



Syndromic Surveillance Reporting Supplemental Document, version 1

Table of Contents

Purpose	3
Technical Requirements	4
Health Level 7 (HL7) Message Specifications	4
Secure Message Transmission	4
Timeliness	4
Required Data Set(s)	5
Minimum data necessary	5
Patient information:	5
Encounter information:	5
Trigger event conformance	6
HL7v2.5.1 Admit, discharge, and transfer (ADT) message types required for Syndromic Surveillance	6
ADT A04: Registration of Patient	6
ADT A01: Admit/visit notification messages	6
ADT A08: Update to patient information	6
ADT A03: Discharge/end visit messages	7
Required HL7 v2.5.1 message segments for each syndromic surveillance trigger event.	7
HL7 Field requirements	8
MSH Segment:	8
Message Header (MSH) Segment (Required for all messages)	8
Event Type Segment:	10
Event Type Segment (EVN) (Required for all messages)	10



Patient Identification Segment:	11
Patient identification segment (PID) (Required for MOST messages)	11
Patient Visit Type Segment:	14
Patient Visit (PV1) Segment (Required for MOST messages)	14
Patient Visit (PV2) additional segment (Required for MOST messages)	16
Diagnosis Segment:	16
Diagnosis (DG1) Segment (Required for SOME messages)	16
Procedures Segment:	17
Procedures (PR1) Segment (Required for SOME messages)	17
Observation Segment:	18
Observation/ Result (OBX) Segment (Required for MOST messages)	18
Insurance Segment:	20
Insurance (IN1) Segment (Required for SOME messages)	20
Required exclusions	22
Syndromic surveillance HL7 PII fields to exclude:	22
Resources and Further Material	24
Resources	24
Contact Information	24
Version History	25



Purpose

This document is a supplement to The Communicable Disease Rule, and details the requirements for reporting syndromic surveillance reporting (Sys) to Utah Department of Health and Human Services (DHHS). This includes: technical specifications for Sys reporting, required minimum data set(s), and required HL7 trigger events identified for the Communicable Disease Rule. This document should be used in conjunction with the HL7 Version 2.5.1 Implementation Guide: Syndromic Surveillance, Release 1 - US Realm.



Technical Requirements

Health Level 7 (HL7) Message Specifications

Hospitals and other Health Care Facilities that treat patients in an emergency department must submit syndromic surveillance messages in HL7 v2.5.1. All messages must conform to the “HL7 Version 2.5.1 Implementation Guide: Syndromic Surveillance, Release 1 - US Realm” which may be found at www.HL7.org. Test messages should be assessed against the Public Health Information Network (PHIN) Message Quality Framework to ensure that message structure is compliant with HL7 standards.

Hospitals and other Health Care Facilities which treat non-emergency setting encounters, such as inpatient and outpatient settings, may submit syndromic surveillance messages in HL7 v2.5.1. These facilities, if they are submitting syndromic surveillance messages, must follow the same conformance guidelines as emergency department encounter messages.

Secure Message Transmission

Syndromic surveillance submitted to Utah DHHS must be sent through a secure platform. Utah is currently accepting syndromic surveillance messages through a secure file transfer protocol (SFTP) and or the Utah Health Information Network (UHIN) Clinical Health Information Exchange (cHIE). Alternative methods of reporting may be approved on a case by case basis.

Timeliness

It is required that Sys be reported within 24 hours of a patient's first encounter with the healthcare organization as specified in Subsections R386-702-9. The time between a patient's triggered admission (ADT A01) or registration (ADT A04) date and time, and the date and time DHHS receives this triggered HL7 V2.5.1 message must not be longer than 24 hours.

Subsequent triggered HL7 messages, updates (ADT A08) and discharge or transfer (ADT A03), should also be received within 24 hours of its trigger.



Required Data Set(s)

This section includes a list of the required data, if known, when reporting syndromic surveillance encounters as specified in subsection R386-702-9 to the department. This list is not inclusive of all HL7 v2 message segments or fields required for structural compliance. All message segments and fields required to generate a structurally compliant message are required under the Health Level 7 (HL7) message conformance specifications. For additional information on case by case situations contact Utah DHHS Division of Population Health: Surveillance Program at edx@utah.gov or rjgruninger@utah.gov.

Minimum data necessary

Patient information:

- I. Patient identifier
- II. Patient's age
- III. Patient's sex
- IV. Patient's city
- V. Patient's state
- VI. Patient zip code
- VII. Patient class
- VIII. Patient's race
- IX. Patient's ethnicity

Encounter information:

- I. Facility name
- II. Facility identifier
- III. Facility type
- IV. Patient admit date and time
- V. Patient discharge date and time
- VI. Chief complaint(s) and/or reason for visit
- VII. Diagnosis



- VIII. Discharge disposition
- IX. Trigger event
- X. Visit ID

Trigger event conformance

The following section details the required HL7 trigger events and their contents for Utah DHHS Syndromic surveillance. Questions regarding specific data requirements should consult the “HL7 Version 2.5.1 Implementation Guide: Syndromic Surveillance, Release 1 - US Realm” and subsection R386-702-9 of the Communicable Disease Rule.

HL7v2.5.1 Admit, discharge, and transfer (ADT) message types required for Syndromic Surveillance

ADT A04: Registration of Patient

Registration messages are triggered when a patient arrives for a healthcare visit and/or registers for a one-time emergency, outpatient, or an ambulatory care visit. This patient usually is not assigned a bed.

ADT A01: Admit/visit notification messages

Admit messages are triggered when a patient is admitted to a hospital inpatient facility and assigned a bed. This admittance includes transfer from another facility or department, as well as admittance from an outside setting, i.e. home. Some emergency department (ED) facilities may use A01 messages rather than A04 messages to indicate patient registration.

ADT A08: Update to patient information

Update messages are triggered when any patient information has changed but when no other trigger event has occurred, including when a change is made to any of the required fields. This update can only occur after a registration message is sent.



ADT A03: Discharge/end visit messages

Discharge messages are triggered at the end of a patient’s stay at a healthcare facility. This message may be sent when the patient's record is updated to “discharged”, including a discharge date and time, and/or when the patient leaves the facility, i.e. at the end of an outpatient visit.

Required HL7 v2.5.1 message segments for each syndromic surveillance trigger event.

Required HL7 segments for syndromic surveillance messages		Required?			
Segment	Description	ADT A04	ADT A08	ADT A01	ADT A03
MSH	Message Header– Information explaining how to parse and process the message Information including identification of message delimiters, sender, receiver, message type, timestamp, etc.	R	R	R	R
EVN	Event Type– Trigger event information for receiving application	R	R	R	R
PID	Patient Identification– Patient identifying and demographic information	R	R	R	R
PV1	Patient Visit– Information related to this visit at this facility including the nature of the visit, critical timing information and a unique visit identifier.	R	R	R	R
PV2	Patient Visit Additional Information– Admit Reason information.	RE	RE	RE	RE
OBX	Observation / Result– Information regarding chief complaint, age, temperature, and other information	R	R	R	R
DG1	Diagnosis– Admitting, Working, and Final Diagnosis	RE	RE	RE	R



	information (where applicable)				
PR1	Procedures- Information relative to various types of procedures performed	O	O	O	O
IN1	Insurance – Information about insurance policy coverage information	RE	RE	RE	RE
R= Required RE = Required but may be empty. The application shall populate “RE” elements with a non-empty value if there is data. O= Optional but strongly requested					

HL7 Field requirements

The following tables detail the HL7 fields required by Utah DHHS for Syndromic surveillance. This list may be missing some RE and O data fields, for more information and full value sets refer to “HL7 Version 2.5.1 Implementation Guide: Syndromic Surveillance, Release 1 - US Realm”.

MSH Segment:

Message Header (MSH) Segment (Required for all messages)		
R= Required, RE = Required with Exception, O= Optional		
Segment	Description	R?
MSH 2	MSH-2 should be present and contain a) the component separator, b) the repetition separator, c) the escape character, and d) the subcomponent separator (recommended default value of "^~\&"),	R
MSH 3	Sending Application- such as “EPIC”, etc	R
MSH 4.1	We prefer that the MSH-4.1 also be a unique value that corresponds with each sending facility as well, but those are a local value determined by the sender. Ex. “ Seattle Grace Hospital or SGH ”	R



MSH 4.2	We require that the MSH-4.2 be an ID that uniquely identifies each facility represented in the feed. It can either be an NPI or an OID (we don't favor one over the other), as long as each facility has a discrete value (i.e. no shared facility IDs); if there aren't unique OIDs or NPIs assigned for each facility, the sender should append a consistent, unique value to the existing identifiers such that the individual facilities can be distinguished. Ex. "123456789" or "123456789_a"	R
MSH 4.3	Sending Facility Universal ID Type	R
MSH-5	MSH-5.1: "Biosense2" – Receiving application MSH-5.2: "2.16.840.1.113883.3.1673" – Universal ID MSH-5.3: "ISO" –Universal ID type	O
MSH-6	MSH-6 should contain the literal value "UDOH" for receiving facility	O
MSH-7	MSH-7 should contain the date & time the message was generated by the sender in this format: 'YYYYMMDDHHMM[SS[.S[S[S[S]]]]][+ /ZZZZ]' <i>Note: This should be in the Mountain Standard time zone</i>	R
MSH-9	MSH-9 should accurately identify the Message Type and Message Trigger Event. Ex. "'ADT^A01^ADT_A01' for Admission Messages" ex. MSH 9.1: "ADT" –Message Type MSH 9.2: "A01" –Message Trigger event MSH 9.3: "ADT_A01" –Message structure	R
MSH-10	MSH-10 should contain a unique facility assigned message control ID for each message.	R
MSH-11	MSH-11 Processing ID- should correctly indicate whether the data in the message is production, training, or debugging purposes: "P" = Production, "D" = Debug, "T" = Training	R



MSH-12	HL7 Version ID- “2.5.1” (Note we no longer accept 2.3.1)	R
MSH-15	Accept Acknowledgement Type	R
MSH-16	Application Acknowledgement Type	RE
MSH-21	Message Profile Identifier Ex. PH_SS-Ack^SS Sender^2.16.840.1.114222.4.10.3^ISO or PH_SS-Ack^SS Receiver^2.16.840.1.114222.4.10.3^ISO	R

Event Type Segment:

Event Type Segment (EVN) (Required for all messages)		
R= Required, RE = Required with Exception, O= Optional		
Segment	Description	R?
EVN-1.1	Event Type Code- Event type that triggers a message submission. Value set: https://hl7-definition.caristix.com/v2/HL7v2.5.1/Tables/0003	O
EVN-2	Recorded Date/Time- minimum precision of the nearest minute, and be represented in the following format: ‘YYYYMMDDHHMM[SS[.S[S[S[S]]]]] [+/ZZZZ]’ in Mountain Standard Time (MST).	R
EVN-7	Event Facility- This field identifies the location where the patient was actually treated. Use of the organization's legal name associated with the National Provider Identifier (NPI) standard provided by Centers for	R



	Medicare and Medicaid Services is recommended. <i>Note: In Utah, this should match the MSH 4.</i>	
EVN-7.1	Namespace ID- This treatment facility should be Identical to MSH 4.1	R
EVN-7.2	Universal ID- This ID should be Identical to MSH 4.2 or the NPI. Recommend the use of the National Provider Identifier (NPI).	R
EVN-7.3	Universal ID Type- If NPI is used this would be “NPI”. More options include “ISO”, “CLIA”, “UUID”, “Random”, etc. For additional information refer to https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=2.16.840.1.11.4222.4.11.6050	R

Patient Identification Segment:

Patient identification segment (PID) (Required for MOST messages) R= Required, RE = Required with Exception, O= Optional		
Segment	Description	R?
PID-1	Set ID: “1”	R
PID-3	Unique Patient Identifier- Can be a list of multiple patient ID’s, but must be consistent in each message relating to that patient. PID 3.1: Unique Patient Identifier number: Ex. 12345 PID 3.5: Unique Identifier Type: ex. “PI”, “MRN”, “PN”, etc See value List for more. <i>Note: Utah prefers a partial patient MRN.</i>	R
PID-5	Patient Name- Do not include patients full name, rather send a pseudonymized name: From PHIN: PID-5 SHALL be valued with only the constant value "S"	R



	or “U” in PID-5.7 Name Type (i.e., PID-5 shall be valued as ~^^^^^^S or ~^^^^^^U).	
PID-7	Date/Time of Birth <i>Note: Utah prefers the inclusion of “Age” as an OBX rather than DOB in in PID-7. Exclude if possible.</i>	O
PID-8	Administrative Sex- choose one of the following in accordance with the value set: https://phinvas.cdc.gov/vads/ViewValueSet.action?oid=2.16.840.1.1.14222.4.11.3403 F - Female M - Male O - Other U - Unknown	R
PID-10	Race details- 10: Race 10.1: Race ID 10.2: Text 10.3: Name of coding system Choose one of the following in accordance with the value set: https://phinvas.cdc.gov/vads/ViewValueSet.action?oid=2.16.840.1.1.14222.4.11.836 1002-5 American Indian or Alaska Native 2028-9 Asian 2054-5 Black or African American 2076-8 Native Hawaiian or Other Pacific Islander 2131-1 Other Race 2106-3 White Or the Null Flavor value set: https://phinvas.cdc.gov/vads/ViewValueSet.action?id=10A82B13-093C-E311-A464-0017A477041A UNK unknown PHC1175 Refused to answer	RE



<p>PID-11</p>	<p>Current or Primary address details-</p> <p>11.3: Patient Address City</p> <p>11.4: Patient State code: https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=2.16.840.1.1.14222.4.11.830</p> <p>11.5: Patient Address Zip or Postal Code</p> <p>11.9: Patient Address County Code: https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=2.16.840.1.1.14222.4.11.829</p>	<p>R</p>
<p>PID-22</p>	<p>Ethnicity details-</p> <p>22- Ethnicity</p> <p>22.1: Ethnicity code</p> <p>22.2: Text of Ethnicity code used</p> <p>22.3: Name of Ethnicity Coding system</p> <p>Choose one of the following in accordance with the value set: https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=2.16.840.1.1.14222.4.11.837 2135-2 Hispanic or Latino 2186-5 Not Hispanic or Latino</p>	<p>RE</p>
<p>PID-29</p>	<p>Patient Death Date and Time</p>	<p>CE</p>
<p>PID-30</p>	<p>Patient Death Indicator</p>	<p>R</p>
<p>PID-33</p>	<p>Last Update Date/Time of patients demographic and identifying information in MST</p>	<p>O</p>
<p>PID-34</p>	<p>Last Update of Facility to patients demographic and identifying information.</p>	<p>O</p>



Patient Visit Type Segment:

Patient Visit (PV1) Segment (Required for MOST messages)		
R= Required, RE = Required with Exception, O= Optional		
Segment	Description	R?
PV1-1	Set ID: "1"	RE
PV1-2	<p>Patient Class- Patient classification within the facility and updates based on patient admission or referral. Choose one of the following in accordance with the value set:</p> <p>https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=2.16.840.1.114222.4.11.3404</p> <ul style="list-style-type: none"> D Direct admit E Emergency I Inpatient O Outpatient B Obstetrics R Recurring patient <p><i>Note: Do not include "P Preadmit"</i></p>	R
PV1-3	Assigned Patient Location- either initial location, or where patient is being moved to in updated A08 message.	O
PV1-4	<p>Admission Type- Choose one of the following in accordance with the value set:</p> <p>https://phinvads.cdc.gov/vads/ViewValueSet.action?id=08D34BBC-617F-DD11-B38D-00188B398520</p> <ul style="list-style-type: none"> A Accident C Elective E Emergency L Labor and Delivery N Newborn (Birth in healthcare facility) 	O



	<p>R Routine</p> <p>U Urgent</p>	
PV1-6	Prior Patient Location	O
PV1-7	<p>Attending Doctor- Recommend the use of the National Provider Identifier Standard provided by Centers for Medicare and Medicaid Services.</p> <p>7.1: Unique Physician ID</p> <p>7.9: Unique Physician Identifier Assigning Authority</p>	O
PV1-10	Hospital Service- This field contains the treatment or type of surgery that the patient is scheduled to receive.	O
PV1-14	<p>Admit Source- where patient was admitted from, Choose one of the following in accordance with the value set:</p> <p>https://hl7-definition.caristix.com/v2/HL7v2.5.1/Tables/0023</p> <p>1 Physician referral</p> <p>2 Clinic referral</p> <p>3 HMO referral</p> <p>4 Transfer from a hospital</p> <p>5 Transfer from a skilled nursing facility</p> <p>6 Transfer from another health care facility</p> <p>7 Emergency room</p>	O
PV1-19	<p>Visit Number</p> <p>19.1: Visit ID Number assigned to each patient visit.</p> <p>19.5: Identifier Type Code “VN”.</p>	R
PV1-36	<p>Discharge Disposition, disposition of patient at time of discharge. Choose one of the following in accordance with the value set:</p> <p>https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=2.16.840.1.114222.4.11.915:</p> <p>1- Discharged to home care or self care (routine discharge)</p> <p>2- Discharged/transferred to a short term general hospital for inpatient care</p>	R



	<p>5- Discharged/transferred to a designated cancer center or children's hospital</p> <p>7- Left against medical advice or discontinued care</p> <p>9- Admitted as an inpatient to this hospital</p> <p>20, 40, or 41- Expired</p>	
PV1-44	<p>Admit Date/Time of patient visit, including Outpatient and ER patient registration. In the following format: 'YYYYMMDDHHMM[SS[.S[S[S[S]]]]] [+ /ZZZZ]' in MST</p>	R
PV1-45	<p>Discharge Date/Time including Outpatient and ER patient discharge. In the following format: 'YYYYMMDDHHMM[SS[.S[S[S[S]]]]] [+ /ZZZZ]' in MST</p>	RE
<p>Patient Visit (PV2) additional segment (Required for MOST messages)</p> <p>R= Required, RE = Required with Exception, O= Optional</p>		
PV2-3	<p>Admit Reason- a short description of the provider's reason for patient admission. This could be the ICD-10, and/or SNOMED code(s).</p> <p>3.1: Admit Reason Identifier- Specific Code(s)</p> <p>3.2: Admit Reason Text- free writing of admit reason</p> <p>3.3: Admit Reason Name of Coding System</p> <p>3.5: Alternative Text (if applicable)</p>	RE

Diagnosis Segment:

<p>Diagnosis (DG1) Segment (Required for SOME messages)</p> <p>R= Required, RE = Required with Exception, O= Optional</p>		
Segment	Description	R?



DG1-1	Set ID “1”	R
DG1-3	Diagnosis Code- 3.1: Diagnosis Code Identifier, a code from the ICD-10CM, and/or SNOMED codes lists. (See Resources) 3.2: Diagnosis Code Text, a description of 3.1. 3.3: Diagnosis Code Name of Coding System, used in 3.1.	R
DG1-5	Diagnosis Date/Time. In the following format: ‘YYYYMMDDHHMM[SS[.S[S[S[S]]]]] [+ZZZZ]’ in MST.	RE
DG1-6	Diagnosis Type code valued as A= Admitting, F= Final, or W= Working.	R

Procedures Segment:

Procedures (PR1) Segment (Required for SOME messages)		
R= Required, RE = Required with Exception, O= Optional		
Segment	Description	R?
PR1-1	Set ID “1”	RE
PR1-3	Procedure Code/ Unique Identifier- 3.1: Procedure Code Identifier, A value from one of: ICD-10 and/or SNOWMED code sets. 3.2: Procedure Text, Text to accompany the code in 3.1. 3.3: Procedure Code Name of Coding System, as it relates to the code used in 3.1.	RE
PR1-5	Procedure Date/Time	RE



Observation Segment:

Observation/ Result (OBX) Segment (Required for MOST messages)		
R= Required, RE = Required with Exception, O= Optional		
Segment	Description	R?
OBX-1	Set ID "1", Consecutive numbers for every set.	R
OBX-2	Value Typex- identifies the structure of OBX-5: TS = Timestamp (Date & Time) TX= Text Data (Display) NM= Numeric CWE= Coded with exceptions XAD= Extended Address HD= Hierarchic Designator	R
OBX-3	Observation Identifier- 3.1: Identifier according to a value set: https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=2.16.840.1.1.14222.4.11.3589 3.3: Name of the 3.1 Coding System Expected observations include: 11283-9 Acuity assessment 21612-7 Age:Time:Pt:Patient:Qn:Reported 39156-5 BMI 11289-6 Body temperature 8661-1 Chief complaint SS003 Facility / Visit Type SS002 Treating Facility Location 8677-7 Medication use Hx Reported 10160-0 Medication use Hx Reported	R



	<p>59408-5 Oxygen saturation 56816-2 Patient location 11450-4 Problem list Reported 54094-8 Triage note 56816-2 Patient Location (Hospital Unit) 10182-4 Travel History</p> <p>For the full value list of what we accept for syndromic review the “HL7 Version 2.5.1 Implementation Guide: Syndromic Surveillance, Release 1 - US Realm”.</p>	
OBX-4	Observation Sub-ID	O
OBX-5	Observation Value based on OBX-2:	R
	<p>Observation Value based on OBX-2: OBX-2 = Observation Value - TS 5.1: Time</p>	RE
	<p>OBX-2 = Observation Value - TX 5.1: Text Data</p>	RE
	<p>OBX-2 = Observation Value – NM 5.1: Numeric Value</p>	RE
	<p>OBX-2= Observation Value – CWE For the full value list of what we accept for syndromic review the “HL7 Version 2.5.1 Implementation Guide: Syndromic Surveillance, Release 1 - US Realm”.</p> <p>5.1: CWE Identifier 5.2: CWE Text, if necessary, if not leave blank 5.3: CWE Name of Coding System 5.4: CWE Alternate Identifier, if necessary, if not leave blank 5.5: CWE Alternate Text, if necessary, if not leave blank 5.6: CWE Name of Alternate Coding System (if OBX-5.4 is valued) 5.9: CWE Original Text, Free text if necessary, if not leave blank</p>	RE



	OBX-2= Observation Value – XAD 5.3: City, The ISDS recommendations suggest free text City/Town designations for Treating Facility 5.4: State or Province ex.“UT” 5.5: Zip or postal code, Ex. USPS code 5.6: Country- https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=2.16.840.1.1.14222.4.11.828 5.9: County	RE
OBX-6	Units- Units of measurement either for age, or temperature or pulse oximetry. The value is based on OBX-2 and OBX-3. See PHIN guide for more details.	R
OBX-11	Observation Result Status current result status.	R
OBX-14	Date/Time of the Observation	R

Insurance Segment:

Insurance (IN1) Segment (Required for SOME messages)		
R= Required, RE = Required with Exception, O= Optional		
Segment	Description	R?
IN1-1	Set ID “1”	R
IN1-2	Insurance Plan ID	O
IN1-3	Insurance Company ID If an insurance company identifier is unavailable, use [UNKNOWN^^^UNKNOWN] to meet the requirement to populate the field as a CX value type for HL7 compliance	R



IN1-15	Insurance Coverage/ Plan Type Ex. Medicare, Medicaid, BlueCross, etc	RE
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Required exclusions

Syndromic surveillance HL7 PII fields to exclude:

Segment	Description
PID-5.1-6	Patient Name
PID-5.8-12	Patient Name
PID-6	Mother's Maiden Name
PID-7	Date of Birth
PID-9	Patient Alias
PID-11.1-2	Patient address (ZIP, County, and City are still required)
PID-11.8	Patient address (ZIP, County, and City are still required)
PID-13-17	Patient phone number
PID-18	Patient Account Number assigned by accounting at Health Care Facility
PID-19-21	Social Security Number (SSN), Drivers License number, mothers identification.
PID-23-28	Birth Information
PID-30.2	Patient Death Indicator
NK Segments	Next of Kin
MRG-7	Merge patient information
IN1-16	Name of Insured
IN1-19	Address of Insured



GT1-3-6	Guarantor Name, address, and phone number
GT1-12	Guarantor SSN
GT1-19	Guarantor Employee ID Number
OBX	Pregnancy status
OBX	Clinical Impressions



Resources and Further Material

Resources

HL7 Version 2.5.1 Implementation Guide: Syndromic Surveillance, Release 1 - US Realm

https://www.hl7.org/implement/standards/product_brief.cfm?product_id=503

Utah Code 26B-7-2: Detection and Management of Chronic and Communicable Diseases and Public Health Emergencies

https://le.utah.gov/xcode/Title26B/Chapter7/26B-7-P2.html?v=C26B-7-P2_202305032

[0230503](#)

Utah Administrative Rule 386-702: The Communicable Disease Rule

<https://rules.utah.gov/publicat/code/r386/r386-702.html>

PHIN Vocabulary Access and Distribution System (VADS)

<https://www.cdc.gov/phin/php/phinvads/index.html>

<https://phinvads.cdc.gov/vads/ViewView.action?name=Syndromic%20Surveillance>

<https://hl7-definition.caristix.com/v2/HL7v2.5.1/Tables>

Communicable Disease Reporting Webpage

<https://epi.utah.gov/disease-reporting/>

*Includes information on Promoting Interoperability reporting

Utah DHHS Meaningful Use Program Webpage

<https://epi.utah.gov/elrstage3/>

CDC ICD-10CM index

<https://www.cdc.gov/nchs/icd/icd-10-cm/index.html>

Contact Information

Division of Population Health: Surveillance Program

Name: Randon Gruninger

Email: edx@utah.gov or rjgruninger@utah.gov



Version History

Date	Initials	Changes Made
8/29/2025	SGG	Document authored, Version 1
4/28/2026	SGG	Updated the value set information and links to include all allowable values in the HL7 messages. Included explicit time zone requirements. And made sure all the data elements align with the National Syndromic Surveillance Program (NSSP) data requirements outlined here: https://www.cdc.gov/nssp/php/onboarding-resources/element-prioritization.html .
5/8/2026	SA	Replaced references to Utah Communicable Disease Control Act, updated link to Meaningful use reporting webpage
5/15/26	GL	Format updated to comply with updated style guide