CSTE ELEMENT NAME	CSTE DESCRIPTION	RATIONALE / JUSTIFICATION
Date of the Report	The date on which the reporting party (e.g., physician, nurse practitioner, physician assistant, etc.), completes collection of minimum data for the eICR	Used to assess timelines of eICR data provisioning, and other quality assurance tasks
Report Submission Date/Time	The date and time at which the EHR system sends the eICR data to the jurisdictional public health agency or designee	Used to ensure timeliness of report and to identify time lags between date of the report and when the EHR sends the report
Sending Application	The name of the sending application	Used to ensure quality and integrity of eICR data
Provider ID	Identification code for the care provider (e.g., NPI)	Need provider's contact information in order to follow up appropriately for reportable event to ensure appropriate treatment, identify contact exposures, etc.
Provider Name	The first and last name of the healthcare provider	Need provider's contact information in order to follow up appropriately for reportable event to ensure appropriate treatment, identify contact exposures, etc.
Provider Phone	The provider's phone number with area code	Need provider's contact information in order to follow up appropriately for reportable event to ensure appropriate treatment, identify contact exposures, etc.
Provider Fax	The provider's fax number with area code	Necessary to obtain additional info during case follow-up phase or to submit supplemental information
Provider Email	The provider's email address	If secure email is available; used for sharing secure links to health data if allowed by state regulations
Provider Facility/Office Name	The provider facility's full name, not necessarily where care was provided to patient	Need provider's contact information in order to follow up appropriately for reportable event to ensure appropriate treatment, identify contact exposures, etc.
Provider Address	The geographical location or mailing address of the provider's office or facility. Address must include street address, office or suite number (if applicable), city or town, state, and zip code	Need provider's contact information in order to follow up appropriately for reportable event to ensure appropriate treatment, identify contact exposures, etc.
Facility ID Number	Identification code for the facility (e.g., Facility NPI)	Need provider's contact information in order to follow up appropriately for reportable event to ensure appropriate treatment, identify contact exposures, etc.
Facility Name	The facility's name	Need provider's contact information in order to follow up appropriately for reportable event to ensure appropriate treatment, identify contact exposures, etc.
Facility Type	The type of facility where patient received or is receiving healthcare for the reportable condition (e.g., hospital, ambulatory, urgent care, etc.)	Used to determine the type of care setting in which patient is receiving care for the reportable condition

Facility Phone	The facility's phone number with area code	Need provider's contact information in order to follow up appropriately for reportable event to ensure appropriate treatment, identify contact exposures, etc.
Facility Address	The mailing address for the facility where patient received or is receiving healthcare for the reportable condition. Must include street address, city/town, county, state, and zip code	Need provider's contact information in order to follow up appropriately for reportable event to ensure appropriate treatment, identify contact exposures, etc.
Patient ID Number	Patient social security number, medical record number, or other identifying value as required or allowed under jurisdictional laws governing health data exchange	Identification and contact; jurisdictions may select which they can receive based on laws governing public health data exchange
Patient Name	All names for the patient, including legal names and aliases. Must include the name type (i.e., legal or alias), first name, middle name, and last name	Identification and contact
Parent/Guardian Name	All names for the patient's parent or guardian, including legal names and aliases (if patient age is < 18 years). Must include name type (i.e., legal or alias), first name, middle name, and last name	For appropriate contact with minors
Patient or Parent/Guardian Phone	All phone numbers and phone number types for the patient or parent/guardian	Contact Patient
Patient or Parent/Guardian Email	The email address for the patient or the patient's parent/guardian.	Contact Patient
Street Address	All addresses for the patient, including current and residential addresses. Must include street address, apartment or suite number, city or town, county, state, zip code, and country	Case Assignment, analysis and visualization, matching
Birth Date	The patient's date of birth	Appropriate identification, appropriate identification of minors, risk; Necessary to determine patient age; matching electronic laboratory reports (ELR)
Patient Sex	The patient's biological sex (not gender)	Demographic reporting
Race	The patient's race	Demographic reporting
Ethnicity	The patient's ethnicity	Demographic reporting
Preferred Language	The patient's preferred language	Communication with Patient
Occupation	The patient's occupation	Identification of potential risk, transmission risk
Pregnant	The patient's pregnancy status	Appropriate treatment, follow-up, appropriate for scoring/risk ascertainment
Visit Date/Time	Date and time of the provider's most recent encounter with the patient regarding the reportable condition	Defines when the individual may have been ill; a point in time to which can link other potential cases of reportable event; necessary to ensure follow-up within key time frames/helps triage priority follow-up and

		ensure control measures are implemented in a timely way
Admission Date/Time	Date and time when the patient was admitted to the treatment facility; e.g., hospital	Key for epidemiologic investigation - important to know if hospitalized for severity of condition and to triage priority follow-up
History of Present Illness	Physician's narrative of the history of the reportable event. Information about possible contacts and/or exposures may be captured here.	Indicator of reportable condition - most important descriptor of condition/ epidemiologic information - supports epidemiologic investigation; epidemiologic relevant information
Reason for Visit	Provider's interpretation for the patient's visit for the reportable event	Indicator of reportable condition - most important descriptor of condition/ epidemiologic information - supports epidemiologic investigation
Date of Onset	The date of symptoms for the reportable event	Helps determine possible exposure and illness- calculate incubation period
Symptoms (list)	List of patient symptoms (structured) for the reportable event	If clinical symptoms signify a case of PH importance - confirm the need for PH follow up
Laboratory Order Code	Ordered tests for the patient during the encounter	Some lab test orders are reportable for suspected cases
Placer Order Number	Identifier for the laboratory order from the encounter	Potential value to linking electronic laboratory reports (ELR) to eICR
Diagnoses	The healthcare provider's diagnoses of the patient's health condition (all)	Would include something that is potentially reportable
Date of Diagnosis	The date of provider diagnosis	Knowing when patient is diagnosed; integral to epidemiological investigation
Medications Administered (list)	List of medications administered for the reportable event	To find treatments that were prescribed; prophylaxis; knowing if the patient has already been treated, lower on the list for PH (priority)
Death Date	The patient's date of death	Patient follow-up and epidemiological purposes
Patient Class	Whether patient is outpatient, inpatient, emergency, urgent care	
Travel History	The patient's travel history	Risk, potential severity of action, timeliness of action (e.g. is travel history relevant); Prioritization and triaging