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## Appendix SUR XVI

### Surveillance Validations

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#### Last Name:

##### Validations:

No spaces before or after the first letter of the last name
Must be in character format
Required field
One character names are not allowed

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#### First Name:

##### Validations:

No spaces before or after the first letter of the first name
Must be in character format
Required field
One character names are not allowed

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#### Middle Name:

##### Validations:

Must be in character format
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#### Q02A. State Case Number:

##### Validations:

Must be unique within the Month-Year Reported
Required field
Must be in alphanumeric format

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#### Q02B. City/County Case Number:

##### Validations:

If not blank, must be unique within the Month-Year Reported
Required field
Must be in alphanumeric format

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**Q03. Date Submitted:****Validations:**

Must be equal to or after January 1, 1990
Must be equal to or after Date of Birth
Must be equal to or before Current date
Must be in valid date format YYYY-MM-DD, YYYY/MM/DD, YYYYMMDD
If there is a value of 1 in Date Submitted: Unknown, then must be blank
If there is a value of Null in Date Submitted: Unknown, then must be blank
If there is a value of 0 in Date Submitted: Unknown, then must not be blank

**Q03. Date Submitted: Unknown****Validations:**

Must be a valid value of 0, Null or 1
If Date Submitted is blank then must equal Null or 1
If Date Submitted is not blank then must equal 0
Length: 1, 0/Null=Not Unknown, 1=Unknown

**Q04. Address for Case Counting****Q04A. Address for Case Counting: City****Validations:**

Must be a valid city for the reporting area.
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**Q04B. Address for Case Counting: Within City Limits?****Validations:**

A value must exist in Q04A
Must be a valid entry of 1, 2, 9
Length: 1, 1=Yes, 2=No, 9=Unknown

**Q04C. Address for Case Counting: County:****Validations:**

A value must exist in Q04A
Must be a valid county for the reporting area

**Q04D. Address for Case Counting: Zip-Value:****Validations:**

Only numeric values are allowed
A value must exist in Q04A

**Q04E. Address for Case Counting: Zip-Value Suffix:****Validations:**

A value must exist in Q04A
Only numeric values are allowed

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**Q05. Month-Year Reported:****Validations:**

Must be equal to or after January 01, 1990
Must be equal to or before Month-Year Counted
Must be more than twelve months after Previous Diagnosis of Tuberculosis: If Yes, list year of Previous Diagnosis
Must be equal to or after Date of Birth
Must be equal to or before Current Date
Must be equal to or after Month-Year arrived in US
Must be in valid format: YYYY-MM-01, YYYY/MM/01, or YYYYMM01
This is a required field for assimilation of record into the TIMS database

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**Q06. Month-Year Counted:****Validations:**

Must be equal to or after Month-Year Reported
Must be equal to or after Date of Birth
Must be equal to or before the Current date
Must be equal to or after Month-Year Arrived in US
Must be equal to or after December 31, 1992
Vercrit must equal 1 (Yes)
Must be in valid format: YYYY-MM-01, YYYY/MM/01, or YYYYMM01
If there is a value of 1 in Month-Year Counted: Unknown then must be blank
If there is a value of Null in Month-Year Counted: Unknown then must be blank
If there is a value of 0 in Month-Year Counted: Unknown then must not be blank
If vercrit is not equal to 1, 2, 3, or 4 then must be blank Length: 1, 0=Not a Verified Case, 1=Positive Culture, 2=Positive Smear/ Tissue, 3=Clinical Case Definition, 4=Verified By Provider Diagnosis, 5=Suspect Case. These are valid variables for vercrit.
Must be greater than twelve months after year of Previous Diagnosis

**Q06. Month-Year Counted: Unknown****Validations:**

Must be a valid value of 0, Null or 1
If Month-Year Counted is blank then must equal Null or Blank
If Month-Year Counted is not blank then must equal 0
If vercrit is not equal to 1, 2, 3, or 4 then must be blank
Length: 1, 0/Null=Not Unknown, 1=Unknown

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**Q07. Date of Birth:****Validations:**

Must be equal to or before Current Date
Must be equal to or before Date Submitted
Must be equal to or before Month-Year Reported
Must be equal to or before Month-Year Counted
Must be equal to or before Month-Year Arrived in US
Must be equal to or before Date Therapy Started
Must be equal to or before Date First Isolate Collected for Which Drug Susceptibility Was Done
Must be equal to or before Date Specimen Collected on First Consistently Negative Culture
Must be equal to or before Date Final Isolate Collected for Which Drug Susceptibility Testing Was Done
Must be equal to or before Date Specimen Collected on Initial Positive Sputum Culture
Must be in valid format: YYYY-MM-DD, YYYY/MM/DD, or YYYYMMDD
This is a required field for assimilation of record into the TIMS database
Must be equal to or after Year of Previous Diagnosis
If there is a value of 1 in Date of Birth: Unknown, then must be blank
If there is a value of 0 in Date of Birth: Unknown, then must not be blank
Must be equal to or after 01/01/1880

**Q07. Date of Birth: Unknown**

**Validations:**

Must be a valid value of 0 or 1
If Date of Birth (Q07) is blank then must equal 1
If Date of Birth (Q07) is not blank (Known Date) then must equal 0 (Known)
Length: 1,0/Null=Not Unknown, 1=Unknown

**Q08. Sex:**

**Validations:**

Valid value of 1, 2, 9
The sex chosen must correspond to the anatomic values listed in Major Site of Disease: If site is Other, enter anatomic value (15B), Additional Site of Disease: If site is Other, enter anatomic value (16B), Microscopic Exam of Tissue and Other Body Fluids: If positive, enter anatomic value(s) (Q19B), Microscopic Exam of Tissue and Other Body Fluids: If positive, enter anatomic value(s) (Q19C), Culture of Tissue and Other Body Fluids: If positive, enter anatomic value(s) (Q20B), Culture of Tissue and Other Body Fluids: If positive, enter anatomic value(s) (Q20C)
Length: 1, 1=Male, 2=Female, 9=Unknown

**Q09. Ethnicity: (Select one)**

**Validations:**

Valid value of 1, 2, 9
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Length: 1, 1=Hispanic, 2=Not Hispanic, 9=Unknown

**Q10. Race: (Select one or more)**

**Q10a. Race: (Select one or more) American Indian or Alaska Native**

**Validations:**

Valid value of 1 (Yes) or 0 (No)  
Race: (Select one or more) :Unknown must equal 0

**Q10b. Race: (Select one or more) Asian**

**Validations:**

Valid value of 1 (Yes) or 0 (No)  
Race: (Select one or more) :Unknown must equal 0

**Q10b1. Race: (Select one or more) Asian Extended Code)**

**Validations:**

Valid value from the list of corresponding hl7 codes (Please reference HL7 Codes on page XVI-30 of this document)  
Race: (Select one or more) :Asian must equal 1 (Yes) and Unknown must equal 0

**Q10c.**

**Race: (Select one or more) Black or African American**

**Validations:**

Valid value of 1 (Yes) or 0 (No)  
Race: (Select one or more) :Unknown must equal 0

**Q10d. Race: (Select one or more) Native Hawaiian or Pacific Islander**

**Validations:**

Valid value of 1 (Yes) or 0 (No)  
Race: (Select one or more) :Unknown must equal 0

**Q10d1. Race: (Select one or more) Native Hawaiian or Pacific Islander Extended Code**

**Validations:**

Valid value from the list of corresponding hl7 codes (Please reference HL7 Codes on page XVI-30 of this document)  
Race: (Select one or more) Native Hawaiian or Pacific Islander must equal 1 (Yes) and Unknown must equal 0

**Q10e. Race: (Select one or more) White**

**Validations:**

Valid value of 1(Yes) or 0 (No)
Race: (Select one or more) :Unknown must equal 0

**Q10f. Race: (Select one or more) Unknown**

**Validations:**

Valid value of 1(Yes) or 0 (No)
Race: (Select one or more) :All other races must equal 0

**Q11. Country of Origin:**

**Q11A. Country of Origin: If US Check Here:**

**Validations:**

Valid value of 1, 9, or blank
Length: 1, 1=Yes, 9=Unknown, Blank=Not U.S./Blank

**Q11B. Country of Origin: If not US, enter Country Value:**

**Validations:**

Must have a blank in Q11A
Valid value from the Nations table. (Please reference Country Code List /Nation Codes on page XVI-31 of this document)

**Q12. Month-Year arrived in US:**

**Validations:**

Country of Origin: If US Check Here: must be blank
Must be equal to or after Date of Birth
Must be equal to or before Month-Year Counted
Must be equal to or before Month-Year Reported
Must be equal to or before Current Date
Must be equal to or before Date Therapy Started
Must be equal to or before Date First Isolate Collected for Which Drug Susceptibility Testing Was Done
Must be equal to or before Date Specimen Collected on Initial Positive Sputum Culture
Must be equal to or before Date Final Isolate Collected for Drug Susceptibility Testing Was Done
Must be equal to or before Date Specimen Collected on First Consistently Negative Culture
Must equal to or after 01/1880
Must be in valid format: YYYY-MM-01, YYYY/MM/01, YYYYMM01, YYYY-01-01, YYYY/01/01 or YYYY0101
If there is a value of 2 in Month-Year Arrived in US: Unknown then must be partial unknown date (YYYY0101)
If there is a value of 1 in Month-Year arrived in US: Unknown then must be blank

If there is a value of Null in Month-Year arrived in US: Unknown then must be blank
If there is a value of 0 in Month-Year arrived in US: Unknown then must not be blank
If Country of Origin: If not US, enter Country Value is blank, Month-Year arrived in US must be blank.

**Q12. Month-Year arrived in US: Unknown**

**Validations:**

Must be a valid value of 0, Null, 1 or 2
If Month-Year arrived in US is blank then must equal Null or 1
If Month-Year arrived in US (Q12) is not blank then must equal 0 or 2
Length: 1, 0/Null=Not Unknown, 1 = Unknown, 2=Partial

**Q13. Status at Diagnosis of TB:**

**Validations:**

Valid value of 1, 2, 9
Length: 1, 1=Alive, 2=Dead, 9=Unknown

**Q14. Previous Diagnosis of Tuberculosis:**

**Validations:**

Valid value of 1, 2, 9
Length: 1, 1=Yes, 2=No, 9=Unknown

**Q14B. If Yes, list year of Previous Diagnosis:**

**Validations:**

Must be equal to or after 1900
Must be equal to or after Date of Birth
Must be greater than twelve months before Month-Year Reported
Must be greater than twelve months before Date First Isolate Collected for Which Drug Susceptibility Testing was Done
Must be greater than twelve months before Date Specimen Collected on Initial Positive Sputum Culture
Previous Diagnosis of Tuberculosis must be equal to 1
Must be in valid format: YYYY-01-01, YYYY/01/01, or YYYY0101
If there is a value of 1 in If Yes, list year of Previous Diagnosis: Unknown then must be blank
If there is a value of Null in If Yes, list year of Previous Diagnosis: Unknown then must be blank
If there is a value of 0 in If Yes, list year of Previous Diagnosis: Unknown then must not be blank
Must be greater than twelve months before Month-Year Counted

**Q14B. If Yes, list year of Previous Diagnosis: Unknown****Validations:**

Must be a valid value of 0, Null or 1
If Yes, list year of Previous Diagnosis (Q14) is blank then must equal Null or 1
If Yes, list year of Previous Diagnosis (Q14) is not blank then must equal 0
Previous Diagnosis of Tuberculosis (Q14A) is must equal to 1
Length: 1, 0/Null=Not Unknown, 1=Unknown

**Q14C. If more than one previous episode, check here:****Validations:**

Previous Diagnosis of Tuberculosis: (Q14A) must be equal to 1
Valid value of 1,9
Length: 1,1=Yes, 9=Unknown

**Q15. Major Site of Disease:****Validations:**

Must not have the same value as Additional Site of Disease (Q16A) except for 80
Valid value of 00, 10, 21, 22, 23, 29, 30, 40, 50, 60, 70, 80, 90
Additional Site of Disease, Additional Site of Disease: If site is Other, enter anatomic value or Additional Site of Disease: If more than one additional site check here are not blank, must not be equal to 50 or 90
Microscopic Exam of Tissue and Other Body Fluids: If positive, enter anatomic value(s), Microscopic Exam of Tissue and Other Body Fluids: If positive, enter anatomic value(s), or Culture of Tissue and Other Body Fluids: If positive, enter anatomic value(s), Culture of Tissue and Other Body Fluids: If positive, enter anatomic value(s) have values, must not be equal to 90
Major Site of Disease: If site is "80" enter anatomic code has a value, must be equal to 80
Length: 2, 00=Pulmonary, 10=Pleural, 21=Lymphatic: Cervical, 22=Lymphatic: Intrathoracic, 23=Lymphatic: Other, 29=Lymphatic: Unknown, 30=Bone and/or Joint, 40=Genitourinary, 50=Miliary, 60=Meningeal, 70=Peritoneal, 80=Other, 90=Site Not Stated
Please reference the Anatomic code list on page XVI-26 of this document

**Q15B. Major Site of Disease: If site is "(80) Other" enter anatomic value:****Validations:**

Major Site of Disease is equal to 80, there must be an anatomic value listed
The list of acceptable values is based on values entered in Microscopic Exam of Tissue and Other Body Fluids: If positive, enter anatomic value(s), Microscopic Exam of Tissue and Other Body Fluids: If positive, enter anatomic value(s), or Culture of Tissue and Other Body Fluids: If positive, enter anatomic value(s), Culture of Tissue and Other Body Fluids: If positive, enter anatomic value(s) and Sex



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**Q16. Additional Site of Disease:****Validations:**

Must not have same entry as in Major Site of Disease except for 80
Major Site of Disease must not be equal to 50 or 90 or blank
If the value is 50, no other value may be included
Valid value of 00, 10, 21, 22, 23, 29, 30, 40, 50, 60, 70 or 80
If Additional Site of Disease: If more than one additional site check here has a value of 1 then must contain more than one anatomic value in list
If a value exists in Additional Site of Disease: If site is "Other", enter anatomic code then 80 must exist in the list
Length: 2, 00=Pulmonary, 10=Pleural, 21=Lymphatic: Cervical, 22=Lymphatic: Intrathoracic, 23=Lymphatic: Other, 29=Lymphatic: Unknown, 30=Bone and/or Joint, 40=Genitourinary, 50=Miliary, 60=Meningeal, 70=Peritoneal, 80=Other

**Q16B. Additional Site of Disease: If site is "(80) Other" enter anatomic value:****Validations:**

If Additional Site of Disease contains 80 then Additional Site of Disease: If site is "(80) Other" enter anatomic code must contain an anatomic value
Must not have the same entry as Major Site of Disease: If site is "Other", enter anatomic value
The list of acceptable values is based on values entered in Microscopic Exam of Tissue and Other Body Fluids: If positive, enter anatomic value(s), Microscopic Exam of Tissue and Other Body Fluids: If positive, enter anatomic value(s), or Culture of Tissue and Other Body Fluids: If positive, enter anatomic value(s), Culture of Tissue and Other Body Fluids: If positive, enter anatomic value(s) and Sex. Please reference Anatomic Codes on page XVI-26 of this document.

**16C. Additional Site of Disease: If more than one additional site check here:****Validations:**

Valid value of 1, or blank
If Additional Site of Disease (Q16A) has more than one site listed then value must be 1
Length: 1, 1=Yes

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**Q17. Sputum Smear:****Validations:**

Major Site of Disease or Additional Site of Disease (16A) must equal 00, 10, 22, or 50 or Major Site of Disease: If site is Other, enter anatomic value or Additional Site of Disease: If site is Other, enter anatomic value must contain one of the Following Anatomic Values: 18, 19, 20, 21, and 22, Sputum Smear must equal 1
Valid value of 1, 2, 3, 9
Length: 1, 1=Positive, 2=Negative, 3=Not Done, 9=Unknown

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**Q18. Sputum Culture:****Validations:**

Sputum Culture is equal to 1, Major Site of Disease or Additional Site of Disease must equal 00, 10, 22, or 50 or Major Site of Disease or Additional Site of Disease must contain one of the Following Anatomic Values: 18, 19, 20, 21, and 22
Reason Therapy Stopped must not be Not TB if Sputum Culture is equal to 1
If equal to 2, 9 or 3 then Sputum Conversion Documented must not be 1.
Valid Value of 1, 2, 3, 9
Length: 1, 1=Positive, 2=Negative, 3=Not Done, 9=Unknown

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**Q19. Microscopic Exam of Tissue and Other Body Fluids:****Validations:**

Valid value of 1, 2, 3, 9
If a value exists in Microscopic Exam of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s) or Microscopic Exam of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s) then Microscopic Exam of Tissue and Other Body Fluids must be equal to 1
Length: 1, 1=Positive, 2=Negative, 3=Not Done, 9=Unknown

**Q19B. Microscopic Exam of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s):****Validations:**

Must not have the same anatomic value listed in Q19C
Must be a valid value from the Anatomic value list. Acceptable anatomic value values are based on the values entered in Sex (Q8), Major Site of Disease (Q15A, and Q15B) Additional Site of Disease (Q16A, and Q16B). See Appendix A
Microscopic exam of Tissue and Other body Fluids must be equal to 1
Major site of Disease must not be blank or contain 90
If there is a value in Microscopic Exam of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s) then there must be a value in Microscopic Exam of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s)

**Q19C. Microscopic Exam of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s):****Validations:**

Must not have the same anatomic value listed in Q19B
Must be a valid value from the Anatomic value list. Acceptable anatomic value values are based on the values entered in Sex, Major Site of Disease Additional Site of Disease and Culture of Tissue and Other Body Fluids. See Appendix A
Microscopic exam of Tissue and Other body Fluids must be equal to 1
Major site of Disease must not be blank or equal to 90
There must be a value in Q19B

**Q20. Culture of Tissue and Other Body Fluids:**

**Validations:**

Valid value of 1, 2, 3, 9
If Reason Therapy Stopped is equal to 5 then Culture of Tissue and Other Body Fluids must not be equal to 1
If there are values in Culture of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s) or Culture of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s) then Culture of Tissue and Other Body Fluids must be equal to 1
Length: 1,=Positive, 2=Negative, 3=Not Done, 9=Unknown

**Q20B. Culture of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s):**

**Validations:**

Culture of Tissue and Other Body Fluids must be equal to 1
Must not have the same anatomic value as in Q20C
Major Site of Disease must not be blank or contain 90
Must be a valid value from the Anatomic value list. Acceptable anatomic value values are based on the values entered in Sex, Major Site of Disease and Additional Site of Disease
If there is a value in Q20C then there must be a value in Q20B

**Q20C. Culture of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s):**

**Validations:**

Must not have the same anatomic value listed in Q20B
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Major site of Disease must not be blank or be equal to 90
There must be a value in Q20B
Must be a valid value from the anatomic value list. Acceptable anatomic value values are based on the values entered in Sex, Major Site of Disease and Additional Site of Disease
Culture of Tissue and Other body Fluids must be equal to 1

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**Q21. Chest X-Ray:**

**Validations:**

Valid value of 1, 2, 3, 9
If there is a value in Chest X-Ray: If Abnormal (Q21B) or Chest X-Ray: If Abnormal (Q21C) then Chest X-Ray must equal 2
Length: 1, 1=Normal, 2=Abnormal, 3=Not Done, 9=Unknown

**Q21B. Chest X-Ray: If Abnormal:**

**Validations:**

Chest X-Ray must equal 2
Valid value of 1, 2, 3, 9
Length: 1, 1=Stable, 2=Worsening, 3=Improving, 9=Unknown

**Q21C. Chest X-Ray: If Abnormal:**

**Validations:**

Chest X-Ray must be equal to 2
Valid value 1, 2, 3, 9
Length: 1, 1=Stable, 2=Worsening, 3=Improving, 9=Unknown

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**Q22. Tuberculin (mantoux) Skin Test at Diagnosis:**

**Validations:**

If Tuberculin (mantoux) Skin Test at Diagnosis: Millimeters of Induration is greater than 9 and less than 99 then Tuberculin (mantoux) Skin Test at Diagnosis must be equal to 1
If Tuberculin (mantoux) Skin Test at Diagnosis: Millimeters of Induration is less than 05 then Tuberculin (mantoux) Skin Test at Diagnosis must be 2
Valid value of 1, 2, 3, 9
If Tuberculin (mantoux) Skin Test at Diagnosis: Millimeters of Induration is equal to 99 or greater than 4 and less than 10 then Tuberculin (mantoux) Skin Test at Diagnosis must be equal to either 1 or 2
Length: 1, 1=Positive, 2=Negative, 3=Not Done, 9=Unknown

**Q22B. Tuberculin (mantoux) Skin Test at Diagnosis: Millimeters of Induration:**

**Validations:**

Tuberculin (Mantoux) Skin Test at Diagnosis must be equal to 1 or 2
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If Tuberculin (mantoux) Skin Test at Diagnosis is equal to 1 then Tuberculin (mantoux) Skin Test at Diagnosis: Millimeters of Induration must be greater than 04 and less than 98 or equal to 99
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If Tuberculin (mantoux) Skin Test at Diagnosis is equal to 2 then Tuberculin (mantoux) Skin Test at Diagnosis: Millimeters of Induration must be less than 10 equal to 99
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**Q22C. Tuberculin (mantoux) Skin Test at Diagnosis: If Negative (2), was patient anergic?:**

**Validations:**

Tuberculin (mantoux) Skin Test at Diagnosis must be equal to 2
Valid value of 1, 2, 9
Length: 1, 1=Yes, 2=No, 9=Unknown

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**Q23. HIV Status**

**Validations:**

Valid value of 0, 1, 2, 3, 4, 5, 9
If HIV Status: If Positive, Based on or HIV Status: If Positive, List: CDC AIDS Patient Number or HIV Status If Positive, List: City/County HIV/AIDS Patient Number or HIV Status If Positive, List: State HIV/AIDS Patient Number has a value then HIV Status must be equal to 1 (Positive)
Length: 1, 0=Negative, 1=Positive, 2=Indeterminate, 3=Refused, 4=Not Offered, 5=Test Done Results Unknown, 9=Unknown

**Q23B. HIV Status: If Positive, Based on:**

**Validations:**

HIV Status must be equal to 1
Valid value 1, 2, 9
1=Medical Documentation, 2=Patient History, 9=Unknown

**Q23C. HIV Status: If Positive, List: CDC AIDS Patient Number:**

**Validations:**

HIV Status must be equal to 1
Must be in alphanumeric format

**Q23D. HIV Status: If Positive, List: State HIV/AIDS Patient Number:**

**Validations:**

HIV Status must be equal to 1
Must be in alphanumeric format

**Q23E. HIV Status: If Positive, List: City/County HIV/AIDS Patient Number:**

**Validations:**

HIV Status must be equal to 1
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Must be in alphanumeric format
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**Q24.Homeless Within Past Year:**

**Validations:**

Valid value of 0, 1, 9
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0=No, 1=Yes, 9=Unknown
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**Q25. Resident of Correctional Facility at Time of Diagnosis:**

**Validations:**

Valid value of 0, 1, 9
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Resident of Correctional Facility at Time of Diagnosis can only have a value if Resident of Long Term Care Facility at Time of Diagnosis contains a Blank, 0 or 9 and Resident of Long Term Care Facility at Time of Diagnosis: If Yes, is blank
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If Resident of Correctional Facility at Time of Diagnosis: If Yes has a value then Resident of Correctional Facility at Time of Diagnosis must be equal to 1
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If Resident of Long Term Care Facility at Time of Diagnosis is equal to 1 then must be equal to 0
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0=No, 1=Yes, 9=Unknown
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**Q25B. Resident of Correctional Facility at Time of Diagnosis: If Yes:**

**Validations:**

Resident of Correctional Facility at Time of Diagnosis must be equal to 1
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Resident of Long Term Care Facility at Time of Diagnosis is not equal to Blank, 0, 9, Resident of Correctional Facility at Time of Diagnosis: If Yes must be blank
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If Resident of Long Term Care Facility at Time of Diagnosis: If Yes, is not blank then Resident of Correctional Facility at Time of Diagnosis: If Yes must be blank
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Valid value of 1, 2, 3, 4, 5, 9
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1=Federal Prison, 2=State Prison, 3=Local Jail, 4=Juvenile Correctional facility, 5=Other Correctional Facility, 9=Unknown
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**Q26. Resident of Long-Term Care Facility at Time of Diagnosis:**

**Validations:**

Resident of Long-Term Care Facility at Time of Diagnosis can only have a value if Resident of Correctional Facility at Time of Diagnosis is equal to 0, 9 and Resident of Correctional Facility at Time of Diagnosis If Yes is blank
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If Resident of Long-Term Care Facility at Time of Diagnosis: If Yes has a value then Resident of Long-Term Care Facility at Time of Diagnosis must equal 1
Valid value of 0, 1, 9
Resident of Long-Term Care Facility at Time of Diagnosis must equal 0 if Resident of Correctional Facility at Time of Diagnosis is equal to 1
0=No, 1=Yes, 9=Unknown

**Q26B. Resident of Long-Term Care Facility at Time of Diagnosis: If Yes: Validations:**

Resident of Correctional Facility at Time of Diagnosis not equal to blank, 0, or 9, Resident of Long-Term Care Facility at Time of Diagnosis: If Yes must be blank
If Resident of Correctional Facility at Time of Diagnosis: If Yes is not blank then Resident of Long-Term Care Facility at Time of Diagnosis: If Yes must be blank
Valid value 1, 2, 3, 4, 5, 6, 9
Resident of Long-Term Care Facility at Time of Diagnosis: If Yes can have a value if Resident of Long Term Care Facility at Time of Diagnosis must equal 1
Length: 1, 1=Nursing Home, 2=Hospital Based Facility, 3=Residential Facility, 4=Mental Health Residential Facility, 5=Alcohol or Drug Treatment Facility, 6=Other Long Term Care Facility, 9=Unknown

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**Q27. Initial Drug Regimen:**

**Validations:**

Valid Value of 0, 1, 9
Date Therapy Started or Date Therapy Stopped have values, can not be blank.
0=No, 1=Yes, 9=Unknown

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**Q28. Date Therapy Started:**

**Validations:**

Must be equal to or before Date Therapy Stopped
Must be equal to or before Current Date
Must be equal to or after Date of Birth
Must be equal to or after Month-Year Arrived in U.S.
Number of weeks entered in Number of Weeks of Directly Observed Therapy must not exceed number of weeks between Date Therapy Started and Date

Therapy Stopped
There must be at least one drug in Initial Drug Regimen marked 1
If there is a value of 1 in Date Therapy Started: Unknown then must be blank
If there is a value of Null in Date Therapy Started: Unknown then must be blank
If there is a value of 0 in Date Therapy Started: Unknown then must not be blank
If there is a value of 2 in Date Therapy Started: Unknown then must be a partial date
Must be in valid format: YYYY-MM-DD, YYYY/MM/DD, YYYYMMDD, YYYYMM01, YYYY/MM/01 or YYYY-MM-01

**Q28. Date Therapy Started: Unknown**

**Validations:**

Must be a valid value of 0, Null or 1
If Date Therapy Started: Unknown (Q28) is blank then must equal Null or 1
If Date Therapy Started: Unknown (Q28) is not blank, must equal 0, or 2
Length: 1, 0/Null=Not Unknown, 1=Unknown, 2=Partial

**Q29. Injecting Drug Use Within Past Year:**

**Validations:**

Valid value of 0, 1, 9
Length: 1,0=No, 1=Yes, 9=Unknown

**Q30. Non-Injecting Drug Use Within Past Year:**

**Validations:**

Valid value of 0, 1, 9
Length: 1, 0=No, 1=Yes, 9=Unknown

**Q31. Excess Alcohol Use Within Past Year:**

**Validations:**

Valid value of 0, 1, 9
0=No, 1=Yes, 9=Unknown

**Q32. Occupation (Check all that apply within the past 24 months)**

**Q32A. Occupation (Check all that apply within the past 24 months): Health Care Worker**

**Validations:**

Valid value of 1 or blank (No)
Occupation (Check all that apply within the past 24 months): Not Employed Within Past 24 Months and Occupation (Check all that apply within the past 24 months): Unknown must equal Blank
0=No, 1=Yes



**Q32B. Occupation (Check all that apply within the past 24 months): Correctional Employee**

**Validations:**

Valid value of 1 or blank
Occupation (Check all that apply within the past 24 months): Not Employed Within Past 24 Months and Occupation (Check all that apply within the past 24 months): Unknown must equal Blank (No)
0=No, 1=Yes

**Q32C. Occupation (Check all that apply within the past 24 months): Migratory Agricultural Worker**

**Validations:**

Valid value of 1 or blank
Occupation (Check all that apply within the past 24 months): Not Employed Within Past 24 Months and Occupation (Check all that apply within the past 24 months): Unknown must equal Blank
0=No, 1=Yes

**Q32D. Occupation (Check all that apply within the past 24 months): Other Occupation**

**Validations:**

Valid value of 1 or blank
Occupation (Check all that apply within the past 24 months): Not Employed Within Past 24 Months and Occupation (Check all that apply within the past 24 months): Unknown must equal Blank
0=No, 1=Yes

**Q32E. Occupation (Check all that apply within the past 24 months): Not Employed within Past 24 Months**

**Validations:**

Valid value of 1 or blank
Occupation (Check all that apply within the past 24 months): Health Care Worker, Occupation (Check all that apply within the past 24 months): Correctional Employee, Occupation (Check all that apply within the past 24 months): Migratory Agricultural Worker, Occupation (Check all that apply within the past 24 months): Other Occupation and Occupation (Check all that apply within the past 24 months): Unknown must all equal Blank
0=No, 1=Yes

**Q32F. Occupation (Check all that apply within the past 24 months): Unknown Validations:**

Valid value of 1 or blank
Occupation (Check all that apply within the past 24 months): Health Care Worker, Occupation (Check all that apply within the past 24 months): Correctional Employee, Occupation (Check all that apply within the past 24 months): Migratory Agricultural Worker, Occupation (Check all that apply within the past 24 months): Other Occupation and Occupation (Check all that apply within the past 24 months): Not Employed With 24 Past Month must all equal Blank
0=No, 1=Yes

**Q33. Initial Drug Susceptibility Results: Was Drug Susceptibility Testing Done: Validations:**

If Sputum Culture and Culture of Tissue and Other Body Fluids are equal to No, Not Done or Unknown then Initial Drug Susceptibility Results: Was Drug Susceptibility Testing Done? must not be equal to 1
If Final Drug Susceptibility Results: Was Follow-up Drug Susceptibility Testing Done? is equal to 1 then Initial Drug Susceptibility Results: Was Drug Susceptibility Testing Done must be equal to 1
Must be a valid value of 0, 1, 9
If there is a value in then If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done then Initial Drug Susceptibility Results: Was Drug Susceptibility Testing Done? must be equal to 1
If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done: has a value then Initial Drug Susceptibility Results: Was Drug Susceptibility Testing Done? must be equal to 1
If the Final Susceptibility Results are not blank then Initial Drug Susceptibility Results: Was Drug Susceptibility Testing Done? must be equal to 1
If Susceptibility Results are not blank then Initial Drug Susceptibility Results: Was Drug Susceptibility Testing Done? must be equal to 1
Length: 1, 0=No, 1=Yes, 9=Unknown

**Q33B. If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done?**

**Validations:**

If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done must be at least 1 year after Previous Diagnosis of Tuberculosis: If Yes, list year of Previous Diagnosis
Date First Isolate Collected for Which Drug Susceptibility was Done must be equal to or after Date of Birth
Date First Isolate Collected for Which Drug Susceptibility was Done must be equal to or after Month-Year Arrived in US
Date First Isolate Collected for Which Drug Susceptibility was Done must be greater or equal to 30 days before Date Final Isolate Collected for Which Drug

Susceptibility Was Done
Must be equal to or before Current Date
Initial Drug Susceptibility Results must be equal to 1
Must be in a valid date format of YYYY-MM-DD, YYYY/MM/DD, or YYYYMMDD
If Sputum Culture and Culture of Tissue and Other Body Fluids are equal to No, Not Done or Unknown then If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done must be blank
There is a value of 1 in If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done: Unknown , If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done must be blank
There is a value of Null in If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done: Unknown, If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done must be blank
There is a value of 0 in If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done: Unknown, If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done must not be blank

**Q33B. If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done: Unknown?**

**Validations:**

Must be a valid value of 0, Null or 1
If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done is blank, must equal Null or 1
If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done is not blank, must equal 0
Length: 1, 0/Null=Not Unknown, 1=Unknown

**Q34. Susceptibility Results:**

**Validations:**

Valid value of 1, 2, 3, 9
Initial Drug Susceptibility Results: Was Drug Susceptibility Testing Done must equal Yes.
If Sputum Culture and Culture of Tissue and Other Body Fluids are equal to No, Not Done or Unknown then Susceptibility Results must be blank
Length: 1, 1=Resistant, 2=Susceptible, 3=Not Done, 9=Unknown

**NOTE:** As each drug is entered as a separate field then these checks must be performed on the entire listing of Drugs.

---

**Q35.Sputum Culture Conversion Documented****Validations:**

Sputum Culture must equal 1
If Yes, Date Specimen Collected on Initial Positive sputum Culture has a value then Sputum Culture Conversion Documented must be equal to 1
If Yes, Date Specimen Collected on First Consistently Negative Culture: has a value then Sputum Culture Conversion Documented must be equal to 1
Valid value of 0, 1, 9
Length: 1, 0=No, 1=Yes, 9=Unknown

**Q35B. If Yes, Date Specimen Collected on Initial Positive Sputum Culture:****Validations:**

If Yes, Date Specimen Collected on Initial Positive Sputum Culture must be at least 1 year after Previous Diagnosis of Tuberculosis: If Yes, list year of Previous Diagnosis
If Yes, Date Specimen Collected on Initial Positive Sputum Culture must be equal to or after Date of Birth
If Yes, Date Specimen Collected on Initial Positive Sputum Culture must be equal to or after Month-Year arrived in US
If Yes, Date Specimen Collected on Initial Positive Sputum Culture must be equal to or before Current Date
If Yes, Date Specimen Collected on Initial Positive Sputum Culture must be equal to or before Date Specimen Collected on First Consistently Negative Culture
Sputum Culture Conversion Documented must be equal to 1
Must be in a valid date format of YYYY-MM-DD, YYYY/MM/DD, or YYYYMMDD
If there is a value in If Yes, Date Specimen Collected on First Consistently Negative Culture then there must be a value in Date Specimen Collected on Initial Positive Sputum Culture
If there is a value of 1 in If Yes, Date Specimen Collected on Initial Positive Sputum Culture: Unknown then must be blank
If there is a value of Null in If Yes, Date Specimen Collected on Initial Positive Sputum Culture: Unknown then must be blank
If there is a value of 0 in If Yes, Date Specimen Collected on Initial Positive Sputum Culture: Unknown then must not be blank.

**Q35B. If Yes, Date Specimen Collected on Initial Positive Sputum Culture: Unknown****Validations:**

Must be a valid value of 0, Null or 1
If Yes, Date Specimen Collected on Initial Positive Sputum Culture is blank then must equal Null (Blank) or 1 (Unknown)
If Yes, Date Specimen Collected on Initial Positive Sputum Culture is not blank (Known Date) then must equal 0 (Known)

Sputum Culture Conversion Documented is blank, If Yes, Date Specimen Collected on Initial Positive Sputum Culture must be blank
---

**Q35C. If Yes, Date Specimen Collected on First Consistently Negative Culture:**

**Validations:**

If Yes, Date Specimen Collected on First Consistently Negative Culture must be at least 1 year after Previous Diagnosis of Tuberculosis: If Yes, list year of Previous Diagnosis
If Yes, Date Specimen Collected on First Consistently Negative Culture must be equal to or after Date of Birth
If Yes, Date Specimen Collected on First Consistently Negative Culture must be equal to or after Month-Year arrived in US
If Yes, Date Specimen Collected on First Consistently Negative Culture must be equal to or before Current Date
If Yes, Date Specimen Collected on First Consistently Negative Culture must be after If Yes, Date Specimen Collected on Initial Positive Sputum
Sputum Culture Conversion Documented must be equal to 1
If Yes, Date Specimen Collected on Initial Positive Sputum Culture cannot be blank
Must be in a valid date format of YYYY-MM-DD, YYYY/MM/DD, or YYYYMMDD
If there is a value of 1 in If Yes, Date Specimen Collected on First Consistently Negative Culture: Unknown (Q35C) then must be blank
If there is a value of Null (Blank) in If Yes, Date Specimen Collected on First Consistently Negative Culture: Unknown then must be blank
If there is a value of 0 (Known) in If Yes, Date Specimen Collected on First Consistently Negative Culture: Unknown then must not be blank

**Q35C. Date Specimen Collected on First Consistently Negative Culture: Unknown**

**Validations:**

Must be a valid value of 0, Null or 1
If Date Specimen Collected on First Consistently Negative Culture is blank then must equal Null (Blank) or 1 (Unknown)
If Date Specimen Collected on First Consistently Negative Culture is not blank (Known Date) then must equal 0 (Known)
If Sputum Culture Conversion Documented is blank then must be blank

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**Q36. Date Therapy Stopped:**

**Validations:**

Date Therapy Stopped must be equal to or after Date Therapy Started
The number of weeks between Date Therapy Started and Date Therapy Stopped must not be less than the number of weeks in Number of Weeks of Directly Observed Therapy
There must be at least one drug marked Yes in Initial Drug Regimen
Date Therapy Stopped must be equal to or before Current Date
Must in a valid date format of YYYY-MM-DD, YYYY/MM/DD, or YYYYMMDD

If there is a value of 1 in Date Therapy Stopped: Unknown then must be blank
If there is a value of Null Blank in Date Therapy Stopped: Unknown then must be blank
If there is a value of 0 in Date Therapy Stopped: Unknown then must not be blank
If there is a value of 2 in Date Therapy Stopped: Unknown then must be a partial date
Length: 1, 1=Generated, 2/Null= Not Generated

**Q36. Date Therapy Stopped: Unknown**

**Validations:**

Must be a valid value of 0, Null, 1 or 2
If Date Therapy Stopped is blank then must equal Null (Blank) or 1 (Unknown)
If Date Therapy Stopped is not blank (Known Date) then must equal 0 (Known) or 2
Length: 1, 0/Null=Not Unknown, 1=Unknown, 2=Partial

**Q37. Reason Therapy Stopped:**

**Validations:**

If Sputum Culture is equal to 1 then 5 is not a valid value
If Culture of Tissue and Other Body Fluids is equal to 1 then 5 is not a valid value
There must be at least one drug marked 1 in Initial Drug Regimen
Must be a valid value of 1, 2, 3, 4, 5, 6, 7, 9
Length: 1, 1=Completed Therapy, 2=Moved, 3=Lost, 4=Uncooperative or Refused, 5=Not TB, 6=Died, 7=Other, 9=Unknown

**Q38. Type of Health Care Provider:**

**Validations:**

Valid value 1, 2, 3
Length: 1,1=Health Department, 2=Private/Other, 3=Both Health Department and Private/Other

**Q39. Directly Observed Therapy:**

**Validations:**

If there is a value in If Yes, Give Site(s) of Directly Observed Therapy: then Directly Observed Therapy must not be equal to Blank, 0 or 9
Valid value of 0, 1, 2, 9
If there is a value in Number of Weeks of Directly Observed Therapy then Directly Observed Therapy must not be equal to Blank, 0 or 9
Length: 1, 0=No, Totally Self-Administered, 1=Yes, Totally Directed Observed, 2=Yes, Both Directly Observed and Self-Administered, 9=Unknown

**Q39B. If Yes, Give Site(s) of Directly Observed Therapy:**

**Validations:**

Valid value of 1, 2, 3, 9
Directly observed Therapy must equal 1 or 2
Length: 1, In Clinic or Other Facility, 2=In -the Field, 3=Both in Facility and in the Field, 9=Unknown

**Q39C. Number of Weeks of Directly Observed Therapy:**

**Validations:**

Must be equal to or less than the number of weeks in the range between Date Therapy Started and Date Therapy Stopped
Directly observed Therapy must equal 1 or 2
Must be in a valid numeric format

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**Q40. Final Drug Susceptibility Results: Was Follow-up Drug Susceptibility Testing Done?**

**Validations:**

If Initial Drug Susceptibility Testing is not equal to 1 then Final Drug Susceptibility Results: Was Follow-up Drug Susceptibility Testing Done? must not be equal to 1
If there is a value in If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done then If Final Drug Susceptibility Results: Was Follow-up Drug Susceptibility Testing Done? must be equal to 1
If there is a value in Final Susceptibility Results then If Final Drug Susceptibility Results: Was Follow-up Drug Susceptibility Testing Done? must be equal to 1
Must be a valid value of 0, 1, 9
Length: 1, 0=No, 1=Yes, 9=Unknown

**Q40B. If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done:**

**Validations:**

If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done must be equal to greater than 30 days after If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility Testing Was Done
If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done must be equal to or after Date of Birth
If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done must be equal to or after Month-Year Arrived in US
If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done must be equal to or before Current Date
Final Drug Susceptibility Results: Was Follow-up Drug Susceptibility Testing Done? must equal 1
Must be in a valid date format of YYYY-MM-DD, YYYY/MM/DD, or YYYYMMDD
If there is a value of 1 in If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done: Unknown then must be blank
If there is a value of Null Blank in If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done: Unknown then must be blank
If there is a value of 0 in If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done: Unknown then must not be blank

**Q40B. If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done: Unknown**

**Validations:**

Must be a valid value of 0, Null or 1
If If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done is equal to Null then must equal Null Blank or 1
If If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done is not blank then must equal 1
Final Drug Susceptibility Results: Was Follow-up Drug Susceptibility Testing Done? is blank, If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done: Unknown must be blank
Length: 1, 0/Null=Not Unknown, 1=Unknown

**Q41. Final Susceptibility Results:**

**Validations:**

Final Drug Susceptibility Results: Was Follow-up Drug Susceptibility Testing Done? must be equal to 1
Valid value of 1, 2, 3, 9
Length: 1, 1=Resistant, 2=Susceptible, 3=Not Done, 9=Unknown

**NOTE:** As each drug is entered as a separate field then these checks must be performed on the entire listing of Drugs.



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**QCV.1 Do You want to count this patient at CDC as a verified case of TB?**

**Validations:**

Case verification calculation must have generated one of the following values: 1, 2, 3, or 4
Valid value of 1, 2, Blank
If there is value in Month-Year Counted (Q06) then must not be blank.
Length: 1, 1=Yes, 2=No, Blank=Pending or not applicable

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## Anatomic Codes

Note: Only codes marked with an asterisk (\*) should be used when a site of disease is Other (RVCT questions 15 and 16). See the Surveillance module chapter for additional details.

### Dermal System

- 00\* Skin and skin appendages
- 01\* Subcutaneous Tissue
- 02\* Breast
- 03 Milk

### Hematopoietic System

- 04\* Bone marrow
- 05\* Spleen
- 06\* Blood

### Lymphatic System

- 07 Lymph node

### Musculoskeletal System

- 08 Bone, NOS (Not Otherwise Specified)
- 09 Skeletal system (Bones of head, ribcage, and vertebral column)
- 10 Skeletal system (Bones of shoulder, Girdle, pelvis, and extremities)
- 11 Soft tissue, NOS (Not Otherwise Specified)
- 12 Soft tissue (Muscles of head, neck, mouth and upper extremity)
- 13 Soft tissue (Muscles of trunk, perineum, and lower extremity)
- 14 Tendon and tendon sheath
- 15 Ligament and fascia
- 16 Joints (Synovial tissue)
- 17 Synovial fluid

### Respiratory System

- 18\* Nose
- 19\* Accessory Sinus
- 20\* Nasopharynx
- 21\* Epiglottis and larynx
- 22\* Trachea
- 23 Bronchus
- 24 Bronchiole
- 25 Lung
- 26 Pleura
- 27 Upper respiratory fluids
- 28 Bronchial fluid
- 29 Pleural fluid

### Cardiovascular System

- 30\* Pericardium
- 31\* Heart

- 32\* Cardiac valve
- 33 Pericardial fluid
- 34\* Blood vesselGastrointestinal System
- 35\* Mouth
- 36\* Lip
- 37\* Tongue
- 38\* Tooth, gum and supporting structures of the tooth
- 39\* Salivary gland
- 40\* Liver
- 41\* Gallbladder
- 42\* Extrahepatic bile duct
- 43\* Pancreas
- 44 Saliva
- 45 Bile and pancreatic fluid
- 46\* Pharynx, oropharynx, and hypopharynx
- 47\* Tonsils and adenoids
- 48\* Esophagus
- 49\* Stomach
- 50\* Small intestine - duodenum
- 51\* Small intestine - jejunum & ileum
- 52\* Appendix
- 53\* Colon
- 54\* Rectum
- 55\* Anus
- 56 Gastric aspirate
- 57 Gastrointestinal contents (feces)
- 58 Omentum and peritoneum
- 59 Peritoneal fluid

## **Urogenital System**

- 60 Kidney
- 61 Renal pelvis
- 62 Ureter
- 63 Urinary bladder
- 64 Urethra
- 65 Penis
- 66 Prostrate and seminal vesicle
- 67 Testis
- 68 Epididymis, vas deferens, spermatic cord and scrotum
- 69 Urine
- 70 Male genital fluids
- 71 Vulva, labia, clitoris, and Bartholin's gland
- 72 Vagina
- 73 Uterus
- 74 Cervix
- 75 Endometrium
- 76 Myometrium
- 77 Fallopian tube, broad ligament, parametrium, and parovarian region
- 78 Ovary
- 79 Female genital fluids

## **Fetal Structures**

- 80\* Placenta, umbilical cord, and implantation site
- 81\* Fetus and embryo

## **Endocrine System**

- 82\* Pituitary gland
- 83\* Adrenal gland
- 84\* Thyroid or parathyroid gland(s)
- 85\* Thymus

## **Neurological System**

- 86 CSF (Cerebral spinal fluid)
- 87 Meninges, dural sinus, choroid plexus
- 88\* Brain
- 89\* Spinal cord
- 90\* Cranial, spinal and peripheral nerve
- 91\* Eye and ear appendages
- 92\* Ear and mastoid cells

## **Other**

- 93 Pus
- 94\* Other
- 95 Multiple Sites
- 99 Unknown

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## Antituberculosis Drug Abbreviations

Drug	Abbreviation
Isoniazid	INH, I, H
Rifampin	RIF, R, RM
Pyrazinamide	PZA, Z
Ethambutol, Myambutol	EMB, E, T
Streptomycin	SMN, SM, S
Ethionamide	ETH, ETA, THA, E, T
Kanamycin	KAN, KM, K
Cycloserine	CYC, CS
Capreomycin	CAP, CM
Para-Amino Salicylic Acid	PAS
Amikacin	AMI, AK
Rifabutin	RBT
Ciprofloxacin	CIP
Ofloxacin	OFL
Rifamate*	RIFM
Rifater*	RIFT
Other	Include only drugs used for treatment of TB (e.g., Clofazamine). Do not include Pyridoxine (Vitamin B <sub>6</sub> ). <sup>†</sup>

Confirm any abbreviations that are unfamiliar or ambiguous with the prescribing physician.

\*Note: Rifamate is a combination of INH and RIF. Rifater is a combination of INH, RIF, and PZA.

†Note: Pyridoxine [PYR] (Vitamin B<sub>6</sub>) is included on the Patient Management drug list for indication of vitamin B<sub>6</sub> usage in the regimen. Pyridoxine is not an antituberculosis drug.

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## HL7 Codes

The following data describes the HL7 extended codes for the Asian and Native Hawaiian or Pacific Islander extended code fields. If the import file does not contain an extended code for the Asian and Native Hawaiian or Pacific Islander choice, TSIU will automatically supply the highest level code.

ASIAN Extended Codes		Native Hawaiian or Pacific Islander Extended Codes	
HL7 Code	Description	HL7 Code	Description
2028-9	Asian	2076-8	Native Hawaiian other Pacific Islander
2029-7	Asian Indian	2078-4	Polynesian
2030-5	Bangladeshi	2079-2	Native Hawaiian
2031-3	Bhutanese	2080-0	Samoan
2032-1	Burmese	2081-8	Tahitian
2033-9	Cambodian	2082-6	Tongan
2034-7	Chinese	2083-4	Tokelauan
2035-4	Taiwanese	2085-9	Micronesian
2036-2	Filipino	2086-7	Guamanian or Chamorro
2037-0	Hmong	2087-5	Guamanian
2038-8	Indonesian	2083-3	Chamorro
2039-6	Japanese	2089-1	Mariana Islander
2040-4	Korean	2090-9	Marshallese
2041-2	Laotian	2091-7	Palauan
2042-0	Malaysian	2092-5	Carolinian
2043-8	Okinawan	2093-3	Kosraean
2044-6	Pakistani	2094-1	Pohnpeian
2045-3	Sri Lankan	2095-8	Saipanese
2046-1	Thai	2096-6	Kiribati
2047-9	Vietnamese	2097-4	Chuukese
2048-7	Iwo Jiman	2098-2	Yapese
2049-5	Maldivian	2100-6	Melanesian
2050-3	Nepalese	2101-4	Fijian
2051-1	Singaporean	2102-2	Papua New Guinean
2052-9	Madagascar	2103-0	Solomon Islander
		2104-8	New Hebrides
		2500-7	Other Pacific Islander

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## Country Code List / Nation Codes

Country	Alpha Code	FIPS Code
Afghanistan	AF	110
Albania	AL	120
Algeria	AG	125
American Samoa	AQ	060
Andorra	AN	140
Angola	AO	141
Anguilla	AV	142
Antarctica	AY	143
Antigua and Barbuda	AC	149
Argentina	AR	150
Armenia	AM	135
Aruba	AA	100
Ashmore and Cartier Islands	AT	155
Australia	AS	160
Austria	AU	165
Azerbaijan	AJ	115
Bahamas, The	BF	180
Bahrain	BA	181
Baker Island	FQ	064
Bangladesh	BG	182
Barbados	BB	184
Bassas Da India	BS	187
Belarus	BO	211
Belgium	BE	190
Belize	BH	227
Benin	BN	311
Bermuda	BD	195
Bhutan	BT	200
Bolivia	BL	205
Bosnia and Herzegovina	BK	185
Botswana	BC	210
Bouvet Island	BV	212
British Indian Ocean Territories	IO	228
Brazil	BR	220
British Virgin Islands	VI	231
Brunei	BX	232
Bulgaria	BU	245
Burkina (Upper Volta)	UV	927
Burma	BM	250
Burundi	BY	252
Cambodia	CB	255
Cameroon	CM	257
Canada	CA	260
Cape Verde	CV	264
Cayman Islands	CJ	268
Central African Republic	CT	269
Chad	CD	273
Chile	CI	275
China	CH	280
Christmas Island	KT	516
Clipperton Island	IP	282
Cocos (Keeling) Islands	CK	284
Colombia	CO	285
Comoros	CN	286
Congo	CF	290

Country	Alpha Code	FIPS Code
Cook Islands	CW	293
Coral Sea Islands	CR	294
Costa Rica	CS	295
Croatia	HR	440
Cuba	CU	300
Cyprus	CY	305
Czech Republic	EZ	310
Czechoslovakia	CZ	309
Denmark	DA	315
Djibouti	DJ	317
Dominica	DO	318
Dominican Republic	DR	320
Ecuador	EC	325
Egypt	EG	922
El Salvador	ES	330
Equatorial Guinea	EK	332
Estonia	EN	331
Ethiopia	ET	335
Europa Island	EU	334
Falkland (Is Malvinas)	FK	337
Faroe Islands	FO	336
Fed States Micronesia	FM	063
Fiji	FJ	338
Finland	FI	340
Fr So & Antarctic Lands	FS	369
France	FR	350
French Guiana	FG	355
French Polynesia	FP	367
Gabon	GB	388
Gambia, The	GA	389
Gaza Strip	GZ	393
Georgia	GG	390
Germany	GM	394
Ghana	GH	396
Gibraltar	GI	397
Glorioso Islands	GO	399
Greece	GR	400
Greenland	GL	405
Grenada	GJ	406
Guadeloupe	GP	407
Guam	GU	066
Guatemala	GT	415
Guernsey	GK	416
Guinea	GV	417
Guinea-Bissau	PU	737
Guyana	GY	418
Haiti	HA	420
Heard Island & McDonald Islands	HM	424
Honduras	HO	430
Hong Kong	HK	435
Howland Island	HQ	065
Hungary	HU	445
Iceland	IC	450
India	IN	455
Indonesia	ID	458
Iran	IR	460
Iraq	IZ	465
Iraq-S Arabia Neutral Zone	IY	467
Ireland	EI	470



Country	Alpha Code	FIPS Code
Israel	IS	475
Italy	IT	480
Ivory Coast	IV	485
Jamaica	JM	487
Jan Mayen	JN	488
Japan	JA	490
Jarvis Island	DQ	062
Jersey	JE	495
Johnston Atoll	JQ	067
Jordan	JO	500
Juan De Nova Island	JU	497
Kazakhstan	KZ	525
Kenya	KE	505
Kingman Reef	KQ	068
Kiribati	KR	398
Korea, Republic Of	KS	515
Korea, Democratic Peoples Rep	KN	514
Kuwait	KU	520
Kyrgyzstan	KG	510
Laos	LA	530
Latvia	LG	541
Lebanon	LE	540
Lesotho	LT	543
Liberia	LI	545
Libya	LY	550
Liechtenstein	LS	553
Lithuania	LH	542
Luxembourg	LU	570
Macau	MC	573
Macedonia	MK	574
Madagascar	MA	575
Malawi	MI	577
Malaysia	MY	580
Maldives	MV	583
Mali	ML	585
Malta	MT	590
Man, Isle Of	IM	588
Marshall Islands	RM	073
Martinique	MB	591
Mauritania	MR	592
Mauritius	MP	593
Mayotte	MF	594
Mexico	MX	595
Midway Island	MQ	071
Moldova	MD	576
Monaco	MN	607
Mongolia	MG	608
Montenegro	MW	612
Montserrat	MH	609
Morocco	MO	610
Mozambique	MZ	615
Namibia	WA	821
Nauru	NR	621
Navassa Island	BQ	061
Nepal	NP	625
Netherlands	NL	630
Netherlands Antilles	NT	640
New Caledonia	NC	645

Country	Alpha Code	FIPS Code
New Zealand	NZ	660
Nicaragua	NU	665
Niger	NG	667
Nigeria	NI	670
Niue	NE	672
Norfolk Island	NF	683
Northern Mariana Islands	CQ	069
Norway	NO	685
Not Specified	99	999
Oman	MU	616
Pakistan	PK	700
Palmyra Atoll	LQ	070
Panama	PM	710
Papua New Guinea	PP	712
Paracel Islands	PF	714
Paraguay	PA	715
Peru	PE	720
Philippines	RP	725
Pitcairn Islands	PC	727
Poland	PL	730
Portugal	PO	735
Portuguese Timor	PT	738
Puerto Rico	RQ	001
Qatar	QA	747
Reunion	RE	750
Romania	RO	755
Russia	RS	825
Rwanda	RW	758
S.Georgia/S.Sandwich Islands	SX	953
San Marino	SM	782
Sao Tome and Principe	TP	783
Saudi Arabia	SA	785
Senegal	SG	787
Serbia	SR	810
Seychelles	SE	788
Sierra Leone	SL	790
Singapore	SN	795
Slovak Republic	LO	548
Slovenia	SI	789
Solomon Islands	BP	229
Somalia	SO	800
South Africa	SF	801
Soviet Union	UR	824
Spain	SP	830
Spratly Islands	PG	833
Sri Lanka	CE	272
St. Lucia	ST	770
St. Helena	SH	765
St. Kitts and Nevis	SC	763
St. Pierre and Miquelon	SB	773
St. Vincent/Grenadines	VC	775
Sudan	SU	835
Suriname	NS	840
Svalbard	SV	845
Swaziland	WZ	847
Sweden	SW	850
Switzerland	SZ	855
Syria	SY	858
Taiwan	TW	281

Country	Alpha Code	FIPS Code
Tajikistan	TI	784
Tanzania, United Republic Of	TZ	865
Thailand	TH	875
Togo	TO	883
Tokelau	TL	884
Tonga	TN	886
Trinidad and Tobago	TD	887
Tromelin Island	TE	889
Trust Territories Of Pacific (Palau)	PS	075
Tunisia	TS	890
Turkey	TU	905
Turkmenistan	TX	909
Turks and Caicos Islands	TK	906
Tuvalu	TV	908
U.S. Minor Outlying Islands	UM	074
US Misc Pacific Islands	IQ	077
Uganda	UG	910
Ukraine	UP	928
United Arab Emirates	TC	888
United Kingdom	UK	925
Uruguay	UY	930
Uzbekistan	UZ	931
Vanuatu (New Hebrides)	NH	651
Vatican City	VT	934
Venezuela	VE	940
Vietnam	VM	945
Virgin Islands	VQ	078
Wake Island	WQ	080
Wallis and Futuna	WF	950
West Bank	WE	955
Western Sahara	WI	831
Western Samoa	WS	963
Yemen	YM	965
Yugoslavia	YO	970
Zaire	CG	291
Zambia	ZA	990
Zimbabwe	ZI	818

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