**Section 1010.APPENDIX L Syndromic Surveillance Data**

Data elements are to be submitted by messages in HL7 standard format. Data elements are R (Required), RE (Required but may be empty in messages where the information has not been recorded in the Electronic Medical Record (EMR)) or O (Optional data elements that should be sent if they are available in the EMR).

**Detail Data**

1. Facility identifier (NPI or ODI) Must be unique for each Facility address)

2. Visit Identifier

3. Admission date and time (MMDDCCYYHHMMSS) Only one value (earliest) can be provided per visit.

4. Patient Class

5. Patient birth date (MMDDCCYY) and Age

6. Patient sex

7. Patient Race

8. Patient Ethnicity

9. Patient ZIP

10. Discharge Disposition

11. Discharge date and time (MMDDCCYYHHMMSS)

12. Facility Name

13. Facility Address

14. Unique Patient Identifier (Medical Record Number)

15. Chief Complaint. This must be in an OBX HL7 segment and sent with every message as soon as it is available in the EMR. It should be the free text of the patient’s self-reported reason for visit. If the complaint is captured as from a pick list, all complaints shall be sent. If both free-text and pick list chief complaints are captured in the EMR, both shall be sent to the Department.

16. Diagnosis codes -Admitting, Working or Final. (ICD-10 codes only; as many as available)

17. Triage Note

18. Clinical Impression

19. Discharge date and time (MMDDCCYYHHMMSS)

20. Pregnancy Status

21. Death Data and Time

22. Smoking Status

23. Procedure Codes

24. Patient Country

25. Date of Onset

26. Insurance Type

27. Initial Temperature

28. Initial Pulse Oximetry

29. Initial Blood Pressure

30. International Travel History (Country and dates)

31. Problem List

32. Body Mass Index (or Weight and Height)

33. Patient Assigned Location

34. Hospital Unit

35. Event Date and Time (MMDDCCYYHHMMSS)

36. Message Date and Time (MMDDCCYYHHMMSS)

37. Initial Acuity

38. Patient name (first, middle, last, suffix)

39. Patient address (PO Box or street address, apartment number, city, state, and zip code)

40. Medications Prescribed

41. Attending Physician (National Provider Index)

42. Facility Visit Type

43. Event data and time (MMDDCCYYHHMMSS) and

44. Any element adopted for use by CDC’s PHIN or HL7 standards organization in Version 2.5.1 of the Syndromic Surveillance Messaging Guide on HL7.org (July 26, 2019). Elements supported by the Department will be added as a submission requirement accompanied by sufficient notification to all submitting facilities and health care systems. Notice will be provided no less than 90 days in advance of the submission requirement.

(Source: Added at 47 Ill. Reg. 4017, effective March 10, 2023)