

Enhanced Perinatal Hepatitis B Project Data Element Definitions 11.01.2008

	FIELD NAME	DESCRIPTION		DEFINITION
Mother/Infant Information				
1	Proj_ID	Project ID (State or city code)	Character	The two-letter Identification code used by the CDC Immunization Program specific to the site: Florida=FL, Michigan=MI, Minnesota=MN, New York City=BA, Texas=TX
2	Mom_ID	Maternal ID (chronic hep B registry ID)	Numeric	The identification code specific to the mother
3	Case_ID	Case ID (unique to each baby)	Numeric	The identification code specific to the infant
4	Init_Rpt	Initial Source of Case Report (choose only one)	Mult Choice	The source of the initial report on a case (choose one only): Electronic Lab Report =001, Paper Lab Report =002, Prenatal Care Provider=003, Hospital Nursery=004, Newborn Metabolic Screening (NBS) Card=005, Birth Certificate=006, Immunization Registry=007, Transfer from another jurisdiction =008, Other=009, Within Health Department Reporting=010, Unknown=000. Note: 1) The purpose of the initial report field is to capture how public health (either local or state) first heard about the case. In other words, how was the case initially identified to public health—who was the first person/entity to perform their/its duty by reporting the case to public health? 2) Within Health Department Reporting refers to reports forwarded from Communicable Diseases for programs that do not review all lab reports to determine pregnancy status.
5	D_Open	Date case opened	Date	The date the case was opened
6	Add_Rept	Additional Sources of Case Reports (multiple reports are available)	Mult Choice	Subsequent sources of reports on a case (please choose one source for each Add_Rept fields 1-4). Codes for Initial Report are to be used. Note: The purpose of the additional report fields are to capture if there are any built-in redundancies in terms of reporting.
7	Status	Current Case Status	Mult Choice	The current status of a case (choose one only): Open=001 Closed=002
8	EDD	Expected Date of Delivery	Date	Mother's expected date of delivery for current pregnancy
9	MDOB	Mother Date of Birth	Date	Mother's date of birth
10	Mrace	Mother Race	Mult Choice	Mother's race/ethnicity (choose one only): Unknown=000, API=001, Black Non-Hispanic=002, Black Hispanic=003, White Hispanic=004, White Non-Hispanic=005, Alaskan Native/Native American=006, Other=007

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11	Fluent	Does Mother Need Interpreter?	Mult Choice	Does the mother need an interpreter? (choose only one): 000 = Unknown, 001 = Yes, 002 = No
12	Lang	Mother's Primary Spoken Language	Mult Choice	The mother's spoken language if not English (please use Census Bureau Languages standardized numerical codes)
13	MCOB	Mother Country of Birth	Mult Choice	The country the mother was born (please use NCHS standardized country codes)
14	GMCOB	Maternal Grandmother's Country of Birth (Pregnant Woman's Mother)	Mult Choice	The country the maternal grandmother (the pregnant woman's mother) was born (please use the NCHS standardized country codes)
15	Monitor	Mother being monitored for hepatitis B by a physician	Mult Choice	Whether or not mother is being monitored by a physician for her hepatitis B disease. Unknown=000, Yes=001, No=002
16	Ttmt	Mother treated for hep B during this pregnancy?	Mult Choice	Whether or not mother is being treated for her hepatitis B virus (HBV) infection during the current pregnancy. Unknown=000, Yes=001, No=002
17	Tmt_Date	If yes, treatment start date?	Date	If mother was treated for her HBV infection during the current pregnancy, what was the date she started treatment?
18	Tmt_Type	Antiviral treatment brand/dose	Text	The type and dosage of mother's antiviral treatment (i.e. interferon alfa-2b, peginterferon alfa-2a, lamivudine, adefovir dipivoxil, entecavir, telbivudine, and tenofovir disoproxil fumarate, etc.)
19	Refer	Did health dept assist in referral of mom for evaluation and/or treatment?	Mult Choice	Did the local, regional, or state health department staff assist in the referral of the mother for evaluation and/or treatment for HBV infection? Unknown=000, Yes=001, No=002
20	MHBsAgR1	Mother HBsAg Test Result #1	Mult Choice	Mother's initial HBsAg test result for current pregnancy: Positive=001, Negative=002, Indeterminate=003, Unknown=000. Note: Indeterminate option is used to capture results that are considered inconclusive and are therefore neither positive nor negative.
21	MHBsAgD1	Mother HBsAg Test Date #1	Date	Mother's initial HBsAg test date for current pregnancy
22	MHBsAgR2	Mother HBsAg Test Result #2	Mult Choice	Mother's second HBsAg test result for current pregnancy: Positive=001, Negative=002, Indeterminate=003, Unknown=000. Note: Indeterminate option is used to capture results that are considered inconclusive and are therefore neither positive nor negative.

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	FIELD NAME	DESCRIPTION		DEFINITION
23	MHBsAgD2	Mother HBsAg Test Date #2	Date	Mother's second HBsAg test date for current pregnancy
24	MHBeAgR	Mother HBeAg Test Result	Mult Choice	Mother's HBeAg test result for current pregnancy: Positive=001, Negative=002, Indeterminate=003, Unknown=000. Note: Indeterminate option is used to capture results that are considered inconclusive and are therefore neither positive nor negative.
25	MHBeAgD	Mother HBeAg Test Date	Date	Mother's HBeAg test date for current pregnancy
26	MantHBeR	Mother anti-HBe Test Result	Mult Choice	Mother's anti-HBe test result for current pregnancy: Positive=001, Negative=002, Indeterminate=003, Unknown=000. Note: Indeterminate option is used to capture results that are considered inconclusive and are therefore neither positive nor negative.
27	MantHBeD	Mother anti-HBe Test Date	Date	Mother's anti-HBe test date for current pregnancy
28	MDNAR	Mother HBV DNA Viral Load (most recent)	Numeric	Mother's most recent HBV DNA viral load for current pregnancy
28a	HBVDNAunit	Units of DNA (or RNA) test	Mult Choice	Units used to express HBV DNA Viral Load: copies/mL=001, IU/mL=002, log IU/mL=003, pg/mL=004 fg/mL=005, Unknown=000 Note: Recently, FDA approved an HBV DNA test; however because the approval is so new, some laboratories may still use their own home-brewed HBV DNA tests. Thus, there may be considerable testing variation from one laboratory to another. In order to put the quantitative score in context, it was decided that the units (i.e. international units/ml, copies/ml, etc.) used to determine the quantitative number should be captured.
28b	HBVDNAtype	Type of DNA (or RNA) test	Mult Choice	Type of DNA (or RNA) test run to determine HBV DNA Viral Load Polymerase Chain Reaction (PCR)=001, Branched-chain DNA testing (bDNA)=002, Transcription Mediated Amplification (TMA)=003, Other=004, Unknown=000 Note: Recently, FDA approved an HBV DNA test; however because the approval is so new, some laboratories may still use their own home-brewed HBV DNA tests. Thus, there may be considerable testing variation from one laboratory to another. In order to put the quantitative score in context, it was decided that the test used to determine the quantitative number should be captured also.

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29	MDNAD	Mother HBV DNA Test Date (most recent)	Date	Mother's most recent HBV DNA viral load date for current pregnancy
30	MDNA2R	Mother HBV DNA Qualitative (most recent)	Mult Choice	Mother's most recent HBV DNA Qualitative test result: Detectable=001, Undetectable=002, Indeterminate=003, Unknown=000
31	MDNA2D	Mother HBV DNA Qualitative Test Date	Date	Mother's most recent HBV DNA Qualitative test date
32	Oth_inf	Other maternal infections/conditions (i.e.- HIV, hep C, syphilis)	Text	List other maternal infections and or conditions that may be of interest (i.e. HIV, hepatitis C, syphilis, etc.)
33	IDOB	Infant Date of Birth	Date	Infant's date of birth
34	ITOB	Infant Time of Birth	Time	Infant's time of birth (expressed in either am/pm or military time)
35	Iwght	Infant <2000 grams	Mult Choice	Was the infant less than 2000 grams at time of birth?
36	IHBIGD	Date HBIG given	Date	The date the infant was given HBIG
37	IHBIGT	Time HBIG given	Time	The time the infant was given HBIG (expressed in either am/pm or military time)
38	IHepB1D	Date of 1st Hep B vaccination	Date	The date the infant was given the first dose of hepatitis B vaccine
39	IHepB1T	Time of 1st Hep B vaccination	Time	The time the infant was given the first dose of hepatitis B vaccine (expressed in either am/pm or military time)
40	IHepB1B	Hep B-1 Vaccine Brand Name	Mult Choice	The brand used to give first dose of hepatitis B vaccine to the infant. (Choose one only): Unknown=000, Engerix=001, Recombivax=002, Pediarix=003
41	IHepB2D	Date of 2nd Hep B vaccination	Date	The date the infant was given the second dose of hepatitis B vaccine
42	IHepB2B	Hep B-2 Vaccine Brand Name	Mult Choice	The brand used to give second dose of hepatitis B vaccine to the infant (Choose one only): Unknown=000, Engerix=001, Recombivax=002, Pediarix=003, Comvax=004
43	IHepB3D	Date of 3rd Hep B vaccination	Date	The date the infant was given the third dose of hepatitis B vaccine
44	IHepB3B	Hep B-3 Vaccine Brand Name	Mult Choice	The brand used to give third dose of hepatitis B vaccine to the infant. (Choose one only): Unknown=000, Engerix=001, Recombivax=002, Pediarix=003, Comvax=004
45	IHepB4D	Date of 4th Hep B vaccination	Date	The date the infant was given the fourth dose of hepatitis B vaccine.

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46	IHepB4B	Hep B-4 Vaccine Brand Name	Mult Choice	The brand used to give fourth dose of hepatitis B vaccine to the infant. (Choose one only): Unknown=000, Engerix=001, Recombivax=002, Pediarix=003, Comvax=004
47	IHBsAgD	Infant HBsAg Test Date	Date	Infant's Post-Vaccination HBsAg test date
48	IHBsAgR	Infant HBsAg Test Result	Mult Choice	Infant's Post-Vaccination HBsAg test result : Positive=001, Negative=002, Indeterminate=003, Unknown=000. Note: Indeterminate option is used to capture results that are considered inconclusive and are therefore neither positive nor negative.
49	IAntHBsD	Infant Anti-HBs Test Date	Date	Infant's Post-Vaccination anti-HBs test date
50	IAntHBsR	Infant Anti-HBs Test Result	Mult Choice	Infant's Post-Vaccination anti-HBs test result: Positive=001, Negative=002, Indeterminate=003, Unknown=000. Note: Indeterminate option is used to capture results that are considered inconclusive and are therefore neither positive nor negative.
51	I2HepB1D	Infant Second Series--Date of 1st Hep B vaccination	Date	The date the infant was given dose one of hep B vaccine for second series vaccination
52	I2HepB2D	Infant Second Series--Date of 2nd Hep B vaccination	Date	The date the infant was given dose two of hep B vaccine for second series vaccination
53	I2HepB3D	Infant Second Series--Date of 3rd Hep B vaccination	Date	the date the infant was given dose three of hep B vaccine for second series vaccination
54	I2HBsAgD	Infant Second Series HBsAg Date	Date	Infant's Second Series Post-Vaccination HBsAg test date
55	I2HBsAgR	Infant Second Series HBsAg Test Result	Mult Choice	Infant's Second Series Post Vaccination HBsAg test result : Positive=001, Negative=002, Indeterminate=003, Unknown=000. Note: Indeterminate option is used to capture results that are considered inconclusive and are therefore neither positive nor negative.
56	I2AntiD	Infant Second Series Anti-HBs Date	Date	Infant's Second Series Post-Vaccination Anti-HBs test date
57	I2AntiR	Infant Second Series AntiHBs Test Result	Mult Choice	Infant's Second Series Post-Vaccination Anti-HBs test result: Positive=001, Negative=002, Indeterminate=003, Unknown=000. Note: Indeterminate option is used to capture results that are considered inconclusive and are therefore neither positive nor negative.

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58	Dispos	Disposition at time of closure?	Mult Choice	What was the medical status of the mother and/or infant at the time the case was closed? 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, Provider refused=008, Case complete=009, Other=010, Unknown=000 Note: 1) Pregnancy terminated includes miscarriage, abortion and fetal death 2) Final maternal HBsAg status negative includes previously unknown negative mothers also.
Contact(s) Information: Should be submitted as 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	Contact's Date of Birth
60	Crelat	Contact Relation to Mom	Mult Choice	Contact's relationship to mother: Household=001, Sexual=002, Injection Drug Use (IDU)=003, Unknown=000.
61	CAntHBsD	Contact Anti-HBs Test Date	Date	Contact's Anti-HBs test date
62	CAntHBsR	Contact Anti-HBs Test Results	Mult Choice	Contact's Anti-HBs test result: Positive=001, Negative=002, Indeterminate=003, Unknown=000. Note: Indeterminate option is used to capture results that are considered inconclusive and are therefore neither positive nor negative.
63	CHBsAgD	Contact HBsAg Test Date	Date	Contact's HBsAg test date
64	CHBsAgR	Contact HBsAg Test Results	Mult Choice	Contact's HBsAg test result: Positive=001, Negative=002, Indeterminate=003, Unknown=000. Note: Indeterminate option is used to capture results that are considered inconclusive and are therefore neither positive nor negative.
65	CAntHBcD	Contact Anti-HBc Test Date	Date	Contact's Anti-HBc test date
66	CAntHBcR	Contact Anti-HBc Test Results	Mult Choice	Contact's Anti-HBc test results: Positive=001, Negative=002, Indeterminate=003, Unknown=000. Note: Indeterminate option is used to capture results that are considered inconclusive and are therefore neither positive nor negative.
67	CHepB1D	Contact Hep B-1 DATE	Date	The date contact was given first dose of hep B vaccine
68	CHepB2D	Contact Hep B-2 DATE	Date	The date contact was given second dose of hep B vaccine
69	CHepB3D	Contact Hep B-3 DATE	Date	The date contact was given third dose of hep B vaccine
70	CHepB4D	Contact Hep B-4 DATE	Date	The date contact was given fourth dose of hep B vaccine
71	CHepB5D	Contact Hep B-5 DATE	Date	The date contact was given fifth dose of hep B vaccine

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	FIELD NAME	DESCRIPTION		DEFINITION
72	CHepB6D	Contact Hep B-6 DATE	Date	The date contact was given sixth dose of hep B vaccine
73	CpvaxD	Date of post-vaccination test of sexual contacts	Date	Contact's post-vaccination test date (sexual contacts)
74	CpvaxR	Sex Contact Post vax Anti-HBs Test Results	Mult Choice	Contact's post-vaccination Anti-HBs test results (sexual contacts): Positive=001, Negative=002, Indeterminate=003, Unknown=000. Note: Indeterminate option is used to capture results that are considered inconclusive and are therefore neither positive nor negative.