



**HL7 CDA® R2 Implementation Guide: Reportability**  
**Response File, Release 1 – US Realm**  
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**HL7 STU Ballot**

**Volume 4 – Receiver Guidance**

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# 1 INTRODUCTION

## 1.1 Purpose

This volume contains informative guidance on the rendering and visualization of a Reportability Response CDA document (Reportability Response). Through the Reportability Response, public health seeks to support bidirectional communication with clinical care for reportable conditions. The Reportability Response is designed to have one Reportability Response created for each electronic Initial Case Report (eICR) and to be shared with the clinical care organization that created that eICR. The Reportability Response can also be shared with a Public Health Agency(ies) [PHA(s)] that has relevant reporting requirements (a responsible Public Health Agency) that wants to use it to monitor the reporting process and know what has been conveyed to clinical care organizations and other Public Health Agencies.

Sharing the Reportability Response with clinical care will serve several functions, including to:

- Communicate the reportability status, for the responsible PHA(s), of each condition included in the eICR
- Identify who (a PHA or an intermediary) prepared the Reportability Response
- Indicate whether the eICR has been sent to one or more PHAs
- Identify which PHA(s) has/have been sent the eICR
- Provide contact information for the responsible PHA(s)
- Provide suggested or required clinical follow-up activities from the responsible PHA(s), including any additional reporting needs or infection control activities
- Provide access to clinical support resources suggested by the responsible PHA(s) for identified reportable conditions
- Confirm eICR receipt and processing

A Reportability Response will also, when requested, be shared with the responsible PHAs (when they have not constructed it) for their internal use, so they understand what has been shared with clinical care, and to monitor/audit decision support algorithm effectiveness and implementation. When a condition is considered reportable to more than one PHA the Reportability Response can be helpful in communicating reporting that has been done to other PHAs.

## 1.2 Audience

The audience for this document is developers of software systems who want to enable their systems to display Reportability Response CDA documents. It is expected that various parts of the Reportability Response will be relevant for different audiences:

- **Providers:** Providers of care
- **Reporters:** Staff involved in public health reporting and infection control including Infection Control Practitioners and clinical support staff

- ***EHR System Administrators:*** EHR and IT management, development and support staff including healthcare IT administrators and EHR system managers and developers
- ***Public Health Agency personnel and IT support:*** Surveillance system managers and users and IT support staff
- ***Intermediaries:*** Organizations who act on behalf of clinical care or PHAs. They may receive eICR reports and prepare the Reportability Response reports.

## 2 RENDERING / VISUALIZATION GUIDANCE

The Reportability Response CDA implementation guide includes normative constraints in Volumes 1 and 2 for how Reportability Response structure, coded data, and narrative elements should be arrayed, sequenced, and populated. Volume 3 of this implementation guide includes additional informative guidance about the specifics of how the text in narrative sections should be constructed as the Reportability Response is populated. All of the guidance in Volumes 1, 2, 3, and the informative guidance in this volume are important to providing consistent, readable display of Reportability Response information to clinical care. Rendering/visualization responsibilities of the receiver are expected to be minor and are outlined in this Volume. The senders will be responsible for most aspects of making sure the data are populated and formatted correctly.

Visualization of some Reportability Response content can be considered for three main audiences. First, there are *Providers/Reporters* in clinical care, second *EHR System Administrators*, and, third, *PHA personnel*. In some circumstances, audiences may not be the principal focus for narrative visualization, but will still need to access specific data.

*Providers/Reporters* are the principal visualization targets when an eICR is found to have one or more condition that is **Reportable** and/or **May be Reportable**. In these circumstances:

- the “header” information;
- the Subject; and
- the Summary (including any External Resources,

should be visualized.

*EHR System Administrators* are the principal visualization targets when there is a Reportability Response error. They should also be able to access Reportability Responses with warnings eventhough Reportability Responses containing **Reportable** and/or **May be Reportable** conditions should be visualized for *Providers/Reporters*. *EHR System Administrators* will need to visualize or access:

- “header” information;
- the **electronic Initial Case Report Section/text**;
- the **eICR Processing Status**;
- the **eICR Processing Status Reason**; and
- the **eICR Processing Status Reason Detail**.

They may also want access to the **eICR Validation Output** when that is available.

PHAs will, at times, receive and visualize Reportability Responses. When they do visualization they may want to see:

- the “header”;
- the Subject;
- the Summary;

- the **eICR Processing Status**;
- the **eICR Processing Status Reason**; and
- **the eICR Processing Status Reason Detail**.

They may also want access to the **eICR Validation Output** when that is available.

## Linking Reportability Responses to eICRs and linking eICRs to each other

Any given patient encounter may lead to the generation of more than one eICR and each eICR has a Reportability Response. Each Reportability Response can be linked to its associated eICR through the use of the eICR unique identifier. In the eICR it is identified as **id** and the same unique eICR identifier is found in **Received eICR Information/eICR External Document Reference/id** in the associated Reportability Response.

It is also important to be able to link eICRs and Reportability Responses for the same patient encounter. For these purposes, each eICR will have a **parentDocument.setId** and a **parentDocument.versionNumber**. The **setId** should be the same for each eICR that comes from the same patient encounter and the **versionNumber** should increment for each eICR that is generated from the same patient encounter. These can be helpful in linking eICRs and Reportability Responses for the same possible case. In general subsequent eICRs for the same patient encounter should be considered as replacements, rather than addenda, to the eICRs that preceded them for that patient encounter.

It is also important to understand that each Reportability Response will have its own **unique id**, **setId**, and **versionNumber** that is separate from those of the eICR. Because the Reportability Response is secondary to the eICR, we have emphasized the use of eICR identifiers. It should also be noted that different EHR vendors define encounters differently in the CDA and care should be taken to work around these variances.

## 2.1 Stylesheet

An example stylesheet is available to illustrate the desired format of the rendered Reportability Response CDA document. This stylesheet can be found in the transform directory.

## 2.2 Examples

The rendering below is provided to illustrate the desired format of the rendered Reportability Response for *Providers* and *Reporters*, and as needed, *Public Health Agency personnel*.

The Figures below provide example renderings for *Providers / Reporters* for these types of determination of reportability:

1. One Reportable Condition to One PHA (with minimum external resources by PHA)
2. One Reportable Condition to One PHA (fully populated with external resources by PHA)

3. One Reportable Condition to One PHA (with no responsible agency identified)
4. One Not Reportable Condition for One PHA
5. One May be reportable Condition to One PHA
6. One No reporting rule met for One PHA
7. Two Reportable Conditions for Two PHAs
8. One Reportable and One Not reportable for Two PHAs
9. Manually initiated eICR with no reporting criteria matched for One PHA
10. Manually initiated eICR with One Reportable Condition for One PHA

**Figure 1 – Example Rendering of Reportability Response for One Reportable Condition to One PHA (with minimum external resources by PHA)**

<b>Patient:</b>	Everywoman, Eve
<b>Patient ID(s)</b>	123453 2.16.840.1.113883.19.5 111-00-1234 2.16.840.1.113883.4.1
<b>Contact info</b>	Home: 2222 Home Street City, State 99999, US
<b>Date of Birth</b>	April 20, 1990
<b>Sex</b>	Female
<b>Race</b>	White
<b>Ethnicity</b>	Hispanic or Latino
<b>Information recipient:</b>	Dr. Seven, Henry
<b>Contact info:</b>	1002 Healthcare Drive City, State 99999, US
<b>eICR Information:</b>	ca316e79-aaf2-4e8c-aa5f-848093bb8bb1

This “header” information is usually handled separately by EHRs.

**Subject:**

Public Health Reporting Communication: one or more conditions are reportable, or may be reportable, to public health.

**Summary:**

Your organization electronically submitted an initial case report to determine if reporting to public health is needed for a patient.

“Zika virus” is reportable to “State Department of Health”. An initial case report was sent to “State Department of Health”. Additional information may be required for this report.

**“Zika virus” for “State Department of Health”**

Reporting is required within “24 hours”. Reporting to this Public Health Agency is based on “both patient home address and provider facility address”.

If you have additional questions regarding Zika or reporting, the State Department of Health can be reached at 800 555-5555 or here: ([Link](#) - Information only)

**Figure 2 – Example Rendering of Reportability Response for One Reportable Condition to One PHA (fully populated with external resources by PHA)**

<b>Patient:</b>	Everywoman, Eve
<b>Patient ID(s)</b>	123453 2.16.840.1.113883.19.5 111-00-1234 2.16.840.1.113883.4.1
<b>Contact info</b>	Home: 2222 Home Street City, State 99999, US
<b>Date of Birth</b>	April 20, 1990
<b>Sex</b>	Female
<b>Race</b>	White
<b>Ethnicity</b>	Hispanic or Latino
<b>Information recipient:</b>	Dr. Seven, Henry
<b>Contact info:</b>	1002 Healthcare Drive City, State 99999, US
<b>eICR Information:</b>	ca316e79-aaf2-4e8c-aa5f-848093bb8bb1

This “header” information is usually handled separately by EHRs.

**Subject:**

Public Health Reporting Communication: one or more conditions are reportable, or may be reportable, to public health.

**Summary:**

Your organization electronically submitted an initial case report to determine if reporting to public health is needed for a patient.

“Zika virus” is reportable to “State Department of Health”. An initial case report was sent to “State Department of Health”. Additional information may be required for this report.

**“Zika virus” for “State Department of Health”**

Reporting is required within “24 hours”. Reporting to this Public Health Agency is based on “both patient home address and provider facility address”.

Local mosquito-borne Zika virus transmission was reported in your area. Increased watchfulness for symptoms of Zika virus in your patients is warranted. (Immediate action requested)

Additional information for the required reporting of Zika must be submitted to State Department of Health immediately. This additional information can be submitted here. ([Link](#) - Immediate action required)

Zika has particular risks for pregnant women. Follow-up guidance for pregnant women and couples who are planning pregnancy. ([Link](#) - Immediate action requested)

Further Laboratory testing for Zika may be needed. Guidance for additional testing and specimen collection ([Link](#) - Action requested)

Forms for submitting further Zika laboratory testing ([Link](#) - Information only)

Treatment guidance ([Link](#) - Information only)

If you have additional questions regarding Zika or reporting, the State Department of Health can be reached at 800 555-5555 or here. ([Link](#) - Information only)

**Additional resources**

Control and prevention information for providers ([Link](#) - Information only)

Detailed condition references ([Link](#) - Information only)

Prevalence in State ([Link](#) - Information only)

CDC webpage ([Link](#) - Information only)

Patient information factsheet ([Link](#) - Information only)

**Figure 3 - Example Rendering of Reportability Response for One Reportable Condition to One PHA (with no responsible agency identified)**

<b>Patient:</b>	Everywoman, Eve
<b>Patient ID(s)</b>	123453 2.16.840.1.113883.19.5 111-00-1234 2.16.840.1.113883.4.1
<b>Contact info</b>	Home: 2222 Home Street City, State 99999, US
<b>Date of Birth</b>	April 20, 1990
<b>Sex</b>	Female
<b>Race</b>	White
<b>Ethnicity</b>	Hispanic or Latino
<b>Information recipient:</b>	Dr. Seven, Henry
<b>Contact info:</b>	1002 Healthcare Drive City, State 99999, US
<b>eICR Information:</b>	ca316e79-aaf2-4e8c-aa5f-848093bb8bb1

This "header" information is usually handled separately by EHRs.

**Subject:**

Public Health Reporting Communication: one or more conditions are reportable, or may be reportable, to public health.

**Summary:**

Your organization electronically submitted an initial case report to determine if reporting to public health is needed for a patient.

"Zika virus" is reportable. An initial case report was sent to "State Department of Health". Additional information may be required for this report.

**Figure 4 – Example Rendering of Reportability Response for One Not Reportable Condition to One PHA**

<b>Patient:</b>	Everywoman, Eve
<b>Patient ID(s)</b>	123453 2.16.840.1.113883.19.5 111-00-1234 2.16.840.1.113883.4.1
<b>Contact info</b>	Home: 2222 Home Street City, State 99999, US
<b>Date of Birth</b>	April 20, 1990
<b>Sex</b>	Female
<b>Race</b>	White
<b>Ethnicity</b>	Hispanic or Latino
<b>Information recipient:</b>	Dr. Seven, Henry
<b>Contact info:</b>	1002 Healthcare Drive City, State 99999, US
<b>eICR Information:</b>	ca316e79-aaf2-4e8c-aa5f-848093bb8bb1

This "header" information is usually handled separately by EHRs.

**Subject:**

Public Health Reporting Communication: submitted report had no identifiable reporting needs.

**Summary:**

Your organization electronically submitted an initial case report to determine if reporting to public health is needed for a patient.

"Zika virus" was determined not reportable to "State Department of Health". This may be because it is not on the list of reportable conditions for the relevant Public Health Agency or the information provided at the time of this report does not meet reporting criteria.

If you have additional questions regarding Zika or reporting, the State Department of Health can be reached at 800 555-5555 or here. ([Link](#) - Information only)

**Figure 5 – Example Rendering of Reportability Response for One May be Reportable Condition to One PHA**

<b>Patient:</b>	Everywoman, Eve
<b>Patient ID(s)</b>	123453 2.16.840.1.113883.19.5 111-00-1234 2.16.840.1.113883.4.1
<b>Contact info</b>	Home: 2222 Home Street City, State 99999, US
<b>Date of Birth</b>	April 20, 1990
<b>Sex</b>	Female
<b>Race</b>	White
<b>Ethnicity</b>	Hispanic or Latino
<b>Information recipient:</b>	Dr. Seven, Henry
<b>Contact info:</b>	1002 Healthcare Drive City, State 99999, US
<b>eICR Information:</b>	ca316e79-aaf2-4e8c-aa5f-848093bb8bb1

This “header” information is usually handled separately by EHRs.

**Subject:**

Public Health Reporting Communication: one or more conditions are reportable, or may be reportable, to public health.

**Summary:**

Your organization electronically submitted an initial case report to determine if reporting to public health is needed for a patient.

“Zika virus” may be reportable to “State Department of Health”. The reportability status could not be completely determined because: “Patient pregnancy status is missing from eICR”.

**“Zika virus” for “State Department of Health”**

Reporting is required within “24 hours”. Reporting to this Public Health Agency is based on “both patient home address and provider facility address”.

Local mosquito-borne Zika virus transmission was reported in your area. Increased watchfulness for symptoms of Zika virus in your patients is warranted. (Immediate action requested)

Additional information for the required reporting of Zika must be submitted to State Department of Health immediately. This additional information can be submitted here. ([Link](#) - Immediate action required)

Zika has particular risks for pregnant women. Follow-up guidance for pregnant women and couples who are planning pregnancy. ([Link](#) - Immediate action requested)

Further Laboratory testing for Zika may be needed. Guidance for additional testing and specimen collection ([Link](#) - Action requested)

Forms for submitting further Zika laboratory testing ([Link](#) - Information only)

Treatment guidance ([Link](#) - Information only)

If you have additional questions regarding Zika or reporting, the State Department of Health can be reached at 800 555-5555 or here. ([Link](#) - Information only)

**Additional resources**

Prevalence in State ([Link](#) - Information only)

CDC webpage ([Link](#) - Information only)

**Figure 6 – Example Rendering of Reportability Response with No Reporting Rule Met for One PHA**

<b>Patient:</b>	Everywoman, Eve
<b>Patient ID(s)</b>	123453 2.16.840.1.113883.19.5 111-00-1234 2.16.840.1.113883.4.1
<b>Contact info</b>	Home: 2222 Home Street City, State 99999, US
<b>Date of Birth</b>	April 20, 1990
<b>Sex</b>	Female
<b>Race</b>	White
<b>Ethnicity</b>	Hispanic or Latino
<b>Information recipient:</b>	Dr. Seven, Henry
<b>Contact info:</b>	1002 Healthcare Drive City, State 99999, US
<b>eICR Information:</b>	ca316e79-aaf2-4e8c-aa5f-848093bb8bb1

This “header” information is usually handled separately by EHRs.

**Subject:**

Public Health Reporting Communication: submitted report had no identifiable reporting needs.

**Summary:**

Your organization electronically submitted an initial case report to determine if reporting to public health is needed for a patient.

A determination of reportability for a triggered condition could not be made for “State Department of Health”. This may be because it is not on the list of reportable conditions for the relevant Public Health Agency, or the information provided at the time of this report does not meet reporting criteria, or not all data needed to confirm reportability were available.

**Figure 7 – Example Rendering of Reportability Response for Two Reportable Condition to Two PHAs**

<b>Patient:</b>	Everywoman, Eve
<b>Patient ID(s)</b>	123453 2.16.840.1.113883.19.5 111-00-1234 2.16.840.1.113883.4.1
<b>Contact info</b>	Home: 2222 Home Street City, State 99999, US
<b>Date of Birth</b>	April 20, 1990
<b>Sex</b>	Female
<b>Race</b>	White
<b>Ethnicity</b>	Hispanic or Latino
<b>Information recipient:</b>	Dr. Seven, Henry
<b>Contact info:</b>	1002 Healthcare Drive City, State 99999, US
<b>eICR Information:</b>	ca316e79-aaf2-4e8c-aa5f-848093bb8bb1

This “header” information is usually handled separately by EHRs.

**Subject:**

Public Health Reporting Communication: one or more conditions are reportable, or may be reportable, to public health.

**Summary:**

Your organization electronically submitted an initial case report to determine if reporting to public health is needed for a patient.

“Zika virus” is reportable to “State A Department of Health”. The initial case report was sent to “State A Department of Health”. Additional information may be required for this report. “Chlamydia” is reportable to “State A Department of Health”. The initial case report was sent to “State A Department of Health”. Additional information may be required for this report.

“Zika virus” is reportable to “State B Department of Health”. The initial case report was sent to “State B Department of Health”. Additional information may be required for this report. “Chlamydia” is reportable to “State B Department of Health”. The initial case report was sent to “State B Department of Health”. Additional information may be required for this report.

**“Zika virus” for “State A Department of Health”.**

Reporting is required within “24 hours”. Reporting to this Public Health Agency is based on “patient home address”.

Local mosquito-borne Zika virus transmission was reported in your area. Increased watchfulness for symptoms of Zika virus in your patients is warranted. (Immediate action requested)

Additional information for the required reporting of Zika must be submitted to State Department of Health immediately. This additional information can be submitted here. ([Link](#) - Immediate action required)

Zika has particular risks for pregnant women. Follow-up guidance for pregnant women and couples who are planning pregnancy. ([Link](#) - Immediate action requested)

Further Laboratory testing for Zika may be needed. Guidance for additional testing and specimen collection ([Link](#) - Action requested)

Forms for submitting further Zika laboratory testing ([Link](#) - Information only)

Treatment guidance ([Link](#) - Information only)

If you have additional questions regarding Zika or reporting, the State Department of Health can be reached at 800 555-5555 or here. ([Link](#) - Information only)

**Additional resources**

Control and prevention information for providers ([Link](#) - Information only)

Detailed condition references ([Link](#) - Information only)

Prevalence in State ([Link](#) - Information only)

CDC webpage ([Link](#) - Information only)

Patient information factsheet ([Link](#) - Information only)

#### **“Chlamydia” for “State A Department of Health”**

Reporting is required within “3 days”. Reporting to this Public Health Agency is based on “patient home address”.

Additional information for the required reporting of Chlamydia must be submitted to State A Department of Health immediately. This additional information can be submitted here. ([Link](#) - Immediate action required)

State A Chlamydia Disease Plan ([Link](#) - For information)

Treatment guidelines ([Link](#) - For information)

State A Disease Testing Information ([Link](#) - For information)

If you have additional questions regarding reporting, the State Department of Health can be reached at 800 555-5555 or here. ([Link](#) - For information)

#### **Additional resources**

STD Disease Statistics in State A ([Link](#) - For information)

CDC webpage ([Link](#) - For information)

Patient information factsheet ([Link](#) - For information)

#### **“Zika virus” for “State B Department of Health”**

Reporting is required within “immediately by phone”. Reporting to this Public Health Agency is based on “provider facility address”.

*State B has declared a Public Health Emergency for Zika Virus. Additional information is available here. ([Link](#) - Immediate action required)*

Additional information for the required reporting of Zika must be submitted to State B Department of Health immediately. This additional information can be submitted here. ([Link](#) - Immediate action required)

State B recommends that symptomatic pregnant women with possible Zika exposure should be tested for Zika virus infection. ([Link](#) - Immediate action requested)

Zika Virus Diagnostic Specimen Collection, Packaging and Shipping Guidance for Laboratories and County Health Departments ([Link](#) - Action requested)

Zika Virus Testing Frequently Asked Questions ([Link](#) - For information)

Providers may use this form to assess patients for possible Zika Virus ([Link](#) - For information)

If you have additional questions regarding Zika or reporting, the State Department of Health can be reached at 800 555-5555 or here. ([Link](#) - For information)

#### **Additional resources**

State B Zika Virus Information Hotline: 1-800-999-9999 (*For information*)

Control and prevention information for providers ([Link](#) - *For information*)

CDC webpage ([Link](#) - *For information*)

#### **“Chlamydia” for “State B Department of Health”**

Reporting is required within “one business day”. Reporting to this Public Health Agency is based on “provider facility address”.

Additional information for the required reporting of Chlamydia must be submitted to State B Department of Health immediately. This additional information can be submitted here. ([Link](#) - *Immediate action required*)

Chlamydia treatment brochure ([Link](#) - *For information*)

The State B Department of Health is here to serve you. Contact us with any questions you may have regarding reporting and treatment of Sexually Transmitted Diseases, by phone 888-123-1234, or email [STD.Feedback@StateBhealth.gov](mailto:STD.Feedback@StateBhealth.gov). (*For information*)

#### **Additional resources**

Fact sheet for patients with Chlamydia ([Link](#) - *For information*)

State B Administrative Code ABC-123 is the mandate that empowers the Department of Health to record communicable diseases and dictates when and how diseases are to be reported to the Department by both practitioners and laboratories. ([Link](#) - *For information*)

CDC webpage for Chlamydia ([Link](#) - *For information*)

**Figure 8 – Example Rendering of Reportability Response for One Reportable and One Not reportable for Two PHAs**

<b>Patient:</b>	Everywoman, Eve
<b>Patient ID(s)</b>	123453 2.16.840.1.113883.19.5 111-00-1234 2.16.840.1.113883.4.1
<b>Contact info</b>	Home: 2222 Home Street City, State 99999, US
<b>Date of Birth</b>	April 20, 1990
<b>Sex</b>	Female
<b>Race</b>	White
<b>Ethnicity</b>	Hispanic or Latino
<b>Information recipient:</b>	Dr. Seven, Henry
<b>Contact info:</b>	1002 Healthcare Drive City, State 99999, US
<b>eICR Information:</b>	ca316e79-aaf2-4e8c-aa5f-848093bb8bb1

This “header” information is usually handled separately by EHRs.

**Subject:**

Public Health Reporting Communication: one or more conditions are reportable, or may be reportable, to public health.

**Summary:**

Your organization electronically submitted an initial case report to determine if reporting to public health is needed for a patient.

“Zika virus” is reportable to “State A Department of Health”. The initial case report was sent to “State A Department of Health”. Additional information may be required for this report. “Chlamydia” was determined not reportable to “State A Department of Health”. This may be because it is not on the list of reportable conditions for the relevant Public Health Agency or the information provided at the time of this report does not meet reporting criteria.

“Zika virus” is reportable to “State B Department of Health”. The initial case report was sent to “State B Department of Health”. Additional information may be required for this report. “Chlamydia” is reportable to “State B Department of Health”. The initial case report was sent to “State B Department of Health”. Additional information may be required for this report.

**“Zika virus” for “State A Department of Health”.**

Reporting is required within “24 hours”. Reporting to this Public Health Agency is based on “patient home address”.

Local mosquito-borne Zika virus transmission was reported in your area. Increased watchfulness for symptoms of Zika virus in your patients is warranted. (Immediate action requested)

Additional information for the required reporting of Zika must be submitted to State Department of Health immediately. This additional information can be submitted here. ([Link](#) - Immediate action required)

Zika has particular risks for pregnant women. Follow-up guidance for pregnant women and couples who are planning pregnancy. ([Link](#) - Immediate action requested)

Further Laboratory testing for Zika may be needed. Guidance for additional testing and specimen collection ([Link](#) - Action requested)

Forms for submitting further Zika laboratory testing ([Link](#) - Information only)

Treatment guidance ([Link](#) - Information only)

If you have additional questions regarding Zika or reporting, the State Department of Health can be reached at 800 555-5555 or here. ([Link](#) - Information only)

**Additional resources**

Control and prevention information for providers ([Link](#) - Information only)

Detailed condition references ([Link](#) - Information only)

Prevalence in State ([Link](#) - Information only)

CDC webpage ([Link](#) - Information only)

Patient information factsheet ([Link](#) - Information only)

**“Zika virus” for “State B Department of Health”**

Reporting is required within “immediately by phone”. Reporting to this Public Health Agency is based on “provider facility address”.

*State B has declared a Public Health Emergency for Zika Virus. Additional information is available here. ([Link](#) - Immediate action required)*

Additional information for the required reporting of Zika must be submitted to State B Department of Health immediately. This additional information can be submitted here. ([Link](#) - Immediate action required)

State B recommends that symptomatic pregnant women with possible Zika exposure should be tested for Zika virus infection. ([Link](#) - Immediate action requested)

Zika Virus Diagnostic Specimen Collection, Packaging and Shipping Guidance for Laboratories and County Health Departments ([Link](#) - Action requested)

Zika Virus Testing Frequently Asked Questions ([Link](#) - For information)

Providers may use this form to assess patients for possible Zika Virus ([Link](#) - For information)

If you have additional questions regarding Zika or reporting, the State Department of Health can be reached at 800 555-5555 or here. ([Link](#) - For information)

**Additional resources**

State B Zika Virus Information Hotline: 1-800-999-9999 (*For information*)

Control and prevention information for providers ([Link](#) - For information)

CDC webpage ([Link](#) - For information)

**“Chlamydia” for “State B Department of Health”**

Reporting is required within “one business day”. Reporting to this Public Health Agency is based on “provider facility address”.

Additional information for the required reporting of Chlamydia must be submitted to State B Department of Health immediately. This additional information can be submitted here. ([Link](#) - Immediate action required)

Chlamydia treatment brochure ([Link](#) - For information)

The State B Department of Health is here to serve you. Contact us with any questions you may have regarding reporting and treatment of Sexually Transmitted Diseases, by phone 888-123-1234, or email [STD.Feedback@StateBhealth.gov](mailto:STD.Feedback@StateBhealth.gov). (*For information*)

**Additional resources**

Fact sheet for patients with Chlamydia ([Link](#) - *For information*)

State B Administrative Code ABC-123 is the mandate that empowers the Department of Health to record communicable diseases and dictates when and how diseases are to be reported to the Department by both practitioners and laboratories. ([Link](#) - *For information*)

CDC webpage for Chlamydia ([Link](#) - *For information*)

**Figure 9 – Example Rendering of Reportability Response for a Manually initiated eICR with no reporting criteria matched for One PHA**

<b>Patient:</b>	Everywoman, Eve
<b>Patient ID(s)</b>	123453 2.16.840.1.113883.19.5 111-00-1234 2.16.840.1.113883.4.1
<b>Contact info</b>	Home: 2222 Home Street City, State 99999, US
<b>Date of Birth</b>	April 20, 1990
<b>Sex</b>	Female
<b>Race</b>	White
<b>Ethnicity</b>	Hispanic or Latino
<b>Information recipient:</b>	Dr. Seven, Henry
<b>Contact info:</b>	1002 Healthcare Drive City, State 99999, US
<b>eICR Information:</b>	ca316e79-aaf2-4e8c-aa5f-848093bb8bb1

This “header” information is usually handled separately by EHRs.

**Subject:**

Public Health Reporting Communication: Manually initiated report was submitted to public health.

**Summary:**

Your organization electronically submitted an initial case report to determine if reporting to public health is needed for a patient.

The initial report was manually initiated by a provider. It was sent to “State Department of Health”.

**Figure 10 – Example Rendering of Reportability Response for a Manually initiated eICR with One Reportable Condition for One PHA**

<b>Patient:</b>	Everywoman, Eve
<b>Patient ID(s)</b>	123453 2.16.840.1.113883.19.5 111-00-1234 2.16.840.1.113883.4.1
<b>Contact info</b>	Home: 2222 Home Street City, State 99999, US
<b>Date of Birth</b>	April 20, 1990
<b>Sex</b>	Female
<b>Race</b>	White
<b>Ethnicity</b>	Hispanic or Latino
<b>Information recipient:</b>	Dr. Seven, Henry
<b>Contact info:</b>	1002 Healthcare Drive City, State 99999, US
<b>eICR Information:</b>	ca316e79-aaf2-4e8c-aa5f-848093bb8bb1

This “header” information is usually handled separately by EHRs.

**Subject:**

Public Health Reporting Communication: Manually initiated report was submitted to public health.

**Summary:**

Your organization electronically submitted an initial case report to determine if reporting to public health is needed for a patient.

The initial report was manually initiated by a provider. It was sent to “State Department of Health”.

“Zika virus” is reportable to “State Department of Health”. An initial case report was sent to “State Department of Health”. Additional information may be required for this report.

**“Zika virus” for “State Department of Health”**

Reporting is required within “24 hours”. Reporting to this Public Health Agency is based on “both patient home address and provider facility address”.

If you have additional questions regarding Zika or reporting, the State Department of Health can be reached at 800 555-5555 or here. ([Link](#) - Information only)

The rendering below is provided to illustrate the desired format of the rendered Reportability Response for *EHR System Administrators* when an eICR was unable to be processed.

**Figure 11 – Example Rendering of Reportability Response with Error for EHR System Administrators**

<b>Information recipient:</b>	Admin, I.T.
<b>Contact info</b>	1002 Healthcare Drive City, State 99999, US

eICR Information:

An initial report for a possible reportable condition was received on December 12, 2017 at 8:00pm with a file name “Eicr\_Filename.xml” but it was not able to be processed.

eICR was not processed due to an error of: fatal problem with the eICR that was received.

## 2.3 CDA Header Information

Many EHRs have an established approach for displaying patient and provider information (i.e., CDA header information and information inside of “box” in rendered example above). In different EHRs, these data may be displayed in separate windows or in various places on the screen. Normative guidance for other parts of the Reportability Response data are found in Volumes 1 and 2 of the implementation guide. There are specific expectations for what Reportability Response content data are presented and the order in which they are displayed.

Greater variability is anticipated in how EHR vendors display patient and provider header information. What follows is a recommended list of necessary patient and provider data. It is recommended that, where possible, a limited set of these data from the CDA header be rendered. This helps to ensure that the Reportability Response CDA document is immediately usable and understandable to clinical staff. The following are suggested as the data elements that should be rendered:

- The Patient (recordTarget)
  - Name (last, first)
  - Relevant ID(s) (e.g., Medical Record Number, Social Security Number, etc.)
  - Contact Information (Phone, Address, Email, etc.)
  - Date of Birth
  - Administrative Gender
  - Race
  - Ethnicity
- The Recipient (informationRecipient)
  - Name
  - Organization
  - Contact Information (Phone, Address, Email, etc.)

## 3 EHR WORKFLOW CONSIDERATIONS

The normative Reportability Response guidance in Volumes 1 and 2 of this implementation guide specifies information, order, and some formatting for information that needs to be visualized for *Providers* and *Reporters* in clinical care. The specific EHR implementation of workflow for notification, alerting (as desired), queuing, and internal routing will depend on EHR and clinical site implementation. The guidance found here describes expected functions and the specific Reportability Response coded data that can be used to support them.

### 3.1 *Provider and Reporter Communication Workflow*

Many providers of care experience more “alerts” than they can manage. The Reportability Response is designed to be sensitive to this issue and also acknowledge the role of a *Reporter* (care team members such as nurses, support staff, infection preventionists, and others) in the reporting and disease management processes.

Many Reportability Responses will not convey the identification of a reportable or possibly reportable condition and need not be brought to *Provider's* or *Reporter's* attention. When Providers / Reporters need to be notified, in most circumstances, it is appropriate for the information in the Reportability Response to be routed as a ‘communication’ through a work queue or secure email-like function.

Reportability Responses will have a document-level “priority” that can be used to guide workflow and alerting when needed. Reportability Response priorities such as “Immediate Action Required” and “Immediate Action Requested” indicate that there is a pressing need for *Provider / Reporter* attention and it is suggested they be communicated as such. The priorities of “Action Required”, “Action Requested” and “Information only” suggest the need for queuing for *Provider / Reporter* attention when possible.

In some circumstances, however, the *Provider* may want an actual “alert” in addition to receiving a Reportability Response “notification” in a queue.

- The **Reportability Response Priority** includes the priority of a Reportability Response CDA document and an indication of whether there is 1) Action Required, or 2) Action Recommended, or if it is just for 3) Information Only.
- Each individual external resource also has a priority indicated by its **External Resource Priority**. These individual priorities may or may not have value in clinical care, but they are used to calculate the overall document priority when the Reportability Response is being populated

The completion of any next step reporting or other actions specified in the Reportability Response may require the concurrent or sequential visualization of the eICR that initiated it. EHR vendors have requested they be allowed to visualize the

initiating eICR rather than getting all the eICR data back in the Reportability Response itself.

- The **eICR CDA document ID** has the unique eICR CDA document identifier for the purpose of having the EHR identify and retrieve the relevant eICR CDA document.

Providers are legally required to meet reporting requirements and need to know if these legal requirements have been fulfilled or if they are yet to be fulfilled. Some *Providers* will want to receive Reportability Response notifications and then will send them to a *Reporter* and some will want Reportability Responses directly routed to a *Reporter*.

- The presence of a **Relevant Reportable Condition Value** data element indicates one or more reportable or maybe reportable conditions as being identified in a Reportability Response.
- The **Reportability Response Subject** contains narrative text intended to be used as a subject in a queue (such as the subject for an email inbox).
- The normative guidance in Volumes 1 and 2 specifies other narrative text and content that needs to be visualized to complete the delivery of the Reportability Response to *Providers* and/or *Reporters*.

Some eICRs will have been manually initiated. If the **Manually Initiated eICR** template is present in the Reportability Response, it indicates a manually initiated eICR, and the appropriate *Provider* or *Reporter* should always be notified with the relevant Reportability Response regardless of the reportability determination.

It is expected that most *Providers* or *Reporters* will not want to see Reportability Responses when it was determined that the submitted eICR report had no identifiable reporting needs or for subsequent reports of the same condition). Although this is a receiver's system behavior, the Reportability Response contains appropriate data elements that enable the receiver's system to limit *Provider* / *Reporter* notification and display of Reportability Responses.

When reportability cannot be determined because some additional data are needed, and the EHR is not able to automatically resolve the issue, the recommendation is that the Reportability Response be presented to the *Provider* and/or *Reporter*, so that they are aware of the need to provide additional data. As interoperability standards improve there will be other ways to get data that are in the EHR and reduce provider burden. Manual reporting of some data elements may always be necessary when those do not exist in EHRs on the basis of the provision of care.

### 3.2 EHR System Administrator Workflow and Data

*EHR System Administrators* can include clinical IT support staff, EHR support staff and EHR integrators / developers. EHR system administrators have requested acknowledgment that all eICRs have been properly received and processed, if an eICR was not properly processed and if it was processed with a non-fatal “warning”.

Because of the many “hops” that an eICR may take on its way to public health, transport-level acknowledgments, which usually do not pass through more than one hop, are not sufficient to serve these purposes.

The Reportability Response will represent that an eICR was received by public health, that it met, or did not meet, validation for its structure and data, and that it was successfully processed.

- The **eICR Processing Status** contains the eICR processing status for the initiating eICR. It may indicate that the eICR was successfully processed, that it was processed with a warning of some kind, or that it was not processed because of an error.
- The **eICR Processing Status Reason** contains a short explanation of the error or warning. A more detailed explanation can be found as part of the value set.

It is recommended that a Reportability Response with a warning still be routed to the *Provider* and/or *Reporter*. Like all Reportability Responses, it is recommended that *EHR System Administrators*, in addition to receiving the Reportability Responses to acknowledge processing, be made aware of warnings for remediation.

Reportability Responses that indicate errors with the eICR (and thus have not been processed by public health) that cannot be resolved within the EHR will need manual attention from the *EHR System Administrators*. If they are not the same person, it is recommended that the *EHR System Administrator* communicate report status to the appropriate *Provider* or *Reporter*.

*EHR System Administrators* also need to be notified when an eICR was determined to be using an outdated Reportable Condition Trigger Code (RCTC) table version or an outdated code. Accordingly, it is recommended that the Reportability Response be presented to the *EHR System Administrator* so that they can resolve this issue as appropriate. The Reportability Response includes the following data to support identifying this scenario:

- The **Outdated RCTC Version** will be present if the RCTC table version is outdated. It will also include information about the RCTC version that was expected by public health.
- If an eICR has been triggered by a code that is identified as no longer active in the RCTC, the Reportability Response will include the **Inactive RCTC Code**.