



***COUNTERMEASURE AND RESPONSE
ADMINISTRATION (CRA)***
DATA EXCHANGE SPECIFICATION
INFLUENZA AGGREGATE REPORT

Final Version *2.05*
October 2010



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REVISION HISTORY

Version	Revision Date	Revised By	Changes
2.00 Final	5/12/2008	T Gallagher	Updated to incorporate 2008 Pandemic Influenza Vaccine Administration requirements.
2.01 Final	6/13/2008	T Gallagher	<ul style="list-style-type: none"> • Changed “Countermeasure Substance” to “Vaccine Type” (pages 5-9, 14, 16-17, 20) • Corrected countermeasure_name from “15” to “123” in sample message (page 18) • Corrected Section 9 header (page 20) • Clarified Full Replacement guidelines (page 14)
2.02 Final	7/11/2008	T Gallagher	<ul style="list-style-type: none"> • Corrected content of sample messages as listed below: <ul style="list-style-type: none"> ○ Date format changed to yyyyymmdd in Section 8.2.1 (page 18) ○ Date format changed to yyyyymmdd in Section 9.2.1 (page 21) ○ Event Value changed to DAX2008 in Sections 9.2.1, 9.2.2, 9.2.3, and 9.2.4 (page 21). ○ Start Date and End Date changed to valid dates for event in Sections 9.2.1, 9.2.2, 9.2.3, and 9.2.4 (page 21). ○ Vaccine Type Value changed to 123 in Sections 8.2.3 and 8.2.4 (page 19) • Corrected DAX2008 event start date (page 20) • Clarified which HL7 message is supported for aggregate reporting (page 16) • Clarified that option choice is for event, not event/countermeasure (page 4)
2.03 Final	9/09/2008	T Gallagher	Removed forward slash (/) after “Total Count” in all XML sample messages (pages 16, 18, and 21).
2.04 Final	9/03/2010	U Andujar	<ul style="list-style-type: none"> • Removed ‘Pandemic’ from the document title. • Added name and description for vaccine type 128 • Moved ‘National Pandemic Preparedness Event’ and ‘2008 Vaccine Doses Administered Exercise’ sections to the <i>Data Exchange Values and Validation</i> document. • Added Section 8 ‘Submitting Data for Doses Administered Exercises’
2.05 Final	10/22/2010	U Andujar	<ul style="list-style-type: none"> • Update Section 4.1 with newly published CVX codes

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1 INTRODUCTION

The Countermeasure Response Administration (CRA) system supports collecting countermeasure activities such as the administration of vaccines or the dispensing of drugs that occur during a public health event. To support the needs of all project areas, the system is capable of accepting counts of countermeasures administered for an event using three options:

- Data Exchange (Option 1): Project area has own system—Immunization Information Systems (IIS) or other CRA; may send a file using one of the following formats: pipe-delimited, XML, or Health Level 7 (HL7)
- Web Entry Aggregate (Option 2): Project area collects/aggregates data manually or electronically; enters via aggregate reporting screen in CRA
- Web Entry Detail (Option 3): Project area collects individual data via CRA; minimum data set is automatically aggregated

Each project area may select one option for each event for which the CDC is requesting aggregate data.

1.1 SCOPE

This document provides the information necessary for jurisdictions who have selected Data Exchange (Option 1) to upload or message a data file to CDC's CRA system. It specifies the structure and methodology for the use of a standard formatted file to support electronic interchange of the aggregate reporting of doses administered during a public health event. The supported standards are pipe-delimited, XML, and HL7. This document also includes the content and mapping specifications for the set of data elements used to communicate this information. The methods for transferring the files to CRA are also discussed.

This document addresses the requirements for reporting aggregate doses administered to the CDC. It does not address local data collection requirements, such as clinical information about the shot, as well as the detailed data needed for jurisdictional analysis and tracking purposes.

1.2 AUDIENCE

This specification is designed for use by messaging analysts and technical implementers for any Public Health project area working to send an aggregate report of countermeasures administered to CDC's CRA system using Option 1.

1.3 TERMS AND DEFINITIONS

Terms referenced throughout the document include:

- Public Health Event - An act or series of acts used to prepare for, counteract, or offset a possible (preparedness) or actual (response) agent release or disease outbreak

- Project Area - An area, generally geo-political, recognized by the CDC as participating in a Public Health Event. Generally, a project area is a state or metropolitan area. Within a project area, a governmental agency or corporation has public health oversight and/or management responsibilities; a territorial range of authority or control. Also referred to as Partner or Partner Jurisdiction.
- Report - Aggregate counts for a single event, countermeasure, and timeframe. Identified in the data file by a unique combination of Project Area, Event, Start Date, End Date and Vaccine Type.

1.4 CONTACT

CRA Information Center (CIC)
Office of Surveillance, Epidemiology, and Laboratory Systems
CRAHelp@cdc.gov

2 DATA EXCHANGE FILE STRUCTURE

A report of aggregate counts by a partner jurisdiction is identified by Project Area, Event, Start Date, End Date, and Vaccine Type. The Aggregate section of the file acts as a header, and will repeat for each report. The Count section of the file is nested below the Aggregate section and is present for each count category for each report.

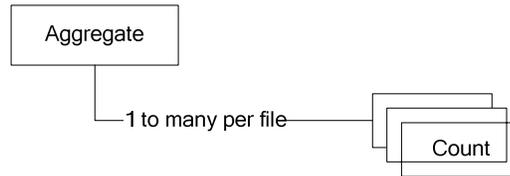


Figure 1 - Aggregate File Layout

The following file formats are supported for reporting aggregate counts of countermeasures administered:

- XML encoding. See [Section 7.1 - XML File Format](#) for more information.
- Pipe-delimited ASCII flat file. See [Section 7.2 - Pipe Delimited File Format](#) for more information.
- HL7 Version 2.5 Unsolicited Result Message (ORU^R01). See [Section 7.3 - HL7 File Format](#) for more information.

3 DATA EXCHANGE MAPPING

The data elements for the Aggregate section and the Counts section of the Data Exchange File Structure are described below. The mapping requirements must be followed and will be validated during upload and transformation into the CRA database.

3.1 AGGREGATE SECTION

The data elements for the Aggregate section are listed in the following table. Refer to [Section 4 - Valid Value Lists for Pandemic Influenza](#) for the valid values.

#	Data Element Name	Description	Data Type	Length	Req'd	Valid Values / Data Validation
1	Partner	Partner Jurisdiction or Project area reporting the aggregate counts.	Alphanumeric	5	Yes	See Project Area
2	Event	Public Health Event for which the aggregate counts were collected.	Alphanumeric	20	Yes	
3	Start Date	Start date of the reporting time period for the aggregate counts.	Date	10	Yes	yyyymmdd
4	End Date	End date of the reporting time period for the aggregate counts.	Date	10	Yes	yyyymmdd
5	Vaccine Type	Vaccine type for which the counts apply.	Alphanumeric	20	Yes	See Vaccine Type
6	Total Count	Total number of doses administered for the Partner, Event, Date Range, and Countermeasure.	Integer		Yes	Validated against the sum of the Doses Administered for the Category Codes within each Count Category. For example, the sum of the Doses Administered for all Priority Group Category Codes reported must equal the Total Count.

3.2 COUNTS SECTION

The data elements for the Counts section are listed in the following table. There may be one or more count sections in the file. Refer to [Section 4 - Valid Value Lists for Pandemic Influenza](#) for the valid values.

#	Data Element Name	Description	Data Type	Length	Req'd	Valid Values / Data Validation
1	Count Category Code	Identifier for the counts being collected within a Count Category.	Alphanumeric	20	Yes	See Count Categories If the Doses Administered for a Count Category is zero, that Count Category does not have to be reported.
2	Doses Administered	Total number of doses administered of the vaccine type in the partners' jurisdiction that corresponds to the count category code.	Integer	10	Yes	The sum of the Doses Administered for the Category Codes within a Count Category is validated against the Total Count in the Aggregate section of the file.

4 VALID VALUE LISTS FOR PANDEMIC INFLUENZA

The following sections contain the Valid Value Lists for the data elements that have a valid value requirement.

4.1 VACCINE TYPE

The vaccine type value corresponds to the CVX code as published in the HL7 Standard Code Set CVX - Vaccines Administered

(<http://www.cdc.gov/vaccines/programs/iis/stds/cvx.htm>). The CVX codes relevant to aggregate reporting of seasonal and avian influenza doses administered are listed here.

Value	Short Description	Full Vaccine Name	Notes
111	influenza, live, intranasal	influenza virus vaccine, live, attenuated, for intranasal use	Seasonal Influenza vaccine type
15	influenza, split (incl. purified surface antigen)	influenza virus vaccine, split virus (incl. purified surface antigen)	Seasonal Influenza vaccine type <i>Inactivated 9/30/2010</i>
16	influenza, whole	influenza virus vaccine, whole virus	Seasonal Influenza vaccine type <i>Inactivated 5/28/2010</i>
123	influenza, 1203	influenza virus vaccine, H5N1, A/Vietnam/1203/2004 (national stockpile)	Avian Influenza vaccine type <i>Inactivated 5/28/2010</i>
124		Influenza, 1203, w/adjuvant influenza virus vaccine, H5N1, A/Vietnam/1203/2004, w/adjuvant	Reserved for future use
125		Influenza (TBD) Influenza virus vaccine	Reserved for future use
126		Influenza (TBD) Influenza virus vaccine	Reserved for future use
127		Influenza (TBD) Influenza virus vaccine	Reserved for future use
128	Novel influenza-H1N1-09, all formulations	Novel influenza-H1N1-09, all formulations	Vaccine type for aggregating all Novel H1N1-09 immunizations for CRA reporting <i>Inactivated 8/28/2010</i>
129		Influenza (TBD) Influenza virus vaccine	Reserved for future use
135	Influenza, high dose seasonal	influenza, high dose seasonal, preservative-free	Seasonal Influenza vaccine type
140	Influenza, seasonal, injectable, preservative free	Influenza, seasonal, injectable, preservative free	Seasonal Influenza vaccine type
141	Influenza, seasonal, injectable	Influenza, seasonal, injectable	Seasonal Influenza vaccine type

4.2 AGGREGATE GROUP COUNT CATEGORIES

The following sections describe the valid values for the Priority Group, Dose Number, and Age Group Count Categories. The Priority Group count category replaces Recipient Tier.

Either the Numeric Code or the Value (Code) is accepted in the data exchange file.

4.2.1 Priority Group Count Category

The following table lists the valid values for the codes in the Priority Group Count Category.

Numeric Code	Value (Code)	Short Name	Valid Date Range for Code	Description
134	HNST1	Homeland and nations security, Tier 1	09/2008-	Homeland and nations security, Tier 1 contains "Deployed and Mission critical personnel".
802	HNST2	Homeland and nations security, Tier 2	09/2008-	Homeland and nations security, Tier 2 contains "Essential support & sustainment personnel", "Intelligence services", "Border protection personnel", "National Guard personnel", and "Other domestic national security personnel".
127	HNST3	Homeland and nations security, Tier 3	09/2008-	Homeland and nations security, Tier 3 contains "Other active duty and essential support".
373	HCCSST1	Health care and community support services, Tier 1	09/2008-	Health care and community support services, Tier 1 contains "Public health personnel", "Inpatient health care providers", "Outpatient and home health providers", and "Health care providers in LTCF's".
254	HCCSST2	Health care and community support services, Tier 2	09/2008-	Health care and community support services, Tier 2 contains "Community support and emergency management".
511	HCCSST3	Health care and community support services, Tier 3	09/2008-	Health care and community support services, Tier 3 contains "Other important health care personnel".
420	CIT1	Critical Infrastructure, Tier 1	09/2008-	Critical Infrastructure, Tier 1 contains "Emergency Medical Service personnel", "Law enforcement personnel", "Fire services personnel", "Mfrs of pandemic vaccine & antivirals", and "Key government leaders".

Numeric Code	Value (Code)	Short Name	Valid Date Range for Code	Description
536	CIT2	Critical Infrastructure, Tier 2	09/2008-	Critical Infrastructure, Tier 2 contains "Electricity sector personnel", "Natural gas personnel", "Communications personnel", "Water sector personnel", and "Critical government personnel".
550	CIT3	Critical Infrastructure, Tier 3	09/2008-	Critical Infrastructure, Tier 3 contains "Transportation sector personnel", "Food and agriculture sector personnel", "Banking and finance personnel", "Pharmaceutical sector personnel", "Chemical sector personnel", "Oil sector personnel", "Postal and shipping personnel", and "Other important government personnel".
816	GPT1	General population, Tier 1	09/2008-	General population, Tier 1 contains "Pregnant women" and "Infants and toddlers 6 - 35 months old".
823	GPT2	General population, Tier 2	09/2008-	General population, Tier 2 contains "Household contacts of infants < 6 months" and "Children 3 - 18 years with high risk conditions".
603	GPT3	General population, Tier 3	09/2008-	General population, Tier 3 contains "Children 3 - 18 years without high risk conditions".
995	GPT4	General population, Tier 4	09/2008-	General population, Tier 4 contains "Persons 19 - 64 with high risk conditions" and "Persons > 65 years old".
468	GPT5	General population, Tier 5	09/2008-	General population, Tier 5 contains "Healthy adults 19 - 64 years old".

4.2.2 Dose Number Count Category

The following table lists the valid values for the codes in the Dose Number Count Category.

Numeric Code	Value (Code)	Short Name	Valid Date Range for Code	Description
721	DS1	1 st	08/2006-	First Flu shot
365	DS2	2 nd	08/2006-	Second Flu shot
243	DS3	Unk	08/2006-	Flu shot – Unknown

4.3 PROJECT AREA

The following table lists the valid values for the partner jurisdiction or project area that is reporting the aggregate counts.

Value	Description
AK	Alaska
AL	Alabama
AR	Arkansas
AS	American Samoa
AZ	Arizona
CA	California
CHI	Chicago
CO	Colorado
CT	Connecticut
DC	District of Columbia
DE	Delaware
FL	Florida
FM	Micronesia
GA	Georgia
GU	Guam
HI	Hawaii
IA	Iowa
ID	Idaho
IL	Illinois
IN	Indiana
KS	Kansas
KY	Kentucky
LA	Louisiana
LOS	Los Angeles
MA	Massachusetts
MD	Maryland
ME	Maine
MH	Marshall Islands
MI	Michigan
MN	Minnesota
MO	Missouri
MP	Northern Mariana Islands

Value	Description
MS	Mississippi
MT	Montana
NC	North Carolina
ND	North Dakota
NE	Nebraska
NH	New Hampshire
NJ	New Jersey
NM	New Mexico
NV	Nevada
NY	New York
NYC	New York City
OH	Ohio
OK	Oklahoma
OR	Oregon
PA	Pennsylvania
PR	Puerto Rico
PW	Palau
RI	Rhode Island
SC	South Carolina
SD	South Dakota
TN	Tennessee
TX	Texas
UT	Utah
VA	Virginia
VI	Virgin Islands
VT	Vermont
WA	Washington
WI	Wisconsin
WV	West Virginia
WY	Wyoming

5 FILE TRANSFER MECHANISM

CDC's CRA system supports both manual and automatic file transfer mechanisms. For either mechanism, after the data file is successfully received by CRA, it is processed to determine if there are any errors inside the file. If the file passes validation, the data is loaded into CRA and made available for further analysis.

CRA will provide notification of the success or failure of the receipt of the file, and of success or failure of the file processing into the system. If the file fails to transfer successfully or fails to process and load successfully, CRA will provide failure notification that contains the information needed by the sender to correct the error and send again. See the *CRA Online Help* for more information on notifications.

The manual file transfer uses an upload user interface within the CRA system. See the *CRA Online Help* for more information.

The automatic file transfer uses the Public Health Information Network Messaging System (PHINMS). See the PHINMS page on the PHIN website for more information (<http://www.cdc.gov/phn/activities/applications-services/phinms/index.html>).

6 GUIDELINES FOR REPORTING AGGREGATE DATA

In addition to the Data Exchange file structure and mapping, there are several guidelines for using CRA to report aggregate data to the CDC. These guidelines include information pertinent to public health at the federal level. Jurisdictions using IIS or other automated applications to collect person-level data will likely capture much more detail about the encounter than is required by the CDC. This detail may include clinical information about the shot, as well as data for jurisdictional analysis and tracking purposes.

The guidelines for reporting aggregate data to the CDC using CRA are listed in the following sections.

6.1 FULL REPLACEMENT OF AGGREGATE REPORTS

- Each partner jurisdiction sending data to the CRA system is responsible for submitting one set of counts for each reporting period that aggregates all the doses administered for all clinics in the jurisdiction.
- Reporting is required for each reporting period during the event, even if no doses were administered.
- Reporting period is based on the MMWR week; defined as Sunday through Saturday.
- Reporting is required by close of business on the Tuesday following the end of the reporting period.
- A full replacement of all aggregate counts already submitted along with the new aggregate counts is required for each reporting period. Each week, the counts for the new week plus the counts for all previous weeks must be reported. The aggregate counts are replaced based on a match to the partner, event, start date, end date, and vaccine type. The table below illustrates full replacement for each reporting week.

Aggregate Reporting Full Replacement of Doses Administered	Reporting Weeks			
	Week 1 Report	Week 2 Report	Week 3 Report	Week <i>n</i> Report
Week 1 Doses Administered	100	105 (week 1 data updated with 5 additional doses)	105 (no change from previous week's report)	105 (no change)
Week 2 Doses Administered		250	250 (no change from previous week's report)	200 (week 2 data updated with 50 fewer doses)
Week 3 Doses Administered			100	100 (no change)
Week <i>n</i> Doses Administered				375

6.2 ADDITIONAL NOTES

- **Screening:** It is extremely important to ensure accurate numbers for each Count Category. The systems (that include people and technology) should be able to screen candidates. Every effort should be taken to ensure that proper procedures are followed and vaccines are administered to persons meeting appropriate priority, age, and time between dose groupings.
- **Invalid Doses:** Every effort should be made to avoid administering invalid doses. Doses are deemed invalid if the second dose is administered before the minimum time interval between dose one and dose two has passed. All invalid doses should be counted as a second dose for the purposes of the minimum data set to be aggregated and exchanged with CRA.
- **Partial Doses:** Partial doses are expected to occur very infrequently. Regardless of whether one chose to repeat the dose or not, all partial doses are to be considered as one dose for the purposes of the minimum data set to be aggregated and exchanged with CRA.
- **Jurisdiction Assignment:** If a person receives a pandemic influenza vaccine dose in a jurisdiction different from the jurisdiction where they reside, the system should aggregate and report the dose based on the jurisdiction in which the vaccine was administered.
- **Age Determination:** The screening phase should ensure that age has been correctly determined. If it is determined after vaccination that an infant was less than 6 months of age, then the dose administered to that infant should be counted in the “General Population, Tier 1” Priority Group.
- **Age Group Count Category:** Aggregate counts for age groups are not needed for the 2008 Pandemic Influenza Exercise or as a separate distinct variable for the data management aspects of the pandemic plan. See [Appendix A – Age Group Count Category](#) for more information.

7 EXAMPLE FILE FORMATS

The following sections present syntax illustrations for each of the three supported file formats. Sample messages are included in the section specific to the public health event or exercise.

The examples are for illustration purposes only. Do not encode from the examples, as the actual content of the file is dependent upon the requirements of the event for which the aggregate counts are being reported. The content of the examples is fictitious and should not be used to report actual aggregate counts for an exercise or public health event.

7.1 XML FILE FORMAT

This example illustrates the syntax for the XML file format.

```
<?xml version="1.0" encoding="UTF-8" ?>
<upload>
<aggregate sending="Partner Value" event="Event Value" start_date="Start Date"
  end_date="End Date" countermeasure_name="Vaccine Type Value" total_count="Total
  Count">
<count category_code="Count Category Code 1" number_treated="Doses Administered" />
<count category_code="Count Category Code 2" number_treated="Doses Administered" />
<count category_code="Count Category Code 3" number_treated="Doses Administered" />
<count category_code="Count Category Code n" number_treated="Doses Administered" />
</aggregate>
</upload>
```

7.2 PIPE-DELIMITED FILE FORMAT

This example illustrates the syntax for the ASCII flat file pipe-delimited format.

```
Partner Value|Event Value|Start Date|End Date|Vaccine Type Value|Total Count|Count
Category Code 1^Doses Administered|Count Category Code 2^Doses Administered|Count
Category Code 3^Doses Administered|Count Category Code n^Doses Administered<CR>
```

7.3 HL7 FILE FORMAT

The Health Level 7 (HL7) Version 2.5 Unsolicited Result Message (ORU^R01) is used to support the electronic interchange of aggregate reports from project areas to CDC. Please contact the CRA Information Center for more information about using HL7 for the Influenza Aggregate Report.

CRA Information Center
Division of Informatics Solutions & Operations
Office of Surveillance, Epidemiology, and Laboratory Systems
CRAHelp@cdc.gov

8 SUBMITTING DATA FOR DOSES ADMINISTERED EXERCISES

In previous years, the Valid Values and Data Validation for the upcoming vaccine doses administered exercise were delineated in the *Data Exchange Specification*. Beginning with the Pandemic Influenza Vaccine Doses Administered Exercise (DAX2010) Lite, exercise specific Valid Value and Data Validation criterion will be referenced in the *Data Exchange Values and Validation* document. Extracting individual exercise details from the Data Exchange Specification will decrease the frequency of updates to the published document. Event and exercise specific values and validation information included in earlier versions of the Data Exchange Specification can also be found in the *Data Exchange Values and Validation* document.

CRA resource materials can be accessed on the [CRA Website](#), or are available by email request (CRAHelp@cdc.gov).

9 APPENDIX A – AGE GROUP COUNT CATEGORY

The Age Group Count Category Codes are currently not in use. They are included in this appendix for reference purposes and possible future use. Aggregate counts for age groups are not needed for the 2008 Pandemic Influenza Exercise or as a separate distinct variable for the data management aspects of the pandemic plan.

CDC does not anticipate collecting aggregate counts for age groups during the pandemic event.

The following table lists the valid values for the codes in the Age Group Count Category.

Numeric Code	Value (Code)	Short Name	Valid Date Range for Code	Description
256	AG1	6-23 m	08/2006-	Ages 6 through 23 Months
124	AG2	2-18 y	08/2006-	Ages 2 through 18 Years
369	AG3	19-49 y	08/2006-	Ages 19 through 49 Years
671	AG4	50-64 y	08/2006-	Ages 50 through 64 Years
851	AG5	65+y	08/2006-	Ages 65 years and above

10 APPDENDIX B – DEPRECATED COUNT CATEGORIES

The Recipient Tier Count Category Codes are no longer in use. They are included in this appendix for reference purposes only.

Numeric Code	Value (Code)	Short Name	Valid Date Range for Code	Description
221	RG1	1-A	08/2006-12/2007	1. Medical, public health, and health support services with direct patient contact or care. 2. Vaccine/antiviral manufacturers and others essential to manufacturing and critical support.
110	RG2	1-B	08/2006-12/2007	1. Persons 65+ years with 1 or more influenza high risk conditions, not including essential hypertension. 2. Persons 6 months to 64 years with 2 or more influenza high risk conditions, not including essential hypertension. 3. Persons 6 months or older with
190	RG3	1-C	08/2006-12/2007	1. Household contacts of severely immunocompromised persons who would not be vaccinated due to likely poor response to vaccine. 2. Household contacts of children <6 months. 3. Pregnant women
632	RG4	1-D	08/2006-12/2007	1. Public health emergency response workers critical to pandemic response (1/3 of public health workforce). 2. Key government leaders.
430	RG5	2-A	08/2006-12/2007	1. Healthy 65 years and older. 2. 6-month through 64 years with 1 influenza high-risk condition. 3. 6-23 months and healthy.
102	RG6	2-B	08/2006-12/2007	1. Other public health emergency responders (remaining 2/3s of public health force). 2. Public safety workers (including fire, police, 911, and jail). 3. Utility workers essential for power, water, sewage system functioning. 4. Transportation workers (fuel
333	RG7	3 and 4	08/2006-12/2007	1. Key government health decision makers. 2. Funeral directors/embalmers. 3. Healthy persons 2-64 years not included in any of the above conditions.