	FIELD NAME	DESCRIPTION	FIELD TYPE	CODED CHOICES	FORMAT	LENGTH
Mother/Infant Information						
1	Proj_ID	Project ID (State or city code)	Character	Florida= FL Michigan=MI Minnesota= MN New York City= BA Texas= TX	character	2
2	Mom_ID	Maternal ID (chronic hep B registry ID)	Numeric		numeric	1-20
3	Case_ID	Case ID (unique to each baby)	Numeric		numeric	1-20
4	Init_Rpt	Initial Source of Case Report (choose only one)	Mult Choice	Lab Report (Electronic) = 001 Lab Report (Paper)= 002 Prenatal Care Provider= 003 Hospital Nursery= 004 NBS Card= 005 Birth Cert= 006 Immz Registry= 007 Transfer = 008 Other= 009 Within Health Dept. Reporting= 010 Unknown= 000	character	3
5	D_Open	Date case opened	Date		mm/dd/yyyy	10
6a	Add_Rept1	Additional Sources of Case Reports	Mult Choice	Lab Report (Electronic)= 001 Lab Report (Paper)= 002 Prenatal Care Provider= 003 Hospital Nursery= 004 NBS Card= 005 Birth Cert= 006 Immz Registry= 007 Transfer= 008 Other= 009 Within Health Dept. Reporting= 010 Unknown= 000	character	3
6b	Add_Rept2	Additional Sources of Case Reports	Mult Choice	See coded choices above	character	3
6c	Add_Rept3	Additional Sources of Case Reports	Mult Choice	See coded choices above	character	3
6d	Add_Rept4	Additional Sources of Case Reports	Mult Choice	See coded choices above	character	3
7	Status	Current Case Status	Mult Choice	Open= 001 Closed= 002	character	3
8	EDD	Expected Date of Delivery	Date		mm/dd/yyyy	10
9	MDOB	Mother Date of Birth	Date		mm/dd/yyyy	10

	FIELD NAME	DESCRIPTION	FIELD TYPE	CODED CHOICES	FORMAT	LENGTH
10	Mrace	Mother Race	Mult Choice	API= 001 Black Non-Hisp= 002 Black Hisp= 003 White Hisp= 004 White Non-Hisp= 005 Alaskan Native/Native Amer= 006 Other= 007 Unknown= 000	character	3
11	Fluent	Does Mother Need Interpreter?	Mult Choice	Yes= 001 No= 002 Unknown= 000	character	3
12	Lang	Mother's Primary Spoken Language	Mult Choice	Census Bureau Language List^	numeric	3
13	MCOB	Mother Country of Birth	Mult Choice	NCHSM Country List*	character	2
14	GMCOB	Maternal Grandmother's Country of Birth (Pregnant Woman's Mother)	Mult Choice	NCHSM Country List*	character	2
15	Monitor	Mother being monitored for hepatitis B by a physician?	Mult Choice	Yes= 001 No= 002 Unknown= 000	character	3
16	Ttmt	Mother treated for hep B during this pregnancy?	Mult Choice	Yes= 001 No= 002 Unknown= 000	character	3
17	Tmt_Date	If yes, treatment start date?	Date		mm/dd/yyyy	10
18	Tmt_Type	Antiviral treatment brand/dose	Text		character	1-30
19	Refer	Did health dept assist in referral of mom to care for evaluation and/or treatment?	Mult Choice	Yes= 001 No= 002 Unknown= 000	character	3
20	MHBsAgR1	Mother HBsAg Test Result #1	Mult Choice	Positive= 001 Negative= 002 Indeterminate=003 Unknown= 000	character	3
21	MHBsAgD1	Mother HBsAg Test Date #1	Date		mm/dd/yyyy	10
22	MHBsAgR2	Mother HBsAg Test Result #2	Mult Choice	Positive= 001 Negative= 002 Indeterminate=003 Unknown= 000	character	3
23	MHBsAgD2	Mother HBsAg Test Date #2	Date		mm/dd/yyyy	10
24	MHBeAgR	Mother HBeAg Test Result	Mult Choice	Positive= 001 Negative= 002 Indeterminate=003 Unknown= 000	character	3
25	MHBeAgD	Mother HBeAg Test Date	Date		mm/dd/yyyy	10
26	MantHBeR	Mother anti-HBe Test Result	Mult Choice	Positive= 001 Negative= 002 Indeterminate=003 Unknown= 000	character	3
27	MantHBeD	Mother anti-HBe Test Date	Date		mm/dd/yyyy	10
28	MDNAR	Mother HBV DNA Viral Load Quantitative (most recent)	Numeric		numeric	1-20

	FIELD NAME	DESCRIPTION	FIELD TYPE	CODED CHOICES	FORMAT	LENGTH
28b	HBVDNAUnit	Units of DNA (or RNA) test	Mult Choice	copies/ml=001 IU/ml=002 log IU/ml=003 pg/ml=004 fg/ml=005 Unknown= 000	character	3
28c	HBVDNAType	Type of DNA (or RNA) test	Mult Choice	PCR=001 bDNA=002 TMA=003 Other=004 Unknown= 000	character	3
29	MDNAD	Mother HBV DNA Viral Load Quant. Date (most recent)	Date		mm/dd/yyyy	10
30	MDNA2R	Mother HBV DNA Qualitative (most recent)	Mult Choice	Detectable= 001 Undetectable= 002 Indeterminate=003 Unknown= 000	character	3

	FIELD NAME	DESCRIPTION	FIELD TYPE	CODED CHOICES	FORMAT	LENGTH
31	MDNA2D	Mother HBV DNA Qualtative Test Date	Date		mm/dd/yyyy	10
32	Oth_infc	Other maternal infections/conditions (i.e.- HIV, hep C, syphilis)	Text		character	30
33	IDOB	Infant Date of Birth	Date		mm/dd/yyyy	10
34	ITOB	Infant Time of Birth	Time	hh:mm(am/pm) or hh:mm (military)	hh:mm	7
35	Iwght	Infant <2000 grams	Mult Choice	Yes= 001 No= 002 Unknown= 000	character	3
36	IHBIGD	Date HBIG given	Date		mm/dd/yyyy	10
37	IHBIGT	Time HBIG given	Time	hh:mm(am/pm) or hh:mm (military)	hh:mm	7
38	IHepB1D	Date Hep B-1 given	Date		mm/dd/yyyy	10
39	IHepB1T	Time Hep B-1 given	Time	hh:mm(am/pm) or hh:mm (military)	hh:mm	7
40	IHepB1B	Hep B-1 Vaccine Brand Name	Mult Choice	Engerix= 001 Recombivax= 002 Pediarix= 003 Unknown= 000	character	3
41	IHepB2D	Date Hep B-2 given	Date		mm/dd/yyyy	10
42	IHepB2B	Hep B-2 Vaccine Brand Name	Mult Choice	Engerix= 001 Recombivax= 002 Pediarix= 003 Comvax= 004 Unknown= 000	character	3
43	IHepB3D	Date Hep B-3 given	Date		mm/dd/yyyy	10
44	IHepB3B	Hep B-3 Vaccine Brand Name	Mult Choice	Engerix= 001 Recombivax= 002 Pediarix= 003 Comvax= 004 Unknown= 000	character	3
45	IHepB4D	Date Hep B-4 given	Date		mm/dd/yyyy	10
46	IHepB4B	Hep B-4 Vaccine Brand Name	Mult Choice	Engerix= 001 Recombivax= 002 Pediarix= 003 Comvax= 004 Unknown= 000	character	3
47	IHBsAgD	Infant HBsAg Test Date	Date		mm/dd/yyyy	10
48	IHBsAgR	Infant HBsAg Test Result	Mult Choice	Positive= 001 Negative= 002 Indeterminate=003 Unknown= 000	character	3
49	IAntHBsD	Infant Anti-HBs Test Date	Date		mm/dd/yyyy	10
50	IAntHBsR	Infant AntiHBs Test Result	Mult Choice	Positive= 001 Negative= 002 Indeterminate=003 Unknown= 000	character	3
51	I2HepB1D	Infant Second Series Hep B-1 Date	Date		mm/dd/yyyy	10
52	I2HepB2D	Infant Second Series Hep B-2 Date	Date		mm/dd/yyyy	10
53	I2HepB3D	Infant Second Series Hep B-3 Date	Date		mm/dd/yyyy	10

	FIELD NAME	DESCRIPTION	FIELD TYPE	CODED CHOICES	FORMAT	LENGTH
54	I2HBsAgD	Infant Second Series HBsAg Date	Date		mm/dd/yyyy	10
55	I2HBsAgR	Infant Second Series HBsAg Test Result	Mult Choice	Positive= 001 Negative= 002 Indeterminate=003	character	3

	FIELD NAME	DESCRIPTION	FIELD TYPE	CODED CHOICES	FORMAT	LENGTH
				Unknown= 000		
56	I2AntiD	Infant Second Series Anti-HBs Date	Date		mm/dd/yyyy	10
57	I2AntiR	Infant Second Series AntiHBs Test Result	Mult Choice	Positive= 001 Negative= 002 Indeterminate=003 Unknown= 000	character	3
58	Dispos	Disposition at time of closure? (Pregnancy terminated includes miscarriage, abortion and fetal death)	Mult Choice	Pregnancy terminated= 001 Final maternal HBsAg status negative= 002 Moved out of project jurisdiction= 003 Moved out of country= 004 Infant death= 005 Cannot locate= 006 Patient refused services= 007 Provder refused= 008 Case complete= 009 Other= 010 Unknown= 000	character	3
Contact(s) Information: Data **should** be submitted as a separate data file. **Please make sure to include MOM_ID or Case_ID (where MOM_ID not available) in the datafile for linking contacts to cases.**						
59	CDOB	Contact Date of Birth	Date		mm/dd/yyyy	10
60	Crelat	Contact Relation to Mom	Mult Choice	Household= 001 Sexual= 002 IDU= 003 Unknown= 000	character	3
61	CAntHBsD	Contact Anti-HBs Test Date	Date		mm/dd/yyyy	10
62	CAntHBsR	Contact Anti-HBs Test Results	Mult Choice	Positive= 001 Negative= 002 Indeterminate=003 Unknown= 000	character	3
63	CHBsAgD	Contact HBsAg Test Date	Date		mm/dd/yyyy	10
64	CHBsAgR	Contact HBsAg Test Results	Mult Choice	Positive= 001 Negative= 002 Indeterminate=003 Unknown= 000	character	3
65	CAntHBcD	Contact Anti-HBc Test Date	Date		mm/dd/yyyy	10
66	CAntHBcR	Contact Anti-HBc Test Results	Mult Choice	Positive= 001 Negative= 002 Indeterminate=003 Unknown= 000	character	3
67	CHepB1D	Contact Hep B-1 DATE	Date		mm/dd/yyyy	10
68	CHepB2D	Contact Hep B-2 DATE	Date		mm/dd/yyyy	10
69	CHepB3D	Contact Hep B-3 DATE	Date		mm/dd/yyyy	10
70	CHepB4D	Contact Hep B-4 DATE	Date		mm/dd/yyyy	10
71	CHepB5D	Contact Hep B-5 DATE	Date		mm/dd/yyyy	10
72	CHepB6D	Contact Hep B-6 DATE	Date		mm/dd/yyyy	10
73	CpvaxD	Date of postvax test of sexual contacts	Date		mm/dd/yyyy	10

	FIELD NAME	DESCRIPTION	FIELD TYPE	CODED CHOICES	FORMAT	LENGTH
74	CpvaxR	Sex Contact Post vax Anti-HBs Test Results	Mult Choice	Positive= 001 Negative= 002 Indeterminate=003 Unknown= 000	character	3
Note: Household contacts may be stored in a separate file, please use the format outlined above in fields 59-74.						
*See "NCHS Codes" tab						
^See "Census Bureau Languages" tab						