4</u> , <u>RESULT_UNITS</u>	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC	Required when entering a CD4 test
sample_dt	The date the specimen was collected.	YYYYMMDD	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC	Required when entering a lab test
sample_id	A unique identifier used to distinguish samples; may be specimen number or ID.		NO	LAB_DOC	Optional
specimen	The type of specimen collected.	BLD - Blood OTH - Other SAL - Saliva UNK - Unknown URN - Urine	YES	LAB_DOC	Optional
sreason	The reason the STARHS specimen was not sent for testing.	1 - Quantity not sufficient 2 - Specimen never received at public lab 3 - Specimen broke in transit 4 - Other 5 - Not sufficient antibodies	YES	LAB_DOC	Optional
starhs_sample_id	If this is a confirmatory test aliquoted for STARHS, the STARHS specimen ID.		YES	LAB_DOC	If lab_test_cd=EC-023, EC-024, EC-025, EC-026, or EC-027 then this variable is REQUIRED for HIS
<b>LAB_GENOTYPE</b>	<b>A table that contains the gene sequence from a person's genotype diagnostic test.</b>				
document_uid	A unique identifier for a document.		YES	ACRF, PCRF, LAB_DOC	System

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
genotype_sequence	The genotype sequence result from a genotype diagnostic test.	<u>GENE_VALIDATION</u>	YES	ACRF, PCRF, LAB_DOC	Required if MHS
lab_seq	Sequence identifier for a person's laboratory results.		YES	ACRF, PCRF, LAB_DOC	System
<b>OBSERVATION</b>	<b>A table that maintains information on a person's observations.</b>				
document_uid	An internal unique identifier for a document. For person-based local fields, the ehars_uid is stored in this field. For document-based local fields, the document_uid is stored in this field.		YES	All	System
obs_uid	An internal unique identifier for an observation.	OBSERVATION_CODE (table)	YES	All	Refer to OBSERVATION_CODE table for requirements for each variable
obs_value	The value for the observed object.		YES	All	Refer to OBSERVATION_CODE table for valid data element values for each variable
<b>OBSERVATION_CODE</b>	<b>A table that contains all distinct obs_value and associated descriptions.</b>				
1	Report status		YES	All	Optional
2	HARS Legacy - Laboratory name		YES	All	Legacy HARS
3	HARS Legacy - Other facility type at HIV diagnosis (specify)		YES	All	Legacy HARS
4	HARS Legacy - Has patient received a physical exam for this condition?	<u>YES NO UNK</u>	YES	All	Legacy HARS
5	HARS Legacy - Other facility type at perinatal exposure (specify)		YES	All	Legacy HARS
6	If HIV laboratory tests were not documented, is HIV diagnosis documented by a physician?	<u>YES NO UNK</u>	YES	All	Required if laboratory test not documented
7	Date patient was confirmed by a physician as HIV infected	YYYYMMDD	YES	All	Required if laboratory test not documented and physician diagnosis

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
8	Entered age at HIV diagnosis (years)		YES	All	Optional
9	Entered age at AIDS diagnosis (years)		YES	All	Optional
10	Clinical record reviewed	<u>YES_NO</u>	YES	All	Optional
11	Date patient was diagnosed as asymptomatic	YYYYMMDD	YES	All	Optional
12	Date patient was diagnosed as symptomatic	YYYYMMDD	YES	All	Optional
13	HARS Legacy - Other facility type at AIDS diagnosis (specify)		YES	All	Legacy HARS
14	Has patient been informed of his/her HIV infection?	<u>YES_NO_UNK</u>	YES	All	Optional
15	By whom patient's partners will be notified and counseled about their HIV exposure	<u>PATIENT_NOTIFIER</u>	YES	All	Optional
16	Is patient receiving or has patient been referred for medical services?	<u>YES_NO_UNK</u>	YES	All	Optional
17	Is patient receiving or has patient been referred for substance abuse treatment services?	<u>YES_NO_NA_UNK</u>	YES	All	Optional
18	HARS Legacy - Follow up date		YES	All	Legacy HARS
19	HARS Legacy - Follow up status of patient	1=Active follow-up 2=Moved from state 3=Provider out of state 4=Lost to follow-up 9=Unknown	YES	All	Legacy HARS
20	HARS Legacy - Laboratory ID number		YES	All	Legacy HARS
21	HARS Legacy - Did patient have heterosexual relations with a person born outside of the U.S.?	<u>YES_NO_UNK</u>	YES	All	Legacy HARS
22	HARS Legacy - Country of person with whom patient had heterosexual relations	See HARS country codes	YES	All	Legacy HARS
23	Patient is receiving or has been referred for OB-GYN services	<u>YES_NO_UNK</u>	YES	All	Optional
24	Is patient currently pregnant?	<u>YES_NO_UNK</u>	YES	All	Required
25	Has patient delivered live-born infant?	<u>YES_NO_UNK</u>	YES	All	Optional
26	HARS Legacy - Has child's mother had sex	<u>YES_NO_UNK</u>	YES	All	Legacy HARS

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
	with a man born outside of the U.S.?				
27	HARS Legacy - Is patient receiving HIV prophylactic therapy?	<u>YES NO UNK</u>	YES	All	Legacy HARS
28	HARS Legacy - Has patient been referred for treatment?	<u>YES NO UNK</u>	YES	All	Legacy HARS
29	HARS Legacy - Country of man with whom child's mother had sex	See HARS country codes	YES	All	Legacy HARS
31	HARS Legacy - Method of partner notification	1=Patient referred 2=Health department referred 8=Other provider	YES	All	Legacy HARS
32	HARS Legacy - Source of AIDS report	<u>LEGACY SOURCE</u>	YES	All	Legacy HARS
33	HARS Legacy - Source of HIV report	<u>LEGACY SOURCE</u>	YES	All	Legacy HARS
34	HARS Legacy - Source of AIDS report (specify)		YES	All	Legacy HARS
35	HARS Legacy - Source of HIV report (specify)		YES	All	Legacy HARS
39	Date of last medical evaluation	YYYYMMDD	YES	All	Optional
40	Date of initial evaluation for HIV infection	YYYYMMDD	YES	All	Optional
41	Was reason for initial HIV evaluation due to clinical signs/symptoms?	<u>YES NO UNK</u>	YES	All	Optional
42	Date of mother's first HIV positive test	<u>YES NO UNK</u>	YES	All	Optional
43	Was mother counseled about HIV testing during this pregnancy, labor, or delivery?	<u>YES NO UNK</u>	YES	All	Optional
44	eHARS Retired — If HIV tests were not positive or were not done, does this patient have an immunodeficiency that would disqualify him/her from AIDS case definition?	<u>YES NO UNK</u>	YES	All	Optional
45	Is patient confirmed by a physician as not HIV infected?	<u>YES NO UNK</u>	YES	All	Optional
46	Date patient confirmed by physician as not HIV infected	YYYYMMDD	YES	All	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
47	Is child's birth history available?	<u>YES NO UNK</u>	YES	All	Optional
48	Entered diagnostic status at report	1 - Adult HIV 2 - Adult AIDS 3 - Perinatal HIV exposure 4 - Pediatric HIV 5 - Pediatric AIDS 6 - Pediatric seroreverter 9 - Unknown	YES	All	Optional
58	HARS Legacy - Mother's type of coagulation disorder	1=Hemophilia A 2=Hemophilia B 8=Other disorder	YES	All	Legacy HARS
74	HARS Legacy - Was mother diagnosed with HIV/AIDS?	<u>YES NO UNK</u>	YES	All	Legacy HARS
75	HARS Legacy - Was mother diagnosed with HIV/AIDS prior to child's birth?	<u>YES NO UNK</u>	YES	All	Legacy HARS
76	Has child received neonatal zidovudine?	<u>YES NO UNK</u>	YES	All	Optional
77	Date neonatal zidovudine started	<u>YES NO UNK</u>	YES	All	Optional
78	Has child received other neonatal anti-retroviral therapy?	<u>YES NO UNK</u>	YES	All	Optional
79	Date other neonatal anti-retroviral therapy started	YYYYMMDD	YES	All	Optional
80	Type of other neonatal anti-retroviral therapy (specify)	<u>DRUG</u>	YES	All	Optional
81	Has patient received anti-retroviral therapy?	<u>YES NO UNK</u>	YES	All	Optional
82	Date child's anti-retroviral therapy started		YES	All	Optional
83	Has patient received PCP prophylaxis?	<u>YES NO UNK</u>	YES	All	Optional
84	Date PCP prophylaxis started	YYYYMMDD	YES	All	Optional
86	Is patient enrolled in government/other clinical trial?	<u>PATIENT ENROLLED TRIAL</u>	YES	All	Optional
87	Is patient enrolled at clinic?	<u>PATIENT ENROLLED CLINIC</u>	YES	All	Optional
88	HARS Legacy - Primary source of reimbursement for medical treatment	1=Medicaid 2=Private coverage 3=No coverage 4=Other public fund 7=Government program 9=Unknown	YES	All	Legacy HARS

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
89	Child's primary caretaker	1 - Biological parent(s) 2 - Other relative 3 - Foster/Adoptive parent, relative 4 - Foster/Adoptive parent, unrelated 7 - Social service agency 8 - Other (please specify in comments) 9 - Unknown	YES	All	Optional
90	HARS Legacy - For pediatric presumptive AIDS before 10/94, was lymphocyte count low (< 1000 ul)?	<u>YES NO UNK</u>	YES	All	Legacy HARS
91	HARS Legacy - For pediatric presumptive AIDS before 10/94, was CD4/CD8 ratio low (< 1000 ul)?	<u>YES NO UNK</u>	YES	All	Legacy HARS
92	HARS Legacy - For pediatric presumptive AIDS before 10/94, total serum immunoglobulins category	1=<1500 mg/dl 2=1500-2500 3=>2500 mg/dl 9=Unknown	YES	All	Legacy HARS
93	HARS Legacy - For pediatric presumptive AIDS before 10/94, highest total serum immunoglobulins value (mg/dl)		YES	All	Legacy HARS
94	HARS Legacy - For pediatric presumptive AIDS before 10/94, date of highest total serum immunoglobulins		YES	All	Legacy HARS
95	HARS Legacy - Was mother known to be uninfected after child's birth?	<u>YES NO UNK</u>	YES	All	Legacy HARS
96	HARS Legacy - Scheduled follow-up: TB update	range: 0-9, A-Z	YES	All	Legacy HARS
99	HARS Legacy - Scheduled follow-up: heterosexual case update	range: 0-9, A-Z	YES	All	Legacy HARS
100	HARS Legacy - Father's birth place	1=US 7=US possession 8=Other	YES	All	Legacy HARS

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		9=Unknown			
101	HARS Legacy - Father's country of birth	See HARS country codes	YES	All	Legacy HARS
102	HARS Legacy - Father's U.S. dependency of birth	See HARS US dependency codes	YES	All	Legacy HARS
114	Entered age at HIV diagnosis (months)		YES	All	Optional
115	Entered age at AIDS diagnosis (months)		YES	All	Optional
116	HARS Legacy - Clinical status assessed within one month of initial report	1=Asymptomatic 2=Symptomatic for HIV/AIDS	YES	All	Legacy HARS
118	HARS Legacy - NDI match category	1=Death not previously known 2=Death previously known; certificate identified by NDI 3=Death and certificate previously identified	YES	All	Legacy HARS
128	HARS Legacy - Scheduled follow-up: immunologic case update	range: 0-9, A-Z	YES	All	Legacy HARS
138	HARS Legacy - Physician name		YES	All	Legacy HARS
139	HARS Legacy - Patient name		YES	All	Legacy HARS
179	HARS Legacy - Comments from ARS		YES	All	Legacy HARS
180	HARS Legacy - Was this child referred?	1=Yes, by health dept. 2=Yes, by health care/provider 3=No, family refused 4=No 9=Unknown	YES	All	Legacy HARS
181	HARS Legacy - Comment line 1		YES	All	Legacy HARS
182	HARS Legacy - Comment line 2		YES	All	Legacy HARS
183	HARS Legacy - Comment line 3		YES	All	Legacy HARS
184	HARS Legacy - Comment line 4		YES	All	Legacy HARS
186	HARS Legacy - Date initial AIDS form completed	YYYYMMDD	YES	All	Legacy HARS
187	HARS Legacy - State GSA geographic code of current residence	(FIPS_CITY.state_fips)	YES	All	Legacy HARS
189	HARS Legacy - Form (Adult of Pediatric)	A=Adult P=Pediatric	YES	All	Legacy HARS

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
190	HARS Legacy - Date initial HIV form completed	YYYYMMDD	YES	All	Legacy HARS
192	HARS Legacy - Date of HIV diagnosis reported at facility	YYYYMMDD	YES	All	Legacy HARS
194	HARS Legacy - Date of AIDS diagnosis reported at facility	YYYYMMDD	YES	All	Legacy HARS
196	HARS Legacy - State GSA geographic code of residence at HIV diagnosis	(FIPS_CITY.state_fips)	YES	All	Legacy HARS
197	HARS Legacy - State GSA geographic code of facility at HIV diagnosis	(FIPS_CITY.state_fips)	YES	All	Legacy HARS
198	HARS Legacy - Has child received IVIG therapy?	<u>YES_NO_UNK</u>	YES	All	Legacy HARS
199	HARS Legacy - Mother received blood products	<u>YES_NO_UNK</u>	YES	All	Legacy HARS
200	HARS Legacy - Date of perinatal HIV exposure reported at facility	YYYYMMDD	YES	All	Legacy HARS
202	HARS Legacy - State GSA geographic code of facility at perinatal HIV exposure	(FIPS_CITY.state_fips)	YES	All	Legacy HARS
204	HARS Legacy - State GSA geographic code of residence at AIDS diagnosis	(FIPS_CITY.state_fips)	YES	All	Legacy HARS
205	HARS Legacy - Record shipment to CDC indicator	N=No Y, 2, ....=Yes	YES	All	Legacy HARS
206	HARS Legacy - State GSA geographic code of facility at AIDS diagnosis	(FIPS_CITY.state_fips)	YES	All	Legacy HARS
207	HARS Legacy - State GSA geographic code of reporting state	(FIPS_CITY.state_fips)	YES	All	Legacy HARS
208	HARS Legacy - Record status	A - Active record B - Deleted record E - Fields in error F - Deleted with fields in error R – Required fields missing S – Deleted with reqd fields missing	YES	All	Legacy HARS

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		V - Pending verification W - Deleted before verified X - Reuse record in Database Z - ID number change			
210	HARS Legacy - Physician phone		YES	All	Legacy HARS
211	HARS Legacy - Reporting state	(FIPS_CITY.state_cd)	YES	All	Legacy HARS
212	HARS Legacy - Mother receive any other anti-retroviral medication during pregnancy (specify)		YES	All	Legacy HARS
220	Primary source of reimbursement for medical treatment at time of AIDS diagnosis	01 - CHAMPUS/TRICARE 02 - CHIP 03 - Medicaid 04 - Medicaid, pending 05 - Medicare 06 - Other public funding 07 - Private insurance, HMO 08 - Private insurance, PPO 09 - Private insurance, unspecified 10 - Self insured 11 - State funded, COBRA 12 - State funded, other 13 - State funded, unspecified 14 - VA 18 - No health insurance 88 - Other 99 - Unknown	YES	All	Optional
221	Primary source of reimbursement for medical treatment at time of HIV diagnosis	01 - CHAMPUS/TRICARE 02 - CHIP 03 - Medicaid 04 - Medicaid, pending 05 - Medicare 06 - Other public funding 07 - Private insurance, HMO	YES	All	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		08 - Private insurance, PPO 09 - Private insurance, unspecified 10 - Self insured 11 - State funded, COBRA 12 - State funded, other 13 - State funded, unspecified 14 - VA 18 - No health insurance 88 - Other 99 - Unknown			
222	Did the documented laboratory test results meet approved alternate HIV testing algorithm criteria?	<u>YES NO UNK</u>	YES	All	Required if laboratory tests meet approved alternative algorithm
223	Specimen collection date of earliest positive test for the approved alternative HIV testing algorithm	YYYYMMDD	YES	All	Required if laboratory tests meet approved alternative algorithm
<b>OI</b>	<b>A table that maintains information on a person's opportunistic infections (diseases indicative of AIDS).</b>				
document_uid	A unique identifier for a document.		YES	All	System
dx	A code indicating if the diagnosis was presumptive or definitive.	<u>DEF PRE</u>	YES	ACRF, PCRF, LEGACY_ADULT, LEGACY_PEDIATRIC	Optional
dx_dt	The date the AIDS defining condition was diagnosed.	YYYYMMDD	YES	ACRF, PCRF, LEGACY_ADULT, LEGACY_PEDIATRIC	Optional
oi_cd	A code indicating a person's AIDS defining conditions.	AD01 - Bacterial infection, multiple or recurrent (including Salmonella septicemia) AD02 - Candidiasis, bronchi, trachea, or lungs AD03 - Candidiasis, esophageal AD04 - Carcinoma, invasive	YES	ACRF, PCRF, LEGACY_ADULT, LEGACY_PEDIATRIC	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		cervical AD05 - Coccidioidomycosis, disseminated or extrapulmonary AD06 - Cryptococcosis, extrapulmonary AD07 - Cryptosporidiosis, chronic intestinal (>1 mo. duration) AD08 - Cytomegalovirus disease (other than in liver, spleen, or nodes) AD09 - Cytomegalovirus retinitis (with loss of vision) AD10 - HIV encephalopathy AD11 - Herpes simplex: chronic ulcer(s) (>1 mo. duration) or bronchitis, pneumonitis, or esophagitis AD12 - Histoplasmosis, disseminated or extrapulmonary AD13 - Isosporiasis, chronic intestinal (> 1 mo. duration) AD14 - Kaposi's sarcoma AD15 - Lymphoid interstitial pneumonia and/or pulmonary lymphoid AD16 - Lymphoma, Burkitts (or equivalent term) AD17 - Lymphoma, immunoblastic (or equivalent term) AD18 - Lymphoma, primary in brain AD19 - Mycobacterium avium complex or M. kansasii, disseminated or			

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		extrapulmonary AD20 - M. tuberculosis, pulmonary AD21 - M. tuberculosis, disseminated or extrapulmonary AD22 - Mycobacterium, of other species or unidentified species, disseminated or extrapulmonary AD23 - Pneumocystis carinii pneumonia AD24 - Pneumonia, recurrent, in 12 mo. period AD25 - Progressive multifocal leukoencephalopathy AD26 - Salmonella septicemia, recurrent AD27 - Toxoplasmosis of brain, onset at >1 mo. of age AD28 - Wasting syndrome due to HIV			
oi_seq	Sequence identifier for a person's AIDS defining conditions.	0-99,999,999	YES	ACRF, PCRF, LEGACY_ADULT, LEGACY_PEDIATRIC	System
<b>PERSON</b>	<b>A table that maintains demographic information about a person.</b>				
birth_country_cd	A code indicating the country of birth.	COUNTRY_CODE (table)	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, TTH	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
birth_country_usd	A code indicating the specific U.S. dependency of birth.	COUNTRY_CODE (table)	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, TTH	Optional
birth_sex	The person's biological sex at birth, as noted on the birth certificate.	F - Female M - Male U - Unknown	YES	All	Required
current_gender	The person's current gender or psychosocial construct that most people use to classify a person as male, female, both, or neither. When eHARS is first installed and configured, the state determines whether or not this field is displayed.	F - Female FM - Transgender-Female to Male U - Unknown M - Male MF - Transgender-Male to Female AD - Additional Gender Identity	YES	All except BC	Optional
current_sex	Physiological anatomy and biology that determines if someone is male, female, or intersexed. At installation, the state determines whether or not this field is displayed.	F - Female I - Intersexed M - Male	YES	All except BC	Retired
dob	The first known date of birth.	YYYYMMDD	YES	All	Required
dob_alias	The second known or alias date of birth.	YYYYMMDD	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC	Optional
doc_belongs_to	Indicates if the demographics data belong to PERSON, MOTHER, FATHER, or CHILDn.	PERSON, MOTHER, FATHER, CHILDn	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC, TTH	System
document_uid	A unique identifier for a document.		YES	All	System
education	The level of education (optional field).	1 - 8th grade or less 2 - Some high school 3 - High school graduate, GED or equivalent 4 - Some college	NO	All except BC	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		5 - College degree 6 - Post-graduate work 7 - Some school, level unknown 9 - Unknown			
ethnicity1	Indicates if the person is of Hispanic or Latino origin. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.	<u>ETHNICITY</u>	YES	All	Required
ethnicity2	Indicates if the person is of Hispanic or Latino origin. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.	<u>ETHNICITY</u>	YES	All	Optional
hars_race	For legacy HARS data, a read-only field indicating the person's race code entered in HARS previous to v6.0 (prior to implementation of Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity [ <a href="http://www.whitehouse.gov/omb/fedreg/ombdir15.html">http://www.whitehouse.gov/omb/fedreg/ombdir15.html</a> ]).	1-White, not Hispanic 2-Black, not Hispanic 3-Hispanic 4-Asian/Pacific Islander 5-American Indian/Alaska Native 9-Unknown	YES	LEGACY_ADULT, LEGACY_PEDIATRIC	Legacy HARS
hars_xrace	HARS expanded race.	<u>HARS_XRACE</u>	YES	LEGACY_ADULT, LEGACY_PEDIATRIC	Legacy HARS
hcw	Is this person a healthcare worker? (optional field)	<u>YES NO UNK</u>	YES	ACRF	Optional
hcw_occup	Occupation, if healthcare worker (optional field).	<u>OCCUPATION</u>	YES	ACRF	Optional
marital_status	The person's marital status.	A - Married and separated D - Divorced M - Married N - Not otherwise specified O - Other	NO	All	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
		S - Single and never married U - Unknown W - Widowed			
race1	Indicates the person's race.	<u>RACE</u>	YES	All	Required
race2	Indicates the person's race.	<u>RACE</u>	YES	All	Required
race3	Indicates the person's race.	<u>RACE</u>	YES	All	Required
race4	Indicates the person's race.	<u>RACE</u>	YES	All	Required
race5	Indicates the person's race.	<u>RACE</u>	YES	All	Required
vital_status	Indicates vital status at time form was completed—alive, dead, or unknown.	1 - Alive 2 - Dead 9 - Unknown	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC	Required
<b>PERSON_NAME</b>	<b>A table that maintains information on a person's names and Soundex codes.</b>				
doc_belongs_to	Indicates if the name belongs to PERSON, MOTHER, or CHILdN.	PERSON, MOTHER, CHILdN	YES	All	System
document_uid	A unique identifier for a document.		YES	All	System
first_name	The person's first name.		NO	All	Optional
first_name_sndx	The person's first name in a Soundex format.		NO	All	System
last_name	The person's last name. For hyphenated or last names containing two words, the standard is as follows: Smith Jones.		NO	All	Required
last_name_sndx	The person's last name in a Soundex format.		YES	All	System
middle_name	The person's middle name.		NO	All	Optional
name_prefix	The person's name prefix.		NO	All	Optional
name_suffix	The person's name suffix.		NO	All	Optional
name_use_cd	A code indicating the type of name being used, such as Maiden or Birth. The default value is Legal.	<u>NAME_USE</u>	YES	All	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
person_name_seq	Sequence identifiers for a person's name.	0-999,999,999	YES	All	System
removal_ind	A field used by the application to determine if the name removal utility has been applied to this row.	<u>YES NO</u>	NO		System
<b>PHER_ANTIRETROVIRAL</b>	<b>A table that maintains information on a mother or child's prescribed antiretroviral.</b>				
document_uid	A unique identifier for an eHARS document.	[site code] + [number] + [-] + [check digit]	YES	PCRF	System
pher_arv_seq	Sequence identifier for each antiretroviral drug entered	-2^31 (-2,147,483,648) to 2^31-1 (2,147,483,647)	YES	PCRF	System
pher_question_uid	Unique identifier for each PHER form question.	<u>PHER_QUESTION (table)</u>	YES	PCRF	System
drug_cd	Identifier for antiretroviral drug	<u>DRUG</u>	YES	PCRF	Required
other_specify	Text entered to identify an antiretroviral drug not available as a data entry selection		YES	PCRF	Required
drug_refused	Indicates if a particular antiretroviral drug was refused	<u>YES NO</u>	YES	PCRF	Required
receive_dt	The date when a particular antiretroviral drug was received	YYYYMMDD	YES	PCRF	Required
receive_tm	The time when a particular antiretroviral drug was received	HH:MM:SS	YES	PCRF	Required
type_of_administration	How a particular antiretroviral drug was administered during the mother's labor and delivery	<u>ORAL IV ND</u>	YES	PCRF	Required
drug_start_dt	The starting date for a particular antiretroviral drug	YYYYMMDD	YES	PCRF	Required
drug_start_gestational_age	Gestational age when a particular antiretroviral drug was started	(01-42) (99=unk) (00=None)	YES	PCRF	Required
art_completed	Indicates if antiretroviral therapy was completed	YES_NO_ND_UNK	YES	PCRF	Required
drug_stopped	Indicates a particular antiretroviral drug was stopped	YES_NO_ND	YES	PCRF	Required

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
drug_stop_dt	The date a particular antiretroviral drug was stopped	YYYYMMDD	YES	PCRF	Required
drug_start_tm	Indicates starting time for a particular antiretroviral drug	HH:MM:SS	YES	PCRF	Required
drug_stop_cd_1	Reason(s) for stopping antiretroviral drug	S01-Adverse events (toxicity, lack of tolerance) S02-ART completed S03-Drug resistance detected S04-Poor adherence S05-Inadequate effectiveness S06-Strategic treatment interruption (planned drug holiday) S07-Drug interactions S08-Mother's choice S09-Pregnancy S10-Child determined not to be HIV infected S11-Improving effectiveness S12-Improving convenience S13-Reason not indicated; unknown S14-Mother couldn't afford drugs S15-Other reason	YES	PCRF	Required
drug_stop_cd_2	Reason(s) for stopping antiretroviral drug	<u>STOP_CODES</u>	YES	PCRF	Required
drug_stop_cd_3	Reason(s) for stopping antiretroviral drug	<u>STOP_CODES</u>	YES	PCRF	Required
drug_stop_cd_4	Reason(s) for stopping antiretroviral drug	<u>STOP_CODES</u>	YES	PCRF	Required
<b>PHER_OBSERVATION</b>					
document_uid	An internal unique identifier for an eHARS document.		YES	PCRF	System
pher_obs_uid	Unique identifier for a PHER observation	<u>PHER_OBSERVATION_CODE</u> (table)	YES	PCRF	Refer to PHER_QUESTION table

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
					for requirements for each variable
pher_obs_value	Response entered in a PHER observation		YES	PCRF	Refer to PHER_QUESTION table for valid data element values for each variable
pher_dt	Date entered in a PHER observation	YYYYMMDD	YES	PCRF	Required
pher_tm	Time entered in a PHER observation	HH:MM:SS	YES	PCRF	Required
other_specify	Unlisted records abstracted, substances, cesarean delivery responses		YES	PCRF	Required
comments	Additional text entered as comments or clinical information on the PHER tab of the PCRF		NO	PCRF	Optional
<b>PHER_QUESTION</b>					
Q01	If information on the mother is not available, was the child adopted, or in foster care?	Table documentation under development	YES	PCRF	Optional
Q02	Records abstracted.	Table documentation under development	YES	PCRF	Optional
Q03	Weeks' gestation at first prenatal care visit.	Table documentation under development	YES	PCRF	Required
Q04	Was the mother screened for any of the following during pregnancy? (Check test performed before birth, but closest to date of delivery or admission to labor and delivery.)	Table documentation under development	YES	PCRF	Optional
Q05	Diagnosis (for the mother) of the following conditions during this pregnancy or at the time of labor and delivery.	Table documentation under development	YES	PCRF	Optional
Q06	Mother's reproductive history.	Table documentation under development	YES	PCRF	Optional
Q07	Complete the chart for all siblings.	Table documentation under development	YES	PCRF	Optional
Q08	Was substance use during pregnancy	Table documentation under	YES	PCRF	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
	noted in the medical or social work records?	development			
Q08a	If yes, indicate which substances were used during pregnancy. (Check all that apply.)	Table documentation under development	YES	PCRF	Optional
Q08b	If substances used, were any injected?	Table documentation under development	YES	PCRF	Optional
Q09	Was a toxicology screen done on the mother (either during pregnancy or at the time of delivery)?	Table documentation under development	YES	PCRF	Optional
Q09a	If yes, check all that apply.	Table documentation under development	YES	PCRF	Optional
Q10	Was a toxicology screen done on the infant at birth?	Table documentation under development	YES	PCRF	Optional
Q10a	If yes, check all that apply.	Table documentation under development	YES	PCRF	Optional
Q11	Was the mother's HIV serostatus noted in her prenatal care medical records?	Table documentation under development	YES	PCRF	Required
Q12	Were antiretroviral drugs prescribed for the mother during this pregnancy?	Table documentation under development	YES	PCRF	Required
Q12a	If no antiretroviral drug was prescribed during pregnancy, check reason.	Table documentation under development	YES	PCRF	Required
Q13	Was mother's HIV serostatus noted in her labor and delivery records?	Table documentation under development	YES	PCRF	Required
Q14	Did mother receive antiretroviral drugs during labor and delivery?	Table documentation under development	YES	PCRF	Required
Q14a	If no antiretroviral drug was received during labor and delivery, check reason.	Table documentation under development	YES	PCRF	Required
Q15	Was mother referred for HIV care after delivery?	Table documentation under development	YES	PCRF	Optional
Q16	If yes, indicate first CD4 result or first viral load after discharge from hospital (up to 6 months after discharge).	Table documentation under development	YES	PCRF	Required
Q16a	CD4 result	Table documentation under development	YES	PCRF	Required
Q16b	Viral load	Table documentation under development	YES	PCRF	Required

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
Q17	Birth information.	Table documentation under development	YES	PCRF	Required
Q18	If Cesarean delivery, mark all the following indications that apply.	Table documentation under development	YES	PCRF	Required
Q19	Was mother's HIV serostatus noted on the child's birth record?	Table documentation under development	YES	PCRF	Optional
Q20	Were antiretroviral drugs prescribed for the child?	Table documentation under development	YES	PCRF	Required
Q20a	If no antiretroviral drug, indicate reason.	Table documentation under development	YES	PCRF	Required
Q21	Please include comments or clinical information you consider relevant to the overall understanding of child's HIV exposure or infection status. State the date and source of information.	Table documentation under development	YES	PCRF	Optional
<b>PHER_SIBLING</b>	<b>Table that contains infant sibling information.</b>				
document_uid	Unique identifier for an eHARS document.		YES	PCRF	System
pher_sib_seq	Identifies sequence of siblings added to form	-2^31 (-2,147,483,648) to 2^31-1 (2,147,483,647)	YES	PCRF	System
doc_belongs_to	Indicates these data belong to an infant's sibling	SIBLnn	YES	PCRF	System
sibling_dob	Date of birth of an infant's sibling	YYYYMMDD	YES	PCRF	Optional
hiv_serostatus	Indicates HIV infection status of an infant's sibling	<u>HIV_SEROSTATUS</u>	YES	PCRF	Optional
sibling_stateno	STATENO of an infant's sibling		YES	PCRF	Optional
sibling_cityno	CITYNO of an infant's sibling		YES	PCRF	Optional
<b>PRETEST_QUESTIONNAIRE</b>	<b>A table that maintains information on a person's pretest questionnaire for HIV incidence surveillance.</b>				
document_uid	A unique identifier for the person's Pretest Questionnaire.		YES	TTH	System
qhrtnw	Are you now taking any ARVs?	<u>YES_NO</u>	YES	TTH	Optional
ucts	Main source of testing and treatment history information.	<u>UCTS</u>	YES	TTH	Required for HIS and MHS

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
ufposa	When you first tested positive for HIV, was the HIV test an anonymous test?	<u>YES NO REF</u>	YES	TTH	Optional
ufposd	Date of first positive HIV test		YES	TTH	Required for HIS
ufps_site	Name of facility where first tested positive for HIV	<u>SITE_CD</u>	NO	TTH	Optional
ufps_state	State where first tested positive for HIV	<u>STATE_CODES_PR</u>	YES	TTH	Optional
ufpstyp	Type of facility where first tested positive for HIV	<u>FACILITY_TYPE</u>	YES	TTH	Optional
uftstd	When was the first time you ever got tested for HIV?		YES	TTH	Optional
uhrtr	Ever taken any antiretroviral medications (ARVs)?	<u>YES NO</u>	YES	TTH	Required for HIS and MHS
uhrta1	Name(s) of ARV medications taken	<u>DRUG</u>	YES	TTH	Required for HIS and MHS
uhrtd	Dates ARVs taken: Date first began		YES	TTH	Required for HIS and MHS
uhrtd	Date of last ARV use		YES	TTH	Required for HIS and MHS
ulstnd	Date of last negative HIV test		YES	TTH	Required for HIS
ulstngs	Type of facility where last tested negative for HIV	<u>FACILITY_TYPE</u>	YES	TTH	Optional
ulstngs_site	Name of facility where last tested negative for HIV	<u>SITE_CD</u>	NO	TTH	Optional
ulstngs_state	State where last tested negative for HIV	<u>STATE_CODES_PR</u>	YES	TTH	Optional
ungtst	Ever had a negative HIV test?	<u>YES NO REF_UNK</u>	YES	TTH	Required for HIS
unumtsts	Number of negative HIV tests within 24 months before first positive test	0-99	YES	TTH	Required for HIS
upastp	Ever had a positive HIV test result?	<u>YES NO REF</u>	YES	TTH	Required for HIS
upnumtsts	For persons who had a previous positive test (Legacy Pre-test form only): In the two years before your first positive test, how many times did you get tested for HIV?	0-99	YES	TTH	Legacy Incidence
uptests	Have you been tested for HIV before today?	<u>YES NO REF</u>	YES	TTH	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
uqintd	Date patient reported information		YES	TTH	Required for HIS and MHS
ur3_5sp	Reason for getting today's HIV test: If other reason, describe		YES	TTH	Optional
ur4e_5sp	Reason for getting the first positive HIV test: If other reason, describe		YES	TTH	Optional
ureas3_1	Reason for getting today's HIV test: Think you might have been exposed to HIV in the 6 months before the test	<u>YES_NO</u>	YES	TTH	Optional
ureas3_2	Reason for getting today's HIV test: Get tested on a regular basis and it is time to get tested again	<u>YES_NO</u>	YES	TTH	Optional
ureas3_3	Reason for getting today's HIV test: Just checking to make sure you are HIV negative	<u>YES_NO</u>	YES	TTH	Optional
ureas3_4	Reason for getting today's HIV test: Required by insurance, military, court, or other agency	<u>YES_NO</u>	YES	TTH	Optional
ureas3_5	Reason for getting today's HIV test: Other reason you want to get tested	<u>YES_NO</u>	YES	TTH	Optional
urs4e_1	Reason for getting the first positive HIV test: Thought you might have been exposed to HIV in the past 6 months before the test	<u>YES_NO</u>	YES	TTH	Optional
urs4e_2	Reason for getting the first positive HIV test: Got tested on a regular basis and it was time to get tested again	<u>YES_NO</u>	YES	TTH	Optional
urs4e_3	Reason for getting the first positive HIV test: Just checking to make sure you were HIV negative	<u>YES_NO</u>	YES	TTH	Optional
urs4e_4	HIV test required	<u>YES_NO</u>	YES	TTH	Optional
urs4e_5	Reason for getting the first positive HIV test: Other reason you wanted to get tested	<u>YES_NO</u>	YES	TTH	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
<b>PROVIDER_CODE</b>	<b>A table that maintains information on healthcare providers.</b>				
first_name	The first name of the healthcare provider.		NO	N/A	Optional
last_name	The last name of the healthcare provider.		NO	N/A	Optional
middle_name	The middle name of the healthcare provider.		NO	N/A	Optional
name_prefix	The name prefix of the healthcare provider.		NO	N/A	Optional
name_suffix	The name suffix of the healthcare provider.		NO	N/A	Optional
phone	The phone number of the healthcare provider.	7 or 10 digits	NO	N/A	Optional
provider_uid	A unique identifier for a healthcare provider.		NO	N/A	System
ship_flag	A field used by the application to determine if the information needs to be transferred to CDC		NO	N/A	System
specialty_cd	A code indicating the type of specialty for this health care provider.	<u>SPECIALTY_CD</u>	NO	N/A	Optional
<b>RIDR</b>	<b>A table that maintains information pertaining to a case's duplicate status review.</b>				
comments	Notes or comments pertaining to the duplicate status information entered for this person.		NO	ACRF, PCRF	Optional
document_uid	A unique identifier of the current document.		YES	ACRF, PCRF	System
duplicate_status	The status of the duplicate review, such as Pending or Same As.	1 - Same as 2 - Different than 3 - Pending	YES	ACRF, PCRF	Required if case identified as potential duplicate
ehars_uid	A unique identifier for the existing case.		YES	ACRF, PCRF	System
last_verify_dt	The date when the status of the duplicate review was last verified.	YYYYMMDD	YES	ACRF, PCRF	Optional
state_cd	The two character postal code of the state of the possible duplicate case.	<u>STATE_CODES_PR</u>	YES	ACRF, PCRF	Required if case identified as potential duplicate
stateno	The stateno identifier of the possible duplicate case.		YES	ACRF, PCRF	Required if case identified as potential duplicate
verify_by	The person who reviewed the duplicate		YES	ACRF, PCRF	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
	status entry.				
<b>RISK</b>	<b>A table that maintains information on a person's risk factors.</b>				
cophi_status	Code that indicates the COPHI investigation status, if applicable.	1 - Open, under investigation 2 - Closed, confirmed COPHI 3 - Closed, investigated, not confirmed 4 - Closed, not a COPHI 5 - Will not be investigated, not confirmed 9 - Unknown	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC	Optional
detail	This field captures detailed information about risk factor—the type of clotting factor the person had or the occupation, if occupational exposure. <b>Note:</b> RISK.detail also stores NIR type information (1 = user entered [if date investigation was completed is entered], 2 = system assigned)	For R04, R30, R33, R32 => CLOTTING_FACTOR For R13 => OCCUPATION For R80, R81 => 1 = user entered [if date investigation was completed is entered], 2 = system assigned	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC	Optional
display	A field used by the application for display purposes.	A(adult), P(pediatric), H(hemophilia)	NO	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC	System
document_uid	A unique identifier for a document.		YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC	System
resolution_dt	The date the COPHI investigation was resolved.	YYYYMMDD	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC,	Optional

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
				BC	
risk_cd	Code indicating a risk factor (such as R03 indicating IDU).	<u>RISK_CD (table)</u>	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC	Refer to RISK_CD table for requirements for each variable
risk_seq	Sequence identifier for a person's modes of exposure.	0-99,999,999	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC	System
risk_value	Code indicating the risk factor value (Y-Yes, N-No, U-Unknown, or 2-CDC confirmed) or the mother's infection status (1-9).		YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC	Refer to RISK_CD table for valid data element values for each variable
trans_first_dt	If patient received transfusion of blood/blood components, the first date the patient received transfusion. <b>Note:</b> For user entered NIR (No Identified Risk), the date entered is stored in this field.	YYYYMMDD	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC	Required
trans_last_dt	If patient received transfusion of blood/blood components, the last date the patient received transfusion. <b>Note:</b> When the system identifies NIR, the system date is stored in this field.	YYYYMMDD	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC	Required
<b>RISK_CD</b>	<b>A table that contains all distinct RISK.risk_cd values and associated descriptions.</b>				
R01	Sex with male	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC	Required
R02	Sex with female	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC,	Required

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
				LEGACY_ADULT, LEGACY_PEDIATRIC, BC	
R03	Injected non-prescription drugs	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC	Required
R04	Received clotting factor for hemophilia/coagulation disorder	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC	Required
R05	Heterosexual contact with intravenous/injection drug user	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC	Required
R06	Heterosexual contact with bisexual male	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC	Required
R07	Heterosexual contact with person with hemophilia/coagulation disorder	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC	Required
R08	Heterosexual contact with transfusion recipient with documented HIV infection	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC	Required
R09	Heterosexual contact with transplant recipient with documented HIV infection	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC,	Required

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
				LEGACY_ADULT, LEGACY_PEDIATRIC, BC	
R10	Heterosexual contact with person with AIDS or documented HIV infection, risk not specified	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC	Required
R11	Received transfusion of blood/blood components (other than clotting factor)	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC	Required
R12	Received transplant of tissue/organs or artificial insemination	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC	Required
R13	Worked in a health care or clinical laboratory setting	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC	Required
R14	Sexual contact with male	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC	Required
R15	Sexual contact with female	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC	Required
R16	Child's biological mother's infection status	For R16 only => M_INFECTION_STATUS	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC	Required

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
R17	Perinatally acquired HIV infection	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC	Required
R18	Injected non-prescription drugs	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC	Required
R19	Heterosexual contact with intravenous/injection drug user	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC	Required
R20	Heterosexual contact with bisexual male	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC	Required
R21	Heterosexual contact with male with hemophilia/coagulation disorder	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC	Required
R22	Heterosexual contact with transfusion recipient with documented HIV infection	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC	Required
R23	Heterosexual contact with transplant recipient with documented HIV infection	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC	Required

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
R24	Heterosexual contact with male with AIDS or documented HIV infection, risk not specified	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC	Required
R25	Received transfusion of blood/blood components (other than clotting factor)	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC	Required
R26	Received transplant or tissue/organs or artificial insemination	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC	Required
R27	Injected non-prescription drugs	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC	Required
R30	Received clotting factor for hemophilia/coagulation disorder (LEGACY)	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC	Required
R32	Received clotting factor for hemophilia/coagulation disorder (LEGACY)	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC	Required
R33	Received clotting factor for hemophilia/coagulation disorder	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC	Required
R34	Received transfusion of blood/blood components (other than clotting factor)	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT,	Required

TABLE NAME VARIABLES	DESCRIPTION	Valid data element values (lookup type, reference table, or actual values)	Transfer to CDC	Document Source	Required/Optional
				LEGACY_PEDIATRIC, BC	
R35	Received transplant of tissue/organs	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC	Required
R40	Other documented risk	YES_NO_UNK_CDC	YES	ACRF, PCRF, LAB_DOC, LEGACY_ADULT, LEGACY_PEDIATRIC, BC	Required