Oregon Public Health Division
Expanded Electronic Case Reporting

CSV Format for Case Reporting Implementation Guide

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Version 1.0

Oregon Electronic Case Reporting

Contents

Electronic Case Reporting (eCR) in Oregon

Thank you for your interest in electronic data exchange with the Oregon Electronic Case Reporting (eCR) project. Timely and accurate information about reportable conditions is critical for Public Health disease surveillance and improving population health. Oregon encourages the least burdensome method for clinicians to submit data. For details, please review Oregon Administrative Rules (OARs), Divisions 18 (Disease Reporting) and 26 (Enforcement of Public Health Rules). The timing of health care provider reports is specified to reflect the severity of the illness or condition and the potential value of rapid intervention by public health agencies.

Participating in eCR allows incoming clinical data to be translated, processed, and routed to appropriate public health recipients (Local Health Departments and State Programs) for swift public health action. Standardized HL7 messaging (C-CDA) is the preferred format for eCR in Oregon, and to meet Federal Promoting Interoperability (formerly Meaningful Use) requirements, C-CDA is the only acceptable message format.

Scope of This Document

This guide is designed for use by hospitals, clinics, and other non-laboratory providers who are unable to send Consolidated Clinical Documents (C-CDA specifications are available at hl7.org) but have a need to exchange case-related data with the Oregon Public Health Division. This includes emergency situations such as the COVID-19 response. Lower volume submitters are encouraged to use the online morbidity reporting tool Memento Morbi (healthoregon.org/howtoreport).

While C-CDA is the preferred method of data submission for high volume submitters, we understand that not every facility has the capability to submit this data structure. Therefore, we are providing an alternate method for data submission for certain facilities. Sending data in the method outlined in this document is not appropriate for federal Promoting Interoperability (formerly, Meaningful Use) requirements. Currently, the Oregon Public Health Division accepts messages via secure file transfer protocol (SFTP), the Public Health Informatics Network Messaging System (PHIN-MS), or Direct Secure Messaging. Questions regarding message transport should be addressed to elr.project@state.or.us.

File Format – Comma Separated Values (CSV)

The table below describes the data elements expected for sending CSV case reports. The first column in the table (seq) refers to the field order, the second (use) describes whether the field is required (R) or optional (O), the third (Name) describes the name of the field, and the last column (Guidance) provides instructions for how to populate that field. Fields should not contain commas or other special characters unless indicated (e.g., some fields may include multiple responses, in that case values should be separated with a tilde (~)). Unless otherwise indicated, responses should include a single value as indicated in the Guidance column.

Seq	Use	Name	Guidance
1	R	MessageDate	Date of message creation Format: **YYYYMMDD**
2	R	FacilityName	Name of the facility where testing was done
3	R	FacilityID	Unique identifier for the facility (e.g., CLIA, NPI). If no unique identifier exists, one must be assigned by the eCR Coordinator prior to testing.
4	R	FacilityAddress	Include number, direction, and street name only
5	O	FacilityAddress2	May include PO Box, Suite, etc.
6	R	FacilityCity	
7	R	FacilityState	Two characters (e.g., **OR**)
8	R	FacilityZip	Five digits required, additional four optional (separated by hyphen)
9	R	FacilityPhone	Formatted as ###-###-####. Extension may be included in parentheses ().
10	R	PatientID	Patient identifiers may include medical record number, account number, etc. ***Do not use patient's social security number.***
11	R	PatientFirstNameLegal	
12	R	PatientLastNameLegal	
13	O	PatientFirstNamePref	If the patient prefers to use a name other than their legal first name.
14	O	PatientLastNamePref	If the patient prefers to use a name other than their legal last name.
15	R	PatientDOB	Patient date of birth. Format: **YYYYMMDD**
16	R	PatientSex	Female (**F**), Male (**M**), Non-Binary (**X**), Other (**O**), Refused (**R**), Unknown (**U**)
17	O	PatientPronouns	She/Her, He/Him, They/Them, Ella, Él, Elles, Other, None, Refused, Unknown Separate multiple pronouns with tilde (~)
18	O	PatientGender_Open	Free text entry. Do not include punctuation or special characters.
19	O	PatientGender_Discrete	Woman/Girl, Man/Boy, None, Feminine, Masculine, Non-binary, Questioning, Other, Refused, Unknown Separate multiple genders with tilde (~)
20	O	PatientTransgender	Yes (**Y**), No (**N**), Other (**O**), Refused (**R**), Unknown (**U**)
21	O	PatientSexualOrientation_Open	Free text entry. Do not include punctuation or special characters.
22	O	PatientSexualOrientation_Discrete	Same-Gender, Lesbian, Gay, Bisexual, Straight, Pansexual, Asexual, Queer, Questioning, Other, Refused, Unknown Separate multiple sexual orientations with tilde (~)
23	O	PatientRaceEthnicity_Open	Free text entry. Do not include punctuation or special characters.

Seq	Use	Name	Guidance
24	R	PatientRaceEthnicity_Discrete	American Indian; Alaska Native; Canadian Inuit, Metis, or First Nation; Indigenous Mexican, Central American, or South American; Hispanic or Latinx Central American; Hispanic or Latinx Mexican; Hispanic or Latinx South American; Other Hispanic or Latinx; Guamanian; Chamorro; Micronesian; Native Hawaiian; Samoan; Tongan; Other Pacific Islander; Asian Indian; Chinese; Filipino/a; Hmong; Japanese; Korean; Laotian; South Asian; Vietnamese; Other Asian; Eastern European; Slavic; Western European; Other White; African American; African (Black); Caribbean (Black); Other Black; Northern African; Middle Eastern; Unknown; Declined; Other Separate multiple values with tilde (~)
25	R	PatientAddress	Include house number, direction, and street name
26	O	PatientAddress2	May include PO Box, Suite, etc.
27	R	PatientCity	
28	R	PatientState	Oregon (**OR**) residents only. Out of state residents must be reported to the appropriate jurisdiction by the facility.
29	R	PatientZip	Five digits required, additional four optional (separated by hyphen) Format: **#####** or **#####-####**
30	O	PatientCounty	
31	O	PatientPhone	Format: **###-###-####**
32	O	OKtoContact	Yes (**Y**) or No (**N**)
33	R	ProviderFirstName	
34	R	ProviderLastName	
35	R	ProviderPhone	Format: **###-###-####**. Extension may be included in parentheses ().
36	R	PatientClass	Inpatient, Outpatient, Healthcare Worker, Resides in Congregate Setting, Works in a Congregate Setting, Other Separate multiple classes with tilde (~)
37	R	Symptomatic	Yes (**Y**), No (**N**), Unknown (**U**)
38	O	OnsetDate	Answer if symptomatic is Yes, otherwise leave blank. If exact onset is unknown, please approximate based on available clinical information. Format: as **YYYYMMDD**
39	R	Hospitalized	Yes (**Y**), No (**N**), Unknown (**U**)
40	O	ICU	Answer if hospitalized is Y, indicate whether the patient is in the ICU (Yes (**Y**), No (**N**), Unknown (**U**))
41	O	Ventilator	Answer if hospitalized is Y, indicate whether the patient is on a ventilator (Yes (**Y**), No (**N**), Unknown (**U**)
42	R	Died	Yes (**Y**), No (**N**), Unknown (**U**)
43	O	DateOfDeath	Must provide a date if patient is deceased, otherwise leave blank. Format: **YYYYMMDD**
44	O	Diagnosis	If known, provide ICD-10 Diagnosis Code as well as the actual diagnosis formatted as **CODE^TEXT^ICD10.** Separate multiple diagnoses with tilde (~)

Seq	Use	Name	Guidance
45	O	DiagnosisDate	Format: **YYYYMMDD**
46	O	LabConfirmed	Indicate whether this diagnosis been lab confirmed (Yes (**Y**), No (**N**), Unknown (**U**))
47	R	FirstTest	Indicate whether this is the first specimen collected for this patient for this condition (Yes (**Y**), No (**N**), Unknown (**U**))
48	R	SpecimenCollectionDate	Date of specimen collection. Format: **YYYYMMDD**
49	R	TestName	If available, provide the LOINC Code as well as the Test Name. Formatted as **CODE^TEXT^LN**
50	O	Result	Indicate the result of the current test (e.g., Positive, Negative, Detected, Undetected, Indeterminate, or numeric value)
51	O	LanguageSpeakHome	English, Spanish, Russian, Vietnamese, Hmong, Cambodian, Laotian, Somali, Chinese (Mandarin), Chinese (Cantonese), Tagalog, Korean, Swahili, Arabic, Chuukese, Marshallese Separate multiple languages with tilde (~)
52	O	LanguageSpeakDoctor	English, Spanish, Russian, Vietnamese, Hmong, Cambodian, Laotian, Somali, Chinese (Mandarin), Chinese (Cantonese), Tagalog, Korean, Swahili, Arabic, Chuukese, Marshallese Separate multiple languages with tilde (~)
53	O	LanguageSpeakPreferred	English, Spanish, Russian, Vietnamese, Hmong, Cambodian, Laotian, Somali, Chinese (Mandarin), Chinese (Cantonese), Tagalog, Korean, Swahili, Arabic, Chuukese, Marshallese, Other: (*other spoken language*) Separate multiple languages with tilde (~)
54	O	LanguageWritePreferred	English, Spanish, Russian, Vietnamese, Hmong, Cambodian, Laotian, Somali, Chinese (Mandarin), Chinese (Cantonese), Tagalog, Korean, Swahili, Arabic, Chuukese, Marshallese, Other: (*other written language*) Separate multiple languages with tilde (~)
55	O	LanguageEnglishComfort	Very Well, Well, Not Well, Not at all, Unknown, Declined
56	O	InterpreterNeeded	Yes (Y), No (N), Declined(D), Unknown (U)
57	O	InterpreterType	Spoken language, American Sign Language, Deaf Interpreter for DeafBlind and Deaf with additional barriers, Contact Sign Language (PSE), Other Separate multiple interpreter types with tilde (~)
58	O	NeedOtherMaterials	Free text entry. Do not include punctuation or special characters.
59	O	Deaf	Yes (**Y**), No (**N**), Declined(**D**), Unknown (**U**)
60	O	DeafAge	Age in years (if since infancy, enter 0)
61	O	Blind	Yes (**Y**), No (**N**), Declined(**D**), Unknown (**U**)
62	O	BlindAge	Age in years (if since infancy, enter 0)
63	O	NeedBraille	Yes (**Y**), No (**N**), Declined(**D**), Unknown (**U**)
64	O	Disability	Yes (**Y**), No (**N**), Declined(**D**), Unknown (**U**)
65	O	DisabilityAge	Age in years (if since infancy, enter 0)
66	O	DifficultyStairs	Yes (**Y**), No (**N**), Declined(**D**), Unknown (**U**)
67	O	DifficultyStairsAge	Age in years (if since infancy, enter 0)

Seq	Use	Name	Guidance
68	O	DifficultyDressingBathing	Yes (**Y**), No (**N**), Declined(**D**), Unknown (**U**)
69	O	DifficultyDressingBathingAge	Age in years (if since infancy, enter 0)
70	O	DifficultyConcentrating	Yes (**Y**), No (**N**), Declined(**D**), Unknown (**U**)
71	O	DifficultyConcentratingAge	Age in years (if since infancy, enter 0)
72	O	DifficultyErrands	Yes (**Y**), No (**N**), Declined(**D**), Unknown (**U**)
73	O	DifficultyErrandsAge	Age in years (if since infancy, enter 0)
74	O	Notes	Free text entry. Do not include punctuation or special characters.

Concluding Remarks

This document was developed as an Oregon-specific CSV format Implementation Guide for case reporting. This guide represents the minimum expectation for message construction and submission to Oregon eCR for facilities that are not able to send standardized messages. Modifications to this specification may be approved on a case-by-case basis. For more information about Oregon eCR statutes, data quality assurance, and current reportable conditions visit
https://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/ElectronicLabReporting/Pages/index.aspx

Version History

For Information about Oregon ELR, visit us on the web at: healthoregon.org/elr
Or contact us at 971-673-1111

Revision History	Issue Date	Summary of Changes
V 1.0	September 3, 2020	Created as an option for non-laboratories, clinical facilities to send information for specific conditions.