

Swine Flu (H1N1) Case Report Form – Standardized Vocabulary

Centers for Disease Control and Prevention (CDC)
National Center for Public Health Informatics (NCPHI)
Division of Informatics and Shared Services (DISS)
CDC Vocabulary & Messaging Team

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Introduction

Swine Flu (H1N1) standardized vocabulary present in this document could be used in HL7 message or Clinical Document (CDA) or electronic Swine Flu case report form.

Swine Influenza case report form (dated April 30th, 2009) has been included in this document for reference purpose only and not for reporting to CDC. Please refer to the CDC website (www.cdc.gov/swineflu) for the latest Swine Influenza case report form. The vocabulary in this document has been organized based on the Swine Influenza case report form.

Section A: [Demographics](#)

Section B: [Clinical Data](#) (Signs, Symptoms)

Section C: [Medical History](#) (Immunization, Disease)

Section D: [Diagnostic Findings](#) (Lab Tests, Lab Results)

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This document provides hyperlinks to the standardized vocabulary concepts as well as various vocabulary subsets (value sets) present in CDC vocabulary server PHIN Vocabulary Access and Distribution System (PHIN VADS).

This document also provides links to the Public Health Lab Interoperability Project (PHLIP) Flu Lab Vocabulary present in PHIN VADS. PHLIP is a joint project between Association for Public Health Laboratories (APHL) and CDC (Flu program & National Center for Public Health Informatics).

PHIN VADS can also be accessed directly at <http://phinvads.cdc.gov>. Please e-mail phinvs@cdc.gov for any assistance regarding the CDC vocabulary server (PHIN VADS) application or content.

Swine Influenza Case Report Form
(FAX to: 404-248-4094 or email to casereportforms@cdc.gov)

State EPI ID # (epidemiology ID) _____ CDC EPI ID # _____

State lab specimen ID #1 _____ CDC lab specimen ID #1 _____

State lab specimen ID #2 _____ CDC lab specimen ID #2 _____
CDC (lab) unique ID # _____

Reported by:

State: _____ County: _____

Date reported to state/local health department

__/__/__

Name of Person Reporting to CDC: Last Name: _____ First Name: _____

Phone Number :() _____ - _____ Fax Number :() _____ - _____ E-Mail: _____

At the time of this report, is the case:

Probable Confirmed

(please see: www.cdc.gov/swineflu for case definitions)

Patient Demographic Data:

Date of Birth (mm/dd/yy): ____/____/____

Race: American Indian/Alaska Native White
 Asian Black
 Native Hawaiian/Other Pacific Islander Multiracial

Ethnicity: Hispanic Non-Hispanic

Sex: Male Female

If Female, is the patient pregnant? Yes (weeks pregnant) _____ No Unknown

Clinical Data:

Date of symptom onset (mm/dd/yy): ____/____/____

Signs and symptoms: (check all that apply)

Fever >37.8 C (100 F) _____ T max Sore throat
 Feverish but temperature not taken Conjunctivitis
 Cough Shortness of breath
 Headache Diarrhea
 Seizures Vomiting
 Rhinorrhea Other, specify _____

Was the patient hospitalized? Yes No Unknown

Was the patient admitted to the intensive case unit? Yes No Unknown

Did the patient require mechanical ventilation? Yes No Unknown

Did the patient die as a result of this illness? Yes No Unknown

Influenza testing

Test 1 Date collected (mm/dd/yy): ___ / ___ / ___ State Lab Specimen1 ID: _____

Specimen Type	Test Type	Results	Influenza Type/Subtype
_____ Enter specimen code If tissue or other, specify _____	<input type="checkbox"/> RT-PCR/PCR <input type="checkbox"/> DFA/IFA <input type="checkbox"/> Viral culture <input type="checkbox"/> HI <input type="checkbox"/> Rapid test <input type="checkbox"/> Immunohistochemistry <input type="checkbox"/> Other _____	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> indeterminate	<input type="checkbox"/> flu A <input type="checkbox"/> flu B <input type="checkbox"/> flu A/H1 <input type="checkbox"/> flu A/H3 <input type="checkbox"/> flu A unsubtypeable <input type="checkbox"/> flu A swine H1

Specimen code and type:

- | | | |
|------------------------------|--|-----------------------|
| 1. Nasopharyngeal swab | 7. Bronchoalveolar lavage specimen (BAL) | 13. Pleural fluid |
| 2. Nasopharyngeal aspirate | 8. Sputum | 14. Peritoneal fluid |
| 3. Oropharyngeal/throat swab | 9. Cerebrospinal fluid (CSF) | 15. Pericardial fluid |
| 4. Nasal aspirate/swab | 10. Tissue | 16. Chest fluid |
| 5. Endotracheal aspirate | 11. Stool | 17. Other |
| 6. Serum | 12. Urine | |

Test 2 Date collected (mm/dd/yy): ___ / ___ / ___ State Lab Specimen2 ID: _____

Specimen Type	Test Type	Results	Influenza Type/Subtype
_____ Enter specimen code If tissue or other, specify _____	<input type="checkbox"/> RT-PCR/PCR <input type="checkbox"/> DFA/IFA <input type="checkbox"/> Viral culture <input type="checkbox"/> HI <input type="checkbox"/> Rapid test <input type="checkbox"/> Immunohistochemistry <input type="checkbox"/> Other _____	<input type="checkbox"/> positive <input type="checkbox"/> negative <input type="checkbox"/> indeterminate	<input type="checkbox"/> flu A <input type="checkbox"/> flu B <input type="checkbox"/> flu A/H1 <input type="checkbox"/> flu A/H3 <input type="checkbox"/> flu A unsubtypeable <input type="checkbox"/> flu A swine H1

Specimen code and type:

- | | | |
|------------------------------|--|-----------------------|
| 1. Nasopharyngeal swab | 7. Bronchoalveolar lavage specimen (BAL) | 13. Pleural fluid |
| 2. Nasopharyngeal aspirate | 8. Sputum | 14. Peritoneal fluid |
| 3. Oropharyngeal/throat swab | 9. Cerebrospinal fluid (CSF) | 15. Pericardial fluid |
| 4. Nasal aspirate/swab | 10. Tissue | 16. Chest fluid |
| 5. Endotracheal aspirate | 11. Stool | 17. Other |
| 6. Serum | 12. Urine | |

Specimens sent to CDC

Indicate when and what type of specimens (including sera) were sent to CDC and specimen ID

- Date: ___/___/2009 Specimen type (enter specimen code) _____, State Lab Specimen ID A: _____
- Date: ___/___/2009 Specimen type (enter specimen code) _____, State Lab Specimen ID B: _____
- Date: ___/___/2009 Specimen type (enter specimen code) _____, State Lab Specimen ID C: _____

Specimen code and type:

- | | | |
|------------------------------|--|-----------------------|
| 1. Nasopharyngeal swab | 7. Bronchoalveolar lavage specimen (BAL) | 13. Pleural fluid |
| 2. Nasopharyngeal aspirate | 8. Sputum | 14. Peritoneal fluid |
| 3. Oropharyngeal/throat swab | 9. Cerebrospinal fluid (CSF) | 15. Pericardial fluid |
| 4. Nasal aspirate/swab | 10. Tissue | 16. Chest fluid |
| 5. Endotracheal aspirate | 11. Stool | 17. Other |
| 6. Serum | 12. Urine | |

Treatment:

Did the patient receive antiviral medications?

- Yes No Unknown

If yes, complete table below

Drug	Date Initiated	Date Discontinued	Dosage (if known)
Oseltamivir(Tamiflu®)			
Zanamivir(Relenza®)			
Rimantidine			
Amantadine			
Other			

Epidemiologic Risk Factors

The following questions concern the 7 days prior to illness onset:

Did the patient travel to Mexico?

- Yes No Unknown

Did the patient have close contact (within 2 meter (6 feet)) with a person (e.g. caring for, speaking with, or touching) who is a suspected, probable or confirmed swine influenza case*?

- Yes No Unknown

Did the patient handle samples (animal or human) suspected of containing influenza virus in a laboratory or other setting?

- Yes No Unknown

Does the patient work in a health care facility or setting?

- Yes No Unknown

Has the patient had family members or close contacts with pneumonia or influenza-like illness?

- Yes No Unknown

Household Transmission (A household member is anyone including the case-patient with at least one overnight stay +/-7days from illness onset)

How many people live in the household (include patient in this number)? _____

For each person in the household, besides the patient, record age, check applicable symptoms if present anytime from 7 days before to 7 days after the patient's onset date, and record initial symptom onset date

Person #	Code*	Age (years)	No symptoms	Feverish	Max temp >37.8C or >100 F	Cough	Sore throat	Runny nose	Diarrhea	Onset date
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____/____/2009
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____/____/2009
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____/____/2009
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____/____/2009
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____/____/2009
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____/____/2009
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____/____/2009
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____/____/2009
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____/____/2009
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____/____/2009

*Use to complete the relationship of the household member to the patient: 1=spouse, 2=mother, 3=father, 4=child, 5=sister, 6=brother, 7=cousin, 8=aunt, 9=uncle, 10=grandmother, 11=grandfather, 12=not related, 19=other

Have any of the patient's household members been tested for influenza? Yes No Unknown

If yes, Person # _____ Test date (mm/dd/yy): ____/____/2009

(Use person #'s from above table)

Test result (check the most specific result possible):

- Pending Influenza A Influenza A Human /H1 Influenza A Human/H3
 Influenza A unsubtypeable Influenza A Swine H1 Influenza B Negative

Person # _____ Test date (mm/dd/yy): ____/____/2009

Test result: (check the most specific result possible):

- Pending Influenza A Influenza A Human /H1 Influenza A Human/H3
 Influenza A unsubtypeable Influenza A Swine H1 Influenza B Negative

Person # _____ Test date (mm/dd/yy): ____/____/2009

Test result: (check the most specific result possible):

- Pending Influenza A Influenza A Human /H1 Influenza A Human/H3
 Influenza A unsubtypeable Influenza A Swine H1 Influenza B Negative

Person # _____ Test date (mm/dd/yy): ____/____/2009

Test result: (check the most specific result possible):

- Pending Influenza A Influenza A Human /H1 Influenza A Human/H3
 Influenza A unsubtypeable Influenza A Swine H1 Influenza B Negative

* Please refer to www.cdc.gov/swineflu for case definition

Swine Flu (H1N1) Standardized Vocabulary

Section A: Demographics

1. [State \(FIPS 5-2\)](#) – Codes for the Identification of the States, the District of Columbia and the Outlying Areas of the United States, and Associated Areas. Recommend using FIPS numeric codes instead of FIPS alpha codes.
2. [County \(FIPS 6-4\)](#) - Federal Information Processing Standard (FIPS) 6-4 provides the names and codes that represent the counties and other entities treated as equivalent legal and/or statistical subdivisions of the 50 States, the District of Columbia, and the possessions and freely associated areas of the United States. Recommend using the FIPS numeric codes.
3. [Case Classification Status](#): Indicates how the Nationally Notifiable Disease case was classified at its close (E.g. Probable, Confirmed, Suspected).
4. Race:
 - a. [Race Category](#): General race category reported by the patient - subject may have more than one. (based on OMB)
 - b. [Detailed Race](#): All the specific race concepts which also include the OMB race category.
5. Ethnicity:
 - a. [Ethnicity Group](#): Specifies if the patient is Hispanic or Non-Hispanic.
 - b. [Detailed Ethnicity](#): List of all the ethnicity codes.
6. Sex:
 - a. [Administrative Sex \(HL7\)](#): List of all the administrative sex from HL7 version 2 vocabulary (e.g. Male, Female, Ambiguous, Unknown)
 - b. [Sex \(MFU\)](#): Constrained list of sex concepts commonly used in public health (E.g. Male, Female and Unknown).
7. [Occupation](#): Occupations or job codes based on Standard Occupation Classification (SOC) – Department of Labor (BLS)
8. Common answer response to Public Health Questions which includes Yes, No and Unknown.
 - a. [Yes No Unknown \(YNU\)](#) : Includes only the concepts related to Yes, No and Unknown which is commonly used in most of the public health surveillance forms.
 - b. [Null Flavor \(HL7 V3\)](#) : List of commonly used non-specific response to questions.

Section B: Clinical Data (Signs / Symptoms / qualifier): These concepts are derived from SNOMED CT code system which may be used in Swine Flu Case Report or Surveillance forms.

SNOMED Concept Code	SNOMED Fully Specified Name	SNOMED Preferred Concept Name with PHIN VADS Hyperlink for metadata
386661006	Fever (finding)	Fever
103001002	Feeling feverish (finding)	Feeling feverish
49727002	Cough (finding)	Cough
25064002	Headache (finding)	Headache
91175000	Seizure (finding)	Seizure
64531003	Nasal discharge (disorder)	Nasal discharge Synonyms: Rhinorrhea, Nasal catarrh
267102003	Sore throat symptom (finding)	Sore throat symptom
9826008	Conjunctivitis (disorder)	Conjunctivitis
267036007	Dyspnea (finding)	Dyspnea Synonyms: Shortness of breath, SOB, Breathlessness, Breathless
62315008	Diarrhea (finding)	Diarrhea Synonyms: Loose bowel motions, Loose bowel movement, Observation of diarrhea
422400008	Vomiting (disorder)	Vomiting Synonym: Emesis
43724002	Chill (finding)	Chill Synonyms: Shivering, Chills
6862001	Muscle pain (finding)	Muscle pain Synonyms: Myalgia, Muscle ache, Myosalgia, Myodynia, Myoneuralgia
79890006	Loss of appetite (finding)	Loss of appetite Synonyms: Anorexia, No appetite, Lack of appetite, Off food, Anorexic
162397003	Pain in throat (finding)	Pain in throat
56302003	Toxic state (finding)	Toxic state
84946008	Extreme exhaustion (finding)	Extreme exhaustion Synonym: Prostration
373933003	Acute onset (qualifier value)	Acute onset
255604002	Mild (qualifier value)	Mild
6736007	Moderate (severity modifier) (qualifier value)	Moderate (severity modifier)
24484000	Severe (severity modifier) (qualifier value)	Severe (severity modifier)
2667000	Absent (qualifier value)	Absent
52101004	Present (qualifier value)	Present Synonym: Presence of

Section C: Medical History

(1) Immunization History (Type of Influenza Vaccine):

- a. [Vaccines Administered \(CVX\)](#): The CDC's National Immunization Program (NIP) maintains the HL7 external code set CVX. HL7 version 2.x Clinical vaccine names (code=CVX) used in chapter(s) 4
- b. [Manufacturers of Vaccine \(MVX\)](#) : The CDC's National Immunization Program (NIP) maintains the HL7 external code set MVX. HL7 version 2.x Manufacturers of vaccines (code=MVX) used in chapter(s) 4

CVX code	CVX Concept Name	CVX Preferred Concept Name
15	influenza virus vaccine, split virus (incl. purified surface antigen)	influenza, split (incl. purified surface antigen) Synonym / Display Name: Inactivated (injectable) influenza vaccine
111	influenza virus vaccine, live, attenuated, for intranasal use	influenza, live, intranasal Synonym /Display Name: Live attenuated (Spray) Influenza Vaccine

(2) History of the following Disease / Condition:

- a. [Nationally Notifiable Disease Surveillance System \(NNDSS\) & Other Conditions of Public Health Importance](#) : List of notifiable events, which includes infectious and non-infectious disease or conditions. This list includes events that are notifiable at the state and national level.

NND Code	NND Concept Name	NND Preferred Concept Name
11062	Novel influenza A virus infections	Novel influenza A virus infections
10570	Flu activity code (Influenza)	Flu activity code (Influenza)
11061	Influenza-associated mortality	Influenza-associated pediatric mortality
11070	Influenza, animal isolates	Influenza, animal isolates
11060	Influenza, human isolates	Influenza, human isolates

- b. [Modifier or Qualifier](#) : These SNOMED concepts could be used along with Disease, Signs, Symptoms, Clinical or Lab findings as a qualifier or modifier.

- c. [Disease or Disorder](#): This value set is derived from SNOMED and has all the disease or condition concepts.

SNOMED Concept Code	SNOMED Fully Specified Name	SNOMED Preferred Concept Name with PHIN VADS Hyperlink for metadata
195967001	Asthma (disorder)	Asthma
413839001	Chronic lung disease (disorder)	chronic lung disease
13645005	Chronic obstructive lung disease (disorder)	Chronic obstructive lung disease Synonyms: COPD, COLD, COAD
233604007	Pneumonia (disorder)	Pneumonia
		Influenza
67782005	Adult respiratory distress syndrome (disorder)	Adult Respiratory Distress Syndrome Synonyms: ARDS, Shock lung, Congestive atelectasis Non-cardiogenic pulmonary edema, Vietnam lung.
128238001	Chronic heart disease (disorder)	Chronic heart disease Chronic heart or circulatory disease
49601007	Disorder of cardiovascular system (disorder)	Disorder of cardiovascular system Synonyms: Disorder of Circulatory System, CVS, CVD
75934005	Metabolic disease (disorder)	Metabolic disease Synonym: Metabolic disorder
73211009	Diabetes mellitus (disorder)	Diabetes Mellitus Synonym: DM
90708001	Kidney disease (disorder)	Kidney disease Synonyms: Renal disease, Nephropathy, Nephrosis, Disease of Kidney
363346000	Malignant neoplastic disease (disorder)	Malignant neoplastic disease Synonym: Cancer, Malignant neoplasm, Malignant tumor, CA - Cancer
414029004	Disorder of immune function (disorder)	Disorder of immune function
234532001	Immunodeficiency disorder (disorder)	Immunodeficiency disorder Synonym: Immunodeficiency
86406008	Human immunodeficiency virus infection (disorder)	Human immunodeficiency virus infection Synonyms: HIV Infection
401244004	History of - prolonged corticosteroid therapy (situation)	History of - prolonged corticosteroid therapy
		Organ Transplant Recipient
7447008	Immunosuppressive therapy (procedure)	Immunosuppressive therapy Synonym: Immunosuppression
27624003	Chronic disease (disorder)	Chronic disease
118940003	Disorder of nervous system (disorder)	Disorder of nervous system Synonym: Neurological disease
419620001	Death (event)	Death

- d. [Administrative Diagnosis \(ICD-9 CM\)](#): This value set has all the ICD-9 CM diagnosis codes (volume 1 and 2). Source was taken from CMS which suggests using non-decimal ICD-9 CM codes electronically. PHIN VADS also provides the corresponding ICD-9 CM decimal codes. The following value sets based on ICD-9 CM may be useful for Influenza Surveillance related activities.
- i. Influenza like illness uses ICD-9 CM codes (487 including 487.1) as well as Acute Respiratory Illness (460 - 466 or 480-488)
 - 1. [INFLUENZA WITH PNEUMONIA \[487.0\]](#)
 - 2. [FLU W RESP MANIFEST NEC \[487.1\]](#)
 - 3. [FLU W MANIFESTATION NEC \[487.8\]](#)
 - 4. [ACUTE NASOPHARYNGITIS \[460\]](#)
 - 5. [ACU BRONCHOLITIS D/T RSV \[466.11\]](#)
 - 6. [ACU BRNCHLTS D/T OTH ORG \[466.19\]](#)
 - ii. [Fever Syndrome \(BT\)](#)
 - iii. [Respiratory Syndrome \(BT\)](#)

Section D: Diagnostic Findings

(1) General Test Findings:

SNOMED Concept Code	SNOMED Fully Specified Name	SNOMED Preferred Concept Name with PHIN VADS Hyperlink for metadata
84828003	Leukopenia (disorder)	Leukopenia
48813009	Lymphocytopenia (disorder)	Lymphocytopenia Synonym: Lymphopenia
302215000	Thrombocytopenic disorder (disorder)	Thrombocytopenic disorder Synonym: Thrombocytopenia

LOINC Concept Code	LOINC Concept Name (Short Name)	LOINC Fully Specified Name (VADS Hyperlinks) Component:Property:Time:System:Scale:Method
30745-4	Views:Find:Pt:Chest:Nar:XR	Views:Find:Pt:Chest:Nar:XR Synonym: Chest X-ray
24627-2	Multisection:Find:Pt:Chest:Nar:CT	Multisection:Find:Pt:Chest:Nar:CT Synonym: Chest CT scan

(2) **Influenza Lab Test Findings:** This section includes specimen, lab tests and lab results.

- a. Association for Public Health (APHL), CDC Flu program and NCPHI obtained a new LOINC panel “FLUAV swine origin RNA Pnl XXX PCR” related to Swine Flu (H1N1) in May 2009. This will be released in the next release of LOINC code system as well as in PHIN VADS.

LOINC Concept Code	LOINC Concept Name (Short Name)	LOINC Fully Specified Name (VADS Hyperlinks) <i>Component:Property:Time:System:Scale:Method</i>
55466-7	FLUAV RNA Swine Pnl	Influenza virus A swine origin RNA Panel::Pt:XXX::Probe.amp.tar
34487-9	FLUAV RNA XXX QI PCR	Influenza virus A RNA:ACnc:Pt:XXX:Ord:Probe.amp.tar
55464-2	FLUAV RNA Swine XXX QI PCR	Influenza virus A swine origin RNA:ACnc:Pt:XXX:Ord:Probe.amp.tar
55465-9	FLUAV HA H1 RNA Swine XXX QI PCR	Influenza virus A hemagglutinin H1 swine origin RNA:ACnc:Pt:XXX:Ord:Probe.amp.tar
55463-4	FLUAV RNA Swine XXX PCR	Influenza virus A swine origin RNA:Prid:Pt:XXX:Nom:Probe.amp.tar

- b. [PHLIP Flu Lab Report Vocabulary](#): The PHLIP (Public Health Laboratory Interoperability Project) Flu Lab Report vocabulary contains the data elements of interest specific to influenza used for the messaging of laboratory tests and their results from state public health partners to the CDC. Following value sets from PHLIP Flu project could be used for Influenza related surveillance activities including Swine Flu (H1N1).
 - i. [Lab Test Order \(PHLIP Flu\)](#): Lab Test orderables that could be used in OBR segment (PHLIP Flu)
 - ii. [Resulted Lab Test Name \(PHLIP Flu\)](#): Resulted lab test name that could be used in OBX-3 (PHLIP Flu)
 - iii. [Lab Test Result \(PHLIP Flu\)](#): Lab Test Result that could be used in OBX-5 (PHLIP Flu)
 - iv. [Specimen Source \(PHLIP\)](#) : Specimen Source - HL7 Table 0070.
- c. PHIN VADS indexes all the lab related value sets under the vocabulary group “[Laboratory Test/ Result / Specimen](#)”
 - i. [Drug Susceptibility Test Result Name](#): A subset of Lab LOINC concepts that are related to drug susceptibility tests.
 - ii. [Lab Test Interpretation](#): Qualitative lab test result such as negative, positive, susceptible, etc..
 - iii. [Microbiology Test Result Name](#): A subset of Lab LOINC that are related to Microbiology tests.
 - iv. [Microorganism](#): List of SNOMED organisms / infectious agents.
 - v. [Observation Method](#): Laboratory Test Methods from HL7 V3.
 - vi. [Units of Measure](#): Contains UCUM atoms and commonly used UCUM expressions.

Section E: Treatment

FDA UNII Concept Code	FDA UNII Concept Name	FDA UNII Concept Name with PHIN VADS Hyperlink for metadata
20093L6F9H	OSELTAMIVIR	Oseltamivir (Tamiflu®)
L6O3XI777I	ZANAMIVIR	Zanamivir (Relenza®)
0T2EF4JQTU	RIMANTADINE	Rimantadine
BF4C9Z1J53	AMANTADINE	Amantadine

Section F: Epidemiology

PHIN VADS Vocabulary Group “[Public or Population Health](#)” has several value sets related to public health such as Case Transmission, Case Detection method, etc...

- (1) [Case Transmission Mode](#) : Codes specifying the mechanism by which disease or condition was acquired.

SNOMED Concept Code	SNOMED Fully Specified Name	SNOMED Preferred Concept Name with PHIN VADS Hyperlink for metadata
416380006	Airborne transmission (qualifier value)	Airborne transmission
409700000	Animal to human transmission (qualifier value)	Animal to human transmission
416085006	Nosocomial transmission (qualifier value)	Nosocomial transmission

- (2) [Case Classification Status](#) : Indicates how the Nationally Notifiable Disease case was classified at its close (E.g. Probable, Suspected)
- (3) [Case Confirmation Method](#): Codes specifying the mechanism by which a case was classified, providing information about how the case classification status was derived (e.g. Lab, Clinical, etc..)
- (4) [Case Detection Method](#): Codes specifying the method by which the public health department was made aware of the case (e.g. Provider reported, self-referral)
- (5) [Case Investigation Status](#): The current status of the investigation (open or closed)
- (6) [Reporting Lab Type](#): Type of laboratory reporting the result (e.g. Commercial, State Lab)
- (7) [Reporting Source Type](#): Codes specifying the type of facility or provider associated with the source of information sent to Public Health (e.g. Hospital, Day care, Military, etc.)
- (8) [Travel Mode](#): Mode of Travel (e.g. Bus, Air, Train)