

## Attachment 7: Disease-Specific Data

Subsequent tabs in this workbook describe the disease-specific data elements that are requested from each program area.

Label/Short Name	Description
AnimalID	Unique ID for animal submitted for rabies diagnosis
Date Collected	Date animal collected for rabies diagnosis
Species	Species of animal submitted for rabies diagnosis
Sex	Sex of animal
Age	Age category of animal
Vax Status	Rabies vaccination status of animal submitted for rabies diagnosis
Human Exposure	Was there a potential human exposure to the animal submitted
Animal Exposure	Was there a potential domestic animal exposure of the animal submitted
Latitude	Latitudde of Animal Collection
Longitude	Longitude of animal collection
Address	Street Address of animal collection
City	City of animal collection
County	County of animal collection
State	State of animal collection
ZipCode	Zip Code of animal collection
DFAResult	Results of direct flourescent antibody test
Date DFA	Date tested by DFA
DRIT Result	Results of direct rapid immunohistochemistry test
Date DRIT	Date tested by DRIT
Variant	Rabies virus variant if typed
DateTyped	Date rabies virus typed

Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)

PHVS\_AnimalSpecies\_AnimalRabies

PHVS\_Sex\_MFU

PHVS\_AnimalAgeCategory\_NND

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_City\_USGS\_GNIS

PHVS\_County\_FIPS\_6-4

PHVS\_State\_FIPS\_5-2

PHVS\_PosNegUnk\_CDC

PHVS\_PosNegUnk\_CDC

PHVS\_VirusVariantType\_AnimalRabies

Label/Short Name

Case Class Status Code

Case Status Determined

State

State Case ID

Date State Notified

County reporting the case

Date local health department notified

Person Reporting to CDC - Name

Person Reporting to CDC - Phone Number

Treating HCP

HCP Phone

MMWR year

Event date

Event Type

Subject's Sex

Pregnancy status

Date of Birth

Age at case investigation

Age units at case investigation

Country of usual residence

Occupation

Date Onset

Subject Address County

Date Diagnosis

Clinical presentation

Hospitalized

Final treatment place

Admission Date

ICU

Mechanical ventilation

AIG

Raxibacumab

Outcome

Discharge Date

Deceased Date

Autopsy

Reporting Lab Name

Date Laboratory diagnosis

Date Sample Received at Lab

Date of Acute Specimen Collection

Date of Convalescent Specimen  
Collection

Resulted Test Name

Numeric Result

Result Units

Coded Result Value

Organism Name

Lab Result Text Value

Result Status

Specimens to CDC

Interpretation Flag

Exposure event

Exposure response

Exposure to animals

Exposure to animals products

Contact with undercooked meat

Gardened

Bone meal

Laboratory work

Unknown powder

Suspicious mail

Similar illness

Similar food contact

Similar exposures

Illicit drugs

Received injection

Took public transportation

Transportation type

Other transportation

Attended gathering

Congregate

Travel

Latitude

Longitude

Vaccine

Vaccine received

Vaccine dose

Post exposure antibiotics

Antibiotics not taken

Antibiotics not taken specify

## Description

Status of the case/event as suspect, probable, confirmed, or not a case per CSTE/CDC/surveillance case definitions.

How was the case status determined, from "Laboratory Results", "Clinical Presentation", "Epi Link"

State reporting case

States use this field to link NEDSS investigations back to their own state investigations.

Date State Notified

County reporting the case

Date local health department notified

Name of the person who is reporting the case to the CDC. This is the person that CDC should contract in a state if there are questions regarding this case notification.

Phone Number of the person who is reporting the case to the CDC. This is the person that CDC should contract in a state if there are questions regarding this case notification.

Name of the treating health care provider of the subject

Telephone number of the treating health care provider of the subject

MMWR year of report

Event Date ( earliest date associated with case)

Event Type from "Date Onset", "Date Diagnosis", "Date State Notified", "Date LHD notified", "Date Laboratory diagnosis"

Subject's current sex

Indicates whether the subject was pregnant at the time of the event.

Birth Date (mm/yyyy)

Subject age at time of case investigation

Subject age units at time of case investigation

Country of usual residence

Provide the subject's occupation

Date Onset

County of residence of the subject

Date Diagnosis

Clinical Presentation (Cutaneous, Inhalation, Meningitis, GI/Oroph, Injection)

Was subject hospitalized because of this event?

List the place of final treatment (only to be sent during a bioterrorism event)

Subject's first admission date to the hospital for the condition covered by the investigation.

Was the subject admitted to Intensive Care Unit for any length of time?

Was the subject on mechanical ventilation for any length of time?

Did the subject receive Anthrax anti-toxin?

Did the subject receive raxibacumab?

Clinical outcome of the patient ("Still hospitalized"; "Discharged"; "Died"; "Other")

Subject's first discharge date from the hospital for the condition covered by the investigation.

If the subject died from this illness or complications associated with this illness, indicate the date of death

If the subject died, was an autopsy performed?

Name of Laboratory that reported test result.

Date Laboratory diagnosis

Date Sample Received at Lab (accession date).

The date the acute specimen was collected.

The date the convalescent specimen was collected.

The lab test that was run on the specimen

Results expressed as numeric value/quantitative result.

The unit of measure for numeric result value.

Coded qualitative result value (e.g., Positive, Negative).

The organism name as a test result. This element is used when the result was reported as an organism.

Textual result value, used if result is neither numeric nor coded.

The Result Status is the degree of completion of the lab test.

Were specimens or isolates sent to CDC for testing?

The interpretation flag identifies a result that is not typical as well as how it's not typical. Examples: Susceptible, Resistant, Normal, Above upper panic limits, below absolute low.

If participated in a documented exposure event, give the name or location

Participated in exposure response?

Exposure to livestock/ wild mammals/ their body fluids?

Exposure to animal products?

Consumed or contact with undercooked or raw meat?

Gardened or other work with soil?

If yes, was bone meal fertilizer or similar used?

Worked in a clinical or microbiological laboratory?

Exposed to unknown powder?

Handled suspicious mail?

Undiagnosed similar illness in friends, family, coworkers, or other contacts?

Consumed same food/drink as lab-confirmed anthrax case?

Exposed to the same environment, animal, or objects as a lab-confirmed anthrax case?

Contact with illicit drugs?

Received an injection?

Took public transportation?

If Took public transportation is "Yes", what form of transportation did the subject take ("Bus"; "Train"; "Light rail"; "Subway"; "Ferry"; "Other")

If the patient took Other form of public transportation, describe

Attended a large gathering (e.g., concert, sporting event)?

Attended a place where people congregate (e.g., shopping mall, religious services)?

Traveled out of county, state, or country?

Latitude of suspected exposure location (only to be sent during a bioterrorism event)



Longitude of suspected exposure location (only to be sent during a bioterrorism event)

Was anthrax vaccine received?

If anthrax vaccine received is "Yes", specify what was received from "Post-exposure vaccine (1,2,or 3 doses)", "Partial series of pre-exposure vaccine", "Full series of pre-exposure vaccine"

If anthrax vaccine received is "Yes" specify the number of doses received or vaccination status, from "1", "2", "3", "<5", "Outdated on annual boosters", "Fully updated on annual boosters", "Unknown"

Received Post-Exposure Antibiotics

Antibiotics not taken or discontinued?

If Antibiotics were not taken or were discontinued is "Yes", select the primary reason why they were not taken "Low perceived risk", "Adverse events", "Fear of side effects", "Other", "Unknown"

Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)

PHVS\_CaseClassStatus\_NND

PHVS\_State\_FIPS\_5-2

PHVS\_County\_FIPS\_6-4

PHVS\_Sex\_MFU

PHVS\_YesNoUnknown\_CDC

PHVS\_AgeUnit\_UCUM\_NETSS

PHVS\_CountryofBirth\_CDC

PHVS\_County\_FIPS\_6-4

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_LabTestName\_CDC

PHVS\_UnitsOfMeasure\_CDC

PHVS\_PosNegUnk\_CDC

PHVS\_Microorganism\_CDC

PHVS\_ObservationResultStatus\_HL7\_2x

PHVS\_YesNoUnknown\_CDC

PHVS\_AbnormalFlag\_HL7\_2x

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

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PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

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PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

Label/Short Name

StateID

Year

State

County

Week

OnsetDate

ImportedFrom

CountryOfOrigin

StateOfOrigin

ForeignResident

Arbovirus

CaseStatus

Age

AgeUnit

BirthDate

Sex

Race

Ethnicity

ClinicalSyndrome

Fever

Headache

Rash

NauseaVomiting

Diarrhea

Myalgia

ArthralgiaArthritis

ParesisParalysis

StiffNeck

AlteredMentalStatus

Seizures

StateLocalPublicHealthLab

CDCLab

CommercialLab

Serum1Collected

Serum1CollectedDate

Serum2Collected

Serum2CollectedDate

CSFCollected

CSFCollectedDate

CSFPLEocytosis

SerumIgM

SerumPRNT

SerumPCRorNAT

SerumPairedAntibody

CSFIgM

CSFPRNT  
CSFPCRorNAT  
Hospitalized  
Fatality  
DateOfDeath  
LabAcquired

NonLabAcquired

BloodDonor  
BloodTransfusion  
OrganDonor  
OrganTransplant  
BreastFedInfant  
InfectedInUteroOrPerinatal  
Pregnant  
AFP  
IdentifiedByBloodDonorScreening  
DateOfDonation  
LabTestingBy  
TransmissionOrigin  
TransmissionMode  
BloodTissueBorneTransmission  
DomesticTravelDestinationLast  
DomesticTravelDestination2ndLast  
DomesticTravelDestination3rdLast  
ForeignTravelDestinationLast  
ForeignTravelDestination2ndLast  
ForeignTravelDestination3rdLast  
DateUSReturn  
DurationDaysTravelOutsideUS  
ReasonTravel  
PreTravelHealthConsultation  
CountryBirth  
ResidenceStatus  
DurationMonthsVisitOrLiveUS  
MilitaryStatus  
ClinicalSyndrome2  
DurationDaysHospitalized  
ICUAdmission  
SevereEncephalitis  
SevereSeizure  
SevereMeningitis  
SevereAcuteFlaccidParalysis  
SevereGuillainBarreSyndrome  
SevereHemorrhageShock  
SeverePlasmaLeakage

SevereAcuteLiverFailure  
SevereAcuteMyocarditis  
SevereMultiSystemOrganFailure  
SevereOtherSevereSigns  
SevereUnknown  
PreExistingAsthma  
PreExistingChronicHeart  
PreExistingChronicLiver  
PreExistingChronicRenal  
PreExistingDiabetesMellitus  
PreExistingSickleCell  
PreExistingHyperlipidemia  
PreExistingHypertension  
PreExistingObesity  
PreExistingPregnancy  
PreExistingThyroidDisease  
PreExistingOther  
PreExistingUnknown  
S1DENVCollected  
S1DENVCollectedDate  
S1IgMAntiDENV  
S1MolecularDENV  
S1OtherDENVMETHOD  
S1OtherDENVResult  
S2DENVCollected  
S2DENVCollectedDate  
S2IgMAntiDENV  
S2MolecularDENV  
S2OtherDENVMETHOD  
S2OtherDENVResult  
OtherSpecCollected  
OtherSpecType  
OtherSpecCollectedDate  
OtherSpecDENVMETHOD  
OtherSpecDENVResult  
DENVseroType  
Published  
**FeverMedication**  
**ImmuneSuppressTreatment**  
**ImmuneSuppressCondition**  
**ImmuneSuppressDesc**  
**OtherAfebrileCause**  
**ChillsRigors**  
**FatigueMalaise**  
**Ataxia**  
**ParkinsonismCogwheel**  
**SevereShock**

SevereHemorrhage  
OtherSymptoms  
Arthralgia  
Arthritis  
Conjunctivitis  
RetroOrbitalPain  
TourniquetTestPositive  
Leukopenia  
AbdominalPainTenderness  
PersistingVomiting  
ExtravascularFluidAccumulation  
MucosalBleeding  
LiverEnlargement  
IncreasingHematocritDecPLT  
SevereBleeding  
SevereOrganInvolvement



## Description

State-assigned investigation identification code

Current year (new)

State of residence

County of residence

Week of report (new)

Date of onset of symptoms consistent with arboviral infection

Likely location of acquisition of arboviral infection

Country in which infection was likely acquired

State in which infection was likely acquired

(New)

Type of arboviral infection

Case classification according to CDC/CSTE surveillance case definitions

Age at time of case investigation

Age units

Date of Birth

Current sex

Race

Ethnicity

General clinical presentation

Clinical Sign/Symptom

Clinical Sign/Symptom

Clinical Sign/Symptom

Clinical Sign/Symptom

Clinical Sign/Symptom

Clinical Sign/Symptom

Clinical Sign/Symptom

Clinical Sign/Symptom

Clinical Sign/Symptom

Clinical Sign/Symptom

Clinical Sign/Symptom

Testing performed at:

Testing performed at:

Testing performed at:

Was Serum1 collected?

When was Serum1 collected?

Was Serum2 collected?

When was Serum2 collected?

Was CSF collected?

When was CSF collected?

Patient was hospitalized as a result of arboviral illness

Patient died as a result of arboviral infection

Date of death

Patient likely acquired infection due to occupational exposure in a laboratory setting

Patient likely acquired infection due to occupational exposure in a non-laboratory setting

Patient donated blood within 30 days prior to illness onset

Patient received a blood transfusion within 30 days prior to illness onset

Patient donated a solid organ within 30 days prior to illness onset

Patient received a solid organ transplant within 30 days prior to illness onset

Patient was a breastfed infant at time of illness onset

Patient likely acquired infection in utero or perinatal

Patient acquired infection during pregnancy

Patient suffered acute flaccid paralysis

Infection identified through blood donor screening

Date of blood donation

Source of diagnostic testing

**Did patient receive medication for fever?**  
**Is patient on immunosuppressive therapy?**  
**Does patient have an immunosuppressive condition?**  
**Description of immunosuppressive condition**  
**Other afebrile causes**  
**Did patient have chills or rigors?**  
**Did patient exhibit fatigue or malaise?**  
**Did patient have ataxia?**  
**Was Parkinsonism cogwheel rigidity present?**  
**Did patient exhibit severe shock?**

**Did patient have severe hemorrhaging?**

**Other symptoms of interest**

**Did patient exhibit arthralgia?**

**Did patient exhibit arthritis?**

**Did the patient have conjunctivitis?**

**Did the patient have retro orbital pain?**

**Did the patient have a tourniquet test positive?**

**Did the patient have leukopenia?**

**Did the patient have abdominal pain tenderness?**

**Did the patient have persisting vomiting?**

**Did the patient have extravascular fluid accumulation?**

**Did the patient have mucosal bleeding?**

**Did the patient have liver enlargement?**

**Did the patient have increasing hematocrit dec PLT?**

**Did the patient have severe bleeding?**

**Did the patient have severe organ involvement?**

Value Set Code. Search in PHIN VADS using the following link  
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Approved by OMB



1/22/2015

1/22/2015

1/22/2015

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1/21/2016

1/21/2016

1/21/2016

1/21/2016

Label/Short Name

Date Submitted

Clinician Name

Clinician Phone

Symptomatic

ClinicalManifestation

Asplenic

Reason for Splenectomy

Date of Splenectomy

Symptoms

Symptom Fever

Temperature

Temperature Units

Symptom Headache

Symptom Myalgia

Symptom Anemia

Symptom Chills

Symptom Arthralgia

Symptom Thrombocytopenia

Symptom Sweats

Symptom Nausea

Symptom Hepatomegaly

Symptom Splenomegaly

Symptom Cough

Symptoms Other

Complications

Risk Factor Immunosuppressed

Risk Factor Immune Condition

Hospitalization

Death Related to Babesiosis

Treatment

Treatment Medications

Transfusion Associated Recipient

Transfusion Associated Donor

Outdoor Activities

Outdoor Activities Type

Occupation

Wooded Areas

History of Babesiosis

Date of Previous Babesiosis

Tick Bite



Tick Bite Date  
Tick Bite Place  
Travel

Travel Date  
Travel Place  
Infected In Utero

Mother Test Positive After Delivery  
Mother Test Positive Before Delivery

Mother Confirmed Positive Date  
Blood Donor Screening

Blood Donor  
Date of Donation  
Linked Recipient  
Blood Recipient  
Date of Transfusion  
Implicated Product  
Linked Donor  
Organ Donor  
Organ Transplant  
Lab Test  
Date of Specimen Collection  
Lab

Coded Result  
Numeric Result  
Babesia Species  
Parasitemia

Confirmed SPHL  
Date of Onset Approx  
Date of Death Approx  
Date Approx  
Case Classification

**Blood Recipient/Blood Transfusion**

**Blood Donor**

## Description

Date the case report form (extended variables) was submitted to CDC

Name of treating clinician

Phone number for treating clinician

Was the case-patient symptomatic?

Did the case-patient have any clinical manifestations of babesiosis?

Is the case-patient asplenic?

Why was the case-patient's spleen removed?

Date of splenectomy

Indicate case-patient's signs and symptoms

Did the case-patient have a fever?

If fever was indicated, specify temperature (observation includes units)

If fever was indicated, specify Fahrenheit or Celsius

Did the case-patient have a headache?

Did the case-patient have myalgia?

Did the case-patient have anemia?

Did the case-patient have chills?

Did the case-patient have arthralgia?

Did the case-patient have thrombocytopenia?

Did the case-patient have sweats?

Did the case-patient have nausea?

Did the case-patient have hepatomegaly?

Did the case-patient have splenomegaly?

Did the case-patient have a cough?

Indicate any additional symptoms or clinical manifestations

Select all complications

At the time of diagnosis, was the case-patient immunosuppressed?

If the case-patient reported being immunosuppressed, what was the cause?

If the case-patient was hospitalized, indicate the length in days of the hospitalization.

Was the case-patient's death related to the Babesia infection?

Did the case-patient receive antimicrobial treatment for Babesia infection?

If the case-patient was treated, specify which drugs were administered.

Was the case-patient's infection transfusion associated?

Was the case-patient a blood donor identified during a transfusion investigation?

In the eight weeks before symptom onset or diagnosis (use earlier date), did the case-patient engage in outdoor activities?

Specify outdoor activities

Indicate case-patient's occupation

In the eight weeks before symptom onset or diagnosis (use earlier date), did the case-patient spend time outdoors in or near wooded or brushy areas?

Does the case-patient have a previous history of babesiosis in the last 12 months (prior to this report)?

Date of previous babesiosis diagnosis

In the eight weeks before symptom onset or diagnosis (use earlier date), did the case-patient notice any tick bites?

When did the tick bite occur (approximate dates accepted)?

Where (geographic location) did the tick bite occur (city, state, country)?

In the eight weeks before symptom onset or diagnosis (use earlier date), did the case-patient travel (check all that apply)?

When did the travel occur?

Where did the case-patient travel (city, state, country)?

Was the case-patient an infant born to a mother who had babesiosis or Babesia infection during pregnancy?

Did the case-patient's mother test positive for babesiosis after delivery?

Did the case-patient's mother test positive for babesiosis before or at the time of delivery?

Date of mother's earliest positive test result

Donors who have been identified as having a Babesia infection through routine blood donor screening (e.g., IND) by the blood collection agency. May or may not be symptomatic.

Did the case-patient donate blood in the 8 weeks prior to onset?

Date of blood donation(s)

Was a transfusion recipient(s) identified for the case-patient's donation?

Did the case-patient receive a blood transfusion in the 8 weeks prior to onset?

Date of blood transfusion(s)

If a blood product was implicated, specify which type of product.

Was a blood donor identified for the case-patient's transfusion?

Did the case-patient donate an organ in the 30 days prior to onset?

Did the case-patient receive an organ in the 30 days prior to onset?

Indicate each test performed (repeat variables as necessary).

Provide the date the specimen was collected

Information on whether the specimen was tested in public health labs or exclusively in commercial laboratories.

Coded qualitative result value (e.g., positive, negative).

Results expressed as numeric value/quantitative result (e.g., titer).

Provide species identified by the laboratory test (if applicable).

Estimated number of infected erythrocytes expressed as a percentage of the total erythrocytes.

Was the diagnosis confirmed at the state public health laboratory?

If exact date of illness onset is not known, provide approximate date (mm/yyyy).

If exact date of death is not known, provide approximate date (mm/yyyy).

Is the date provided an approximation?

Indicate the case classification status (confirmed, probable, suspect, unknown)

**In the year before symptom onset or diagnosis, did the subject receive a blood transfusion?**

**In the year before symptom onset or diagnosis, did the subject donate blood?**

Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)

Approved by OMB

PHVS\_YesNoUnknown\_CDC  
PHVS\_YesNoUnknown\_CDC  
PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_TemperatureUnit\_UCUM  
PHVS\_YesNoUnknown\_CDC  
PHVS\_YesNoUnknown\_CDC  
PHVS\_YesNoUnknown\_CDC  
PHVS\_YesNoUnknown\_CDC  
PHVS\_YesNoUnknown\_CDC  
PHVS\_YesNoUnknown\_CDC  
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PHVS\_YesNoUnknown\_CDC  
PHVS\_YesNoUnknown\_CDC  
PHVS\_YesNoUnknown\_CDC  
PHVS\_LabTestName\_Babesiosis

PHVS\_PosNegUnkNotDone\_CDC

PHVS\_LabResult\_Babesiosis

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

**PHVS\_YesNoUnknown\_CDC**

**9/13/2016**

**PHVS\_YesNoUnknown\_CDC**

**9/13/2016**

Label/Short Name

Botulism Lab Confirmed  
C. Botulinum Isolated

Botulinum toxin Isolated  
Toxin Type Clin  
Transmission Category

Botulism Food Source Code  
Botulism Food Source Other  
Food Tested  
Food Tested Method

Food Botulism Positive  
Food Bot Positive\_Specify  
Food Toxin Type Code  
Food Toxin Type Other  
Non-food Vehicle  
Botulism Other Indicator  
Botulism Laboratory Confirmed  
Epi-linked

Comments  
Reporting Lab Name  
Reporting Lab CLIA Number

Local record ID (case ID)

Filler Order Number  
Ordered Test Name

Date of Specimen Collection  
Specimen Site

Specimen Number  
Specimen Source

Specimen Details  
Date Sample Received at Lab  
Sample Analyzed date  
Lab Report Date  
Report Status  
Resulted Test Name

Numeric Result  
Result Units  
Coded Result Value  
Organism Name

Lab Result Text Value  
Result Status  
Interpretation Flag

Reference Range From

Reference Range To

Test Method

Lab Result Comments

Date received in state public health  
lab

Track Isolate  
Patient status at specimen collection

Isolate received in state public health  
lab

Reason isolate not received  
Reason isolate not received (Other)  
Date received in state public health  
lab

State public health lab isolate id  
number

Case confirmed at state public health  
lab

Case confirmed at CDC lab

## Description

Was botulism laboratory confirmed from patient specimen?

Was *C. botulinum*/ *C. baratii*/ or *C. butyricum* isolated in culture from patient specimen?

Was botulinum toxin confirmed from patient specimen?

If clinical specimen positive, what was its toxin type?

What was the transmission category (e.g., foodborne, wound, infant, other/unknown)?

If food is known or thought to be the source, please specify food type:

If "Other," please specify other food type:

Was food tested?

The technique or method used to perform the test and obtain the test results.

Examples: Serum Neutralization, Titration, dipstick, test strip, anaerobic culture.

Was food positive for botulism?

If food positive, what was the food item?

If food was positive, what was its toxin type?

If "Other," please specify other toxin type:

If not foodborne botulism, what was the vehicle/exposure (e.g., black tar heroin)

Does the patient have Other Clinical based Botulism?

Was botulism laboratory confirmed from patient specimen?

If botulism not laboratory confirmed from patient specimen or food, was case epi-linked to a confirmed botulism case?

Space to add in general comments

Name of Laboratory that reported test result.

CLIA (Clinical Laboratory Improvement Act) identifier for the laboratory that performed the test.

Sending system-assigned local ID of the case investigation with which the subject is associated. This field has been added to provide the mapping to the case/investigation to which this lab result is associated. This field should appear exactly as it appears in OBR-3 of the Case Notification.

A laboratory generated number that identifies the test/order instance.

Ordered Test Name is the lab test ordered by the physician. It will always be included in an ELR, but there are many instances in which the user entering manual reports will not have access to this information.

The date the specimen was collected.

This indicates the physical location, of the subject, where the specimen originated.

Examples include: Right Internal Jugular, Left Arm, Buttock, Right Eye, etc.

A laboratory generated number that identifies the specimen related to this test.

The medium from which the specimen originated. Examples include whole blood, saliva, urine, etc.

Specimen details if specimen information entered as text.

Date Sample Received at Lab (accession date).

The date and time the sample was analyzed by the laboratory.

Date result sent from Reporting Laboratory.

The status of the lab report.

The lab test that was run on the specimen.



Results expressed as numeric value/quantitative result.

The unit of measure for numeric result value.

Coded qualitative result value (e.g., Positive, Negative).

The organism name as a test result. This element is used when the result was reported as an organism.

Textual result value, used if result is neither numeric nor coded.

The Result Status is the degree of completion of the lab test.

The interpretation flag identifies a result that is not typical as well as how it's not typical. Examples: Susceptible, Resistant, Normal, Above upper panic limits, below absolute low.

The reference range from value allows the user to enter the value on one end of a expected range of results for the test. This is used mostly for quantitative results.

The reference range to value allows the user to enter the value on the other end of a valid range of results for the test. This is used mostly for quantitative results.

The technique or method used to perform the test and obtain the test results.  
Examples: Serum Neutralization, Titration, dipstick, test strip, anaerobic culture.

Comments having to do specifically with the lab result test. These are the comments from the NTE segment if the result was originally an Electronic Laboratory Report.

Date the isolate was received in state public health laboratory.

Track Isolate functionality indicator

Patient status at specimen collection

Isolate received in state public health lab

Reason isolate not received

Reason isolate not received (Other)

Date received in state public health lab

State public health lab isolate id number

Case confirmed at state public health lab

Case confirmed at CDC lab

Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_BotulismFoodSourceType\_FDD

PHVS\_YesNoUnknown\_CDC

Should include mouse bioassay, PCR, ELISA, Culture

PHVS\_YesNoUnknown\_CDC

PHVS\_BotulinumToxinType\_FDD

PHVS\_YesNo\_HL7\_2x

PHVS\_YesNoUnknown\_CDC

PHVS\_BodySite\_CDC

PHVS\_Specimen\_CDC

PHVS\_ResultStatus\_HL7\_2x

PHVS\_LabTestName\_CDC

PHVS\_UnitsOfMeasure\_CDC  
PHVS\_LabTestResultQualitative\_CDC  
PHVS\_Microorganism\_CDC

PHVS\_ObservationResultStatus\_HL7\_2x  
PHVS\_AbnormalFlag\_HL7\_2x

PHVS\_LabTestMethods\_CDC Should include mouse bioassay, PCR, ELISA, Culture

PHVS\_TrueFalse\_CDC  
PHVS\_PatientLocationStatusAtSpecimenCollection

PHVS\_YesNoUnknown\_CDC

PHVS\_IsolateNotReceivedReason\_NND

PHVS\_YesNoUnknown\_CDC

Label/Short Name

Specimen Number  
Date First Submitted

Case Outbreak indicator

Source of Infection

Outbreak source  
State Case ID

Health care provider  
Local Subject ID  
Health care provider  
Person Reporting to CDC - Name

Person Reporting to CDC - Phone  
Number

Subject Address State  
Subject Address County  
Age at case investigation  
Age units at case investigation  
Subject's Sex  
Pregnancy status  
Country of Birth  
Ethnic Group Code  
Race Category

Occupation  
Case Class Status Code

Stage of disease  
Fever  
Fever onset date  
Maximum temperature  
Temperature Units  
Sweats  
Sweats onset date  
arthralgia  
arthralgia onset date  
headache  
headache onset date

Fatigue  
Fatigue date of onset  
Anorexia  
Anorexia Onset date  
Myalgia  
Myalgia onset date  
weight loss  
weight loss onset date  
endocarditis  
endocarditis onset date  
Orchitis  
Orchitis onset date  
Epididymitis  
Epididymitis onset date  
Hepatomegaly  
Hepatomegaly onset date  
splenomegaly  
splenomegaly onset date  
Arthritis  
Arthritis onset date  
Meningitis  
Meningitis onset date  
spondylitis  
spondylitis onset date  
Symptoms Other  
Symptoms Other details  
Symptoms Other onset date  
Hospitalized  
Admission Date

Discharge Date

Subject Died  
Deceased Date

Treatment status  
Treated doxycycline  
Dose of doxycycline  
Days of doxycycline  
Treated with rifampin  
dosage of rifampin  
days of rifampin  
Treated with streptomycin  
dosage of streptomycin  
days of streptomycin  
treated with other drug 1

name of other drug 1  
dose of other drug 1  
Days other drug 1  
treated with other drug 2  
name of other drug 2  
dose of other drug 2  
Days other drug 2  
treated with other drug 3  
name of other drug 3  
dose of other drug 3  
Days other drug 3

Travel  
travel location 1  
Travel departure date 1  
Travel return date 1  
travel location 2  
Travel departure date 2  
Travel return date 2  
Animal Contact

Birthing product animal  
Birthing product animal other

Skinning contact with animal

Skinning contact with other animal

Hunt animal contact  
Hunt other animal  
Animal Other Contact Type

Other Animal Contact

Other animal contact

Birthing product own animal

Skinning contact owned

Hunt own animal

Other animal owned

Consumed meat or dairy

Milk animal source  
Milk Animal other

Cheese  
Other animal source of cheese

Meat animal source

Meat animal other  
Food product other

Food product animal source

Food Animal other  
Milk source country  
Milk source other 1  
Milk source other 2

Cheese source country  
Country cheese was from 1  
Country cheese was from 2  
Meat source country  
Meat source other 1  
Meat source other 2

Food product source country  
Food source other 1  
Food source other 2  
Is this case epi-linked to a laboratory  
Similar illness

Close contact  
Close contact Other

Exposure to Brucella

Location of Exposure  
Location of Exposure, other  
Risk of exposure

Exposure to Brucella vaccine  
PEP received

no PEP was taken

no PEP was taken other  
Complete PEP  
Partial PEP  
Earliest Date Reported to State  
Reporting Lab Name  
Reporting Lab City  
Reporting Lab State  
Reporting Lab Zip  
Received from  
Received city  
Received state  
Date Sample Received at Lab  
Agglutination test name  
Acute total titer  
Convalescent total titer  
Positive Result

Agglutination cut off  
Acute IgG titer Agglutination  
Convalescent IgG titer Agglutination  
Agglutination Positive Result

ELISA test name  
Acute IgG ELISA titer  
Convalescent IgG ELISA titer  
ELISA IgG Positive Result

Acute IgM ELISA titer  
Convalescent IgM ELISA titer  
ELISA IgM Positive Result

ELISA test cut off  
Date of Acute Serum Specimen  
Collection  
Date of Convalescent Serum Specimen  
Collection  
Rose Bengal titer  
Rose Bengal positive result  
Rose Bengal test cut off  
Coombs Titer  
Coombs Titer positive result  
Coombs test cut off  
Other serologic test name 1  
Other serologic test titer or value 1  
Other serologic test 1 positive  
Other serologic test 1 cut off  
Other serologic test name 2



Other serologic test value 2  
Other serologic test 2 positive  
Other serologic test 2 cut off  
PCR

PCR other specimen  
Date specimen for PCR collected  
PCR positive  
PCR Species identified

#### Culture

Culture other specimen  
Date specimen for culture was  
collected  
Culture positive  
Culture Species identified

Pre antimicrobials  
Select Agent Reporting  
Lab exposure  
Exposure reported  
Specimens to CDC  
Specimens still available

## Description

A laboratory generated number that identifies the specimen related to this test.

Date/time the notification was first sent to CDC. This value does not change after the original notification.

Denotes whether the reported case was associated with an identified outbreak.

What is the source of infection from list "naturally-acquired", "lab-aquired", "bioterrorism"

If case outbreak indicator is "Yes", what was the common exposure source, including "Food consumption", "Occupational exposure", "Recreational exposure", "Family", "Close contact", "Sexual contact"

States use this field to link NEDSS investigations back to their own state investigations.

Health care provider name

The local ID of the subject/entity.

Health care provider phone number

Name of the person who is reporting the case to the CDC. This is the person that CDC should contract in a state if there are questions regarding this case notification.

Phone Number of the person who is reporting the case to the CDC. This is the person that CDC should contract in a state if there are questions regarding this case notification.

State of residence of the subject

County of residence of the subject

Subject age at time of case investigation

Subject age units at time of case investigation

Subject's current sex

Indicates whether the subject was pregnant at the time of the event.

Country of Birth

Based on the self-identity of the subject as Hispanic or Latino

Field containing one or more codes that broadly refer to the subject's race(s).

Occupation of the case patient, from list "Animal Research", "Medical Research", "Dairy", "Laboratory", "Wildlife", "Rancher", "Slaughterhouse", "Tannery/rendering", "Veterinarian/Vet Tech", "Lives w/person of with an occupation listed here", "Other"

Status of the case/event as suspect, probable, confirmed, or not a case per CSTE/CDC/surveillance case definitions.

Stage of disease, including "Acute", "Subacute", "Chronic", "Unknown"

Did patient have a fever?

Onset date of fatigue

Maximum temperature reported

Specify fahrenheit or celsius

Experienced sweats

Onset date of sweats

Experienced arthralgia?

Onset date of arthralgia

Experienced headache

Onset date of headache

Experienced fatigue

Onset date of fatigue

Experienced anorexia

Onset date of anorexia

Experienced myalgia

Onset date of myalgia

Experienced weight loss

Onset date of weight loss

Experienced endocarditis?

Onset date of endocarditis

Experienced orchitis

Onset date of orchitis

Experienced epididymitis?

Onset date of epididymitis

Experienced hepatomegaly

Onset date of hepatomegaly

Experienced splenomegaly

Onset date of splenomegaly

Experienced arthritis?

Onset date of arthritis

Experienced meningitis

Onset date of meningitis

Experienced spondylitis

Onset date of spondylitis

Were other symptoms or signs experienced

Describe other symptoms or signs experienced

Details of other symptoms experienced

Was subject hospitalized because of this event?

Subject's first admission date to the hospital for the condition covered by the investigation.

Subject's first discharge date from the hospital for the condition covered by the investigation.

Did the subject die from this illness or complications of this illness?

If the subject died from this illness or complications associated with this illness, indicate the date of death

Status of treatment at time of case notification ("Currently under treatment", "Completed treatment", "Not treated", "No Response")

treated with doxycycline?

dosage of doxycycline prescribed

days of doxycycline prescribed

treated with rifampin?

dosage of rifampin prescribed

days of rifampin prescribed

treated with streptomycin?

dosage of streptomycin prescribed

days of streptomycin prescribed

treated with other drug 1?

If Other drug 1 is "Yes", list name of the drug

If Other drug 1 is "Yes", list the prescribed dosage of this drug

If Other drug 1 is "Yes", list the prescribed duration of this drug treated with other drug 2?

If Other drug 2 is "Yes", list name of the drug

If Other drug 2 is "Yes", list the prescribed dosage of this drug

If Other drug 2 is "Yes", list the prescribed duration of this drug treated with other drug 3?

If Other drug 3 is "Yes", list name of the drug

If Other drug 3 is "Yes", list the prescribed dosage of this drug

If Other drug 3 is "Yes", list the prescribed duration of this drug

In the 6 months prior to illness onset did the subject travel outside of the state of residence?

Location of travel 1

If traveled, departure date to first destination

If traveled, return date from first destination

Location of travel 2

If traveled, departure date to second destination

If traveled, return date from second destination

In the 6 months prior to illness onset, did the subject have animal contact?

Which animal(s) did case patient have contact with birthing products ("Cow", "Pig", "Goat", "Sheep", "Dog", "Deer", "Bison", "Elk", "Other")

Other animal with which case patient had contact with birthing products

Which animal did case patient have contact with skinning/slaughtering ("Cow", "Pig", "Goat", "Sheep", "Dog", "Deer", "Bison", "Elk", "Other")?

If animal skinned/slaughtered is "Other", describe which animal(s) the case patient had contact with

Which animal(s) did case patient hunt, from list "Cow", "Pig", "Goat", "Sheep", "Dog", "Deer", "Bison", "Elk", "Other"

If type of animal hunted is "Other", specify the type(s) of animal(s) hunted

If Type of animal contact is "Other" describe the contact

If Type of animal contact is "Other", which animal did case patient have this type of contact including "Cow", "Pig", "Goat", "Sheep", "Dog", "Deer", "Bison", "Elk", "Other"

If Type of animal contact is "Other" and animal is "Other" which animal did case patient have this type of contact

If case patient had contact with birthing products, who owned the animal ("Case", "Private", "Wild", "Commercial", "Unknown")

Who owned the animal which the case patient had contact with skinning/slaughter ("Case", "Private", "Wild", "Commercial", "Unknown")

Who owned the animal which the case patient had contact with hunting from list "Case", "Private", "Wild", "Commercial", "Unknown"

If animal contact type was "Other", describe who owned the animal from this contact, from list "Case", "Private", "Wild", "Commercial", "Unknown"

In the 6 months prior to illness onset, did the subject consume unpasteurized dairy or undercooked meat?

If the subject consumed unpasteurized milk from which animal(s) "Cow", "Pig", "Goat", "Sheep", "Dog", "Deer", "Bison", "Elk", "Other"

If milk animal source is "Other", describe which animal this milk product was from

Consumed fresh or soft cheese from which animal(s), including "Cow", "Pig", "Goat", "Sheep", "Dog", "Deer", "Bison", "Elk", "Other"

If animal source of cheese is "Other", which animal(s) was the source of cheese

Consumed undercooked meat from which animal(s) "Cow", "Pig", "Goat", "Sheep", "Dog", "Deer", "Bison", "Elk", "Other"

If animal source of meat is "Other", list the animal source(s) from which the case patient consumed meat

If food product is "Other", describe other food consumed

If food product is "Other", select the animal sources of this food from list "Cow", "Pig", "Goat", "Sheep", "Dog", "Deer", "Bison", "Elk", "Other"

If food product and animal are "Other", describe which animal this other food was from

Country milk was from, "U.S.", "Other"

If milk source country is "Other", list country

If milk source country is "Other", list country

Country where the cheese product was from. Notification types include "U.S.", "Other"

If cheese source country is "Other", list country

If cheese source country is "Other", list country

Country meat was from, "U.S.", "Other"

If meat source country is "Other", list country

If meat source country is "Other", list country

Country where the food product was from. Notification types include "U.S.", "Other"

If food source country is "Other", list country

If food source country is "Other", list country

Is this case epi-linked to a laboratory-confirmed case?

Similar illness in contact of the subject?

If epi-link to a laboratory-confirmed case or similar illness in a close contact are "Yes", then select the relationship of the contact ("Household", "Neighbor", "Co-worker", "Other")

If Close Contact is "Other", then describe the relationship of the contact

Was the case patient exposed to Brucella, from the list "Clinical specimen", "Isolate", "Vaccine", "Unknown"

If Brucella exposure is selected, where did exposure occur, from list "Clinical", "Laboratory", "Farm/ranch", "Surgery", "Unknown", "Other"

If location of exposure to Brucella is "Other", specify exposure location

Exposure risk classification ("high", "low", "Unknown")

If case patient was exposed to "Vaccine", choose which vaccine patient was exposed to, from list "S19", "RB51", "Rev1", "Other"

Did the subject receive post exposure prophylaxis?

If the case-patient had a known exposure to Brucella and PEP was not taken, why not, from list "Unaware of exposure", "Unavailable", "Allergic", "Pregnant", "Unknown", "Other"

If no PEP taken reason was "Other", describe the reason PEP was not taken

Did the patient complete PEP regimen ("Yes", "No", "Unknown", "Partial")?

If PEP completed is "Partial", Explain why partial pep was taken

Earliest date reported to state public health system

Name of Laboratory that reported test result.

City location of Laboratory that reported test result.

State Laboratory that reported test result.

Zip code of Laboratory that reported test result.

Received from (e.g., lab name, clinician, etc)

Received from city

Received from state

Date Sample Received at Lab (accession date).

Name of agglutination test used

Acute Total antibody titer

Convalescent Total antibody titer

Based on the acute and convalescent titers for the agglutination test used, what is the result of the paired total antibody titers (e.g., Positive, Negative, Unknown)?

Cut off value of a positive result for the Agglutination test used

Acute IgG agglutination titer

Convalescent IgG agglutination titer

Based on the acute and convalescent titers for the agglutination test used, what is the result of the paired IgG titers (e.g., Positive, Negative, Unknown)?

Name of the ELISA test used

Acute IgG ELISA titer

Convalescent IgG ELISA titer

Based on the acute and convalescent titers for the IgG ELISA test used, what is the result of the paired IgG titers (e.g., Positive, Negative, Unknown)?

Acute IgM ELISA titer

Convalescent IgM ELISA titer

Based on the acute and convalescent titers for the IgM ELISA test used, what is the result of the paired IgM titers (e.g., Positive, Negative, Unknown)?

ELISA test cut off

The date the acute serum specimen was collected.

The date the convalescent serum specimen was collected.

Rose Bengal titer

Result of Rose Bengal test (e.g., Positive, Negative, Unknown)?

Cut off value of a positive result for the Rose Bengal test

Coombs Titer

Result of Coombs test (e.g., Positive, Negative, Unknown)?

Cut off value of a positive result for the Coombs test

Name of other serologic test used 1

Titer or value of other serologic test 1

Result of other serologic test 1 (e.g., Positive, Negative, Unknown)?

Cut off value of a positive result for the Other test used 1

Name of other serologic test used 2

Value of other serologic test 2

Result of other serologic test 2 (e.g., Positive, Negative, Unknown)?

Cut off value of a positive result for the Other test used 2

If PCR was done, select on which specimens it was used ("Blood", "Abscess/wound", "Bone marrow", "CSF", "Other")

Describe the specimen if specimen tested by PCR was "Other"

The date the specimen was collected for PCR

Result of PCR (e.g., Positive, Negative, Unknown)?

What Brucella species were identified as a result of PCR ("abortus", "canis", "melitensis", "suis", "ceti", "inopinata", "microti", "neotomae", "pinnipedalis")

If culture was done, which specimens were used ("Blood", "Abscess/wound", "Bone marrow", "CSF", "Other")

Describe the specimen if specimen tested by culture was "Other"

The date the specimen was collected for culture

Result of culture (e.g., Positive, Negative, Unknown)?

What Brucella species were identified as a result of culture ("abortus", "canis", "melitensis", "suis", "ceti", "inopinata", "microti", "neotomae", "pinnipedalis")

Were specimens collected before antimicrobials were taken

Was the select agent reported to CDC

Did a laboratory exposure occur during manipulation of an isolate?

If a laboratory exposure is "Yes", was it reported?

Were specimens or isolates sent to CDC for testing?

are clinical specimens or isolates still available for further testing?

Value Set Code. Search in PHIN VADS using the following link  
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PHVS\_YesNoUnknown\_CDC

PHVS\_State\_FIPS\_5-2  
PHVS\_County\_FIPS\_6-4

PHVS\_AgeUnit\_UCUM\_NETSS  
PHVS\_Sex\_MFU  
PHVS\_YesNoUnknown\_CDC  
PHVS\_CountryofBirth\_CDC  
PHVS\_EthnicityGroup\_CDC\_Unk  
PHVS\_RaceCategory\_CDC

PHVS\_CaseClassStatus\_NND

PHVS\_YesNoUnknown\_CDC

PHVS\_TemperatureUnit\_UCUM  
PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC



PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_CountryofBirth\_CDC  
PHVS\_CountryofBirth\_CDC

PHVS\_CountryofBirth\_CDC  
PHVS\_CountryofBirth\_CDC

PHVS\_CountryofBirth\_CDC  
PHVS\_CountryofBirth\_CDC

PHVS\_CountryofBirth\_CDC  
PHVS\_CountryofBirth\_CDC  
PHVS\_YesNoUnknown\_CDC  
PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_State\_FIPS\_5-2

PHVS\_State\_FIPS\_5-2

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC  
PHVS\_YesNoUnknown\_CDC  
PHVS\_YesNoUnknown\_CDC  
PHVS\_YesNoUnknown\_CDC  
PHVS\_YesNoUnknown\_CDC  
PHVS\_YesNoUnknown\_CDC

Label/Short Name

AGEMM  
AGEYY  
CDCNUM  
CITY  
COUNTY  
DATECOMP  
DOB  
ETHNICITY  
FDANUM  
FNAME  
LNAME  
OCCUPAT  
RACE  
SEX  
STATE  
STEPINUM  
STLABNUM  
FEVER  
NAUSEA  
VOMIT  
DIARRHEA  
VISBLOOD  
CRAMPS  
HEADACHE  
MUSCPAIN  
CELLULIT  
BULLAE  
SHOCK  
OTHER  
MAXTEMP  
CENFAR  
NUMSTLS  
CELLSITE  
BULLSITE  
OTHSPEC2  
AMPMSYMP  
ANTIBYN  
Descant1  
Descant2  
Descant3  
ANTNAM01  
ANTNAM02  
ANTNAM03  
ANTNAM04  
BEGANT1

BEGANT2  
BEGANT3  
BEGANT4  
CDCISOL  
DATEADMN  
DATEDIED  
DATEDISC  
DATESYMP  
DURILL  
ENDANT1  
ENDANT2  
ENDANT3  
ENDANT4  
GSURGTYP  
HEMOTYPE  
HHSYMP  
HOSPYN  
IMMTYPE  
LIVTYPE  
MALTYPE  
MISYMP  
OTHCONSP  
PATDIE  
PEPULCER  
ALCOHOL  
DIABETES  
INSULIN  
GASSURG  
HEART  
HEARTFAL  
HEMOTOL  
IMMUNOD  
LIVER  
MALIGN  
RENAL  
RENTYPE  
OTHCOND  
TRTANTI  
TRTCHEM  
TRTRADIO  
TRTSTER  
TRTIMMUN  
TRTACID  
TRTULCER  
SEQDESC  
SEQUELAE  
TRTACISP

TRTANTSP  
TRTCHESP  
TRTIMMSP  
TRTRADSP  
TRTSTESP  
TRTULCSP  
DATESPEC  
SPECIESNAME  
SITE  
STATECON  
SOURCE  
OTHORGAN  
SPECORGAN  
AMBTEMFC  
AMNTCONS  
AMPMCONS  
DATEAMBT  
DATEFECL  
DATEH2O  
DATEHAR1  
DATEHAR2  
DATERAIN  
DATESALN  
DATESEAR  
FECALCNT  
H2OSALIN  
HARVSIT1  
HARVSIT2  
HARVST01  
HARVST02  
HARVSTS1  
HARVSTS2  
HHCONSUM  
IMPROPER  
MAMTEMP  
MICONSUM  
RAINFALL  
RESTINV  
SEADISSP  
SEADIST  
SEAHARV  
SEAIMPOR  
SEAIMPSP  
SEAObt  
SEAObtSP  
SEAPREP  
SEAPRSP



SH2OTEMP  
SH2OTMFC  
SOURCES  
SHIPPERS  
TAGSAVA  
TYPESEAF  
HARVESTSTATE  
HARVESTREGION  
BIOTYPE  
CHOLVACC  
DATEVACC  
ORALVACC  
PAREVACC  
ELISA  
LATEX  
RISKRAW  
RISKCOOK  
RISKTRAV  
RISKPERS  
RISKVEND  
RISKOTHER  
RISKSPEC  
SEROTYPE  
SPECTOXN  
TOXGENIC  
TRVOTHR  
TRVPREV  
TRVPREV1  
TRVPREV2  
TRVPREV3  
TRVPREV4  
TRVPREV5  
TRVPREV6  
TRVPREV7  
TRVPREV8  
TRVPREV9  
TRVREAS1  
TRVREAS2  
TRVREAS3  
TRVREAS4  
TRVREAS5  
TRVREAS6  
TRVROTHR  
AMPMEXP  
HANDLING  
SWIMMING  
WALKING

BOATING  
CONSTRN  
BITTEN  
ANYWLIFE  
BODYH2O  
CONSTRN  
DATEEXPO  
DATEWHI1  
DATEWHI2  
DATEWHI3  
DATEWHO1  
DATEWHO2  
DATEWHO3  
FISHSP  
H2OCOMM  
H2OTYPE  
HHEXPOS  
LOCEXPOS  
MIEXPOS  
OTHEREXP  
OTHERH2O  
OTHSHSP  
OUTBREAK  
OUTBRKSP  
CLAMS  
CRAB  
LOBSTER  
MUSS  
OYSTER  
SHRIMP  
CRAY  
OTHSH  
FISH  
RCLAM  
RCRAB  
RLOBSTER  
RMUSS  
ROYSTER  
RSHRIMP  
RCRAY  
ROTHSH  
RFISH  
DATECLAM  
DATECRAB  
DATELOBS  
DATEMUSS  
DATEOYSTER

DATESHRI  
DATECRAY  
DATEOTSHH  
DATEFISH  
SPECEXPO  
STRESID  
TRAVEL  
WHERE01  
WHERE02  
WHERE03  
WOUNDEXP  
WOUNDSP

## Description

Age in months

Age in years

CDC Number

City

County

Date completing form

Date of birth

Hispanic or Latino origin?

FDA Number

First 3 letters of first name

First 3 letters of last name

Occupation

Race

Sex

State of exposure (usually reporting state)

State Number

State Lab Number

Fever

Nausea

Vomiting

Diarrhea

Bloody stool

Abdominal cramps

Headache

Muscle Pain

Cellulitis

Bullae

Shock

Other

Symptom: Maximum temp of fever

Fever measured in units of C or F

Symptom: # of stools/24 hours

Symptom: Site of cellulitis

Symptom: Site of Bullae

Symptom: Specify other Symptoms

Seafood Investigation: Onset in am or pm

Did patient receive antibiotics?

Name of 1st Antibiotic

Name of 2nd Antibiotic

Name of 3rd Antibiotic

Name of 1st Antibiotic (old)

Name of 2nd Antibiotic (old)

Name of 3rd Antibiotic (old)

Name of 4th Antibiotic (old)

Date began Antibiotic #1

Date began Antibiotic #2  
Date began Antibiotic #3  
Date began Antibiotic #4  
CDC Isolate No.  
Date admitted to hospital  
Date of death  
Date of discharge from hospital  
Date of symptom onset  
# days ill  
Date ended Antibiotic #1  
Date ended Antibiotic #2  
Date ended Antibiotic #3  
Date ended Antibiotic #4  
Pre-existing: Type of gastric surgery  
Pre-existing: Type of hemotological disease  
Hour of symptom onset  
Hospitalized?  
Pre-existing: Type of Immunodeficiency  
Pre-existing: type of liver disease  
Pre-existing: Type of Malignancy  
Minute of symptom exposure  
Pre-existing: Type of Other condition  
Did patient die?  
Pre-existing: Peptic ulcer  
Pre-existing: Alcoholism  
Pre-existing: Diabetes  
Pre-existing: on insulin?  
Pre-existing: Gastric surgery  
Pre-existing: Heart disease  
Pre-existing: Heart failure?  
Pre-existing: Hematologic disease  
Pre-existing: Immunodeficiency  
Pre-existing: Liver disease  
Pre-existing: Malignancy  
Pre-existing: Renal disease  
Pre-existing: Type of renal disease  
Pre-existing: Other  
Type of treatment received: antibiotics  
Type of treatment received: chemotherapy  
Type of treatment received: radiotherapy  
Type of treatment received: systemic steroids  
Type of treatment received: immunosuppressants  
Type of treatment received: antacids  
Type of treatment received: H2 Blocker or other ulcer medication  
Describe Sequelae  
Sequelae?  
If previously treated with Antacids, specify

If previously treated with Antibiotics, specify  
If previously treated with chemotherapy, specify  
If previously treated with immunosuppressants, specify  
If previously treated with radiotherapy, specify  
If previously treated with steroids, specify  
If treated with ulcer meds, specify  
Date specimen collected  
Species  
If other source, specify site from which Vibrio was isolated  
Was Species confirmed at State PH Lab?  
Specimen source  
Other organism isolated from specimen?  
Specify other organism isolated  
Seafood Investigation: Maximum ambient temp units - F or C  
Seafood Investigation: Amount of shellfish consumed  
Seafood Investigation: Shellfish consumed in am or pm  
Seafood investigation: Date ambient temp measured  
Seafood Investigation: Date of fecal count  
Seafood Investigation: Date water temp measured  
Seafood Investigation: Date of harvest #1  
Seafood Investigation: Date of harvest #2  
Seafood Investigation: Date total rain fall recorded  
Seafood Investigation: Date salinity measured  
Seafood Investigation: Date restaurant rec'd seafood  
Seafood Investigation: Fecal Coliform Count  
Seafood Investigation: Results of Salinity test  
Seafood Investigation: Harvest Site #1  
Seafood Investigation: Harvest Site #2  
Seafood Investigation: Status of Harvest Site #1  
Seafood Investigation: Status of Harvest Site #2  
Seafood Investigation: Specify if Status for Harvest Site #1 = other  
Seafood Investigation: Specify if Status for Harvest Site #2 = other  
Seafood Investigation: Hour of seafood consumption  
Seafood Investigation: Improper Storage?  
Seafood Investigation: Maximum ambient temp  
Seafood Investigation: Minute of seafood consumption  
Seafood Investigation: Total rainfall in Inches  
Seafood Investigation: Investigation of Restaurant?  
Seafood Investigation: Specify how shellfish distributed  
Seafood Investigation: How is shellfish distributed?  
Seafood Investigation: Was shellfish harvested by patient or friend?  
Seafood Investigation: Was seafood imported?  
Seafood Investigation: Specify country of Import  
Seafood Investigation: where was seafood obtained?  
Seafood Investigation: Specify from where seafood was obtained  
Seafood Investigation: How was seafood prepared?  
Seafood Investigation: Specify how seafood was prepared (if other)

Seafood Investigation: Surface water temperature  
Surface water temp units in F or C?  
Sources of seafood  
Shippers who handled suspected seafood (certification numbers)  
Seafood investigation: Are tags available from suspect lot?  
Seafood investigation: Type of shellfish consumed  
State in which seafood was harvested  
Region in which seafood was harvested  
Cholera Only: biotype?  
Cholera Only: Patient ever received cholera vaccine  
Cholera Only: Date cholera vaccine received  
Cholera Only: Oral cholera vaccine received  
Cholera Only: Parenteral cholera vaccine received  
Cholera Only: Elisa test performed for Cholera toxin testing?  
Cholera Only: Latex Agglut. performed for Cholera toxin testing?  
Cholera Only: Raw seafood  
Cholera Only: Cooked seafood  
Cholera Only: Foreign travel  
Cholera Only: Other person(s) with cholera or cholera-like illness  
Cholera Only: Street-vended food  
Cholera Only: Other  
Cholera Only: Other risk specified  
Cholera Only: Cholera Serotype  
Cholera Only: Specify other toxin test used for Cholera (if other)  
Cholera Only: is it toxigenic?  
Cholera prevention education: specify other source of education  
Cholera prevention education prior to travel?  
Cholera prevention: Pre-travel clinic  
Cholera prevention: Airport  
Cholera prevention: Newspaper  
Cholera prevention: Friends  
Cholera prevention: Private physician  
Cholera prevention: Health department  
Cholera prevention: Travel agency  
Cholera prevention: CDC travelers' hotline  
Cholera prevention: Other  
Reason for travel: Visit friends/relatives  
Reason for travel: Business  
Reason for travel: Tourism  
Reason for travel: Military  
Reason for travel: Other  
Reason for travel: Unknown  
Cholera, reason for travel: specify if other  
Seafood Investigation: Exposure to seawater in am or pm  
Exposure: handling/cleaning seafood  
Exposure: Swimming/diving/wading  
Exposure: Walking on beach/shore/fell on rocks/shells

Exposure: Boating/skiing/surfing  
Exposure: Construction/repairs  
Exposure: Bitten/stung  
Exposure: Contact with other marine/freshwater life  
Exposure: Exposure to a body of water  
Exposure to water via construction  
Exposure: Date of exposure to seawater  
Date traveled/entered destination #1  
Date traveled/entered destination #2  
Date traveled/entered destination #3  
Date left/returned home #1  
Date left/returned home #2  
Date left/returned home #3  
Type of fish  
Exposure: Comments on water exposure  
Exposure: Type of water exposure  
Exposure: Hour of seawater exposure  
Exposure: location of water exposure  
Exposure: Minute of seawater exposure  
Exposure: Other exposure  
Exposure: Exposed to other water not listed?  
Specify other shellfish consumed  
Is case part of outbreak?  
If part of an outbreak, Specify outbreak  
Consumption: clams  
Consumption: crab  
Consumption: lobster  
Consumption: mussels  
Consumption: oysters  
Consumption: shrimp  
Consumption: crawfish  
Consumption: other shellfish  
Consumption: other fish  
Raw consumption: clams  
Raw consumption: crab  
Raw consumption: lobster  
Raw consumption: muss  
Raw consumption: oyster  
Raw consumption: shrimp  
Raw consumption: crawfish  
Raw consumption: other shellfish  
Raw consumption: other fish  
Date of seafood consumption: clams  
Date of seafood consumption: crab  
Date of seafood consumption: lobster  
Date of seafood consumption: mussels  
Date of seafood consumption: oysters



Date of seafood consumption: shrimp

Date of seafood consumption: crawfish

Date of seafood consumption: other shellfish

Date of seafood consumption: other fish

Specify other seawater/shellfish dripping exposure (if other)

State of residence

Exposure to travel outside home state in previous 7 days?

Travel destination #1

Travel destination #2

Travel destination #3

Did patient incur a wound before/during exposure?

If patient incurred wound before/during exposure, describe wound

Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)

Label/Short Name

Date of Last Evaluation by a  
Healthcare Provider

Primary cause of death from death  
certificate

Secondary cause of death from death  
certificate

Was an autopsy performed?

Final Anatomical Diagnosis of Death  
from Autopsy Report

If not a case of CRS, select reason

Gestational Age at Birth (in weeks)

Age at Diagnosis

Age (unit) at Diagnosis

Birth Weight

Birth Weight (unit)

Cataracts (Complication)

Hearing Impairment (loss)  
(Complication)

Congenital Heart Disease  
(Complication)

Patent Ductus Arteriosus  
(Complication)

Peripheral Pulmonic Stenosis  
(Complication)

Congenital Glaucoma (Complication)

Pigmentary Retinopathy  
(Complication)

Developmental Delay or Mental  
Retardation (Complication)

Meningoencephalitis (Complication)

Microencephaly (Complication)

Purpura (Complication)

Enlarged Spleen (Complication)

Enlarged Liver (Complication)

Radiolucent Bone Disease  
(Complication)

Neonatal Jaundice (Complication)

Low Platelets (Complication)

Dermal Erythropoieses (Blueberry  
Muffin Syndrome) (Complication)

Other Complication(s)

Specify Other Complication(s)

Was laboratory testing done for Rubella on this subject?

Test Type

Test Result

Sample Analyzed Date

Test Method

Date Collected

Specimen Source

Was CRS virus genotype sequenced?

Was Rubella genotype sequenced?

Were the specimens sent to CDC for genotyping (molecular typing)?

Specimen type sent to CDC for genotyping

Date sent for genotyping

Type of Genotype Sequence

Did the mother have a rash?

What was the mother's rash onset date?

Mother's Rash Duration (in days)

Did the mother have a fever?

What was the mother's fever onset date?

Mother's Fever Duration (in days)

Did the mother have arthralgia/arthritis?

Did the mother have lymphadenopathy?

Other clinical features of maternal illness

Mother's birth country

Length of time mother has been in the US

Mother's age at delivery

Mother's occupation at time of conception

Did the mother attend a family planning clinic prior to conception of this infant?

Number of children less than 18 years of age living in household during this pregnancy?

Were any of the children living in the household immunized with Rubella-containing vaccine?

Number of children less than 18 years of age immunized with the rubella vaccine

Was prenatal care obtained for this pregnancy?

Date of first prenatal visit for this pregnancy

Where was prenatal care for this pregnancy obtained?

Did the mother have serological testing prior to this pregnancy?

Was there a rubella-like illness during this pregnancy?

Month of pregnancy in which symptoms first occurred

Rubella Lab Testing Mother

Was Rubella diagnosed by a physician at time of illness?

If Rubella was not diagnosed by a physician, diagnosed by whom?

Was Rubella serologically confirmed at time of illness?

Serologically Confirmed Date

Serologically Confirmed Result

Mother Reported Rubella Case

Does the mother know where she might have been exposed to Rubella?

If location of exposure is unknown, did the mother travel outside the US during the first trimester of pregnancy

International Destination(s) of recent travel

Date left for travel

Date returned from travel

Was the mother directly exposed to a confirmed case?

If mother directly exposed to a confirmed Rubella case, specify the relationship

Mother's date of exposure to a confirmed rubella case

Has mother given birth in the US previously?

If mother has given birth in US, list dates (years)

Number of previous pregnancies

Number of live births (total)

If mother has given birth in US, number of births delivered in U.S.

Mother immunized with rubella-containing vaccine?

Source of mother's Rubella-containing vaccine information

Source of mother's rubella-containing vaccine

Vaccine Administered

Vaccine Manufacturer

Vaccine Lot Number

Vaccine Administered Date

US Acquired

## Description

The date the patient was last evaluated by a healthcare provider

The primary cause of subject's death, as noted on the death certificate

The secondary cause of subject's death, as noted on the death certificate.

Was an autopsy performed on the subject's body?

The final anatomical cause of subject's death

The reason this was not a case of CRS.

The subject's gestational age (in weeks) at birth

The subject's age at the time of diagnosis.

The age units at the time of diagnosis

The subject's birth weight

The subject's birth weight units

Did/does the subject have cataracts?

Did/does the subject have hearing impairment (loss)?

Did the subject have a congenital heart disease?

Did/does the subject have patent ductus arteriosus?

Did/does the subject have peripheral pulmonic stenosis?

Did/does the subject have congenital glaucoma?

Did/does the subject have pigmentary retinopathy?

Did/does the subject have developmental delay or mental retardation?

Did the subject have meningoencephalitis?

Did the subject have microencephaly?

Did the subject have purpura?

Did/does the subject have an enlarged spleen?

Did/does the subject have an enlarged liver?

Did the subject have radiolucent bone disease?

Did the subject have jaundice?

Did/does the subject have low platelets?

Did subject have dermal erythropoiesis?

Did the subject develop other conditions as a complication of this illness?

Please specify the other complication(s) the subject developed, during or as a result of this illness.

Was laboratory testing done for Rubella on this subject?

Epidemiologic interpretation of the type of test(s) performed for this case

Epidemiologic interpretation of the results of the tests performed for this case

The date the lab test was performed

The technique or method used to perform the test and obtain the test results.

Date of specimen collection

The medium from which the specimen originated.

Identifies whether the CRS virus was genotype sequenced

Identifies whether the Rubella virus was genotype sequenced

Were clinical specimens sent to CDC laboratories for genotyping (molecular typing)?

Specimen type sent to CDC for genotyping

The date the specimens were sent to the CDC laboratories for genotyping.

Identifies the genotype sequence of the Rubella virus

Did the mother have a maculopapular rash?

What was the mother's rash onset date?

How many days did the mother's rash being reported in this investigation last?

Did the mother have a fever?

What was the mother's rash onset date?

How many days did the mother's rash being reported in this investigation last?

Did the mother have arthralgia/arthritis?

Did the mother have lymphadenopathy?

Mother's other clinical features of maternal illness

The mother's country of birth

Length of time (in years) the mother has been in the U.S.

The age of the mother when the infant (subject) was delivered

The mother's occupation at time of this conception

Did the mother attend a family planning clinic prior to conception of this infant?

The number of the mother's children less than 18 years of age living in household during this pregnancy

Were any of the mother's children less than 18 years of age immunized with the rubella vaccine?



The number of the mother's children less than 18 years of age immunized with the rubella vaccine

Was prenatal care obtained for this pregnancy?

Date of the first prenatal visit for this pregnancy

Where was the prenatal care for this pregnancy obtained?

Did the mother have serological testing prior to this pregnancy?

Was there a rubella-like illness during this pregnancy?

The month of pregnancy that Rubella-like symptoms appeared

Was Rubella lab testing performed for the mother in conjunction with this pregnancy?

Was the mother diagnosed with Rubella by a physician at time of illness?

If the mother was not diagnosed with Rubella by a physician, then diagnosed by whom?

Was Rubella serologically confirmed (mother) at time of illness?

The date Rubella was serologically confirmed (mother)

The result of the Rubella serological confirmation (mother)

Has the mother ever been reported as a Rubella case?

Did the mother know where she might have been exposed to Rubella?

If the Rubella exposure is unknown, did the mother travel outside the US during the first(1st) trimester of pregnancy?

List any international destinations of recent travel

The date the mother left for all international travel

The date the mother returned to United States from travel

Was the mother directly exposed to a confirmed Rubella case?

The mother's relationship to the confirmed Rubella case

The mother's exposure date to the confirmed rubella case

Has mother given birth in the US previously?

List years in which mother has given birth in US previously

Mother's number of previous pregnancies

Mother's total number of live births

Mother's number of births delivered in U.S.

Was the mother immunized with Rubella vaccine?

Source of mother's Rubella immunization information

Source of mother's Rubella vaccine

The type of vaccine administered, (e.g., Varivax, MMRV). First question of a repeating group of vaccine questions.

Manufacturer of the vaccine. Second question of a repeating group of vaccine questions.

The vaccine lot number of the vaccine administered. Third question of a repeating group of vaccine questions.

The date that the vaccine was administered. Fourth question of a repeating group of vaccine questions.

Sub-classification of disease or condition acquired in the US

Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)

PHVS\_YesNoUnknown\_CDC

PHVS\_NoCaseReason\_CRS

PHVS\_AgeUnit\_UCUM

PHVS\_WeightUnit\_UCUM

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_LabTestProcedure\_Rubella  
PHVS\_LabTestInterpretation\_VPD

PHVS\_LabTestMethod\_CDC

PHVS\_SpecimenSource\_VPD  
PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC  
PHVS\_YesNoUnknown\_CDC

PHVS\_SpecimenSource\_VPD

PHVS\_Genotype\_Rubella  
PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_Country\_ISO\_3166-1

PHVS\_Occupation\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_PrenatalCareProvider\_Rubella

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_LabTestInterpretation\_VPD

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_Country\_ISO\_3166-1

PHVS\_YesNoUnknown\_CDC

PHVS\_Relationship\_VPD

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_ImmunizationInformationSource\_CRS

PHVS\_PrenatalCareProvider\_Rubella

PHVS\_VaccinesAdministeredCVX\_CDC\_NIP

PHVS\_ManufacturersOfVaccinesMVX\_CDC\_NIP

PHVS\_CaseClassificationExposureSource\_NND

Label/Short Name	Description
RECTYPE	Record type will determine how the record is handled when it arrives at CDC.
UPDATE	Currently not implemented.
STATE	Reporting State FIPS code - (e.g., "06", "13").
YEAR	MMWR Year (2-digits) for which case information reported to CDC.
CASEID	Unique Case ID (numeric only) assigned by the state.
SITE	Location code used by the state to indicate where report originated and who has responsibility for maintaining the record. (NOTE: STD*MIS software substitutes a '#' for the leading 'S' in codes listed).
WEEK	MMWR Week on Surveillance Calendar, i.e., week for which case information reported to CDC.
EVENT	Event (disease) code for the disease being reported.
COUNT	For case records this field will always contain "00001".
COUNTY	FIPS code for reporting county (999=Unknown)
BIRTHDATE	Date of birth of infant in YYYYMMDD format (99999999=Unknown)
AGE	Estimated Gestational Age in weeks - (e.g., "038", "042") (999= Unknown)
AGETYPE	Indicates the units (weeks) for the AGE field.

RACE	Race of Mother.
HISPANIC	Indicator for Mother's Hispanic ethnicity.
EVENTDATE	Date of Report to Health Department in YYMMDD format
DATETYPE	A code describing the type of date provided in EVENTDATE.
CASE STATUS	Recode of Case Classification.
OUTBREAK	Indicates whether the case was associated with an outbreak.



INFOSRCE Information Source/Provider Codes (from Interview Record if available).

DETECTED Method of Case Detection (from Interview Record if available).

MZIP Zip Code for Mother's Residence  
MSTATE FIPS Code for Mother's State of Residence. Code 98 for Mexico and 97 for any other non-USA residence. (999=Unknown)

MCOUNTY FIPS Code for Mother's County of Residence. Code 998 for Mexico and 997 for any other non-USA residence. (999=Unknown)

MBIRTH Mother's Date of Birth in YYYYMMDD format. (99999999=Unknown)

MARITAL	Mother's Marital Status.
LMP	Date of Mother's Last Menstrual Period before delivery in YYYYMMDD format. (99999999=Unknown)
PRENATAL	Did mother have prenatal care?
PNCDATE1	Date of mother's first prenatal visit in YYYYMMDD format. (99999999=Unknown)
DATEA	Date of mother's most recent non-treponemal test in YYYYMMDD format. (99999999=Unknown)
RESULTA	Result of mother's most recent non-treponemal test.
DATEB	Date of mother's first non-treponemal test in YYYYMMDD format. (99999999=Unknown)
RESULTB	Result of mother's first non-treponemal test.
TITER	Titer of mother's most recent non-treponemal test. (The titer for date b is in columns 214-217).
VITAL	Vital status of infant/child.
DEATHDAT	Date of death of infant/child in YYYYMMDD format.
BIRTHWT	Birthweight in grams (9999=Unknown)
REACSTS	Did infant/child have reactive non-treponemal test for syphilis?

REACDATE	Date of infant/child's first reactive non-treponemal test for syphilis in YYYYMMDD format. (99999999=Unknown)
DARKFLD	Did the infant/child, placenta, or cord have darkfield exam, DFA, or special stains?
XRAYS	Did infant/child have long bone x-rays?
CSFVDRL	Did infant/child have a CSF-VDRL?
TREATED	Was infant/child treated?
CLASS	Case Classification.
ID126	CDC 73.126 form Case ID number (99999999=Unknown)
VERSION	CDC 73.126 Form Version.
TITERB	Titer of mother's first non-treponemal test b.

INFTITER	Titer of infant/child's first reactive non-treponemal test for syphilis.
AMIND	American Indian/Alaskan Native:
ASIAN	Asian:
BLACK	Black:
WHITE	White:
NAHAW	Native Hawaiian or Other Pacific Islander:
RACEOTH	Other Race:
RACEUNK	Unknown Race:
MCOUNTRY	Mother's country of residence. (XX=Unknown)
REACTREP	Did infant/child have reactive treponemal test?
RTDATE	Date of infant/child's reactive treponemal test in YYYYMMDD format. (99999999=Unknown)
STD IMPORT	Was case imported? Was disease acquired elsewhere? Indicates probable location of disease acquisition relative to reporting state values.
GRAVIDA	Number of pregnancies (e.g. 01) (99=Unknown)
PARA	Number of live births (e.g. 03) (99=Unknown)
PNCTRI	Trimester of mother's first prenatal visit.
TESTVISA	Did mother have non-treponemal or treponemal test at first prenatal visit?

TESTVISB	Did mother have non-treponemal or treponemal test at 28-32 weeks gestation?
TESTVISC	Did mother have non-treponemal or treponemal test at delivery?
TREPDTA	Date of mother's first treponemal test in YYYYMMDD format. (99999999=Unknown)
TESTTYPA	Test type of mother's first treponemal test.
TREPRESA	Result of mother's first treponemal test.
TREPDTB	Date of mother's most recent treponemal test in YYYYMMDD format. (99999999=Unknown)
TESTTYPB	Test type of mother's most recent treponemal test.
TREPRESB	Result of mother's most recent treponemal test.
HIVSTAT	What was mother's HIV status during pregnancy?
CLINSTAG	What clinical stage of syphilis did mother have during pregnancy?

SURVSTAG	What surveillance stage of syphilis did mother have during pregnancy?
FIRSTDT	Date of mother's first dose of benzathine penicillin in YYYYMMDD format. (99999999=Unknown)
FIRSTDOS	When did mother receive her first dose of benzathine penicillin?
MOMTX	What was mother's treatment?
RESPAPP2	Did mother have an appropriate serologic response?
CLINNO	No signs/asymptomatic?
CLINLATA	Condyloma lata?
CLINSNUF	Snuffles?
CLINRASH	Syphilitic skin rash?
CLINHEPA	Hepatosplenomegaly?
CLINJUAN	Jaundice/Hepatitis?
CLINPARA	Pseudo paralysis?
CLINEDEM	Edema?
CLINOTH	Other signs of CS?
CLINUNK	Unknown signs of CS?
CSFWBC	Did the infant/child have a CSF WBC count or CSF protein test?

Value Set Code. Search in PHIN VADS using the following link (<https://phinvads.cdc.gov/vads/SearchHome.aci>)  
Value for case data: M=MMWR report

(Pad with a 9)

S01=State epidemiologist  
S02=State STD Program  
S03=State Chronic Disease Program  
S04-S99=Other state offices  
R01-R99=Regional or district offices  
001-999=County health depts (FIPS codes)  
L01-L99=Laboratories within state  
CD1=Historical records (prior to new format)  
CD2=Entered at CDC (based on phone reports)

10316=Syphilis (congenital)

2=0-52 Weeks  
9=Gestational Age Unknown (AGE field should be 999)

1=American Indian/Alaskan Native

2=Asian or Pacific Islander

3=Black

5=White

8=Other

9=Unknown

NOTE: Please use only one of the codes above if a single race was selected. If multiple races were selected, enter code 8=Other for Race and also select the appropriate race categories that apply in columns 238-244.

1=Hispanic/Latino

2=Non-Hispanic/Latino

9=Unknown

4=Date of first report to community health system

1=Confirmed, Probable, or Syphilitic stillbirth

2=Not a case

9=Unknown

1=Yes

2=No

9=Unknown



01=HIV Counseling and Testing Site  
02=STD clinic  
03=Drug Treatment  
04=Family Planning  
06=Tuberculosis clinic  
07=Other Health Department clinic  
08=Private Physician/HMO  
10=Hospital-Emergency Room; Urgent Care Facility  
11=Correctional Facility  
12=Laboratory  
13=Blood Bank  
14=Labor and Delivery  
15=Prenatal  
16=National Job Training Program  
17=School-based Clinic  
18=Mental Health Provider  
29=Hospital-Other  
66=Indian Health Service  
77=Military  
88=Other  
99=Unknown (if data not available)

20=Screening  
21=Self-referred  
22=Patient referred partner  
23=Health Department referred partner  
24= Cluster related  
88=Other  
99=Unknown

99999=Unknown (if data not available)

1=Single, never married  
2=Married  
3=Separated/Divorced  
4=Widow  
8=Other  
9=Unknown

0=No prenatal care  
9=Unknown

1=Reactive  
2=Nonreactive  
9=Unknown

1=Reactive  
2=Nonreactive  
9=Unknown

0=weakly reactive  
9999=Unknown

1=Alive  
2=Born alive, then died  
3=Stillborn  
9=Unknown

(If alive, pad with 99999999)  
(99999999=Unknown)

1=Yes  
2=No  
3=No test  
9=Unknown

1=Yes, positive  
2=Yes, negative  
3=No test  
4=No lesions and no tissue to test  
9=Unknown

1=Yes, changes consistent with CS  
2=Yes, no signs of CS  
3=No x-rays  
9=Unknown

1= Yes, reactive  
2=Yes, nonreactive  
3=No test  
9=unknown

1=Yes, with Aqueous or Procaine Penicillin for 10 days  
3=Yes, with Benzathine penicillin x 1  
4=Yes, with other treatment  
5=No treatment  
9=Unknown

1=Not a case  
2=Confirmed Case (laboratory confirmed identification of *T.pallidum*, e.g., darkfield or direct fluorescent antibody positive lesions)  
3=Syphilitic stillbirth  
4=Probable case (a case identified by the algorithm, which is not a confirmed case or syphilitic stillbirth)

41306

0=weakly reactive  
9999=Unknown

Note: All entries should be left justified (no preceding or trailing zeroes). Example: If titer is 1:64, enter 64; if titer is 1:1024, enter 1024.

0=weakly reactive

9999=Unknown

Note: All entries should be left justified (no preceding or trailing zeroes). Example: If titer is 1:64, enter 64; if titer is 1:1024, enter 1024.

If mother multi-racial: 1 = Yes; 2 = No; Otherwise pad with a 9.

If mother multi-racial: 1 = Yes; 2 = No; Otherwise pad with a 9.

If mother multi-racial: 1 = Yes; 2 = No; Otherwise pad with a 9.

If mother multi-racial: 1 = Yes; 2 = No; Otherwise pad with a 9.

If mother multi-racial: 1 = Yes; 2 = No; Otherwise pad with a 9.

If mother multi-racial: 1 = Yes; 2 = No; Otherwise pad with a 9.

If mother multi-racial: 1 = Yes; 2 = No; Otherwise pad with a 9.

1 = Yes

2 = No

3 = No test

9 = Unknown

N = Not an imported case

C = Yes, imported from another country

S = Yes, imported from another state

J = Yes, imported from another county/jurisdiction in the state

D = Yes, imported but not able to determine source state and/or country

U = Unknown

1 = 1st trimester

2 = 2nd trimester

3 = 3rd trimester

9 = Unknown

1 = Yes

2 = No

9 = Unknown

1 = Yes  
2 = No  
9 = Unknown

1 = Yes  
2 = No  
9 = Unknown

1 = EIA or CLIA  
2 = TP-PA  
3 = Other  
9 = Unknown

1 = Reactive  
2 = Nonreactive  
9 = Unknown

1 = EIA or CLIA  
2 = TP-PA  
3 = Other  
9 = Unknown

1 = Reactive  
2 = Nonreactive  
9 = Unknown

P = Positive  
E = Equivocal test  
X = Patient not tested  
N = Negative  
U = Unknown

1 = Primary  
2 = Secondary  
3 = Early latent  
4 = Late or late latent  
5 = Previously treated/serofast  
8 = Other  
9 = Unknown

1 = Primary  
2 = Secondary  
3 = Early latent  
4 = Late or late latent  
8 = Other  
9 = Unknown

1 = Before pregnancy  
2 = 1st trimester  
3 = 2nd trimester  
4 = 3rd trimester  
5 = No Treatment  
9 = Unknown

1 = 2.4 M units benzathine penicillin  
2 = 4.8 M units benzathine penicillin  
3 = 7.2 M units benzathine penicillin  
8 = Other  
9 = Unknown

1 = Yes, appropriate response  
2 = No, inappropriate response: evidence of treatment failure or reinfection  
3 = Response could not be determined from available non-treponemal titer information  
4 = Not enough time for titer to change

1 = Yes; Otherwise pad with a 9.  
1 = Yes; Otherwise pad with a 9.  
1 = Yes; Otherwise pad with a 9.  
1 = Yes; Otherwise pad with a 9.  
1 = Yes; Otherwise pad with a 9.  
1 = Yes; Otherwise pad with a 9.  
1 = Yes; Otherwise pad with a 9.  
1 = Yes; Otherwise pad with a 9.  
1 = Yes; Otherwise pad with a 9.  
1 = Yes; Otherwise pad with a 9.  
1 = Yes; CSF WBC count elevated  
2 = Yes, CSF protein elevated  
3 = Both tests elevated  
4 = Neither test elevated  
5 = No test  
9 = Unknown

tion)

Label/Short Name

Animal Contact Questions Indicator

Animal Contact Indicator

Animal Type Code(s)

Animal Type Other

Amphibian Other

Reptile Other

Mammal Other

Animal Contact Location

Acquired New Pet

Applicable Incubation Period

Associated with Daycare Indicator

Day Care Attendee

Day Care Worker

Live with Day Care Attendee

Day Care Type

Day Care Facility Name

Food Prepared at this Daycare

Diapered Infants at this Daycare

Drinking Water Exposure Indicator

Home Tap Water Source Code

Home Well Treatment Code

Home Tap Water Source Other

School/Work Tap Water Source Code

School/Work Well Treatment Code

School/Work Tap Water Source

Other

Drink Untreated Water 14 days Prior  
to Onset

Food Handler

Food Handler after Illness Onset

Food Handler Last Worked Date

Food Handler Location

Recreational Water Exposure

Questions Indicator

Recreational Water Exposure 14 Days  
Prior to Onset

Recreational Water Exposure Type  
Code(s)

Recreational Water Exposure Type  
Other

Swimming Pool Type Code(s)

Swimming Pool Type Other

Recreational Water Location Name

Related Case Indicator



Patient Knows of Similarly Ill Persons

Health Department Investigated

Other Related Cases

Travel Questions Indicator

Travel Prior To Onset

Incubation Period

Travel Purpose Code(s)

Travel Purpose Other

Destination 1 Type:

(Domestic) Destination 1:

(International) Destination 1

Mode of Travel: (1)

Date Of Arrival (1)

Date of Departure (1)

Destination 2 Type

(Domestic) Destination 2

(International) Destination 2

Mode of Travel: (2)

Date of Arrival: (2)

Date of Departure (2)

Destination 3 Type:

(Domestic) Destination 3:

(International) Destination 3

Mode of Travel: (3)

Date of Arrival: (3)

Date of Departure (3)

Other Destination Txt

Reporting Lab Name

Reporting Lab CLIA Number

Local record ID (case ID)

Filler Order Number

Ordered Test Name

Date of Specimen Collection

Specimen Site

Specimen Number

Specimen Source

Specimen Details

Date Sample Received at Lab  
Sample Analyzed date  
Lab Report Date  
Report Status  
Resulted Test Name  
Numeric Result  
Result Units  
Coded Result Value  
Organism Name

Lab Result Text Value  
Result Status  
Interpretation Flag

Reference Range From

Reference Range To

Test Method

Lab Result Comments

Date received in state public health  
lab

Lab Test Coded Comments  
Genotyping/ Subtyping  
Genotyping Sent Date

Genotype/Subtype location  
Genotype  
Subtype  
Track Isolate  
Patient status at specimen collection

Isolate received in state public health  
lab

Reason isolate not received  
Reason isolate not received (Other)  
Date received in state public health  
lab

State public health lab isolate id  
number

Case confirmed at state public health  
lab

AgClinic

AgClinicTestType

AgeMnth

AgeYr

AgSphl

AgSphlTestType

BloodyDiarr

Diarrhea

DtAdmit2

DtDisch2

DtEntered

DtRcvd

DtRptComp

DtSpec

DtUSDepart

DtUSReturn

EforsNum

Fever

HospTrans

Immigrate

Interview

LabName

LocalID

OtherCdcTest

OtherClinicTest

OtherClinicTestType

OtherSphlTest

OtherSphlTestType

OutbrkType

PatID

PcrCdc

PcrClinic

PcrClinicTestType

PcrSphl

PersonID

ResultID

RptComp

SentCDC

SLabsID

SpeciesClinic  
SpeciesSphl  
SpecSite  
StLabRcvd

TravelDest  
TravelInt

## Description

If contact with animal, then display the following questions

Did patient come in contact with an animal?

Type of animal: (MULTISELECT)

If "Other," please specify other type of animal:

If "Other Amphibian," please specify other type of amphibian:

If "Other Reptile," please specify other type of reptile:

If "Other Mammal," please specify other type of mammal:

Name or Location of Animal Contact:

Did the patient acquire a pet prior to onset of illness?

Applicable incubation period for this illness is

If Patient associated with a day care center:

Attend a day care center?

Work at a day care center?

Live with a day care center attendee?

What type of day care facility?

What is the name of the day care facility?

Is food prepared at this facility?

Does this facility care for diapered persons?

If patient has had Drinking Water exposure, then display the following questions

What is the source of tap water at home?

If "Private Well," how was the well water treated at home?

If "Other," specify other source of tap water at home:

What is the source of tap water at school/work?

If "Private Well," how was the well water treated at school/work?

If "Other," specify other source of tap water at school/work:

Did patient drink untreated water 14 days prior to onset of illness?

If patient is a Food Handler, then display the following questions

Did patient work as a food handler after onset of illness?

What was the last date worked as a food handler after onset of illness?

Where was patient a food handler?

If patient has had recreational water exposure, then display the following

Was there recreational water exposure in the 14 days prior to illness?

What was the recreational water exposure type? (MULTISELECT)

If "Other," please specify other recreational water exposure type:

If "Swimming Pool," please specify swimming pool type: (MULTISELECT)

If "Other," please specify other swimming pool type:

Name or location of water exposure:

If related cases are associated to this case, then display the following questions

Does the patient know of any similarly ill persons?

If "Yes," did the health department collect contact information about other similarly ill persons and investigate further?

Are there other cases related to this one?

If patient has traveled, then display the following questions

Did the patient travel prior to onset of illness?

Applicable incubation period for this illness is 14 days

What was the purpose of the travel? (MULTISELECT)

If "Other," please specify other purpose of travel:

Destination 1 Type:

(Domestic) Destination 1:

(International) Destination 1

Mode of Travel: (1)

Date of Arrival: (1)

Date of Departure (1)

Destination 2 Type

(Domestic) Destination 2

(International) Destination 2

Mode of Travel: (2)

Date of Arrival: (2)

Date of Departure (2)

Destination 3 Type:

(Domestic) Destination 3:

(International) Destination 3

Mode of Travel: (3)

Date of Arrival: (3)

Date of Departure (3)

If more than 3 destinations, specify details here:

Name of Laboratory that reported test result.

CLIA (Clinical Laboratory Improvement Act) identifier for the laboratory that performed the test.

Sending system-assigned local ID of the case investigation with which the subject is associated. This field has been added to provide the mapping to the case/investigation to which this lab result is associated. This field should appear exactly as it ap

A laboratory generated number that identifies the test/order instance.

Ordered Test Name is the lab test ordered by the physician. It will always be included in an ELR, but there are many instances in which the user entering manual reports will not have access to this information.

The date the specimen was collected.

This indicates the physical location, of the subject, where the specimen originated. Examples include: Right Internal Jugular, Left Arm, Buttock, Right Eye, etc.

A laboratory generated number that identifies the specimen related to this test.

The medium from which the specimen originated. Examples include whole blood, saliva, urine, etc.

Specimen details if specimen information entered as text.

Date Sample Received at Lab (accession date).

The date and time the sample was analyzed by the laboratory.

Date result sent from Reporting Laboratory.

The status of the lab report.

The lab test that was run on the specimen.

Results expressed as numeric value/quantitative result.

The unit of measure for numeric result value.

Coded qualitative result value.

The organism name as a test result. This element is used when the result was reported as an organism.

Textual result value, used if result is neither numeric nor coded.

The Result Status is the degree of completion of the lab test.

The interpretation flag identifies a result that is not typical as well as how it's not typical. Examples: Susceptible, Resistant, Normal, Above upper panic limits, below absolute low.

The reference range from value allows the user to enter the value on one end of a expected range of results for the test. This is used mostly for quantitative results.

The reference range to value allows the user to enter the value on the other end of a valid range of results for the test. This is used mostly for quantitative results.

The technique or method used to perform the test and obtain the test results.  
Examples: Serum Neutralization, Titration, dipstick, test strip, anaerobic culture.

Comments having to do specifically with the lab result test. These are the comments from the NTE segment if the result was originally an Electronic Laboratory Report.

Date the isolate was received in state public health laboratory.

Explanation for missing result (e.g., clotting, quantity not sufficient, etc.)

Indicate whether the specimens were genotyped and/or subtyped

If the specimen was sent to the CDC for genotyping, date on which the specimens were sent.

Indicate where Genotype and/or subtype testing was performed

If the specimen was sent for genotype identification, indicate the genotype

If the specimen was sent for subtype identification, indicate the subtype

Track Isolate functionality indicator

Patient status at specimen collection

Isolate received in state public health lab

Reason isolate not received

Reason isolate not received (Other)

Date received in state public health lab

State public health lab isolate id number

Case confirmed at state public health lab

What was the result of specimen testing using an antigen-based test (e.g. EIA or lateral flow) at a clinical laboratory?

Name of antigen-based test used at clinical laboratory

Age of case-patient in months if patient is <1yr

Age of case-patient in years

What was the result of specimen testing using an antigen-based test (e.g. EIA or lateral flow) at a state public health laboratory?

Name of antigen-based test used at state public health laboratory

Did the case-patient have bloody diarrhea (self reported) during this illness?

Did the case-patient have diarrhea (self-reported) during this illness?

Date of hospital admission for second hospitalization for this illness

Date of hospital discharge for second hospitalization for this illness

Date case was entered into site's database

Date case-patient's specimen was received in laboratory for initial testing

Date case report form was completed

Case-patient's specimen collection date

If case-patient traveled internationally, date of departure from the U.S.

If case-patient traveled internationally, date of return to the U.S.

CDC FDOSS outbreak ID number

Did the case-patient have fever (self-reported) during this illness?

If case-patient was hospitalized, was s/he transferred to another hospital?

Did case-patient immigrate to the U.S.? (within 15 days of illness onset)

Was the case-patient interviewed by public health (i.e. state or local health department) ?

Name of submitting laboratory

Case-patient's medical record number

What was the result of specimen testing using another test at CDC?

What was the result of specimen testing using another test at a clinical laboratory?

Name of other test used at a clinical laboratory

What was the result of specimen testing using another test at a state public health laboratory?

Name of other test used at a state public health laboratory

Type of outbreak that the case-patient was part of

Case-patient identification number

What was the result of specimen testing for diagnosis using PCR at CDC? (Do not enter PCR results if PCR was performed for speciation or subtyping).

What was the result of specimen testing using PCR at a clinical laboratory? (where goal of testing is primary detection not subtyping or speciation)

Name of PCR assay used

What was the result of specimen testing for diagnosis using PCR at the state public health laboratory? (Do not enter PCR results if PCR was performed for speciation or subtyping).

Unique identification number for person or patient

Unique identifier for laboratory result

Is all of the information for this case complete?

Was specimen or isolate forwarded to CDC for testing or confirmation?

State lab identification number



What was the species result at clinical lab?

What was the species result at SPHL?

Case patient's specimen collection source

Was the isolate sent to a state public health laboratory? (Answer 'Yes' if it was sent to any state lab, even if it was sent to a lab outside of the case's state of residence)

If case-patient traveled internationally, to where did they travel?

Did the case patient travel internationally? (within 15 days of onset)

Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)

Yes No Indicator (HL7)  
Yes No Unknown (YNU)  
Animal Type (FDD)

Yes No Unknown (YNU)

Yes No Indicator (HL7)  
Yes No Unknown (YNU)  
Yes No Unknown (YNU)  
Yes No Unknown (YNU)  
Day CareType (FDD)

Yes No Unknown (YNU)  
Yes No Unknown (YNU)  
Yes No Indicator (HL7)  
Tap Water Source (FDD)  
Well Water Treatment (FDD)

Tap Water Source (FDD)

Well Water Treatment (FDD)

Yes No Unknown (YNU)

Yes No Indicator (HL7)  
Yes No Unknown (YNU)

Yes No Indicator (HL7)

Yes No Unknown (YNU)

Recreational Water (FDD)

Swimming Pool Type (FDD)

Yes No Indicator (HL7)

Yes No Unknown (YNU)

Yes No Unknown (YNU)

Other Related Cases

Yes No Indicator (HL7)

Yes No Unknown (YNU)

Travel Purpose

Travel Destination Type

State

Country

Travel Mode

Travel Destination Type

State

Country

Travel Mode

Travel Destination Type

State

Country

Travel Mode

Ordered Test

Specimen

Specimen

Result Status (HL7)  
Lab Test Result Name (FDD)

Units Of Measure  
Lab Test Result Qualitative  
Microorganism (FDD)

Observation Result Status (HL7)  
Abnormal Flag (HL7)

Observation Method

Missing Lab Result Reason  
Yes No Unknown (YNU)

Yes No Indicator (HL7)  
Patient Location Status at Specimen Collection

Yes No Unknown (YNU)

Isolate Not Received Reason

Yes No Unknown (YNU)

Label/Short Name

Cabbage

Interview Status

Travel Destination Type

Travel Mode

Travel Purpose

Date of departure

Date of arrival

Destination code

Destination description

Person Knows of Similarly Ill Persons

Diarrhea Indicator

Max Stools per 24 Hrs

Weight Loss

Baseline Weight

Baseline Weight Units

Weight Lost

Weight Lost Units

Fever

Temperature

Temperature Units

Cyclosporiasis Symptom Code(s)

Cyclosporiasis Symptoms Other

Cyclosporiasis Confirmed By CDC

Treated For Cyclosporiasis

Sulfa Allergy

Fresh Berries Code(s)

Fresh Berries Other

Fresh Herbs Code(s)

Fresh Herbs Other

Lettuce Last 14 Days Code(s)

Lettuce Last 14 Days Other

Produce Last 14 Days Code(s)

Produce Last 14 Days Other

Fruit Other Than Berries Specify

Attend Events 14 Days Prior to Onset

Event Specify

Event Date

Eat at Restaurant 14 Days Prior to Onset

Restaurant(s) Specify

Reporting Lab Name

Reporting Lab CLIA Number

Local record ID (case ID)

Filler Order Number

Ordered Test Name

Date of Specimen Collection

Specimen Site

Specimen Number

Specimen Source

Specimen Details

Date Sample Received at Lab

Sample Analyzed date

Lab Report Date

Report Status

Resulted Test Name

Numeric Result

Result Units

Coded Result Value

Organism Name

Lab Result Text Value

Result Status

Interpretation Flag

Reference Range From

Reference Range To

Test Method

Lab Result Comments

Date received in state public health lab

Lab Test Coded Comments  
Sent to CDC for Genotyping  
Genotyping Sent Date

Sent For Strain ID  
Strain Type  
Track Isolate  
Patient status at specimen collection

Isolate received in state public health  
lab

Reason isolate not received  
Reason isolate not received (Other)  
Date received in state public health  
lab

State public health lab isolate id  
number

Case confirmed at state public health  
lab

AgClinic

AgClinicTestType

AgeMnth

AgeYr

AgSphl

AgSphlTestType

BloodyDiarr

Diarrhea

DtAdmit2

DtDisch2

DtEntered

DtRcvd

DtRptComp

DtSpec

DtUSDepart

DtUSReturn

EforsNum

Fever

HospTrans

Immigrate

Interview

LabName

LocalID

OtherCdcTest

OtherClinicTest

OtherClinicTestType

OtherSphlTest

OtherSphlTestType

OutbrkType

PatID

PcrCdc

PcrClinic

PcrClinicTestType

PcrSphl

PersonID

ResultID

RptComp

SentCDC

SLabsID

SpecSite

StLabRcvd

TravelDest

TravelInt

**Travel**

**Travel State**

**Medication Administered**

**Performing Laboratory Type**



## Description

Was fresh cabbage consumed in the 14 days prior to onset of illness?

Interview Status

Travel Destination Type

Travel Mode

Purpose of Travel

Departure Date

Arrival Date

FIPS code assigned to city/state/country

Name of city/state/country

Does the patient know of any similarly ill persons?

Did the patient have diarrhea?

If "Yes," please specify maximum number of stools per 24 hours:

Did patient experience weight loss?

If "Yes," please specify baseline weight:

specify baseline weight in lbs or kgs

Specify how much weight was lost:

Specify weight loss in lbs or kgs

Did patient have a fever?

If "Yes," please specify temperature (observation includes units)

Specify temperature in fahrenheit or centigrade

Did the patient have any of the following signs or symptoms of Cyclosporiasis?  
(MULTISELECT)

If "Other," please specify other signs or symptoms of Cyclosporiasis:

Was the case confirmed at the CDC lab?

Was the patient treated for Cyclosporiasis?

Does the patient have a sulfa allergy?

What fresh berries were eaten in the 14 days prior to onset of illness? (MULTISELECT)

If "Other," please specify other type of fresh berries:

What fresh herbs were eaten in the 14 days prior to onset of illness? (MULTISELECT)

If "Other," please specify other type of fresh herbs:

What fresh lettuce was eaten in the 14 days prior to onset of illness? (MULTISELECT)

If "Other," please specify other type of fresh lettuce:

What other types of fresh produce were eaten in the 14 days prior to onset of illness?  
(MULTISELECT)

If "Other," please specify other type of fresh produce:

If "Fruit, other than berries," please specify type of fruit other than berries:

Did patient attend any events in the 14 days prior to onset of illness?

If "Yes," please specify the event:

Date of event:

Did patient eat at restaurant(s) in the 14 days prior to onset of illness?

If "Yes," please specify the name of the restaurant(s):

Name of Laboratory that reported test result.

CLIA (Clinical Laboratory Improvement Act) identifier for the laboratory that performed the test.

Sending system-assigned local ID of the case investigation with which the subject is associated. This field has been added to provide the mapping to the case/investigation to which this lab result is associated. This field should appear exactly as it appears in OBR-3 of the Case Notification.

A laboratory generated number that identifies the test/order instance.

Ordered Test Name is the lab test ordered by the physician. It will always be included in an ELR, but there are many instances in which the user entering manual reports will not have access to this information.

The date the specimen was collected.

This indicates the physical location, of the subject, where the specimen originated. Examples include: Right Internal Jugular, Left Arm, Buttock, Right Eye, etc.

A laboratory generated number that identifies the specimen related to this test.

The medium from which the specimen originated. Examples include whole blood, saliva, urine, etc.

Specimen details if specimen information entered as text.

Date Sample Received at Lab (accession date).

The date and time the sample was analyzed by the laboratory.

Date result sent from Reporting Laboratory.

The status of the lab report.

The lab test that was run on the specimen.

Results expressed as numeric value/quantitative result.

The unit of measure for numeric result value.

Coded qualitative result value (e.g., Positive, Negative).

The organism name as a test result. This element is used when the result was reported as an organism.

Textual result value, used if result is neither numeric nor coded.

The Result Status is the degree of completion of the lab test.

The interpretation flag identifies a result that is not typical as well as how it's not typical. Examples: Susceptible, Resistant, Normal, Above upper panic limits, below absolute low.

The reference range from value allows the user to enter the value on one end of a expected range of results for the test. This is used mostly for quantitative results.

The reference range to value allows the user to enter the value on the other end of a valid range of results for the test. This is used mostly for quantitative results.

The technique or method used to perform the test and obtain the test results.

Examples: Serum Neutralization, Titration, dipstick, test strip, anaerobic culture.

Comments having to do specifically with the lab result test. These are the comments from the NTE segment if the result was originally an Electronic Laboratory Report.

Date the isolate was received in state public health laboratory.

Explanation for missing result (e.g., clotting, quantity not sufficient, etc.)

Indicate whether the specimens were sent to CDC for genotyping.

If the specimen was sent to the CDC for genotyping, date on which the specimens were sent.

Indicate whether the specimen was sent for strain identification.

If the specimen was sent for strain identification, indicate the strain.

Track Isolate functionality indicator

Patient status at specimen collection

Isolate received in state public health lab

Reason isolate not received

Reason isolate not received (Other)

Date received in state public health lab

State public health lab isolate id number

Case confirmed at state public health lab

What was the result of specimen testing using an antigen-based test (e.g. EIA or lateral flow) at a clinical laboratory?

Name of antigen-based test used at clinical laboratory

Age of case-patient in months if patient is <1yr

Age of case-patient in years

What was the result of specimen testing using an antigen-based test (e.g. EIA or lateral flow) at a state public health laboratory? Results from rapid card testing or EIA would be entered here.

Name of antigen-based test used at state public health laboratory

Did the case-patient have bloody diarrhea (self reported) during this illness?

Did the case-patient have diarrhea (self-reported) during this illness?

Date of hospital admission for second hospitalization for this illness

Date of hospital discharge for second hospitalization for this illness

Date case was entered into site's database

Date case-pateint's specimen was received in laboratory for initial testing

Date case report form was completed

Case-patient's specimen collection date

If case-patient patient traveled internationally, date of departure from the U.S.

If case-patient traveled internationally, date of return to the U.S.

CDC FDOSS outbreak ID number

Did the case-patient have fever (self-reported) during this illness?

If case-patient was hospitalized, was s/he transferred to another hospital?

Did case-patient immigrate to the U.S.? (within 15 days of illness onset)

Was the case-patient interviewed by public health (i.e. state or local health department) ?

Name of submitting laboratory

Ccase-patient's medical record number

For other pathogens: What was the result of specimen testing using another test at CDC? Results from DFA, IFA or other tests would be entered here.

What was the result of specimen testing using another test at a clinical laboratory? Results from DFA, IFA or other tests would be entered here.

Name of other test used at a clinical laboratory

What was the result of specimen testing using another test at a state public health laboratory? Results from DFA, IFA or other tests would be entered here.

Name of other test used at a state public health laboratory

Type of outbreak that the case-patient was part of

Case-patient identification number

What was the result of specimen testing for diagnosis using PCR at CDC? (Do not enter PCR results if PCR was performed for speciation or subtyping).

What was the result of specimen testing using PCR at a clinical laboratory? (where goal of testing is primary detection not subtyping or speciation)

Name of PCR assay used

What was the result of specimen testing for diagnosis using PCR at the state public health laboratory? (Do not enter PCR results if PCR was performed for speciation or subtyping).

Unique identification number for person or patient

Unique identifier for laboratory result

Is all of the information for this case complete?

Was specimen or isolate forwarded to CDC for testing or confirmation?

State lab identification number

Case patient's specimen collection source

Was the isolate sent to a state public health laboratory? (Answer 'Yes' if it was sent to any state lab, even if it was sent to a lab outside of the case's state of residence)

If case-patient traveled internationally, to where did they travel?

Did the case patient travel internationally? (within 15 days of onset)

**In the two weeks before onset of illness, did the case-patient travel out of their state or US?**

**Domestic destination or state(s) the case-patient traveled to in the two weeks before onset of illness**

**What treatment did the case-patient receive?**

**Performing laboratory type**

Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)

Approved by OMB

PHVS\_FreshProduce\_FDD  
PHVS\_InterviewStatus\_CDC  
PHVS\_TravelDestinationType\_FDD  
PHVS\_TravelMode\_CDC  
PHVS\_TravelPurpose\_FDD

FDD\_Q\_77 (PHIN\_Questions\_FDD)

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_WeightUnit\_UCUM

PHVS\_WeightUnit\_UCUM  
PHVS\_YesNoUnknown\_CDC

PHVS\_TemperatureUnit\_UCUM  
PHVS\_CyclosporiasisSignsSymptoms\_FDD

PHVS\_YesNoUnknown\_CDC  
PHVS\_YesNoUnknown\_CDC  
PHVS\_YesNoUnknown\_CDC  
PHVS\_FreshBerries\_FDD

PHVS\_FreshHerbs\_FDD

PHVS\_LettuceType\_FDD

PHVS\_FreshProduce\_FDD

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_BodySite\_CDC

PHVS\_Specimen\_CDC

PHVS\_ResultStatus\_HL7\_2x

PHVS\_LabTestName\_CDC

PHVS\_UnitsOfMeasure\_CDC

PHVS\_LabTestResultQualitative\_CDC

PHVS\_Microorganism\_CDC

PHVS\_ObservationResultStatus\_HL7\_2x

PHVS\_AbnormalFlag\_HL7\_2x

PHVS\_LabTestMethods\_CDC

PHVS\_MissingLabResult\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_MicrobiologicalStrain\_CDC

PHVS\_TrueFalse\_CDC

PHVS\_PatientLocationStatusAtSpecimenCollection

PHVS\_YesNoUnknown\_CDC

PHVS\_IsolateNotReceivedReason\_NND

PHVS\_YesNoUnknown\_CDC

**12/16/2016**

**12/16/2016**

**12/16/2016**

**12/16/2016**



Label/Short Name

Childhood Primary Series?

Number of Doses if <18 years old

Boosters as Adult?

Last Dose

Clinical Description

Fever?

If Yes, Temp

Sore Throat?

Difficulty Swallowing?

Membrane?

If Yes, Tonsils?

If Yes, Soft Palate?

If Yes, Hard Palate?

If Yes, Larynx?

If Yes, Nares?

If Yes, Nasopharynx?

If Yes, Conjunctiva?

If Yes, Skin?

Change in Voice?

Shortness of Breath?

Weakness?

Fatigue?

Other?

Soft Tissue Swelling?

Neck Edema?

If Yes

If Yes, Extent

Stridor?

Wheezing?

Palatal Weakness?

Tachycardia?

EKG Abnormalities?

Complications?

Airway Obstruction?

AO Onset Date

Intubation Required?

Myocarditis?

Myocarditis Onset Date

(Poly)neuritis?

(Poly)neuritis Onset date

Other?

Describe

Diphtheria Culture

Culture Date

Culture Result

Lab Name  
Biotype  
Toxigenicity Test  
Specimen Sent to CDC  
Specimen Type  
Serum Specimen for Ab Testing  
PCR Result  
Antibiotic Treatment  
Outpatient Treatment  
Date Initiated  
Antibiotic as Outpatient  
OP Therapy Duration  
Antibiotic Therapy in Hospital  
Inpatient Treatment  
Antibiotic as Inpatient  
IP Therapy Duration  
Antibiotics Before Culture  
Country of Residence  
Other Country  
US Arrival Date  
International Travel  
Country(s) Visited  
International Departure Date  
International Return Date  
Interstate Travel  
State(s) Visited  
Interstate Departure Date  
Interstate Return Date  
Exposure to Case or Carrier?  
Exposure to International Travelers?  
  
Exposure to Immigrants?  
DAT Administered  
Final Diagnosis  
Final Diagnosis Confirmation

## Description

Did the patient receive primary a vaccination series?

If patient <18 years old, how many doses of vaccine were received?

Did the patient receive vaccine booster doses as an adult?

What is the date of patient's last dose of vaccine?

Description of patient's clinical picture

Did/does the patient have a fever?

The units of measure of the highest measured temperature in Celsius.

Did/does the patient have a sore throat?

Did/does the patient have difficulty swallowing?

Did/does the patient have a pseudomembrane?

Were/are the tonsils the site of the membrane?

Was/is the soft palate the site of the membrane?

Was/is the hard palate the site of the membrane?

Was/is the larynx the site of the membrane?

Were/are the nares the site of the membrane?

Was/is the nasopharynx the site of the membrane?

Was/is conjunctiva the site of the membrane?

Was/is the skin site of the membrane?

Did/does the patient experience shortness of breath?

Did/does the patient have voice change?

Did/does the patient have weakness?

Did/does the patient have fatigue?

Did/does the patient have any other symptoms?

Did/does the patient have soft tissue swelling?

Did/does the patient have neck edema?

If neck edema, was it bilateral, left side only, or right side only?

If neck edema, extent of the neck edema

Did/does the patient have stridor?

Did/does the patient have wheezing?

Did/does the patient have weakness?

Did/does the patient have tachycardia?

Did/does the patient have EKG abnormalities?

Did/does the patient have complications due to this illness?

Did/does the patient have airway obstruction as a complication of this illness?

Patient's onset date for airway obstruction

Was intubation of the patient required?

Did/does the patient have myocarditis as a complication of this illness?

Patient's onset date for myocarditis

Did/does the patient have (poly)neuritis as a complication of this illness?

Patient's onset date for (poly)neuritis

Did/does the patient experience any other complications due to this illness?

Description of other complications due to this illness.

Was a specimen for diphtheria culture obtained?

If yes, date culture specimen obtained

What is the result for culture specimen?

Specify laboratory performing culture

If culture result positive, specify biotype

If culture positive, what is the result of toxigenicity testing?

Was a specimen sent to the CDC Diphtheria Lab for confirmation/molecular typing?

Indicate type of specimen sent to CDC

Was a serum specimen for diphtheria antitoxin antibodies obtained?

Specify the PCR result

Was patient treated with antibiotics?

Did patient receive treatment as an outpatient?

If yes, what is the date outpatient treatment initiated?

What antibiotic did the patient receive?

What was the duration of therapy (in days)?

Was antibiotic therapy obtained in a hospital?

Did patient receive treatment as an inpatient?

What antibiotic did the patient receive?

What was the duration of therapy (in days)?

Did patient receive antibiotics in the 24 hours before culture specimen taken?

What is patient's country of residence?

If other than US, what is the country?

What is the date of patient's arrival in the US?

Did patient have history of international travel 2 weeks prior to symptom onset?

What country(s) were visited?

Date the patient left for international travel

Date the patient returned from international travel

Did patient have history of interstate travel 2 weeks prior to symptom onset?

What state(s) were visited?

Date the patient left for interstate travel

Date the patient returned from interstate travel

Was patient exposed to a known case or carrier of diphtheria?

Did the patient have a known exposure to any international travelers?

Did the patient have a known exposure to any immigrants?

Units of DAT administered

What was the final clinical diagnosis for this patient?

How was the final diagnosis confirmed?

Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)

Label/Short Name

Animal Contact Questions Indicator

Animal Contact Indicator

Animal Type Code(s)

Animal Type Other

Amphibian Other

Reptile Other

Mammal Other

Animal Contact Location

Acquired New Pet

Applicable Incubation Period

Associated with Daycare Indicator

Day Care Attendee

Day Care Worker

Live with Day Care Attendee

Day Care Type

Day Care Facility Name

Food Prepared at this Daycare

Diapered Infants at this Daycare

Drinking Water Exposure Indicator

Home Tap Water Source Code

Home Well Treatment Code

Home Tap Water Source Other

School/Work Tap Water Source Code

School/Work Well Treatment Code

School/Work Tap Water Source

Other

Drink Untreated Water 14 days Prior  
to Onset

Food Handler

Food Handler after Illness Onset

Food Handler Last Worked Date

Food Handler Location

Recreational Water Exposure

Questions Indicator

Recreational Water Exposure 14 Days  
Prior to Onset

Recreational Water Exposure Type  
Code(s)

Recreational Water Exposure Type  
Other

Swimming Pool Type Code(s)

Swimming Pool Type Other

Recreational Water Location Name

Related Case Indicator

Patient Knows of Similarly Ill Persons

Health Department Investigated

Other Related Cases

Travel Questions Indicator

Travel Prior To Onset

Incubation Period

Travel Purpose Code(s)

Travel Purpose Other

Destination 1 Type:

(Domestic) Destination 1:

(International) Destination 1

Mode of Travel: (1)

Date Of Arrival (1)

Date of Departure (1)

Destination 2 Type

(Domestic) Destination 2

(International) Destination 2

Mode of Travel: (2)

Date of Arrival: (2)

Date of Departure (2)

Destination 3 Type:

(Domestic) Destination 3:

(International) Destination 3

Mode of Travel: (3)

Date of Arrival: (3)

Date of Departure (3)

Other Destination Txt

Reporting Lab Name

Reporting Lab CLIA Number

Local record ID (case ID)

Filler Order Number

Ordered Test Name

Date of Specimen Collection

Specimen Site

Specimen Number

Specimen Source

Specimen Details

Date Sample Received at Lab  
Sample Analyzed date  
Lab Report Date  
Report Status  
Resulted Test Name  
Numeric Result  
Result Units  
Coded Result Value  
Organism Name

Lab Result Text Value  
Result Status  
Interpretation Flag

Reference Range From

Reference Range To

Test Method

Lab Result Comments

Date received in state public health  
lab

Lab Test Coded Comments  
Genotyping/ Subtyping  
Genotyping Sent Date

Genotype/Subtype location  
Genotype  
Subtype  
Track Isolate  
Patient status at specimen collection

Isolate received in state public health  
lab

Reason isolate not received  
Reason isolate not received (Other)  
Date received in state public health  
lab

State public health lab isolate id  
number

Case confirmed at state public health  
lab



AgClinic

AgClinicTestType

AgeMnth

AgeYr

AgSphl

AgSphlTestType

BloodyDiarr

Diarrhea

DtAdmit2

DtDisch2

DtEntered

DtRcvd

DtRptComp

DtSpec

DtUSDepart

DtUSReturn

EforsNum

Fever

HospTrans

Immigrate

Interview

LabName

LocalID

OtherCdcTest

OtherClinicTest

OtherClinicTestType

OtherSphlTest

OtherSphlTestType

OutbrkType

PatID

PcrCdc

PcrClinic

PcrClinicTestType

PcrSphl

PersonID

ResultID

RptComp

SentCDC

SLabsID

SpeciesClinic  
SpeciesSphl  
SpecSite  
StLabRcvd

TravelDest  
TravelInt

## Description

If contact with animal, then display the following questions

Did patient come in contact with an animal?

Type of animal: (MULTISELECT)

If "Other," please specify other type of animal:

If "Other Amphibian," please specify other type of amphibian:

If "Other Reptile," please specify other type of reptile:

If "Other Mammal," please specify other type of mammal:

Name or Location of Animal Contact:

Did the patient acquire a pet prior to onset of illness?

Applicable incubation period for this illness is

If Patient associated with a day care center:

Attend a day care center?

Work at a day care center?

Live with a day care center attendee?

What type of day care facility?

What is the name of the day care facility?

Is food prepared at this facility?

Does this facility care for diapered persons?

If patient has had Drinking Water exposure, then display the following questions

What is the source of tap water at home?

If "Private Well," how was the well water treated at home?

If "Other," specify other source of tap water at home:

What is the source of tap water at school/work?

If "Private Well," how was the well water treated at school/work?

If "Other," specify other source of tap water at school/work:

Did patient drink untreated water 14 days prior to onset of illness?

If patient is a Food Handler, then display the following questions

Did patient work as a food handler after onset of illness?

What was the last date worked as a food handler after onset of illness?

Where was patient a food handler?

If patient has had recreational water exposure, then display the following

Was there recreational water exposure in the 14 days prior to illness?

What was the recreational water exposure type? (MULTISELECT)

If "Other," please specify other recreational water exposure type:

If "Swimming Pool," please specify swimming pool type: (MULTISELECT)

If "Other," please specify other swimming pool type:

Name or location of water exposure:

If related cases are associated to this case, then display the following questions

Does the patient know of any similarly ill persons?

If "Yes," did the health department collect contact information about other similarly ill persons and investigate further?

Are there other cases related to this one?

If patient has traveled, then display the following questions

Did the patient travel prior to onset of illness?

Applicable incubation period for this illness is 14 days

What was the purpose of the travel? (MULTISELECT)

If "Other," please specify other purpose of travel:

Destination 1 Type:

(Domestic) Destination 1:

(International) Destination 1

Mode of Travel: (1)

Date of Arrival: (1)

Date of Departure (1)

Destination 2 Type

(Domestic) Destination 2

(International) Destination 2

Mode of Travel: (2)

Date of Arrival: (2)

Date of Departure (2)

Destination 3 Type:

(Domestic) Destination 3:

(International) Destination 3

Mode of Travel: (3)

Date of Arrival: (3)

Date of Departure (3)

If more than 3 destinations, specify details here:

Name of Laboratory that reported test result.

CLIA (Clinical Laboratory Improvement Act) identifier for the laboratory that performed the test.

Sending system-assigned local ID of the case investigation with which the subject is associated. This field has been added to provide the mapping to the case/investigation to which this lab result is associated. This field should appear exactly as it ap

A laboratory generated number that identifies the test/order instance.

Ordered Test Name is the lab test ordered by the physician. It will always be included in an ELR, but there are many instances in which the user entering manual reports will not have access to this information.

The date the specimen was collected.

This indicates the physical location, of the subject, where the specimen originated. Examples include: Right Internal Jugular, Left Arm, Buttock, Right Eye, etc.

A laboratory generated number that identifies the specimen related to this test.

The medium from which the specimen originated. Examples include whole blood, saliva, urine, etc.

Specimen details if specimen information entered as text.

Date Sample Received at Lab (accession date).

The date and time the sample was analyzed by the laboratory.

Date result sent from Reporting Laboratory.

The status of the lab report.

The lab test that was run on the specimen.

Results expressed as numeric value/quantitative result.

The unit of measure for numeric result value.

Coded qualitative result value.

The organism name as a test result. This element is used when the result was reported as an organism.

Textual result value, used if result is neither numeric nor coded.

The Result Status is the degree of completion of the lab test.

The interpretation flag identifies a result that is not typical as well as how it's not typical. Examples: Susceptible, Resistant, Normal, Above upper panic limits, below absolute low.

The reference range from value allows the user to enter the value on one end of a expected range of results for the test. This is used mostly for quantitative results.

The reference range to value allows the user to enter the value on the other end of a valid range of results for the test. This is used mostly for quantitative results.

The technique or method used to perform the test and obtain the test results.  
Examples: Serum Neutralization, Titration, dipstick, test strip, anaerobic culture.

Comments having to do specifically with the lab result test. These are the comments from the NTE segment if the result was originally an Electronic Laboratory Report.

Date the isolate was received in state public health laboratory.

Explanation for missing result (e.g., clotting, quantity not sufficient, etc.)

Indicate whether the specimens were genotyped and/or subtyped

If the specimen was sent to the CDC for genotyping, date on which the specimens were sent.

Indicate where Genotype and/or subtype testing was performed

If the specimen was sent for genotype identification, indicate the genotype

If the specimen was sent for subtype identification, indicate the subtype

Track Isolate functionality indicator

Patient status at specimen collection

Isolate received in state public health lab

Reason isolate not received

Reason isolate not received (Other)

Date received in state public health lab

State public health lab isolate id number

Case confirmed at state public health lab

What was the result of specimen testing using an antigen-based test (e.g. EIA or lateral flow) at a clinical laboratory?

Name of antigen-based test used at clinical laboratory

Age of case-patient in months if patient is <1yr

Age of case-patient in years

What was the result of specimen testing using an antigen-based test (e.g. EIA or lateral flow) at a state public health laboratory?

Name of antigen-based test used at state public health laboratory

Did the case-patient have bloody diarrhea (self reported) during this illness?

Did the case-patient have diarrhea (self-reported) during this illness?

Date of hospital admission for second hospitalization for this illness

Date of hospital discharge for second hospitalization for this illness

Date case was entered into site's database

Date case-patient's specimen was received in laboratory for initial testing

Date case report form was completed

Case-patient's specimen collection date

If case-patient traveled internationally, date of departure from the U.S.

If case-patient traveled internationally, date of return to the U.S.

CDC FDOSS outbreak ID number

Did the case-patient have fever (self-reported) during this illness?

If case-patient was hospitalized, was s/he transferred to another hospital?

Did case-patient immigrate to the U.S.? (within 15 days of illness onset)

Was the case-patient interviewed by public health (i.e. state or local health department) ?

Name of submitting laboratory

Case-patient's medical record number

What was the result of specimen testing using another test at CDC?

What was the result of specimen testing using another test at a clinical laboratory?

Name of other test used at a clinical laboratory

What was the result of specimen testing using another test at a state public health laboratory?

Name of other test used at a state public health laboratory

Type of outbreak that the case-patient was part of

Case-patient identification number

What was the result of specimen testing for diagnosis using PCR at CDC? (Do not enter PCR results if PCR was performed for speciation or subtyping).

What was the result of specimen testing using PCR at a clinical laboratory? (where goal of testing is primary detection not subtyping or speciation)

Name of PCR assay used

What was the result of specimen testing for diagnosis using PCR at the state public health laboratory? (Do not enter PCR results if PCR was performed for speciation or subtyping).

Unique identification number for person or patient

Unique identifier for laboratory result

Is all of the information for this case complete?

Was specimen or isolate forwarded to CDC for testing or confirmation?

State lab identification number

What was the species result at clinical lab?

What was the species result at SPHL?

Case patient's specimen collection source

Was the isolate sent to a state public health laboratory? (Answer 'Yes' if it was sent to any state lab, even if it was sent to a lab outside of the case's state of residence)

If case-patient traveled internationally, to where did they travel?

Did the case patient travel internationally? (within 15 days of onset)

Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)

Yes No Indicator (HL7)  
Yes No Unknown (YNU)  
Animal Type (FDD)

Yes No Unknown (YNU)

Yes No Indicator (HL7)  
Yes No Unknown (YNU)  
Yes No Unknown (YNU)  
Yes No Unknown (YNU)  
Day CareType (FDD)

Yes No Unknown (YNU)  
Yes No Unknown (YNU)  
Yes No Indicator (HL7)  
Tap Water Source (FDD)  
Well Water Treatment (FDD)

Tap Water Source (FDD)

Well Water Treatment (FDD)

Yes No Unknown (YNU)

Yes No Indicator (HL7)  
Yes No Unknown (YNU)

Yes No Indicator (HL7)

Yes No Unknown (YNU)

Recreational Water (FDD)

Swimming Pool Type (FDD)

Yes No Indicator (HL7)



Yes No Unknown (YNU)

Yes No Unknown (YNU)

Other Related Cases

Yes No Indicator (HL7)

Yes No Unknown (YNU)

Travel Purpose

Travel Destination Type

State

Country

Travel Mode

Travel Destination Type

State

Country

Travel Mode

Travel Destination Type

State

Country

Travel Mode

Ordered Test

Specimen

Specimen

Result Status (HL7)  
Lab Test Result Name (FDD)

Units Of Measure  
Lab Test Result Qualitative  
Microorganism (FDD)

Observation Result Status (HL7)  
Abnormal Flag (HL7)

Observation Method

Missing Lab Result Reason  
Yes No Unknown (YNU)

Yes No Indicator (HL7)  
Patient Location Status at Specimen Collection

Yes No Unknown (YNU)

Isolate Not Received Reason

Yes No Unknown (YNU)

Label/Short Name

DAYCARE  
FACNAME  
NURSHOME  
NHNAME  
SYNDRM  
SPECSYN  
SPECIES  
OTHBUG1  
STERSITE  
OTHSTER  
DATE  
NONSTER  
UNDERCOND  
COND  
OTHMALIG  
OTHORGAN  
OTHILL  
OTHOTHSPC  
Specify Internal Body Site  
Other Prior Illness 2  
Other Prior Illness 3  
Other Nonsterile Site  
INSURANCE  
INSURANCEOTH  
WEIGHTLB  
WEIGHTOZ  
WEIGHTKG  
HEIGHTFT  
HEIGHTIN  
HEIGHTCM  
WEIGHTUNK  
HEIGHTUNK  
SEROTYPE  
HIBVACC  
  
MEDINS  
OTHINS  
HIBCON  
  
CONTYPE  
SIGHIST  
PREWEEKS  
SPECHIV  
OTHSIGHIST  
ACUTESER

ACUTESERDT

CONVSER

CONVSERDT

BIRTHCTRY

Other Serotype

Was the patient < 15 years of age at  
the time of first positive culture?

## Description

If <6 years of age, is the patient in daycare?

Name of the daycare facility.

Does the patient reside in a nursing home or other chronic care facility?

Name of the nursing home or chronic care facility.

Types of infection that are caused by the organism. This is a multi-select field.

Other infection that is caused by the organism.

Bacterial species that was isolated from any normally sterile site.

Other bacterial species that was isolated from any normally sterile site.

Sterile sites from which the organism was isolated. This is a multi-select field.

Other sterile site from which the organism was isolated.

Date the first positive culture was obtained. (This is considered diagnosis date.)

Nonsterile sites from which the organism was isolated. This is a multi-select field.

Did the patient have any underlying conditions?

Underlying conditions that the subject has. This is a multi-select field.

Other malignancy that the subject had as an underlying condition.

Detail of the organ transplant that the subject had as an underlying condition.

Other prior illness that the subject had as an underlying condition.

Another Bacterial Species not listed in the Other Bacterial Species drop-down list.

Internal Body Site where the organism was located.

Other prior illness that the subject had as an underlying condition.

Other prior illness that the subject had as an underlying condition.

Other nonsterile site from which the organism was isolated.

Patient's type of insurance (multi-selection).

Patient's other type of insurance.

Weight of the patient in pounds.

Weight of the patient in ounces.

Weight of the patient in kilograms.

Height of the patient in feet.

Height of the patient in inches.

Height of the patient in centimeters.

Indicator that the weight of the patient is unknown.

Indicator that the height of the patient is unknown.

Serotype of the culture.

If <15 years of age and serotype is 'b' or 'unk', did the patient receive Haemophilus Influenzae b vaccine?

Type of medical insurance the family has.

Other medical insurance type.

Is there a known previous contact with Hib disease within the preceding two months?

Type of previous contact with Hib disease within the preceding two months.

Patient's significant past medical history.

Number of weeks of a preterm birth (less than 37 weeks).

Specify immunosuppression/HIV.

Specify other prior condition.

Is acute serum available?

Date of acute serum availability.

Is convalescent serum available?

Date of convalescent serum availability.

Person's country of birth.

Another serotype not included in the serotype dropdown list.

Indicator whether the patient was less than 15 years of age at the time of first positive culture.

Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)

PHVS\_YesNoUnknown\_CDC  
PHVS\_YesNoUnknown\_CDC  
PHVS\_YesNoUnknown\_CDC

TBD

TBD  
TBD  
TBD

TBD  
PHVS\_YesNoUnknown\_CDC  
TBD

TBD

TBD

PHVS\_TrueFalse\_CDC  
PHVS\_TrueFalse\_CDC  
TBD  
PHVS\_YesNoUnknown\_CDC

TBD

PHVS\_YesNoUnknown\_CDC

TBD

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_Country\_ISO\_3166-1

PHVS\_YesNoUnknown\_CDC



Label/Short Name

State Case ID

Date of completion of Report

Date of First Report to CDC

Notification Result Status

Condition Code

Case Class Status Code

MMWR Week

MMWR Year

Reporting State

Reporting County

National Reporting Jurisdiction

Reporting Source Type Code

Reporting Source ZIP Code

Date First Reported PHD

Person Reporting to CDC - Name

Person Reporting to CDC - Phone  
Number

Person Reporting to CDC - Title

Person Reporting to CDC - Affiliation

Type of leprosy

Subject Address County

Subject Address State

Age units at case investigation

Country of Birth

Time in U.S.

Date first entered U.S.

Subject's Sex

Race Category

Ethnic Group Code

Country of Usual Residence

Earliest Date Reported to County

Earliest Date Reported to State

Diagnosis Date

Case Disease Imported Code

Imported Country

Country of Exposure or Country  
Where Disease was Acquired

Note: use exposure or acquired  
consistently across variables

Date of Onset of symptoms

Date Leprosy first diagnosed

Initial diagnosis

Diagnosis\_Biopsy

Diagnosis\_SkinSmear

Date test performed

Test Result

Current antimicrobial Treatment

Date current antimicrobial Treatment

Disability

Armadillo exposure

## Description

States use this field to link NEDSS investigations back to their own state investigations.

Date the initial leprosy surveillance form was completed by a reporting source (physician or lab reported to the local/county/state health department).

Date the case was first reported to the CDC

Status of the notification.

Condition or event that constitutes the reason the notification is being sent

Status of the case/event as suspect, probable, confirmed, or not a case per CSTE/CDC/ surveillance case definitions.

MMWR Week for which case information is to be counted for MMWR publication.

MMWR Year (YYYY) for which case information is to be counted for MMWR publication.

State reporting the notification.

County reporting the notification.

National jurisdiction reporting the notification to CDC.

Type of facility or provider associated with the source of information sent to Public Health.

ZIP Code of the reporting source for this case.

Earliest date the case was reported to the public health department whether at the local, county, or state public health level.

Name of the person who is reporting the case to the CDC. This is the person that CDC should contract in a state if there are questions regarding this case notification.

Phone Number of the person who is reporting the case to the CDC. This is the person that CDC should contract in a state if there are questions regarding this case notification.

Job title / description of the person reporting the case to the CDC. This is the person that CDC should contract in a state if there are questions regarding this case notification.

Affiliated Facility of the person reporting the case to the CDC. This is the person that CDC should contract in a state if there are questions regarding this case notification.

Classify the diagnosis based on one of the ICD-9-CM diagnosis codes

County of residence of the subject

State of residence of the subject

Subject age units at time of case investigation

Country of Birth

Length of time this subject has been living in the U.S. (if born out of the U.S.

Provide the date that subject first entered U.S. in YYYYMM format (if born out of the U.S.)

Subject's current sex

Field containing one or more codes that broadly refer to the subject's race(s).

Based on the self-identity of the subject as Hispanic or Latino

Where does the person usually\* live (defined as their residence)

\*For the definition of 'usual residence' refer to CSTE position statement # 11-SI-04 titled "Revised Guidelines for Determining Residency for Disease Reporting" at <http://www.cste.org/ps2011/11-SI-04.pdf> .

Earliest date reported to county public health system

Earliest date reported to state public health system

Earliest date of diagnosis (clinical or laboratory) of condition being reported to public health system

Indication of where the disease/condition was likely acquired.

If the disease or condition was imported, indicates the country in which the disease was likely acquired.

Indicates the country in which the disease was potentially acquired.

Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system

Provide month and year first diagnosis was made (if applicable)

Was subject diagnosed in the U.S. or outside the U.S.

Was biopsy performed in the U.S.?

Was skin smear test performed

Provide date test was performed in YYYYMM format

Epidemiologic interpretation of the results of the tests performed for this case

Indicate all antimicrobial drugs used to treat subject

Indicate the date antimicrobial treatment started

Indicate any sensory abnormalities or deformities of the hands, feet or eyes

Did subject ever had direct contact with an armadillo?

Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)

PHVS\_ResultStatus\_NETSS  
PHVS\_NotifiableEvent\_Disease\_Condition\_CDC\_NNDSS  
PHVS\_CaseClassStatus\_NND

PHVS\_State\_FIPS\_5-2  
PHVS\_County\_FIPS\_6-4  
PHVS\_NationalReportingJurisdiction\_NND  
PHVS\_ReportingSourceType\_NND

PHVS\_TypeofLeprosy\_CDC

PHVS\_County\_FIPS\_6-4  
PHVS\_State\_FIPS\_5-2  
PHVS\_AgeUnit\_UCUM\_NETSS  
PHVS\_CountryofBirth\_CDC

PHVS\_Sex\_MFU  
PHVS\_RaceCategory\_CDC  
PHVS\_EthnicityGroup\_CDC\_Unk

PHVS\_CountryofBirth\_CDC

PHVS\_DiseaseAcquiredJurisdiction\_NETSS

PHVS\_Country\_ISO\_3166-1

PHVS\_CountryofBirth\_CDC

PHVS\_DiagnosisBiopsy\_CDC

PHVS\_DiagnosisSkinSmear\_Leprosy

PHVS\_LabTestInterpretation\_Leprosy

PHVS\_MedicationTreatment\_Leprosy

PHVS\_MedicationTreatment\_Date\_Leprosy

PHVS\_HandsFeet\_CDC

PHVS\_YesNoUnknown\_CDC

Label/Short Name

Last Name

First Name

Middle Initial

Occupation

History of rodent exposure 8 weeks prior to illness onset

If yes, type of rodent exposure

Exposure occurred while cleaning

Exposure occurred while working

Exposure during recreational activity (camping, hiking)

Other exposure? (explain below)

Fever >101F (38.3C)

Thrombocytopenia (<150,000)

Elevated hematocrit

Elevated creatinine

Outcome of illness

Autopsy performed

Autopsy findings

Did patient seek care before admission

Date of pre-hospital treatment

Outcome of treatment (sent home, diagnosed as flu, etc):

Supplemental oxygen required

Was patient on ECMO

Was patient intubated

CXR with unexplained bilateral interstitial infiltrates or suggestive of ARDS

Notes on clinical course of illness

Specimen collection date

Type of specimen

If specimen tested, at which laboratory

Test results (i.e. titer, IgM, IgG)

Name of patient's physician

Physician's email

Physician's phone number

Description

Patient's last name

Patient's first name

Patient's middle initial

Patient's occupation

Did patient have history of rodent exposure during 8 week period prior to illness onset?

If rodent exposure occurred, what was the type of exposure?

Did exposure occur while cleaning?

Did exposure occur while working?

Did exposure occur during a recreational activity?

Other types of exposure? (Explain)

Did patient have a fever >101F (38.3C)?

Did patient have thrombocytopenia (<150,000)?

Did patient have elevated hematocrit?

Did patient have elevated creatinine?

What was the outcome of the illness?

If patient died, was autopsy performed?

Describe autopsy findings

Did patient seek care before admission?

Date of pre-hospital treatment

What was the outcome of treatment (sent home, diagnosed as flu, etc)?

Did the patient require supplemental oxygen?

Was patient on extracorporeal membrane oxygenation (ECMO)?

Was the patient intubated?

Did patient have chest x-ray (CXR) with unexplained bilateral interstitial infiltrates or suggestive of acute respiratory distress?

Describe clinical course of illness

Specimen collection date

Type of specimen collected

If specimen tested, at which laboratory?

Test results (i.e. titer, IgM, IgG)

Name of patient's physician

Physician's email

Physician's phone number



Approved by OMB

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Label/Short Name

Reason for Testing

Symptomatic

Date of Illness Onset

Jaundiced (Symptom)

Due Date

Previously Aware of Condition

Provider of Care for Condition

Liver Enzyme Test Type

Liver Enzyme Test Result Date

Liver Enzyme Upper Limit Normal

Liver Enzyme Test Result

Test Type

Test Result

anti-HCV signal to cut-off ratio

Is this case Epi-linked to another  
confirmed or probable case?

Contact With Confirmed or  
Suspected Case

Contact Type

Contact Type Indicator

In Day Care

Day Care Contact

Identified Day Care Case

Sexual Preference

Number of Male Sexual Partners

Number of Female Sexual Partners

IV Drug Use

Recreational Drug Use

Travel or Live Outside U.S. or Canada

Countries Traveled or Lived Outside  
U.S. or Canada

Principal reason for travel  
Household Travel Outside U.S. or  
Canada  
Household Countries Traveled to  
Outside U.S. or Canada  
Common-Source Outbreak  
Foodborne Outbreak- infected food  
handler  
Foodborne Outbreak - NOT an  
infected food handler  
Food Item of Associated Outbreak  
Waterborne Outbreak  
Unidentified Source Outbreak  
Food Handler

Diabetes  
Diabetes Diagnosis Date  
Ever Receive a Vaccine  
Total Doses of Vaccine  
Date of Last Dose  
Ever Receive Immune Globulin  
Date of Last IG Dose  
Mother's Race  
Mother's Ethnicity  
Mother Born Outside U.S.  
Mother's Birth Country  
Mother Confirmed Positive Prior To  
Delivery  
Mother Confirmed Positive After  
Delivery  
Mother Confirmed Positive Date  
Total Doses of Vaccine  
Ever Receive Immune Globulin  
Date the child received HBIG  
Vaccine Dose Number  
Vaccine Administered Date  
Contact With Confirmed or  
Suspected Case

Contact Type

Contact Type Indicator

Sexual Preference

Number of Male Sexual Partners

Number of Female Sexual Partners

Number of Sex Partners

Treated for STD

Year of Recent Treatment for STD

Ever IDU

Ever Had Contact with Hepatitis

Ever Contact Type

IV Drug Use

Recreational Drug Use

Long-Term Hemodialysis

Hemodialysis

Contaminated Stick

Transfusion before 1992

Transplant before 1992

Clotting Factor before 1987

Blood Transfusion

Blood Transfusion Date

Outpatient IV Infusions and/or  
Injections

Other Blood Exposure

Ever a Medical / Dental Blood  
Worker

Medical / Dental Blood Worker

Medical / Dental Blood Worker -  
Frequency of Blood Contact

Public Safety Blood Worker

Public Safety Blood Worker -  
Frequency of Blood Contact

Tattoo

Location Tattoo Received from  
Piercing

Location Piercing Received from  
Dental Work / Oral Surgery

Surgery Other Than Oral

Tested for Hepatitis D  
Hepatitis Delta Infection

Prior Negative Hepatitis Test

Verified Test Date

Hospitalized

Long Term Care Resident

Ever Incarcerated

Incarcerated More Than 24 hours

Diabetes

Diabetes Diagnosis Date

Type of Incarceration Facility

Incarceration Type Indicator

Incarcerated More Than 6 months

Year of Most Recent Incarceration

Length of Incarceration

Received Medication for Condition

Mother's Birth Country

Did the subject ever receive a vaccine?

Total Doses of Vaccine

Date of Last Dose

Tested for HBsAg Antibodies

HBsAg Antibodies Positive

## Description

Listing of the reason(s) the subject was tested for hepatitis.

Was the subject symptomatic for hepatitis?

Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system

Was the subject jaundiced?

Subject's pregnancy due date

Was the subject aware they had Hepatitis prior to lab testing?

Does the subject have a provider of care for Hepatitis? This is any healthcare provider that monitors or treats the patient for viral hepatitis.

Liver Enzyme Test Type

Liver Enzyme Test Result Date

Liver Enzyme Upper Limit Normal

Liver Enzyme Test Result

Epidemiologic interpretation of the type of test(s) performed for this case.

Epidemiologic interpretation of the results of the test(s) performed for this case.

Used to specify the anti-HCV signal to cut-off ratio if antibody to Hepatitis C virus was the test performed.

Specify if this case is Epidemiologically-linked to another confirmed or probable case of hepatitis?

During the 2-6 weeks prior to the onset of symptoms, was the subject a contact of a person with confirmed or suspected hepatitis virus infection?

During the 2-6 weeks prior to the onset of symptoms, type of contact the subject had with a person with confirmed or suspected hepatitis virus infection

During the 2-6 weeks prior to the onset of symptoms, answer (Yes, No, Unknown) for each type of contact the subject had with a person with confirmed or suspected hepatitis virus infection

During the 2-6 weeks prior to the onset of symptoms, was the subject a child or employee in daycare center, nursery, or preschool?

During the 2-6 weeks prior to the onset of symptoms, was the subject a household contact of a child or employee in a daycare center, nursery, or preschool?

Was there an identified hepatitis case in the childcare facility?

What is/was the subject's sexual preference?

During the 2-6 weeks prior to the onset of symptoms, number of male sex partners the person had.

During the 2-6 weeks prior to the onset of symptoms, number of female sex partners the person had.

During the 2-6 weeks prior to the onset of symptoms, did the subject inject drugs not prescribed by a doctor?

During the 2-6 weeks prior to the onset of symptoms, did the subject use street drugs but not inject?

During the 2-6 weeks prior to the onset of symptoms, did the subject travel or live outside the U.S.A. or Canada?

The country(s) to which the subject traveled or lived (outside the U.S.A. or Canada) prior to symptom onset.



What was the principal reason for travel?

During the 3 months prior to the onset of symptoms, did anyone in the subject's household travel outside the U.S.A. or Canada?

The country(s) to which anyone in the subject's household traveled (outside the U.S.A. or Canada) prior to symptom onset.

Is the subject suspected as being part of a common-source outbreak?

Subject is associated with a foodborne outbreak that is associated with an infected food handler.

Subject is associated with a foodborne outbreak that is not associated with an infected food handler.

Food item with which the foodborne outbreak is associated.

Subject is associated with a waterborne outbreak .

Subject is associated with an outbreak that does not have an identified source.

During the 2 weeks prior to the onset of symptoms or while ill, was the subject employed as a food handler?

Does subject have diabetes?

If subject has diabetes, date of diabetes diagnosis.

Did the subject ever receive the hepatitis A vaccine?

Number of doses of hepatitis A vaccine the subject received.

Year the subject received the last dose of hepatitis A vaccine.

Has the subject ever received immune globulin?

Date the subject received the last dose of immune globulin.

Race of the subject's mother.

Ethnicity of the patient's mother.

Was mother born outside of the United States of America?

What is the birth country of the mother?

Was the mother confirmed HBsAg positive prior to or at time of delivery?

Was the mother confirmed HBsAg positive after delivery?

Date of mother's earliest HBsAg positive test result.

Number of doses of hepatitis vaccine the child received.

Has the child ever received immune globulin?

Date the child received the last dose of immune globulin.

The vaccine dose number in series of vaccination for hepatitis.

The date that the vaccine was administered.

For Acute Hepatitis B, in the 6 weeks to 6 months prior to onset of symptoms, was the patient a contact of a person with confirmed or suspected hepatitis B virus infection?

For Acute Hepatitis C, in the 2 weeks to 6 months prior to onset of symptoms, was the patient a contact of a person with confirmed or suspected hepatitis C virus infection?

For Acute Hepatitis B, in the 6 weeks to 6 months prior to onset of symptoms, type of contact with a person with confirmed or suspected hepatitis B virus infection?

For Acute Hepatitis C, in the 2 weeks to 6 months prior to onset of symptoms, type of contact with a person with confirmed or suspected hepatitis C virus infection?

For Acute Hepatitis B, in the 6 weeks to 6 months prior to onset of symptoms, answer (Yes, No, Unknown) for each type of contact the subject had with a person with confirmed or suspected hepatitis B virus infection.

For Acute Hepatitis C, in the 2 weeks to 6 months prior to onset of symptoms, answer (Yes, No, Unknown) for each type of contact the subject had with a person with confirmed or suspected hepatitis B virus infection.

What is/was the subject's sexual preference?

Prior to the onset of symptoms, number of male sex partners the person had.

For Acute Hep B, the time period prior to onset of symptoms is 6 months.

For Acute Hep C, the time period prior to onset of symptoms is 6 months.

Prior to the onset of symptoms, number of female sex partners the person had.

For Acute Hep B, the time period prior to onset of symptoms is 6 months.

For Acute Hep C, the time period prior to onset of symptoms is 6 months.

How many sex partners (approximately) has subject ever had?

Was the subject ever treated for a sexually transmitted disease?

Year the patient received the most recent treatment for a sexually transmitted disease.

Has the patient ever injected drugs not prescribed by a doctor, even if only once or a few times?

Was the patient ever a contact of a person who had hepatitis?

If the patient was ever a contact of a person who had hepatitis, what was the type of contact?

Prior to the onset of symptoms, did the patient inject drugs not prescribed by a doctor?

For Acute Hep B, the time period prior to onset of symptoms is 6 weeks - 6 months.

For Acute Hep C, the time period prior to onset of symptoms is 2 weeks - 6 months.

Prior to the onset of symptoms, did the patient use street drugs but not inject?

For Acute Hep B, the time period prior to onset of symptoms is 6 weeks - 6 months.

For Acute Hep C, the time period prior to onset of symptoms is 2 weeks - 6 months.

Was the patient ever on long-term hemodialysis?

Prior to the onset of symptoms, did the patient undergo hemodialysis?

For Acute Hep B, the time period prior to onset of symptoms is 6 weeks - 6 months.

For Acute Hep C, the time period prior to onset of symptoms is 2 weeks - 6 months.

Prior to the onset of symptoms, did the patient have an accidental stick or puncture with a needle or other object contaminated with blood?

For Acute Hep B, the time period prior to onset of symptoms is 6 weeks - 6 months.

For Acute Hep C, the time period prior to onset of symptoms is 2 weeks - 6 months.

Did the patient receive a blood transfusion prior to 1992?

Did the patient receive an organ transplant prior to 1992?

Did the patient receive clotting factor concentrates prior to 1987?

Prior to the onset of symptoms, did the patient receive blood or blood products (transfusion)?

For Acute Hep B, the time period prior to onset of symptoms is 6 weeks - 6 months.

For Acute Hep C, the time period prior to onset of symptoms is 2 weeks - 6 months.

Date the subject began receiving blood or blood products (transfusion) prior to symptom onset.

For Acute Hep B, the time period prior to onset of symptoms is 6 weeks - 6 months.

For Acute Hep C, the time period prior to onset of symptoms is 2 weeks - 6 months.

Prior to the onset of symptoms, did the patient receive any IV infusions and/or injections in an outpatient setting?

For Acute Hep B, the time period prior to onset of symptoms is 6 weeks - 6 months.

For Acute Hep C, the time period prior to onset of symptoms is 2 weeks - 6 months.

Prior to the onset of symptoms, did the patient have other exposure to someone else's blood?

For Acute Hep B, the time period prior to onset of symptoms is 6 weeks - 6 months.

For Acute Hep C, the time period prior to onset of symptoms is 2 weeks - 6 months.

Was the patient ever employed in a medical or dental field involving direct contact with human blood?

Prior to the onset of symptoms, was the patient employed in a medical or dental field involving direct contact with human blood?

For Acute Hep B, the time period prior to onset of symptoms is 6 weeks - 6 months.

For Acute Hep C, the time period prior to onset of symptoms is 2 weeks - 6 months.

Subject's frequency of blood contact as an employee in a medical or dental field involving direct contact with human blood.

For Acute Hep B, the time period prior to onset of symptoms is 6 weeks - 6 months.

For Acute Hep C, the time period prior to onset of symptoms is 2 weeks - 6 months.

Prior to the onset of symptoms, was the subject employed as a public safety worker (fire fighter, law enforcement, or correctional officer) having direct contact with human blood?

For Acute Hep B, the time period prior to onset of symptoms is 6 weeks - 6 months.

For Acute Hep C, the time period prior to onset of symptoms is 2 weeks - 6 months.

Subject's frequency of blood contact as a public safety worker (fire fighter, law enforcement, or correctional officer) having direct contact with human blood.

For Acute Hep B, the time period prior to onset of symptoms is 6 weeks - 6 months.

For Acute Hep C, the time period prior to onset of symptoms is 2 weeks - 6 months.

Prior to the onset of symptoms, did the patient receive a tattoo?

For Acute Hep B, the time period prior to onset of symptoms is 6 weeks - 6 months.

For Acute Hep C, the time period prior to onset of symptoms is 2 weeks - 6 months.

Location(s) where the patient received a tattoo

Prior to the onset of symptoms, did the patient receive a piercing (other than ear)?

For Acute Hep B, the time period prior to onset of symptoms is 6 weeks - 6 months.

For Acute Hep C, the time period prior to onset of symptoms is 2 weeks - 6 months.

Location(s) where the patient received a piercing (other than ear)

Prior to the onset of symptoms, did the patient have dental work or oral surgery?

For Acute Hep B, the time period prior to onset of symptoms is 6 weeks - 6 months.

For Acute Hep C, the time period prior to onset of symptoms is 2 weeks - 6 months.

Prior to the onset of symptoms, did the patient have surgery (other than oral surgery)?

For Acute Hep B, the time period prior to onset of symptoms is 6 weeks - 6 months.

For Acute Hep C, the time period prior to onset of symptoms is 2 weeks - 6 months.

Was the patient tested for Hepatitis D

Did patient have a co-infection with Hepatitis D?

Did the patient have a negative hepatitis-related test in the previous 6 months?

For Hep B: Did patient have a negative HBsAg test in the previous 6 months?

For Hep C: Did patient have a negative HCV antibody test in the previous 6 months?

If patient had a negative hepatitis-related test test in the previous 6 months, please enter the test date.

Prior to the onset of symptoms, was the patient hospitalized?

For Acute Hep B, the time period prior to onset of symptoms is 6 weeks - 6 months.

For Acute Hep C, the time period prior to onset of symptoms is 2 weeks - 6 months.

Prior to the onset of symptoms, was the patient a resident of a long-term care facility?

For Acute Hep B, the time period prior to onset of symptoms is 6 weeks - 6 months.

For Acute Hep C, the time period prior to onset of symptoms is 2 weeks - 6 months.

Was the patient ever incarcerated?

Prior to the onset of symptoms, was the patient incarcerated for longer than 24 hours?

For Acute Hep B, the time period prior to onset of symptoms is 6 weeks - 6 months.

For Acute Hep C, the time period prior to onset of symptoms is 2 weeks - 6 months.

Does subject have diabetes?

If subject has diabetes, date of diabetes diagnosis.

Type of facility where the patient was incarcerated for longer than 24 hours before symptom onset.

Was the patient ever incarcerated for longer than six months during his or her lifetime?

Year the patient was most recently incarcerated for longer than six months.

Length of time the patient was most recently incarcerated for longer than six months.

Has the subject ever received medication for the type of Hepatitis being reported?

What is the birth country of the mother?

Did the subject ever receive a hepatitis B vaccine?

Number of doses of hepatitis B vaccine the patient received.

Year the patient received the last dose of hepatitis B vaccine.

Was the patient tested for antibody to HBsAg (anti-HBs) within one to two months after the last dose?

Was the serum anti-HBs  $\geq$  10ml U/ml? (Answer 'Yes' if lab result reported as positive or reactive.)

Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)

PHVS\_ReasonForTest\_Hepatitis  
PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC  
PHVS\_YesNoUnknown\_CDC

PHVS\_LabTestTypeEnzymes\_Hepatitis

PHVS\_LabTestType\_Hepatitis  
PHVS\_PosNegUnk\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_ContactType\_HepatitisA

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC  
PHVS\_SexualPreference\_NETSS

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_Country\_ISO\_3166-1

PHVS\_TravelReason\_HepatitisA  
PHVS\_YesNoUnknown\_CDC

PHVS\_Country\_ISO\_3166-1

PHVS\_YesNoUnknown\_CDC  
PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC  
PHVS\_YesNoUnknown\_CDC  
PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_RaceCategory\_CDC  
PHVS\_EthnicityGroup\_CDC\_Unk  
PHVS\_YesNoUnknown\_CDC  
PHVS\_Country\_CDC  
PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_ContactType\_HepatitisBandC

PHVS\_YesNoUnknown\_CDC

PHVS\_SexualPreference\_NETSS

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC  
PHVS\_ContactType\_HepatitisBandC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC



PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_BloodContactFrequency\_Hepatitis

PHVS\_YesNoUnknown\_CDC

PHVS\_BloodContactFrequency\_Hepatitis

PHVS\_YesNoUnknown\_CDC

PHVS\_TattooObtainedFrom\_Hepatitis

PHVS\_YesNoUnknown\_CDC

PHVS\_TattooObtainedFrom\_Hepatitis

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_IncarcerationType\_Hepatitis

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_Country\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

Label/Short Name

CASEID  
FIRST\_IDENT

DATE\_AS  
OTHR\_IDENT\_DESC

HDD  
HDD\_DATE  
DATEHUS  
OUTBREAK  
DIARRHEA  
DONSET  
STOOLBLOOD  
DTREATED  
A1ANTI  
CONTACT

OTHREA

A3ANTI  
A4REAS  
GASTRO  
UTI  
RTI  
ACUTE  
DACUTE  
PREG  
KIDN  
IMMCOMP

MALIG

TRANSPL

HIV

STER

IMMOTHER

CRE

BUN

WBC

HGB

HCT

PLT

RCFRAG

BURINE

PURINE

RBCURINE

STOOLSPEC

TESTSHIGA

N11BRESULT

STSPEC

STECPOS

CULTO157

DATEO157

O157ISOL

DATEO157POS

HANT

HANT\_OTHER

STOOL\_CDC\_PHL

SPEC\_DATEPHLSTEC

STEC\_ISOL

O

H

O2

H2

IMS

IMS\_SERO

OTHERPATH

PATH1

PATH1D

PATH2

PATH2D

PATHNOS

DESPATH  
SPECPATH

DATEPATH

STATELAB  
F9MENUREF

CDC  
CDC\_ID  
REFLAB  
SPECIFY\_REFLAB

FNCATCH  
PERSONID  
ANTIO157

SLABID\_SERUM  
OTHERSLABSID\_SERUM  
LPS\_TYPE1  
IGG\_1  
IGG\_INTERP  
IGM\_1  
IGM1\_INTERP  
LPS\_TYPE2  
IGG\_2  
IGG\_INTERP2  
IGM\_2  
IGM1\_INTERP2  
LPS\_TYPE3  
IGG\_3  
IGG\_INTERP3  
IGM\_3  
IGM1\_INTERP3  
ADMISR  
DISCHR  
PNE  
DPNE  
SZR  
DSZR  
PAR  
DPAR  
BLN  
DBLN  
NER

DNER

DESCR1

PDIAL

HDIAL

PRBC

PLTT

FFPL

PHRES

SURG

SURGDES

CONDDC

DEAD

REQDIAL

NEURODEF

## Description

Case patient's ID

How was patient's illness first identified by public health (state or local health department or EIP)?

Date case entered into data system (Complete if FIRST\_IDENT=1)

Describe other way patient's illness first identified by public health (Complete if FIRST\_IDENT=4).

Was this case captured through Hospital Discharge Data?

Date case entered into data system (Complete if HDD=1)

Date of HUS diagnosis

Is this case outbreak-related?

Did patient have diarrhea during the 3 weeks before HUS diagnosis?

Date of diarrhea (Complete if DIARRHEA=1)

Did stools contain visible blood at any time? (Complete if DIARRHEA=1)

Was diarrhea treated with antimicrobial medications/ (Complete if DIARRHEA=1)

Type of antimicrobial (Complete if DTREATED=1)

Did the patient have contact with another person with diarrhea or HUS during the 3 weeks before HUS diagnosis (include daycare, household, etc)? (Complete if DIARRHEA=2)

Was patient treated with an antimicrobial medication for any other reason than diarrhea during the 3 weeks before HUS diagnosis?

Type of antimicrobial (Complete if OTHREA=1)

Reason for antimicrobial (Complete if OTHREA=1)

Was other gastrointestinal illness present during 3 weeks before HUS diagnosis?

Did patient have a urinary tract infection during 3 weeks before HUS diagnosis?

Did patient have a respiratory tract infection during 3 weeks before HUS diagnosis?

Did patient have other acute illness during 3 weeks before HUS diagnosis?

Describe other acute illness (Complete if ACUTE=1)

Was patient pregnant during 3 weeks before HUS diagnosis?

Did patient have kidney disease during 3 weeks before HUS diagnosis?

Did patient have an immunocompromising condition or was the patient taking medication during 3 weeks before HUS diagnosis?

Did patient have a malignancy during 3 weeks before HUS diagnosis? (Complete if IMMCOMP=1)

Did patient have transplanted organ or bone marrow during 3 weeks before HUS diagnosis? (Complete if IMMCOMP=1)

Did patient have HIV infection during 3 weeks before HUS diagnosis? (Complete if IMMCOMP=1)

Was patient using steroids (parenteral or oral) during 3 weeks before HUS diagnosis? (Complete if IMMCOMP=1)

Describe other immunocompromising condition during 3 weeks before HUS diagnosis? (Complete if IMMCOMP=1)

Laboratory values within 7 days before and 3 days after HUS diagnosis: Highest serum creatinine (expressed as mg/dL)

Laboratory values within 7 days before and 3 days after HUS diagnosis: Highest serum BUN (expressed as mg/dL)



Laboratory values within 7 days before and 3 days after HUS diagnosis: Highest serum WBC (expressed as K/mm<sup>3</sup>)

Laboratory values within 7 days before and 3 days after HUS diagnosis: Lowest hemoglobin (expressed as g/dL)

Laboratory values within 7 days before and 3 days after HUS diagnosis: Lowest hematocrit (expressed as %)

Laboratory values within 7 days before and 3 days after HUS diagnosis: Lowest platelet count (expressed as K/mm<sup>3</sup>)

Were there microangiopathic changes (i.e., schistocytes, helmet cells or red cell fragments) at any time within 7 days before HUS diagnosis to hospital discharge (if patient was not hospitalized or discharged within 3 days of HUS diagnosis, then outpatient lab results from 7 days before to 3 days after diagnosis should be used, if available)

Other laboratory findings within 7 days before and 3 days after HUS diagnosis: Blood (or heme) in urine

Other laboratory findings within 7 days before and 3 days after HUS diagnosis: Protein in urine

Other laboratory findings within 7 days before and 3 days after HUS diagnosis: RBC in urine by microscopy

Was a stool specimen obtained from this patient?

Was stool tested for Shiga toxin at any clinical laboratory?

Result of Shiga toxin testing (Complete if TESTSHIGA=1)

Collection date of first specimen tested (Complete if TESTSHIGA=1)

Collection date of first positive specimen (Complete if TESTSHIGA=1)

Was stool cultured for E. coli O157 (on selective or differential media e.g. SMAC, CHROMagar O157, CTSMAC) at any CLINICAL laboratory?

Date stool cultured for E. coli O157 (Complete if CULTO157=1)

Was E.coli O157 isolated? (Complete if CULTO157=1)

Collection date 1st positive specimen culture for O157 (Complete if O157POS=1)

Result of H antigen testing (Complete if O157ISOL=1)

Other H antigen (Complete if HANT=5)

Was a stool sample, or any type of specimen or isolate originating from stool sent to a public health laboratory (state or CDC)?

Date of specimen collection (Complete if STOOL\_CDC\_PHL=1)

Was E.coli or non-O157 STEC identified? (Complete if STOOL\_CDC\_PHL=1)

What was the O antigen for strain 1? (Complete if STEC\_ISOL=1)

What was the H antigen for strain 1? (Complete if STEC\_ISOL=1)

What was the O antigen for strain 2? (Complete if STEC\_ISOL=1)

What was the H antigen for strain 2? (Complete if STEC\_ISOL=1)

Was immunomagnetic separation (IMS) used to identify common STEC serogroups?

What serogroup(s) did the IMS procedure target? (Complete if IMS=1)

Was another pathogen isolated from stool (at PHL or clinical lab)?

Name pathogen isolated from stool (Complete if OTHERPATH=1)

Date other pathogen isolated from stool

Name of second pathogen isolated from stool (Complete if OTHERPATH=1)

Date second other pathogen isolated from stool

Was pathogen isolated from source other than stool (at PHL or clinical lab)?

Name pathogen isolated from source other than stool (Complete if PATHNOS=1)

Specimen source of pathogen isolated from source other than stool (Complete if PATHNOS=1)

First date of isolation of pathogen from source other than stool (Complete if PATHNOS=1)

If O157 or other STEC was isolated, was the isolate sent to state laboratory?

If isolate sent to state laboratory, what was the state laboratory ID (Complete if STATELAB=1)

If O157 or other STEC was isolated, was the isolate sent to CDC?

If isolate sent to CDC, what was the CDC laboratory ID (Complete if CDC=1)

If O157 or other STEC was isolated, was the isolate sent to another reference lab?

If isolate sent to reference lab, what was the name of the reference lab? (Complete if REFLAB=1)

Is the patient a resident of the FoodNet catchment area?

What is the FoodNet PERSONID? (Complete if FNCATCH=1)

Has patient serum or plasma been sent to CDC for testing for antibodies to O157 or other STEC?

What is the state laboratory ID or the serum? (Complete if ANTIO157=1)

Other laboratory ID numbers for serum sent to CDC (Complete if ANTIO157=1)

LPS type

IgG titer

Interpretation of IgG titer

IgM titer

Interpretation of IgM titer

Second LPS type

Second IgG titer

Interpretation of second IgG titer

Second IgM titer

Interpretation of second IgM titer

Third LPS type

Third IgG titer

Interpretation of third IgG titer

Third IgM titer

Interpretation of third IgM titer

Date of first hospital admission

Date of last hospital discharge

Did pneumonia occur as a complication during this hospital admission?

Date of onset of pneumonia (Complete if PNE=1)

Did seizure occur as a complication during this hospital admission?

Date of onset of seizure (Complete if SZR=1)

Did paralysis or hemiparesis occur as a complication during this hospital admission?

Date of onset of paralysis or hemiparesis (Complete if PAR=1)

Did blindness occur as a complication during this hospital admission?

Date of onset of blindness (Complete if BLN=1)

Did other major neurologic sequelae occur as a complication during this hospital admission?

Date of other major neurologic sequelae (Complete if NER=1)

Describe other major neurologic sequelae (Complete if NER=1)

Was peritoneal dialysis performed during hospital stay?

Was hemodialysis performed during hospital stay?

Was packed RBC or whole blood used in dialysis? (Complete if PDIAL=1 or HDIAL=1)

Were platelets used in dialysis? (Complete if PDIAL=1 or HDIAL=1)

Was fresh frozen plasma used in dialysis? (Complete if PDIAL=1 or HDIAL=1)

Was plasmapheresis performed during hospital stay?

Was laparotomy or other abdominal surgery performed during hospital stay? Do not include insertion of dialysis catheter.

Describe other abdominal surgery

Patient's condition at hospital discharge

Date of death (Complete if CONDDC=1)

Was patient discharged requiring dialysis? (Complete if CONDDC=2)

Was patient discharged with neurologic deficits? (Complete if CONDDC=2)

Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)

Label/Short Name

City

State

Country

Occupation

Gender

Age

Race

Ethnicity

Animal Exposure

Animal Species

Animal State

Animal Country

Type of Exposure

Vaccination status

Travel

Travel State

Travel Country

Travel DateStart

Travel DateEnd

Onset

Hospitalized

Death

Variant

## Description

Patients City of Residence

Patients State of Residence

Patients Country of Residence

Patients Occupation

Patients Gender

Patients Age

Patients Race

Patients Ethnicity

Did patient have a history of an animal exposure

What type of animal was involved in the Exposure

What state did the animal exposure occur in

What country did the animal exposure occur in

What type of exposure occurred

Was the patient vaccinated for rabies prior to onset of symptoms

Did the patient have a recent (prior 12 months) history of travel?

What state did the patient travel to

What country did the patient travel to

When did the trip begin

When did the trip end

Date Symptoms began

Date patient hospitalized

Date patient died

What rabies virus variant was responsible for the infection

Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)

PHVS\_City\_USGS\_GNIS

PHVS\_State\_FIPS\_5-2

PHVS\_Country\_ISO\_3166-1

PHVS\_Occupation\_CDC

PHVS\_Sex\_MFU

PHVS\_RaceCategory\_CDC\_Unk

PHVS\_EthnicityGroup\_CDC\_Unk

PHVS\_YesNoUnknown\_CDC

PHVS\_AnimalSpecies\_AnimalRabies

PHVS\_State\_FIPS\_5-2

PHVS\_Country\_ISO\_3166-1

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_State\_FIPS\_5-2

PHVS\_Country\_ISO\_3166-1

PHVS\_VirusVariantType\_AnimalRabies

Label/Short Name

Long Term Care Facility Resident

Culture Date

Bacterial Infection Syndrome

Sterile Specimen Type

Did Underlying Condition(s) exist?

Underlying Condition(s)

Oxacillin Zone Size

Oxacillin Interpretation

Antimicrobial Agent

Antimicrobial Susceptibility Test  
Method

Antimicrobial Susceptibility Test  
Result

Minimum Inhibitory Concentration  
Range

Serotyping Results Available

Lab Result Coded Value

Serotype Method

23-Valent Pneumo Poly Vaccine

7-Valent Pneumo Conjugate Vaccine

13-Valent Pneumo Conjugate  
Vaccine

Vaccine Administered

Vaccine Manufacturer

Vaccine Lot Number

Vaccine Administered Date

**Clinical syndrome**

**Method(s) of laboratory testing**

**Name of CIDT test and manufacturer**

**CLIA number of laboratory**



## Description

Does the patient reside in a long term care facility?

Date the first positive culture was obtained.

Types of infection(s) that are caused by the bacterial organism.

Sterile body site(s) from which the organism was isolated.

Did the subject have any pre-existing medical conditions before the start of the illness/condition?

Listing of pre-existing conditions as related to the condition/illness

Oxacillin zone size for cases of *Streptococcus pneumoniae*

Oxacillin interpretation for cases of *Streptococcus pneumoniae*

Antimicrobial agent tested

Antimicrobial susceptibility testing method used

S/I/R/U result, indicating whether the microorganism is susceptible or not susceptible (intermediate or resistant) to the antimicrobial being tested.

MIC (minimum inhibitory concentration) range.

Are serotyping results available for *S pneumoniae* isolate?

If Serotyping results are available for *S pneumoniae* isolate, please specify.

Serotyping Method Used

Has patient  $\geq 2$  yrs received 23-valent pneumococcal polysaccharide vaccine (Pneumovax)?

If less than eighteen years of age, did the patient receive 7-valent pneumococcal conjugate vaccine (PCV7 or Prevnar)?

If less than eighteen years of age, did the patient receive 13-valent pneumococcal conjugate vaccine (PCV13)?

The type of vaccine administered

Manufacturer of the vaccine

The vaccine lot number of the vaccine administered

The date that the vaccine was administered

**Clinical diagnoses associated with a case of IPD**

**Type of laboratory test used to diagnose pneumococcal infection from a sterile site isolate**

**Name of culture independent laboratory test used and manufacturer of the test**

**CLIA number of the laboratory that conducted the testing**

Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)

Approved by OMB

PHVS\_YesNoUnknown\_CDC

PHVS\_BacterialInfectionSyndrome\_IPD

PHVS\_SterileSpecimen\_IPD

PHVS\_YesNoUnknown\_CDC

PHVS\_UnderlyingConditions\_IPD

PHVS\_OxacillinInterpretation\_IPD

PHVS\_AntimicrobialAgent\_IPD

PHVS\_AntimicrobialSuceptibilityTestMethod\_IPD

PHVS\_SusceptibilityResult\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_SerotypeMethod\_IPD

PHVS\_SerotypeMethod\_IPD

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_VaccinesAdministeredCVX\_CDC\_NIP

PHVS\_ManufacturersOfVaccinesMVX\_CDC\_NIP

**11/17/2016**

**11/17/2016**

**11/17/2016**

**11/17/2016**

Label/Short Name

Diagnosis

Hospitalization for treatment

Admission date

Hospital name

Hospital address

Illness outcome

Nights away from home

Accommodation name

Accommodation address

Accommodation city

Accommodation state

Accommodation zip

Accommodation country

Accommodation room number

Arrival Date

Departure Date

Reported CDC

Whirlpool/Spa vicinity

Respiratory therapy equipment use

Humidifier use

Water type

Healthcare setting visit/stay

Healthcare setting/facility

Exposure type

Facility name

Transplant center

Visit reason

HC facility city

HC facility state

Admission date

End date

Healthcare exposure

Assisted living facility exposure

AL facility type

AL exposure type

AL facility name

AL city

AL state

AL start date

AL end date  
Urine Ag positive  
Urine Ag collection date  
Culture positive  
Culture collection date  
Culture site  
Culture species  
Culture serogroup  
Ab titer  
Acute titer  
Acute collected  
Convalescent titer  
Convalescent collected  
Ab titer other

Acute titer other  
Acute collected other

Convalescent titer other  
Convalescent collected other

Species other  
Serogroup other  
DFA/IHC positive  
DFA/IHC collection date  
DFA/IHV specimen site  
Species other - DFA/IHC  
Serogroup other - DFA/IHC  
Nucleic Acid Assay - other  
Nucleic Acid Assay collection date  
Nucleic Acid Assay specimen site  
Species other - nucleic acid assay  
Serogroup other - nucleic acid assay

**Whirlpool Spa, Location**

**Whirlpool Spa, Dates**

**Occupation**

**Interviewer's Name**

**Interviewer's Affiliation**

**Interviewer's telephone number**

**Name of State Health Department**

**Official who reviewed this report**

**Title of State Health Department**

**Official who reviewed this report**

**Telephone Number of State Health  
Department Official who reviewed  
this report**

## Description

Disease caused by a Legionella species

Was patient hospitalized during treatment for legionellosis?

Date of admission to hospital

Name of hospital to which admitted

City and state of hospital

Outcome of illness

In the 10 days before onset, did the patient spend any nights away from home (excluding healthcare settings)?

Name of lodging where patient stayed other than usual resident

Address of lodging away from home

City of lodging away from home

State of lodging away from home

Zipcode of lodging away from home

Country of lodging away from home

Room number at lodging where patient stayed other than usual resident

Date of stay arrival

Date of stay departure

If yes, was this case reported to CDC at [travellegionella@cdc.gov](mailto:travellegionella@cdc.gov)? 1

In the 10 days before onset, did the patient get in or spend time near a whirlpool spa (i.e., hot tub)?

In the 10 days before onset, did the patient use a nebulizer, CPAP, BiPAP or any other respiratory therapy equipment for the treatment of sleep apnea, COPD, asthma or for any other reason?

If yes, does this device use a humidifier?

If yes, what type of water is used in the device? This is a multi-select field.

In the 10 days before onset, did the patient visit or stay in a healthcare setting (e.g., hospital, long term care/rehab/skilled nursing facility, clinic)?

Type of healthcare setting/facility

Type of exposure in HC setting/facility

Name of healthcare facility

Is this a transplant center?

Reason for visit to HC facility

City of HC facility

State of HC facility

Start date of HC facility admission/visit

End date of HC facility admission/visit

Was this case associated with a healthcare exposure?

In the 10 days before onset, did the patient visit or stay in an assisted living facility or senior living facility?

Type of assisted living facility exposure

Type of assisted living facility

Name of AL facility

Name of city of AL facility

Name of state of AL facility

Start date of AL facility admission/visit

End date of AL facility admission/visit  
Was the urine antigen positive?  
Date urine antigen was collected  
Was the culture positive?  
Date culture was collected  
Site of culture specimen  
Species isolated from culture  
Serogroup of species from culture  
Was there a fourfold rise in Ab titer?  
Initial Ab titer to L. pneumophila serogroup 1  
Initial Ab titer specimen collection date  
Convalescent Ab titer to L. pneumophila serogroup 1  
Convalescent Ab specimen collection date  
Was there a fourfold rise in Ab titer for other than L. pneumophila serogroup 1 or to multiple species or serogroups of Legionella using pooled antigen?  
Initial Ab titer to other than L. pneumophila serogroup 1  
Initial Ab titer specimen collection date for species other than L. pneumophila serogroup 1  
Convalescent Ab titer to species other than L. pneumophila serogroup 1  
Convalescent Ab specimen collection date for species other than L. pneumophila serogroup 1  
Species identified for other than L. pneumophila serogroup 1  
Serogroup identified for other than L. pneumophila serogroup 1  
Was the DFA or IHC positive?  
Date specimen for DFA/IHC collected  
Site of DFA/IHC specimen  
Species identified by DFA/IHC for other than L. pneumophila serogroup 1  
Serogroup identified by DFA/IHC for other than L. pneumophila serogroup 1  
Was a nucleic acid assay (e.g., PCR) performed?  
Date nucleic acid assay specimen collected  
Site of nucleic acid assay specimen  
Species identified by nucleic acid assay for other than L. pneumophila serogroup 1  
Serogroup identified by nucleic acid assay for other than L. pneumophila serogroup 1

**If Yes, describe where**

**If Yes, list dates**

**Subject's Occupation**

**Interviewer's Name**

**Interviewer's Affiliation**

**Interviewer's telephone number**

**Name of State Health Department Official who reviewed this report**

**Title of State Health Department Official who reviewed this report**

**Telephone Number of State Health Department Official who reviewed this report**

Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)

Approved by OMB

12/9/2014

12/9/2014

12/9/2014

12/9/2014

12/9/2014

12/9/2014

12/9/2014

12/9/2014

12/9/2014



Label/Short Name

Date First Submitted

State Case ID

Health care provider

Health care provider phone

Case Class Status Code

Subject Address State

Subject Address ZIP Code

Subject Address County

Subject's Sex

Date of Birth

Age at case investigation

Age units at case investigation

Ethnic Group Code

Race Category

Symptomatic

Date symptom onset

Symptoms

Hospitalization?

Admission Date

Number of days

Outcome

Discharge Date

Deceased Date

Antibiotics prescribed

Antibiotics start date

Doxycycline

Penicillin

Other antibiotics

Reporting Lab Name

Date Sample Received at Lab

Date specimen collected

Specimen Type

Date of Acute Specimen Collection

Date of Convalescent Specimen  
Collection

Resulted Test Name

Numeric Result

Result Units

Coded Result Value

Organism Name

Lab Result Text Value

Result Status

Specimens to CDC

Exposures

Animal contact

Livestock contact

Wildlife contact

Animal contact other

Animal contact location

Water contact

Water contact other

Water contact location

Contact Type

Occupational contact

Occupational contact other

Recreational contact

Recreational contact other

Avocational contact

Avocational contact other

Contact Type Other

Rodent infested housing

Rural residence

Hisotry of leptospirosis

Travel

Travel location

Rainfall

Flooding

Similar illness

Outbreak

Case Outbreak Name

Person Reporting to CDC - Name

Person Reporting to CDC - Phone  
Number

## Description

Date/time the notification was first sent to CDC. This value does not change after the original notification.

States use this field to link NEDSS investigations back to their own state investigations.

Health care provider name

Health care provider phone number

Status of the case/event as suspect, probable, confirmed, or not a case per CSTE/CDC/surveillance case definitions.

State of residence of the subject

ZIP Code of residence of the subject

County of residence of the subject

Subject's current sex

Birth Date (*mm/yyyy*)

Subject age at time of case investigation

Subject age units at time of case investigation

Based on the self-identity of the subject as Hispanic or Latino

Field containing one or more codes that broadly refer to the subject's race(s).

Was the case-patient symptomatic?

If Symptomatic was "Yes", provide the Date of Onset of symptoms

Select symptoms and signs reported or identified, from "Fever", "Myalgia", "Headache", "Jaundice", "Hepatitis", "Conjunctival suffusion", "Rash (Maculopapular or petechial)", "Aseptic meningitis", "Gastrointestinal involvement", "Pulmonary complications", "Cardiac involvement", "Renal insufficiency/failure", "Hemorrhage", "Other (specify)"

Was the case-patient hospitalized (at least overnight) for this Did the case-patient die?  
Yes No Unk infection?

Subject's first admission date to the hospital for the condition covered by the investigation.

If hospitalized, number of days.

Clinical outcome of the patient ("Still hospitalized"; "Discharged"; "Died"; "Other")

Subject's first discharge date from the hospital for the condition covered by the investigation.

If the subject died from this illness or complications associated with this illness, indicate the date of death

Were Antibiotics prescribed for this infection?

Date started taking antibiotics

Was doxycycline prescribed for this infection?

Was penicillin prescribed for this infection?

List other antibiotics prescribed for this infection

Name of Laboratory that reported test result.

Date Sample Received at Lab (accession date).

The date the specimen was collected.

Type of specimen collected ("Blood", "Urine", "Tissue", "CSF", "Other", "Unknown", "Serum")

The date the acute specimen was collected.

The date the convalescent specimen was collected.

The lab test that was run on the specimen ("Microscopic Agglutination Test (MAT)", "PCR", "Culture", "Immunofluorescence", "Darkfield microscopy", "ELISA (specify)", "IHC", "Other, specify")

Results expressed as numeric value/quantitative result.

The unit of measure for numeric result value.

Coded qualitative result value (e.g., Positive, Negative).

The Organism (i.e., species and serovar) name as a test result. This element is used when the result was reported as an organism.

Textual result value, used if result is neither numeric nor coded.

The Result Status is the degree of completion of the lab test.

Were specimens or isolates sent to CDC for testing?

Describe exposures to water, animals, or wet soil which the subject had in the 30 days prior to illness onset

Select which animals the subject has had contact with in the 30 days prior to illness onset, if any ("Farm livestock", "Wildlife", "Dogs", "Rodents", "Other", "No known contact", "Unknown")

If the subject had contact with livestock, specify the animal(s)

If the subject had contact with wildlife, specify the animal(s)

If animal contact is "Other", describe the animal(s) with which the subject has had contact

If the subject had contact with animals, specify the geographic location where the contact occurred

Select which water sources the subject has had contact with in the 30 days prior to illness onset, if any ("Standing fresh water (lake, pond, run-off)", "Flood water", "River", "Wet soil", "Sewage", "Water sports", "Other", "No known contact", "Unknown")

If water contact is "Other", describe the water source(s) which the subject has had contact

If the subject had contact with water, specify the geographic location where the contact occurred

If subject had contact with animals, fresh water, or wet soil in the 30 days prior to illness onset, describe the type of contact ("Occupational", "Recreational", "Avocational", "Other")

If type of contact with animals or water is "Occupational", select the occupational group ("Farmer (land)", "Farmer (animals)", "Fish worker", "Other", "Unknown")

If the occupational group through which the subject had contact with animals or water is "Other", describe the occupation

If type of contact with animals or water is "Recreational", select the recreational activity ("Swimming", "Boating", "Outdoor competition", "Camping/hiking", "Hunting", "Other", "Unknown")

If the recreational activity through which the subject had contact with animals or water is "Other", describe the recreational activity

If type of contact with animals or water is "Avocational", select the activity ("Gardening", "Pet-ownership", "Other", "Unknown")

If the Avocational activity through which the subject had contact with animals or water is "Other", describe the avocational activity

If Contact Type is "Other", describe the type of contact with animals, wet soil, or standing water

Did the patient stay in housing with evidence of rodents in the 30 days prior to illness onset

Residence in rural area in the 30 days prior to illness onset

Does the subject have a history of leptospirosis?

Did the subject travel out of the county, state, or country in the 30 days prior to symptom onset?

If the travel is "Yes", provide location(s) of travel in the 30 days prior to symptom onset

Was there heavy rainfall near the subjects place of residence, worksite, activities, or travel in the 30 days prior to symptom onset?

Was there flooding near the subjects place of residence, worksite, activities, or travel in the 30 days prior to symptom onset?

Did the patient have similar exposures as a contact diagnosed with leptospirosis in the 30 day period

Is this patient part of an outbreak?

A state-assigned name for an identified outbreak.

Name of the person who is reporting the case to the CDC. This is the person that CDC should contact in a state if there are questions regarding this case notification.

Phone Number of the person who is reporting the case to the CDC. This is the person that CDC should contact in a state if there are questions regarding this case notification.

Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)

PHVS\_CaseClassStatus\_NND

PHVS\_State\_FIPS\_5-2

PHVS\_County\_FIPS\_6-4

PHVS\_AgeUnit\_UCUM\_NETSS

PHVS\_EthnicityGroup\_CDC\_Unk

PHVS\_RaceCategory\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_UnitsOfMeasure\_CDC

PHVS\_PosNegUnk\_CDC

PHVS\_Microorganism\_CDC

PHVS\_ObservationResultStatus\_HL7\_2x

PHVS\_YesNoUnknown\_CDC



PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

Label/Short Name

Patient ID

Completed By

Date Completed

Case Year

Gender

State of Residence

Age

Date of Birth

State Epi ID

CDC/eFORS ID

Ethnicity

African American/Black

Asian

Native Hawaiian/Other Pacific  
Islander

Native American

White

Unknown

Pregnancy

BloodNP

BloodNPDate

BloodNPLab

BloodNPIDNumber

CSFNP

CSFNPDDate

CSFNPLab

CSFNPIDNumber

StoolNP

StoolNPDate

StoolNPLab

StoolNPIDNumber

OtherNP

OtherNPSpec

OtherNPDate

OtherNPLab

OtherNPIDNumber

OtherNP2

OtherNP2Spec

OtherNP2Date

OtherNP2Lab

OtherNP2IDNumber

BacteremiaNP

MeningitisNP

FebrilegastroenteritisNP

OtherIllnessNP

OtherNP specify  
UnknownNP  
HospitalizedNP  
AdmitNP  
DischargeNP  
StillhospitalizedNP  
OutcomeNP  
BloodMotherAP  
BloodMotherAPDate  
BloodMotherAPLab  
BloodMotherAPIDNumber

BloodNeonateAP  
BloodNeonateAPDate  
BloodNeonateAPLab  
BloodNeonateAPIDNumber

CSFMotherAP  
CSFMotherAPDate  
CSFMotherAPLab  
CSFMotherAPIDNumber

CSFNeonateAP  
CSFNeonateAPDate  
CSFNeonateAPLab  
CSFNeonateAPIDNumber

StoolMotherAP  
StoolMotherAPDate  
StoolMotherAPLab  
StoolMotherAPIDNumber

PlacentaAP  
PlacentaAPDate  
PlacentaAPLab  
PlacentaAPIDNumber

AmnioticAP  
AmnioticAPDate  
AmnioticAPLab  
AmnioticAPIDNumber

OtherAP  
OtherAPSpec  
OtherAPDate  
OtherAPLab

OtherAPIDNumber

Other2AP

Other2APSpec

Other2APDate

Other2APLab

Other2APIDNumber

StillPregnantT1

StillPregT1Gest

StillPregT1Date

StillPregnantT2

StillPregnantT2Gest

StillPregnantT2Date

FetaldeathT1

FetalDeathT1Gest

FetalDeathT1Date

FetalDeathT2

FetalDeathT2Gest

FetalDeathT2Date

AbortionT1

AbortionT1Gest

AbortionT1Date

AbortionT2

AbortionT2Gest

AbortionT2Date

DeliveryT1

DeliveryT1Gest

DeliveryT1Date

DeliveryT2

DeliveryT2Gest

DeliveryT2Date

OtherT1AP

APOtherT1spec

APOtherT1Date

APOtherT1Gest

OtherT2AP

APOtherT2spec

APOtherT2Gest

APOtherT2Date  
APBacteremiaMother  
APMeningitisMother  
APFebrileGastroMother  
APAmnionitis  
APFlulikeMother  
APNoneMother  
APOtherMother  
ApOtherSpecMom  
APUnknownMother  
APBacteremiaT1  
APMeningitisT1  
APPneumoniaT1  
APGranulomatosisT1

APNoneT1  
APOtherT1  
APOtherillT1spec  
APUnknownT1  
APBactermiaT2  
APMeningitisT2  
APPneumoniaT2  
APGranulomatosisT2

APNoneT2  
APOtherT2  
APOtherillT2spec  
APUnknownT2  
APMotherHospitalized  
APAdmitMother  
APDischargeMother  
APStillHospitalizedMother  
APT1Hospitalized  
APT1Admit  
APT1Discharge  
APT1StillHospitalized  
APT2Hospitalized  
APT2Admit  
APT2Discharge  
APT2StillHospitalized  
APOutcomeMother  
APOutcomeT1  
APOutcomeT2  
InterviewDate  
InterviewInitials  
Interviewee  
Relationship

OtherSpec  
Onset  
HospitalizedBefore  
HAdmit  
HDischarge  
Hname  
StillHosp  
NursingHomeBefore

Admitdate  
DischargeDate  
StillHosporNH  
NHName  
TravelState

StatesVisited

TravelInternat  
Countries  
DateDepart  
DateReturn  
Fever  
Chills  
Headache  
MuscleAches  
StiffNeck  
Diarrhea  
Vomiting  
PretermLabor  
Other  
OtherSp  
Other2  
Other2Sp  
TestDelivered  
4weeksbefore  
SpecCollection  
GroceryPurchase  
Grocery1  
Grocery1Address  
Grocery2  
Grocery2Address  
Grocery3  
Grocery3Address  
Grocery4  
Grocery4Address  
Grocery5  
Grocery5Address

Grocery6  
Grocery6Address  
Grocery7  
Grocery7Address  
FarmersMarketPurchase

FarmersMarket1  
FarmersMarket1Address

FarmersMarket2  
FarmersMarket2Address

FarmersMarket3  
FarmersMarket3Address

FarmersMarket4  
FarmersMarket4Address

FarmersMarket5  
FarmersMarket5Address

FarmersMarket6  
FarmersMarket6Address

FarmersMarket7  
FarmersMarket7Address

RestaurantPurchase

Restaurant1  
Restaurant1Address  
Restaurant1Date  
Restaurant2  
Restaurant2Address  
Restaurant2Date  
Restaurant3  
Restaurant3Address  
Restaurant3Date  
Restaurant4  
Restaurant4Address  
Restaurant4Date  
Restaurant5  
Restaurant5Address  
Restaurant5Date  
Restaurant6  
Restaurant6Address  
Restaurant6Date

Restaurant7  
Restaurant7Address  
Restaurant7Date  
OtherVenuePurchase

OtherVenue1  
OtherVenue1Address  
OtherVenue1Date  
OtherVenue2  
OtherVenue2Address  
OtherVenue2Date  
OtherVenue3  
OtherVenue3Address  
OtherVenue3Date  
OtherVenue4  
OtherVenue4Address  
OtherVenue4Date  
OtherVenue5  
OtherVenue5Address  
OtherVenue5Date  
OtherVenue6  
OtherVenue6Address  
OtherVenue6Date  
OtherVenue7  
OtherVenue7Address  
OtherVenue7Date

HamEat  
HamOften  
HamGrocery  
HamDeli  
HamRest  
HamOther  
Ham1  
Ham2  
Ham3  
Ham4  
HamBrand1  
HamBrand2  
HamBrand3  
HamBrand4  
HamDeliCounter  
BolognaEat  
BolognaOften  
BolognaGrocery  
BolognaDeli  
BolognaRest



BolognaOther  
Bologna1  
Bologna2  
Bologna3  
Bologna4  
BolognaBrand1  
BolognaBrand2  
BolognaBrand3  
BolognaBrand4  
BolognaDeliCounter  
TurketEat  
TurkeyOften  
TurkeyGrocery  
TurkeyDeli  
TurkeyRest  
TurkeyOther  
Turkey1  
Turkey2  
Turkey3  
Turkey4  
TurkeyBrand1  
TurkeyBrand2  
TurkeyBrand3  
TurkeyBrand4  
TurkeyDeliCounter  
OthturkeyEat  
OthTurkeyOften  
OthTurkeyGrocery  
OthTurkeyDeli  
OthTurkeyRest  
OthTurkeyOther  
OthTurkey1  
OthTurkey2  
OthTurkey3  
OthTurkey4  
OthTurkeyBrand1  
OthTurkeyBrand2  
OthTurkeyBrand3  
OthTurkeyBrand4  
OthTurkeyDeliCounter  
ChickenDeliEat  
ChickenDeliOften  
ChickenDeliGrocery  
ChickenDeliDeli  
ChickenDeliRest  
ChickenDeliOther  
ChickenDeli1

ChickenDeli2  
ChickenDeli3  
ChickenDeli4  
ChickenDeliBrand1  
ChickenDeliBrand2  
ChickenDeliBrand3  
ChickenDeliBrand4  
ChickenDeliDeliCounter  
PastramiEat  
PastramiOften  
PastramiGrocery  
PastramiDeli  
PastramiRest  
PastramiOther  
Pastrami1  
Pastrami2  
Pastrami3  
Pastrami4  
PastramiBrand1  
PastramiBrand2  
PastramiBrand3  
PastramiBrand4  
PastramiDeliCounter  
OtherDeliEat  
OtherDeliSpec  
OtherDeliOften  
OtherDeliGrocery  
OtherDeliDeli  
OtherDeliRest  
OtherDeliOther  
OtherDeli1  
OtherDeli2  
OtherDeli3  
OtherDeli4  
OtherDeliBrand1  
OtherDeliBrand2  
OtherDeliBrand3  
OtherDeliBrand4  
OtherDeliCounter  
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PateGrocery  
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PateRest  
PateOther  
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PateBrand1  
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PateBrand4  
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HotDogEat  
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HotDogBrand1  
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HotDogBrand3  
HotDogBrand4  
HotDogDeliCounter  
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Camembrand4  
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GoatOften  
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Goatdeli  
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Goat4  
GoatBrand1  
GoatBrand2  
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GoatBrand4  
GoatDeliCounter  
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BlugorgBrand1

BlugorgBrand2

BlugorgBrand3

BlugorgBrand4

BlugorgDeliCounter

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MexBrand3

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MexDeliCounter

FarmAte

FarmOften

FarmGrocery

FarmDeli

FarmRest

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Farm4

FarmBrand1

FarmBrand2

FarmBrand3

FarmBrand4

FarmDeliCounter

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RawGrocery

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RawBrand1  
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PotatoBrand1  
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PotatoBrand4  
PotatoDeliCounter  
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PastaGrocery  
PastaDeli  
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PastaDeliCounter  
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TunaBrand4  
TunaDeliCounter  
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BeanGrocery  
BeanDeli  
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Bean4  
BeanBrand1  
BeanBrand2  
BeanBrand3  
BeanBrand4  
BeanDeliCounter  
HummusAte  
HummusOften  
HummusGrocery  
HummusDeli  
HummusRest  
HummusOther  
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HummusBrand1  
HummusBrand2  
HummusBrand3  
HummusBrand4  
HummusDeliCounter  
ColeAte  
ColeOften  
ColeGrocery  
ColeDeli  
ColeRest  
ColeOther  
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ColeBrand1  
ColeBrand2  
ColeBrand3  
ColeBrand4  
ColeDeliCounter  
SeafoodAte  
SeafoodOften  
SeafoodGrocery  
SeafoodDeli  
SeafoodRest  
SeafoodOther  
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Seafood2  
Seafood3  
Seafood4  
SeafoodBrand1  
SeafoodBrand2  
SeafoodBrand3  
SeafoodBrand4  
SeafoodDeliCounter  
FruitAte  
FruitOften  
FruitGrocery  
FruitDeli  
FruitRest  
FruitOther  
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Fruit3  
Fruit4  
FruitBrand1  
FruitBrand2



FruitBrand3  
FruitBrand4  
FruitDeliCounter  
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OtherRTEBrand3  
OtherRTEBrand4  
OtherRTE DeliCounter  
  
ShrimpAte  
shrimpOften  
ShrimpGrocery  
ShrimpDeli  
ShrimpRest  
ShrimpOther  
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Shrimp4  
ShrimpBrand1  
ShrimpBrand2  
ShrimpBrand3  
ShrimpBrand4  
ShrimpDeliCounter  
CrabAte  
CrabOften

CrabGrocery  
CrabDeli  
CrabRest  
CrabOther  
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Crab3  
Crab4  
CrabBrand1  
CrabBrand2  
CrabBrand3  
CrabBrand4  
CrabDeliCounter  
SmokedAte

SmokedOften  
SmokedGrocery  
SmokedDeli  
SmokedRest  
SmokedOther  
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Smoked3  
Smoked4  
SmokedBrand1  
SmokedBrand2  
SmokedBrand3  
SmokedBrand4  
SmokedDeliCounter  
HoneydewAte  
HoneydewOften  
HoneydewGrocery  
HoneydewDeli  
HoneydewRest  
HoneydewOther  
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Honeydew3  
Honeydew4  
HoneydewBrand1  
HoneydewBrand2  
HoneydewBrand3  
HoneydewBrand4  
HoneydewDeliCounter  
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CantGrocery

CantDeli  
CantRest  
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CantBrand1  
CantBrand2  
CantBrand3  
CantBrand4  
CanteDeliCounter  
WaterAte  
WaterOften  
WaterGrocery  
WaterDeli  
WaterRest  
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WaterBrand1  
WaterBrand2  
WaterBrand3  
WaterBrand4  
WaterDeliCounter  
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WmilkOften  
WmilkGrocery  
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Wmilk4  
WmilkBrand1  
WmilkBrand2  
WmilkBrand3  
WmilkBrand4  
WMilkRaw  
2MilkAte  
2MilkOften  
2MilkGrocery  
2MilkDeli  
2MilkRest

2MilkOther  
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2Milk2  
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2Milk4  
2MilkBrand1  
2MilkBrand2  
2MilkBrand3  
2MilkBrand4  
2MilkRaw  
1MilkAte  
1MilkOften  
1MilkGrocery  
1MilkDeli  
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1MilkBrand1  
1MilkBrand2  
1MilkBrand3  
1MilkBrand4  
1MilkRaw  
SkimMilkAte  
SkimMilkOften  
SkimMilkGrocery  
SkimMilkDeli  
SkimMilkRest  
SkimMilkOther  
SkimMilk1  
SkimMilk2  
SkimMilk3  
SkimMilk4  
SkimMilkBrand1  
SkimMilkBrand2  
SkimMilkBrand3  
SkimMilkBrand4  
SkimMilkRaw  
OtherMilkAte  
OtherMilkSpec  
OtherMilkOften  
OtherMilkGrocery  
OtherMilkDeli  
OtherMilkRest  
OtherMilkOther

OtherMilk1  
OtherMilk2  
OtherMilk3  
OtherMilk4  
OtherMilkBrand1  
OtherMilkBrand2  
OtherMilkBrand3  
OtherMilkBrand4  
OtherMilkRaw  
ButterAte  
ButterOften  
ButterGrocery  
ButterDeli  
ButterRest  
ButterOther  
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Butter3  
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ButterBrand1  
ButterBrand2  
ButterBrand3  
ButterBrand4  
CreamAte  
CreamOften  
CreamGrocery  
CreamDeli  
CreamRest  
CreamOther  
Cream1  
Cream2  
Cream3  
Cream4  
CreamBrand1  
CreamBrand2  
CreamBrand3  
CreamBrand4  
IcecreamAte  
IcecreamOften  
IcecreamGrocery  
IcecreamDli  
IcecreamRest  
IcecreamOther  
Icecream1  
Icecream2  
Icecream3  
Icecream4

IcecreamBrand1  
IcecreamBrand2  
IcecreamBrand3  
IcecreamBrand4  
SourcreamAte  
SourcreamOften  
SourcreamGrocery  
SourcreamDeli  
SourcreamRest  
SourcreamOther  
Sourcream1  
Sourcream2  
Sourcream3  
Sourcream4  
SourcreamBrand1  
SourcreamBrand2  
SourcreamBrand3  
SourcreamBrand4  
YogurtAte  
YogurtOften  
YogurtGrocery  
YogurtDeli  
YogurtRest  
YogurtOther  
Yogurt1  
Yogurt2  
Yogurt3  
Yogurt4  
YogurtBrand1  
YogurtBrand2  
YogurtBrand3  
YogurtBrand4

## Description

CDC assigned unique ID

Person completing LI form

Date LI form completed

Year of specimen collection

Gender

State of residence

Age of case-patient

Date of birth

State or local epi case ID

CDC/eFORS ID

Ethnicity

African American/Black

Asian

Native Hawaiian or Other Pacific Islander

Native American/Alaska Native

White

Unknown race

Is Listeria case associate with pregnancy

Blood specimen grew Listeria, non-pregnant case

Date blood specimen collected, non-pregnant case

Lab submitting blood specimen, non-pregnant case

State public health isolate ID number, blood, non-pregnant case

CSF specimen grew Listeria, non-pregnant case

Date CSF specimen collected, non-pregnant case

Lab submitting CSF specimen, non-pregnant case

State public health isolate ID number, CSF, non-pregnant case

Stool specimen grew Listeria, non-pregnant case

Date stool specimen collected, non-pregnant case

Lab submitting stool specimen, non-pregnant case

State public health isolate ID number, stool, non-pregnant case

Other specimen grew Listeria, non-pregnant case

Specify other specimen source, non-pregnant case

Date other specimen collected, non-pregnant case

Lab submitting other specimen, non-pregnant case

State public health isolate ID number, other specimen, non-pregnant case

Second "Other" specimen grew Listeria, non-pregnant case

Specify second "other" specimen source, non-pregnant case

Date second "other" specimen collected, non-pregnant case

Lab submitting second "other" specimen, non-pregnant case

State public health isolate ID number, second "other" specimen, non-pregnant case

Type of illness-Bacteremia/sepsis, non-pregnant case

Type of illness-Meningitis, non-pregnant case

Type of illness-Febrile gastroenteritis, non-pregnant case

Type of illness-Other, non-pregnant case

Specify other illness, non-pregnant case

Type of illness-Unknown, non-pregnant case

Was patient hospitalized for listeriosis, non-pregnant case

Hospital admit date, non-pregnant case

Hospital discharge date, non-pregnant case

Patient still hospitalized, non-pregnant case

Patient's outcome, non-pregnant case

Blood specimen from mother grew Listeria, pregnancy-associated case

Date blood specimen from mother collected, pregnancy-associated case

Lab submitting blood specimen from mother, pregnancy-associated case

State public health isolate ID number, blood specimen from mother, pregnancy-associated case

Blood specimen from neonate grew Listeria, pregnancy-associated case

Date blood specimen from neonate collected, pregnancy-associated case

Lab submitting blood specimen from neonate, pregnancy-associated case

State public health isolate ID number, blood specimen from neonate, pregnancy-associated case

CSF specimen from mother grew Listeria, pregnancy-associated case

Date CSF specimen from mother collected, pregnancy-associated case

Lab submitting CSF specimen from mother, pregnancy-associated case

State public health lab isolate ID number, CSF specimen from mother, pregnancy-associated

CSF specimen from neonate grew Listeria, pregnancy-associated case

Date CSF specimen from neonate collected, pregnancy-associated case

Lab submitting CSF specimen from neonate, pregnancy-associated case

State public health isolate ID number, CSF specimen from neonate, pregnancy-associated

Stool specimen from mother grew Listeria, pregnancy-associated case

Date stool specimen from mother collected, pregnancy-associated case

Lab submitting stool specimen from mother, pregnancy-associated case

State public health isolate ID number, stool specimen from mother, pregnancy-associated case

Placenta specimen grew Listeria, pregnancy-associated case

Date placenta specimen collected, pregnancy-associated case

Lab submitting placenta specimen, pregnancy-associated case

State public health lab isolate ID number, placenta specimen, pregnancy-associated case

Amniotic fluid specimen grew Listeria, pregnancy-associated case

Date amniotic fluid collected, pregnancy-associated case

Lab submitting amniotic fluid specimen, pregnancy-associated case

State public health lab isolate ID number, amniotic fluid specimen, pregnancy-associated case

Other specimen grew Listeria, pregnancy-associated case

Specify other specimen source, pregnancy-associated case

Date other specimen collected, pregnancy-associated case

Lab submitting other specimen, pregnancy-associated case



State public health lab isolate ID number, other specimen, pregnancy-associated case

Second "other" specimen grew Listeria, pregnancy-associated case

Specify second "other" specimen source, pregnancy-associated case

Date second "other" specimen collected, pregnancy-associated case

Lab submitting second "other" specimen, pregnancy-associated case

State public health lab isolate ID number, second "other" specimen, pregnancy-associated case

Outcome of pregnancy: Still pregnant (single gestation or twin 1), pregnancy-associated

If still pregnant, weeks of gestation (single gestation or twin 1), pregnancy-associated

If still pregnant, date (single gestation or twin 1), pregnancy-associated

Outcome of pregnancy: Still pregnant (twin 2), pregnancy-associated

If still pregnant, weeks of gestation (twin 2), pregnancy-associated

If still pregnant, date (twin 2), pregnancy-associated

Outcome of pregnancy: Fetal death (miscarriage or stillbirth; single gestation or twin 1), pregnancy-associated

If fetal death, weeks gestation (single gestation or twin 1), pregnancy-associated

If fetal death, date (single gestation or twin 1), pregnancy-associated

Outcome of pregnancy: Fetal death (miscarriage or stillbirth; twin 2), pregnancy-associated

If fetal death, weeks gestation (twin 2), pregnancy-associated

If fetal death, date (twin 2), pregnancy-associated

Outcome of pregnancy: Induced abortion (single gestation or twin 1), pregnancy-associated

If abortion, weeks gestation (single gestation or twin 1), pregnancy-associated

If abortion, date (single gestation or twin 1), pregnancy-associated

Outcome of pregnancy: Induced abortion (twin 2), pregnancy-associated

If abortion, weeks gestation (twin 2), pregnancy-associated

If abortion, date (twin 2), pregnancy-associated

Outcome of pregnancy: Delivery (live birth; single gestation or twin 1), pregnancy-associated

If delivery, weeks gestation (single gestation or twin 1), pregnancy-associated

If delivery, date (single gestation or twin 1), pregnancy-associated

Outcome of pregnancy: Delivery (live birth; twin 2), pregnancy-associated

If delivery, weeks gestation (twin 2), pregnancy-associated

If delivery, date (twin 2), pregnancy-associated

Outcome of pregnancy: Other (single gestation or twin 1), pregnancy-associated

If other pregnancy outcome, specify (single gestation or twin 1), pregnancy-associated

If other pregnancy outcome, date (single gestation or twin 1), pregnancy-associated

If other pregnancy outcome, weeks gestation (single gestation or twin 1), pregnancy-associated

Outcome of pregnancy: Other (twin 2), pregnancy-associated

If other pregnancy outcome, specify (twin 2), pregnancy-associated

If other pregnancy outcome, weeks gestation (twin 2), pregnancy-associated

If other pregnancy outcome, date (twin 2), pregnancy-associated  
Type of illness in mother: Bacteremia/sepsis, pregnancy-associated  
Type of illness in mother: Meningitis, pregnancy-associated  
Type of illness in mother: Febrile gastroenteritis, pregnancy-associated  
Type of illness in mother: Amnionitis, pregnancy-associated  
Type of illness in mother: Non-specific "flu-like" illness, pregnancy-associated  
Type of illness in mother: None, pregnancy-associated  
Type of illness in mother: Other, pregnancy-associated  
If other type of illness in mother, specify, pregnancy-associated  
Type of illness in mother: Unknown, pregnancy-associated  
Type of illness in neonate (twin 1): Bacteremia/sepsis, pregnancy-associated  
Type of illness in neonate (twin 1): Meningitis, pregnancy-associated  
Type of illness in neonate (twin 1): Pneumonia, pregnancy-associated  
Type of illness in neonate (twin 1): Granulomatosis infantisepticum, pregnancy-associated  
Type of illness in neonate (twin 1): None, pregnancy-associated  
Type of illness in neonate (twin 1): Other, pregnancy-associated  
If other type of illness in neonate (twin 1), specify, pregnancy-associated  
Type of illness in neonate (twin 1): Unknown, pregnancy-associated  
Type of illness in neonate (twin 2): Bacteremia/sepsis, pregnancy-associated  
Type of illness in neonate (twin 2): Meningitis, pregnancy-associated  
Type of illness in neonate (twin 2): Pneumonia, pregnancy-associated  
Type of illness in neonate (twin 2): Granulomatosis infantisepticum, pregnancy-associated  
Type of illness in neonate (twin 2): None, pregnancy-associated  
Type of illness in neonate (twin 2): Other, pregnancy-associated  
If other type of illness in neonate (twin 2), specify, pregnancy-associated  
Type of illness in neonate (twin 2): Unknown, pregnancy-associated  
Was mother hospitalized for listeriosis? pregnancy-associated  
Admit date, mother, pregnancy-associated  
Discharge date, mother, pregnancy-associated  
Mother still hospitalized, pregnancy-associated  
Was neonate (twin 1) hospitalized for listeriosis? pregnancy-associated  
Admit date, neonate (twin 1), pregnancy-associated  
Discharge date, neonate (twin 1), pregnancy-associated  
Neonate (twin 1) still hospitalized, pregnancy-associated  
Was neonate 2 (twin 2) hospitalized for listeriosis? pregnancy-associated  
Admit date, neonate (twin 2), pregnancy-associated  
Discharge date, neonate (twin 2), pregnancy-associated  
Neonate 2 (twin 2) still hospitalized, pregnancy-associated  
Mother's outcome, pregnancy-associated  
Neonate's (twin 1's) outcome, pregnancy-associated  
Neonate 2's (twin 2's) outcome, pregnancy-associated  
Date of interview  
Initials of interviewer  
Interviewee  
If surrogate, relationship to patient

If other relationship to patient, specify

Onset of illness

Hospitalized (admitted to a hospital overnight) during 4 weeks before illness began

If hospitalized prior to onset, admit date

If hospitalized prior to onset, discharge date

Name of hospital admitted to in 4 weeks before illness began

Still hospitalized, if hospitalized in 4 weeks before illness began

Resident in nursing home or other long term care facility during 4 weeks before illness began

Date admitted to nursing home (if resident in 4 weeks prior to onset)

Discharge date from nursing home (if resident in 4 weeks prior to onset)

Still in nursing home, if in nursing home 4 weeks before illness began

Name of nursing home resident of in 4 weeks before illness began

During the 4 weeks before your illness, did you travel to a state outside your state of residence?

If traveled to state outside your state of residence in 4 weeks before illness, please list states visited

During the 4 weeks before your illness, did you travel outside the US?

If traveled outside the US in 4 weeks before illness, what countries did you visit?

If traveled outside the US in 4 weeks before illness, what was your departure date?

If traveled outside the US in 4 weeks before illness, what date did you return?

Fever

Chills

Headache

Muscle Aches

Stiff Neck

Diarrhea ( $\geq 3$  loose stools/day)

Vomiting

Preterm Labor

Other symptoms

Specify other symptoms

Other symptoms

Specify other symptoms

Date first positive Listeria isolate collected/delivery date (preg cases)

Four weeks before first positive Listeria isolate collected

Specimen collection date/delivery date (preg cases)

Did you eat food purchased from any grocery stores during the 4 week time period

Name of grocery store 1

Street address, city, county, state of grocery store 1

Name of grocery store 2

Street address, city, county, state of grocery store 2

Name of grocery store 3

Street address, city, county, state of grocery store 3

Name of grocery store 4

Street address, city, county, state of grocery store 4

Name of grocery store 5

Street address, city, county, state of grocery store 5

Name of grocery store 6

Street address, city, county, state of grocery store 6

Name of grocery store 7

Street address, city, county, state of grocery store 7

Did you eat food purchased from any delicatessens, small local markets, other small shops, or farmers' markets during the 4 week period?

Name of delicatessen, small local market, other small shop, or farmers markets 1

Street address, city, county, state of delicatessen, small local market, other small shop, or farmers market 1

Name of delicatessen, small local market, other small shop, or farmers markets 2

Street address, city, county, state of delicatessen, small local market, other small shop, or farmers market 2

Name of delicatessen, small local market, other small shop, or farmers markets 3

Street address, city, county, state of delicatessen, small local market, other small shop, or farmers market 3

Name of delicatessen, small local market, other small shop, or farmers markets 4

Street address, city, county, state of delicatessen, small local market, other small shop, or farmers market 4

Name of delicatessen, small local market, other small shop, or farmers markets 5

Street address, city, county, state of delicatessen, small local market, other small shop, or farmers market 5

Name of delicatessen, small local market, other small shop, or farmers markets 6

Street address, city, county, state of delicatessen, small local market, other small shop, or farmers market 6

Name of delicatessen, small local market, other small shop, or farmers markets 7

Street address, city, county, state of delicatessen, small local market, other small shop, or farmers market 7

Did you eat food from any restaurants, including sit-down, fast-food, and take-out restaurants during the 4 week period?

Name of restaurant 1

Street address, city, county, state of restaurant 1

Dining date restaurant 1

Name of restaurant 2

Street address, city, county, state of restaurant 2

Dining date restaurant 2

Name of restaurant 3

Street address, city, county, state of restaurant 3

Dining date restaurant 3

Name of restaurant 4

Street address, city, county, state of restaurant 4

Dining date restaurant 4

Name of restaurant 5

Street address, city, county, state of restaurant 5

Dining date restaurant 5

Name of restaurant 6

Street address, city, county, state of restaurant 6

Dining date restaurant 6

Name of restaurant 7

Street address, city, county, state of restaurant 7

Dining date restaurant 7

Did you eat food purchased or obtained from any other venues, such as school cafeteria, concession stands, street vendors, institutions (e.g., hospital food), local farms, or private vendors during the 4 week period?

Name of other venue 1

Street address, city, county, state of venue 1

Dining date venue 1

Name of other venue 2

Street address, city, county, state of venue 2

Dining date venue 2

Name of other venue 3

Street address, city, county, state of venue 3

Dining date venue 3

Name of other venue 4

Street address, city, county, state of venue 4

Dining date venue 4

Name of other venue 5

Street address, city, county, state of venue 5

Dining date venue 5

Name of other venue 6

Street address, city, county, state of venue 6

Dining date venue 6

Name of other venue 7

Street address, city, county, state of venue 7

Dining date venue 7

In the 4 week period did you eat any ham deli, cold cut, or luncheon meat?

If ate ham, how often?

Was ham purchased at a grocery store?

Was ham purchased at a deli/small market ?

Was ham purchased at a restaurant?

Was ham purchased at an other venue?

Name of store/restaurant/venue where ham purchased 1

Name of store/restaurant/venue where ham purchased 2

Name of store/restaurant/venue where ham purchased 3

Name of store/restaurant/venue where ham purchased 4

Type or brand of ham purchased 1

Type or brand of ham purchased 2

Type or brand of ham purchased 3

Type or brand of ham purchased 4

Was ham purchased from a deli counter at any of the sites?

In the 4 week period did you eat any bologna deli, cold cut, or luncheon meat?

If ate bologna, how often?

Was bologna purchased at grocery store?

Was bologna purchased at a deli/small market?

Was bologna purchased at a restaurant?

Was bologna purchased at an other venue?

Name of store/restaurant/venue where bologna purchased 1

Name of store/restaurant/venue where bologna purchased 2

Name of store/restaurant/venue where bologna purchased 3

Name of store/restaurant/venue where bologna purchased 4

Type or brand of bologna 1

Type or brand of bologna 2

Type or brand of bologna 3

Type or brand of bologna 4

Was bologna purchased from a deli counter at any of the sites?

In the 4 week period did you eat any turkey deli, cold cut, or luncheon meat?

If ate turkey, how often?

Was turkey purchased at a grocery store?

Was turkey purchased at a deli/small market?

Was turkey purchased at a restaurant?

Was turkey purchased at an other venue?

Name of store/restaurant/venue where turkey purchased 1

Name of store/restaurant/venue where turkey purchased 2

Name of store/restaurant/venue where turkey purchased 3

Name of store/restaurant/venue where turkey purchased 4

Type or brand of turkey 1

Type or brand of turkey 2

Type or brand of turkey 3

Type or brand of turkey 4

Was turkey purchased from a deli counter at any of the sites?

In the 4 week period did you eat any other turkey deli, cold cut, or luncheon meat?

If ate other turkey, how often?

Was other turkey purchased at a grocery store?

Was other turkey purchased at a deli/small market?

Was other turkey purchased at a restaurant?

Was other turkey purchased at an other venue?

Name of store/restaurant/venue where other turkey purchased 1

Name of store/restaurant/venue where other turkey purchased 2

Name of store/restaurant/venue where other turkey purchased 3

Name of store/restaurant/venue where other turkey purchased 4

Type or brand of other turkey 1

Type or brand of other turkey 2

Type or brand of other turkey 3

Type or brand of other turkey 4

Was other turkey purchased from a deli counter at any of the sites?

In the 4 week period did you eat any chicken deli, cold cut, or luncheon meat?

If ate chicken, how often?

Was chicken purchased at a grocery store?

Was chicken purchased at a deli/small market?

Was chicken purchased at a restaurant?

Was chicken purchased at an other venue?

Name of store/restaurant/venue where chicken purchased 1

Name of store/restaurant/venue where chicken purchased 2

Name of store/restaurant/venue where chicken purchased 3

Name of store/restaurant/venue where chicken purchased 4

Type or brand of chicken 1

Type or brand of chicken 2

Type or brand of chicken 3

Type or brand of chicken 4

Was chicken purchased from a deli counter at any of the sites?

In the 4 week period did you eat any pastrami deli, cold cut, or luncheon meat?

If ate pastrami, how often?

Was pastrami purchased at a grocery store?

Was pastrami purchased at a deli/small market?

Was pastrami purchased at a restaurant?

Was pastrami purchased at an other venue?

Name of store/restaurant/venue where pastrami purchased 1

Name of store/restaurant/venue where pastrami purchased 2

Name of store/restaurant/venue where pastrami purchased 3

Name of store/restaurant/venue where pastrami purchased 4

Type or brand of pastrami 1

Type or brand of pastrami 2

Type or brand of pastrami 3

Type or brand of pastrami 4

Was pastrami purchased from a deli counter at any of the sites?

In the 4 week period did you eat any other deli, cold cut, or luncheon meat?

Specify other deli meat eaten

If at other deli meat, how often?

Was other deli meat purchased at a grocery store?

Was other deli meat purchased at a deli/small market?

Was other deli meat purchased at a restaurant?

Was other deli meat purchased at an other venue?

Name of store/restaurant/venue where other deli meat purchased 1

Name of store/restaurant/venue where other deli meat purchased 2

Name of store/restaurant/venue where other deli meat purchased 3

Name of store/restaurant/venue where other deli meat purchased 4

Type or brand of other deli meat 1

Type or brand of other deli meat 2

Type or brand of other deli meat 3

Type or brand of other deli meat 4

Was other deli meat purchased from a deli counter at any of the sites?

In the 4 week period did you eat any pate?

If yes, how often was pate eaten?

Was pate purchased at a grocery store?

Was pate purchased at a deli/small market?

Was pate purchased at a restaurant?

Was pate purchased at an other venue?

Name of store/restaurant/other venue where pate purchased 1

Name of store/restaurant/other venue where pate purchased 2

Name of store/restaurant/other venue where pate purchased 3

Name of store/restaurant/other venue where pate purchased 4

Type or brand of pate 1

Type or brand of pate 2

Type or brand of pate 3

Type or brand of pate 4

Was pate purchased from a deli counter at any of the sites?

In the 4 week period did you eat any hot dogs?

If yes, how often did you eat hot dogs?

Were hotdogs purchased at a grocery store?

Were hotdogs purchased at a deli/small market?

Were hotdogs purchased at a resutarant?

Were hotdogs purchased at an other venue?

Name of store/restaurant/other venue where hotdogs purchased 1

Name of store/restaurant/other venue where hotdogs purchased 2

Name of store/restaurant/other venue where hotdogs purchased 3

Name of store/restaurant/other venue where hotdogs purchased 4

Type or brand of hotdog 1

Type or brand of hotdog 2

Type or brand of hotdog 3

Type or brand of hotdog 4

Were hot dogs purchased from a deli counter at any of the sites?

Were hot dogs heated before consumption?

In the 4 week period, did you eat any brie?

If ate brie, how often?

Was brie purchased at a grocery store?

Was brie purchased at a deli/small market?

Was brie purchased at a restaurant?

Was brie purchased at an other venue?

Name of store/restaurant/other venue where brie purchased 1

Name of store/restaurant/other venue where brie purchased 2

Name of store/restaurant/other venue where brie purchased 3

Name of store/restaurant/other venue where brie purchased 4

Type or brand of brie 1

Type or brand of brie 2

Type or brand of brie 3

Type or brand of brie 4

Was brie purchased from a deli counter at any of the sites?

In the 4 week period, did you eat any feta?

If ate feta, how often?

Was feta purchased from a grocery store?

Was feta purchased from a deli/small market?

Was feta purchased from a restaurant?

Was feta purchased at an other venue?

Name of store/restaurant/other venue where feta purchased 1

Name of store/restaurant/other venue where feta purchased 2

Name of store/restaurant/other venue where feta purchased 3



Name of store/restaurant/other venue where feta purchased 4

Type or brand of feta 1

Type or brand of feta 2

Type or brand of feta 3

Type or brand of feta 4

Was feta purchased from a deli counter at any of the sites?

In the 4 week period did you eat any camembert?

If ate camembert, how often?

Was camembert purchased at a grocery store?

Was camembert purchased from a deli/small market?

Was camembert purchased from a restaurant?

Was camembert purchased from an other venue?

Name of store/restaurant/other venue where camembert purchased 1

Name of store/restaurant/other venue where camembert purchased 2

Name of store/restaurant/other venue where camembert purchased 3

Name of store/restaurant/other venue where camembert purchased 4

Type or brand of camembert 1

Type or brand of camembert 2

Type or brand of camembert 3

Type or brand of camembert 4

Was camembert purchased at a deli counter at any of these sites?

In the 4 weeks period did you eat any goat cheese?

If ate goat cheese, how often?

Was goat cheese purchased at a grocery store?

Was goat cheese purchased at a deli?

Was goat cheese purchased at a restaurant?

Was goat cheese purchased at an other venue?

Name of store/restaurant/other venue where goat cheese purchased 1

Name of store/restaurant/other venue where goat cheese purchased 2

Name of store/restaurant/other venue where goat cheese purchased 3

Name of store/restaurant/other venue where goat cheese purchased 4

Type or brand of goat cheese 1

Type or brand of goat cheese 2

Type or brand of goat cheese 3

Type or brand of goat cheese 4

Was goat cheese purchased at a deli counter at any of the sites?

In the 4 week period did you eat any blue or gorgonzola cheese?

If ate blue or gorgonzola cheese, how often?

Was blue or gorgonzola cheese purchased at a grocery store?

Was blue or gorgonzola cheese purchased at a deli?

Was blue or gorgonzola cheese purchased at a restaurant?

Was blue or gorgonzola cheese purchased at an other venue?

name of store/restaurant/other venue where blue or gorgonzola cheese purchased 1

name of store/restaurant/other venue where blue or gorgonzola cheese purchased 2

name of store/restaurant/other venue where blue or gorgonzola cheese purchased 3

name of store/restaurant/other venue where blue or gorgonzola cheese purchased 4

Type or brand of blue or gorgonzola cheese 1

Type or brand of blue or gorgonzola cheese 2

Type or brand of blue or gorgonzola cheese 3

Type or brand of blue or gorgonzola cheese 4

Was blue or gorgonzola cheese purchased at a deli counter at any of the sites?

In the 4 week period did you eat any Mexican-style cheese?

If ate Mexican-style cheese, how often?

Was Mexican-style cheese purchased at a grocery store?

Was Mexican-style cheese purchased at a deli/small market?

Was Mexican-style cheese purchased at a restaurant?

Was Mexican-style cheese purchased at an other venue?

Name of store/restaurant/other venue where Mexican-style cheese purchased 1

Name of store/restaurant/other venue where Mexican-style cheese purchased 2

Name of store/restaurant/other venue where Mexican-style cheese purchased 3

Name of store/restaurant/other venue where Mexican-style cheese purchased 4

Type or brand of Mexican-style cheese 1

Type or brand of Mexican-style cheese 2

Type or brand of Mexican-style cheese 3

Type or brand of Mexican-style cheese 4

Was Mexican-style cheese purchased at a deli counter at any of the sites?

In the 4 week period did you eat any Farmers cheese?

If ate Farmers cheese, how often?

Was Farmers cheese purchased at a grocery store?

Was Farmers cheese purchased at a deli/small market?

Was Farmers cheese purchased at a restaurant?

Was Farmers cheese purchased at an other venue?

Name of store/restaurant/other venue where Farmers cheese purchased 1

Name of store/restaurant/other venue where Farmers cheese purchased 2

Name of store/restaurant/other venue where Farmers cheese purchased 3

Name of store/restaurant/other venue where Farmers cheese purchased 4

Type or brand of Farmers cheese 1

Type or brand of Farmers cheese 2

Type or brand of Farmers cheese 3

Type or brand of Farmers cheese 4

Was Farmers cheese purchased at a deli counter at any of the sites?

In the 4 week period did you eat any raw cheese?

If ate raw cheese, how often?

Was raw cheese purchased at a grocery store?

Was raw cheese purchased at a deli/small market?

Was raw cheese purchased at a restaurant?

Was raw cheese purchased at an other venue?

Name of store/restaurant/other venue where raw cheese purchased 1

Name of store/restaurant/other venue where raw cheese purchased 2

Name of store/restaurant/other venue where raw cheese purchased 3

Name of store/restaurant/other venue where raw cheese purchased 4

Type or brand of raw cheese 1

Type or brand of raw cheese 2

Type or brand of raw cheese 3

Type or brand of raw cheese 4

Was raw cheese purchased at a deli counter at any of the sites?

In the 4 week period did you eat any other soft white cheese (not cream, cottage, or ricotta)?

If ate other soft white cheese, specify

If ate other soft white cheese, how often?

Was other soft white cheese purchased at a grocery store?

Was other soft white cheese purchased at a deli/small market?

Was other soft white cheese purchased at a restaurant

Was other soft white cheese purchased at an other venue?

Name of store/restaurant/other venue where soft white cheese purchased 1

Name of store/restaurant/other venue where soft white cheese purchased 2

Name of store/restaurant/other venue where soft white cheese purchased 3

Name of store/restaurant/other venue where soft white cheese purchased 4

Type or brand of other soft white cheese 1

Type or brand of other soft white cheese 2

Type or brand of other soft white cheese 3

Type or brand of other soft white cheese 4

Was other soft white cheese purchased at a deli counter at any of the sites?

In the 4 weeks period did you eat any ready-to-eat, deli-style potato salad?

If ate potato salad, how often?

Was potato salad purchased from a grocery store?

Was potato salad purchased from a deli/small market?

Was potato salad purchased from a restaurant?

Was potato salad purchased at an other venue?

Name of store/restaurant/other venue where potato salad purchased 1

Name of store/restaurant/other venue where potato salad purchased 2

Name of store/restaurant/other venue where potato salad purchased 3

Name of store/restaurant/other venue where potato salad purchased 4

Type or brand of potato salad 1

Type or brand of potato salad 2

Type or brand of potato salad 3

Type or brand of potato salad 4

Was potato salad purchased from a deli counter at any of the sites?

In the 4 weeks period did you eat any ready-to-eat, deli-style pasta salad?

If at pasta salad, how often?

Was pasta salad purchased from a grocery store?

Was pasta salad purchased from a deli/small market?

Was pasta salad purchased from a restaurant?

Was pasta salad purchased from an other venue?

Name of store/restaurant/other venue where pasta salad purchased 1

Name of store/restaurant/other venue where pasta salad purchased 2

Name of store/restaurant/other venue where pasta salad purchased 3  
Name of store/restaurant/other venue where pasta salad purchased 4  
Type or brand of pasta salad 1  
Type or brand of pasta salad 2  
Type or brand of pasta salad 3  
Type or brand of pasta salad 4  
Was pasta salad purchased from a deli counter at any of the sites?  
In the 4 weeks period did you eat any ready-to-eat, deli-style tuna salad?  
If ate tuna salad, how often?  
Was tuna salad purchase from a grocery store?  
Was tuna salad purchase from a deli/small market?  
Was tuna salad purchase from a restaurant?  
Was tuna salad purchase from an other venue?  
Name of store/restaurant/other venue where tuna salad purchased 1  
Name of store/restaurant/other venue where tuna salad purchased 2  
Name of store/restaurant/other venue where tuna salad purchased 3  
Name of store/restaurant/other venue where tuna salad purchased 4  
Type or brand tuna salad 1  
Type or brand tuna salad 2  
Type or brand tuna salad 3  
Type or brand tuna salad 4  
Was tuna salad purchased from a deli counter at any of the sites?  
In the 4 weeks period did you eat any ready-to-eat, deli-style bean salad?  
If ate bean salad, how often?  
Was bean salad purchased from a grocery store?  
Was bean salad purchased from a deli/small market?  
Was bean salad purchased from a restaurant?  
Was bean salad purchased from an other venue?  
Name of store/restaurant/other venue where bean salad purchased 1  
Name of store/restaurant/other venue where bean salad purchased 2  
Name of store/restaurant/other venue where bean salad purchased 3  
Name of store/restaurant/other venue where bean salad purchased 4  
Type or brand of bean salad 1  
Type or brand of bean salad 2  
Type or brand of bean salad 3  
Type or brand of bean salad 4  
Was bean salad purchased from a deli counter at any of the sites?  
In the 4 week period did you eat any ready-to-eat, deli-style hummus?  
If at hummus, how often?  
Was hummus purchased from a grocery store?  
Was hummus purchased from a deli/small market?  
Was hummus purchased from a restaurant?  
Was hummus purchased from an other venue?  
Name of store/restaurant/other venue where hummus purchased 1  
Name of store/restaurant/other venue where hummus purchased 2  
Name of store/restaurant/other venue where hummus purchased 3  
Name of store/restaurant/other venue where hummus purchased 4

Type or brand of hummus 1

Type or brand of hummus 2

Type or brand of hummus 3

Type or brand of hummus 4

Was hummus purchased at a deli counter at any of the sites?

In the 4 week period did you eat any ready-to-eat, deli-style cole slaw?

If ate cole slaw, how often?

Was cole slaw purchased from a grocery store?

Was cole slaw purchased from a deli/small market?

Was cole slaw purchased from a restaurant?

Was cole slaw purchased from an other venue?

Name of store/restaurant/other venue where cole slaw purchased 1

Name of store/restaurant/other venue where cole slaw purchased 2

Name of store/restaurant/other venue where cole slaw purchased 3

Name of store/restaurant/other venue where cole slaw purchased 4

Type or brand of cole slaw 1

Type or brand of cole slaw 2

Type or brand of cole slaw 3

Type or brand of cole slaw 4

Was any cole slaw purchased from a deli counter at any of the sites?

In the 4 week period did you eat any ready-to-eat, deli-style seafood salad?

If ate seafood salad, how often?

Was seafood salad purchased from a grocery store?

Was seafood salad purchased from a deli/small market?

Was seafood salad purchased from a restaurant?

Was seafood salad purchased from an other venue?

Name of store/restaurant/other venue where seafood salad purchased 1

Name of store/restaurant/other venue where seafood salad purchased 2

Name of store/restaurant/other venue where seafood salad purchased 3

Name of store/restaurant/other venue where seafood salad purchased 4

Type or brand of seafood salad 1

Type or brand of seafood salad 2

Type or brand of seafood salad 3

Type or brand of seafood salad 4

Was any seafood salad purchased at a deli counter at any of the sites?

In the 4 week period did you eat any ready-to-eat, deli-style fruit salad?

If ate fruit salad, how often?

Was fruit salad purchased at a grocery store?

Was fruit salad purchased at a deli/small market?

Was fruit salad purchased at a restaurant?

Was fruit salad purchased at an other venue?

Name of store/restaurant/other venue where fruit salad purchased 1

Name of store/restaurant/other venue where fruit salad purchased 2

Name of store/restaurant/other venue where fruit salad purchased 3

Name of store/restaurant/other venue where fruit salad purchased 4

Type or brand fruit salad 1

Type or brand fruit salad 2

Type or brand fruit salad 3

Type or brand fruit salad 4

Was fruit salad purchased pre-cut?

In the 4 week period did you eat any other ready-to-eat meat, vegetable, or fruit salad not made at home?

If ate other ready-to-eat meat, vegetable, or fruit salad not made at home, specify

If ate other ready-to-eat meat, vegetable, or fruit salad not made at home, how often?

Was other ready-to-eat meat, vegetable, or fruit salad not made at home purchased at a grocery store?

Was other ready-to-eat meat, vegetable, or fruit salad not made at home purchased at a deli/small market?

Was other ready-to-eat meat, vegetable, or fruit salad not made at home purchased at a restaurant?

Was other ready-to-eat meat, vegetable, or fruit salad not made at home purchased at an other venue?

Name of store/restaurant/other venue where other ready-to-eat meat, vegetable, or fruit salad purchased 1

Name of store/restaurant/other venue where other ready-to-eat meat, vegetable, or fruit salad purchased 2

Name of store/restaurant/other venue where other ready-to-eat meat, vegetable, or fruit salad purchased 3

Name of store/restaurant/other venue where other ready-to-eat meat, vegetable, or fruit salad purchased 4

Type or brand of other ready-to-eat meat, vegetable, or fruit salad 1

Type or brand of other ready-to-eat meat, vegetable, or fruit salad 2

Type or brand of other ready-to-eat meat, vegetable, or fruit salad 3

Type or brand of other ready-to-eat meat, vegetable, or fruit salad 4

Was other ready-to-eat meat, vegetable, or fruit salad purchased at a deli counter at any of the sites?

In the 4 week period did you eat any precooked shrimp?

If ate precooked shrimp, how often?

Was shrimp purchased at a grocery store?

Was shrimp purchased at a deli/small market?

Was shrimp purchased at a restaurant?

Was shrimp purchased at an other venue?

Name of store/restaurant/other venue where shrimp purchased 1

Name of store/restaurant/other venue where shrimp purchased 2

Name of store/restaurant/other venue where shrimp purchased 3

Name of store/restaurant/other venue where shrimp purchased 4

Type or brand of shrimp 1

Type or brand of shrimp 2

Type or brand of shrimp 3

Type or brand of shrimp 4

Was shrimp purchased at a deli counter at any of the sites?

In the 4 week period did you eat any precooked crab including imitation crab meat?

If ate precooked crab, how often?

Was crab purchased at a grocery store?

Was crab purchased at a deli/small market?

Was crab purchased at a restaurant?

Was crab purchased at an other venue?

Name of store/restaurant/other venue where crab purchased 1

Name of store/restaurant/other venue where crab purchased 2

Name of store/restaurant/other venue where crab purchased 3

Name of store/restaurant/other venue where crab purchased 4

Type or brand of crab 1

Type or brand of crab 2

Type or brand of crab 3

Type or brand of crab 4

Was crab purchased at a deli counter at any of the sites?

In the 4 week period did you eat any smoked or cured fish that was not from a can (e.g. smoked salmon or lox)?

If ate smoked or cured fish, how often?

Was smoked or cured fish purchased at a grocery store?

Was smoked or cured fish purchased at a deli/small market?

Was smoked or cured fish purchased at a restaurant?

Was smoked or cured fish purchased at an other venue?

Name of store/restaurant/other venue where smoked or cured fish purchased 1

Name of store/restaurant/other venue where smoked or cured fish purchased 2

Name of store/restaurant/other venue where smoked or cured fish purchased 3

Name of store/restaurant/other venue where smoked or cured fish purchased 4

Type or brand smoked/cured fish 1

Type or brand smoked/cured fish 2

Type or brand smoked/cured fish 3

Type or brand smoked/cured fish 4

Was smoked or cured fish purchased at a deli counter at any of the sites?

In the 4 week period did you eat any honeydew?

If ate honeydew, how often?

Was honeydew purchased at a grocery store?

Was honeydew purchased at a deli/small market?

Was honeydew purchased at a restaurant?

Was honeydew purchased at an other venue?

Name of store/restaurant/other venue where honeydew purchased 1

Name of store/restaurant/other venue where honeydew purchased 2

Name of store/restaurant/other venue where honeydew purchased 3

Name of store/restaurant/other venue where honeydew purchased 4

Type or brand honeydew 1

Type or brand honeydew 2

Type or brand honeydew 3

Type or brand honeydew 4

Was the honeydew purchased pre-cut?

In the 4 week period did you eat any cantaloupe?

If ate cantaloupe, how often?

Was cantaloupe purchased at a grocery store?

Was cantaloupe purchased at a deli/small market?

Was cantaloupe purchased at a restaurant?

Was cantaloupe purchased at an other venue?

Name of store/restaurant/other venue where cantaloupe purchased 1

Name of store/restaurant/other venue where cantaloupe purchased 2

Name of store/restaurant/other venue where cantaloupe purchased 3

Name of store/restaurant/other venue where cantaloupe purchased 4

Type or brand of cantaloupe 1

Type or brand of cantaloupe 2

Type or brand of cantaloupe 3

Type or brand of cantaloupe 4

Was the cantaloupe purchased pre-cut?

In the 4 week period did you eat any watermelon?

If ate watermelon, how often?

Was watermelon purchased at a grocery store?

Was watermelon purchased at a deli/small market?

Was watermelon purchased at a restaurant?

Was watermelon purchased at an other venue?

Name of store/restaurant/other venue where watermelon purchased 1

Name of store/restaurant/other venue where watermelon purchased 2

Name of store/restaurant/other venue where watermelon purchased 3

Name of store/restaurant/other venue where watermelon purchased 4

Type or brand of watermelon 1

Type or brand of watermelon 2

Type or brand of watermelon 3

Type or brand of watermelon 4

Was the watermelon purchased pre-cut?

In the 4 week period did you eat any whole milk?

If ate whole milk, how often?

Was whole milk purchased at a grocery store?

Was whole milk purchased at a deli/small market?

Was whole milk purchased at a restaurant?

Was whole milk purchased at an other venue?

Name of store/restaurant/other venue where whole milk purchased 1

Name of store/restaurant/other venue where whole milk purchased 2

Name of store/restaurant/other venue where whole milk purchased 3

Name of store/restaurant/other venue where whole milk purchased 4

Type or brand whole milk 1

Type or brand whole milk 2

Type or brand whole milk 3

Type or brand whole milk 4

Was any whole milk unpasteurized (raw)?

In the 4 week period did you eat any 2% milk?

If ate 2% milk, how often?

Was 2% milk purchased at a grocery store?

Was 2% milk purchased at a deli/small market?

Was 2% milk purchased at a restaurant?



Was 2% milk purchased at an other venue?

Name of store/restaurant/other venue where 2% milk purchased 1

Name of store/restaurant/other venue where 2% milk purchased 2

Name of store/restaurant/other venue where 2% milk purchased 3

Name of store/restaurant/other venue where 2% milk purchased 4

Type or brand 2% milk 1

Type or brand 2% milk 2

Type or brand 2% milk 3

Type or brand 2% milk 4

Was any 2% milk unpasteurized (raw)?

In the 4 week period did you eat any 1% milk?

If ate 1% milk, how often?

Was 1% milk purchased at a grocery store?

Was 1% milk purchased at a deli/small market?

Was 1% milk purchased at a restaurant?

Was 1% milk purchased at an other venue?

Name of store/restaurant/other venue where 1% milk purchased 1

Name of store/restaurant/other venue where 1% milk purchased 2

Name of store/restaurant/other venue where 1% milk purchased 3

Name of store/restaurant/other venue where 1% milk purchased 4

Type or brand 1% milk 1

Type or brand 1% milk 2

Type or brand 1% milk 3

Type or brand 1% milk 4

Was any 1% milk unpasteurized (raw)?

In the 4 week period did you eat any skim milk?

If ate skim milk, how often?

Was skim milk purchased at a grocery store?

Was skim milk purchased at a deli/small market?

Was skim milk purchased at a restaurant?

Was skim milk purchased at an other venue?

Name of store/restaurant/other venue where skim milk purchased 1

Name of store/restaurant/other venue where skim milk purchased 2

Name of store/restaurant/other venue where skim milk purchased 3

Name of store/restaurant/other venue where skim milk purchased 4

Type or brand skim milk 1

Type or brand skim milk 2

Type or brand skim milk 3

Type or brand skim milk 4

Was any skim milk unpasteurized (raw)?

In the 4 week period did you eat any other milk?

If ate other milk, specify type of milk

If ate other milk, how often?

Was other milk purchased at a grocery store?

Was other milk purchased at a deli/small market?

Was other milk purchased at a restaurant?

Was other milk purchased at an other venue?

Name of store/restaurant/other venue where other milk purchased 1

Name of store/restaurant/other venue where other milk purchased 2

Name of store/restaurant/other venue where other milk purchased 3

Name of store/restaurant/other venue where other milk purchased 4

Type or brand other milk 1

Type or brand other milk 2

Type or brand other milk 3

Type or brand other milk 4

Was any other milk unpasteurized (raw)?

In the 4 week period did you eat any butter?

If ate butter, how often?

Was butter purchased at a grocery store?

Was butter purchased at a deli/small market?

Was butter purchased at a restaurant?

Was butter purchased at an other venue?

Name of store/restaurant/other venue where butter purchased 1

Name of store/restaurant/other venue where butter purchased 2

Name of store/restaurant/other venue where butter purchased 3

Name of store/restaurant/other venue where butter purchased 4

Type or brand butter 1

Type or brand butter 2

Type or brand butter 3

Type or brand butter 4

In the 4 week period did you eat any cream?

If ate cream, how often?

Was cream purchased at a grocery store?

Was cream purchased at a deli/small market?

Was cream purchased at a restaurant?

Was cream purchased at an other venue?

Name of store/restaurant/other venue where cream purchased 1

Name of store/restaurant/other venue where cream purchased 2

Name of store/restaurant/other venue where cream purchased 3

Name of store/restaurant/other venue where cream purchased 4

Type or brand cream 1

Type or brand cream 2

Type or brand cream 3

Type or brand cream 4

In the 4 week period did you eat any ice cream?

If ate ice cream, how often?

Was ice cream purchased at a grocery store?

Was ice cream purchased at a deli/small market?

Was ice cream purchased at a restaurant?

Was ice cream purchased at an other venue?

Name of store/restaurant/other venue where ice cream purchased 1

Name of store/restaurant/other venue where ice cream purchased 2

Name of store/restaurant/other venue where ice cream purchased 3

Name of store/restaurant/other venue where ice cream purchased 4

Type or brand ice cream 1

Type or brand ice cream 2

Type or brand ice cream 3

Type or brand ice cream 4

In the 4 week period did you eat any sour cream?

If ate sour cream, how often?

Was sour cream purchased at a grocery store?

Was sour cream purchased at a deli/small market?

Was sour cream purchased at a restaurant?

Was sour cream purchased at an other venue?

Name of store/restaurant/other venue where sour cream purchased 1

Name of store/restaurant/other venue where sour cream purchased 2

Name of store/restaurant/other venue where sour cream purchased 3

Name of store/restaurant/other venue where sour cream purchased 4

Type or brand sour cream 1

Type or brand sour cream 2

Type or brand sour cream 3

Type or brand sour cream 4

In the 4 week period did you eat any yogurt?

If ate yogurt, how often?

Was yogurt purchased at a grocery store?

Was yogurt purchased at a deli/small market?

Was yogurt purchased at a restaurant?

Was yogurt purchased at an other venue?

Name of store/restaurant/other venue where yogurt purchased 1

Name of store/restaurant/other venue where yogurt purchased 2

Name of store/restaurant/other venue where yogurt purchased 3

Name of store/restaurant/other venue where yogurt purchased 4

Type or brand yogurt 1

Type or brand yogurt 2

Type or brand yogurt 3

Type or brand yogurt 4

Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)

Label/Short Name

Erythema Migrans

Swelling

Bell's Palsy or other cranial neuritis

Radiculoneuropathy

Lymphocytic meningitis

Encephalitis/Encephalomyelitis

2nd or 3rd degree atrioventricular  
block

OtherSpeci

Results

EIA\_IFA test type

EIA\_IFA test result

Immunoblot result

IgM\_21kDa

IgM\_39kDa

IgM\_41kDa

IgG\_18kDa

IgG\_21kDa

IgG\_28kDa

IgG\_30kDa

IgG\_39kDa

IgG\_41kDa

IgG\_45kDa

IgG\_58kDa

IgG\_66kDa

IgG\_93kDa

## Description

Indicates whether the patient had erythema migrans (physician diagnosed EM at least 5 cm in diameter).

Indicates whether the patient had arthritis characterized by brief attacks of joint swelling.

Indicates whether the patient had Bell's palsy or other cranial neuritis.

Indicates whether the patient had radiculoneuropathy.

Indicates whether the patient had lymphocytic meningitis.

Indicates whether the patient had encephalitis/encephalomyelitis.

Indicates whether the patient had 2nd or 3rd degree atrioventricular block.

Name of another laboratory test performed

Result of other specific laboratory tests performed

Type of EIA performed

Result of EIA

Result of immunoblot

Immunoblot specific test result; linked to laboratory criteria

Immunoblot specific test result; linked to laboratory criteria

Immunoblot specific test result; linked to laboratory criteria

Immunoblot specific test result; linked to laboratory criteria

Immunoblot specific test result; linked to laboratory criteria

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Immunoblot specific test result; linked to laboratory criteria

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Immunoblot specific test result; linked to laboratory criteria

Immunoblot specific test result; linked to laboratory criteria

Immunoblot specific test result; linked to laboratory criteria

Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

TEXT

P/N/E/ND/U

Whole cell antigen EIA/ELISA/ELFA; Defined antigen EIA/ELISA/ELFA;Antigen capture  
EIA/ELISA/ELFA; IFA; Unknown; Other; not done

IgM positive only; IgG positive only; IgM and IgG positive; negative; unknown; not done

IgM positive only; IgG positive only; IgM and IgG positive; negative; unknown; not done

positive; negative; unknown; not done

positive; negative; unknown; not done

positive; negative; unknown; not done

positive; negative; unknown; not done

positive; negative; unknown; not done

positive; negative; unknown; not done

positive; negative; unknown; not done

positive; negative; unknown; not done

positive; negative; unknown; not done

positive; negative; unknown; not done

positive; negative; unknown; not done

positive; negative; unknown; not done

positive; negative; unknown; not done

Label/Short Name

Height

Height Units

Weight

Weight Units

Hospital Name

Hospital Record Number

Patient last name

Patient first name

Physician last name

Physician first name

Physician phone number

Laboratory Name

Laboratory Phone Number

Specimen(s) sent to CDC?

Specimen Type(s) sent to CDC

Description of other specimen type

Test Type

Organism Name

Description of other organism

Parasitemia Level Percentage

Subject Traveled or Lived Outside  
U.S.

Subject Reside in U.S. prior to most  
recent travel

Subject's Country of Residence prior  
to most recent travel

Principal reason for Travel

Description of other reason for travel

International Destination(s) or  
residence(s) #1

Date of return from travel #1

Duration of Stay #1

Duration of Stay Units #1

International Destination(s) or  
residence(s) #2

Date of return from travel #2

Duration of Stay #2

Duration of Stay Units #2



International Destination(s) or residence(s) #3

Date of return from travel #3

Duration of Stay #3

Duration of Stay Units #3

Was malaria chemoprophylaxis taken?

Preventative Medication(s)

Description of other malaria chemoprophylaxis taken

Preventative Medication taken as prescribed?

If doses were missed, what was the reason?

Specific side effect that caused missed doses

Description of the Other reason for missing chemoprophylaxis doses

History of malaria past 12 months

Date of previous malaria attack

Malaria species associated with previous attack

Description of other malaria species associated with previous attack

Received blood transfusion/organ transplant

Blood transfusion/organ transplant date

Complication(s)

Other complication(s)

Treatment Medication(s)

Other treatment medication(s)

Medications pre-treatment

Medications post-treatment

Malaria treatment taken as prescribed

Symptoms resolved within 7 days after treatment

Recurrence of symptoms during 4 weeks after treatment

Adverse events within 4 weeks after starting treatment

Adverse Event #1 description

Adverse Event #1 relationship to treatment

Adverse Event #1 time to onset

Adverse Event #1 fatal

Adverse Event #1 life-threatening

Adverse Event #1 other seriousness

Adverse Event #2 description

Adverse Event #2 relationship to treatment

Adverse Event #2 time to onset

Adverse Event #2 fatal

Adverse Event #2 life-threatening

Adverse Event #2 other seriousness

Adverse Event #3 description

Adverse Event #3 relationship to treatment

Adverse Event #3 time to onset

Adverse Event #3 fatal

Adverse Event #3 life-threatening

Adverse Event #3 other seriousness

Adverse Event #4 description

Adverse Event #4 relationship to treatment

Adverse Event #4 time to onset

Adverse Event #4 fatal

Adverse Event #4 life-threatening

Adverse Event #4 other seriousness

Adverse Event #5 description

Adverse Event #5 relationship to treatment

Adverse Event #5 time to onset

Adverse Event #5 fatal

Adverse Event #5 life-threatening

Adverse Event #5 other seriousness

## Description

Subject's height

Subject's height units

Subject's weight

Subject's weight units

Name of hospital where case was admitted

Hospital Record Number, if subject was hospitalized

Patient's last name

Patient's first name

Last name of physician seen for this case

First name of physician seen for this case

Phone number of the physician seen for this case

Reporting Laboratory Name

Reporting Laboratory Phone Number

Was specimen sent to CDC for Malaria confirmation?

Type(s) of specimen sent to CDC.

Description of the other type of specimen sent to CDC

Epidemiologic interpretation of the type of test(s) performed for this case.

Species identified through testing.

Description of the other organism tested positive for

The estimated number of infected erythrocytes expressed as a percentage of the total erythrocytes.

Has the subject traveled or lived outside the U.S. during the past two years?

Did the subject reside in the U.S. prior to most recent travel?

If the subject did not reside in the U.S. prior to most recent travel, what was the country of residence?

If the subject did not reside in the U.S. prior to most recent travel, what was the country of residence?

Description of the other reason for travel from/to the US

Destination(s) or residence(s) outside the U.S. during the past 2 years

Date the subject returned/arrived to the U.S. from an international destination or residence.

Duration of stay in country outside the U.S.

Duration of stay units in country outside the U.S.

Destination(s) or residence(s) outside the U.S. during the past 2 years

Date the subject returned/arrived to the U.S. from an international destination or residence.

Duration of stay in country outside the U.S.

Duration of stay units in country outside the U.S.

Destination(s) or residence(s) outside the U.S. during the past 2 years

Date the subject returned/arrived to the U.S. from an international destination or residence.

Duration of stay in country outside the U.S.

Duration of stay units in country outside the U.S.

Was malaria chemoprophylaxis taken for prevention of malaria?

Listing of preventative medication(s) taken by the subject

Description of the other type of malaria chemoprophylaxis taken

Was all preventative medication taken as prescribed?

If doses of preventative medicine were missed, what was the primary reason?

Description of the side effect that was the reason for missing doses of malaria chemoprophylaxis

Description of the other reason that resulted in missing doses of malaria chemoprophylaxis

Does the subject have a previous history of malaria in the last 12 months (prior to this report)?

Date of previous malaria attack

Malaria species associated with previous attack

Description of the other malaria species associated with the malaria attack in the past 12 months

Has the subject received a blood transfusion or organ transplant within the last 12 months?

If subject has received a blood transfusion/organ transplant within the last 12 months, what was the date?

Listing of complications as related to this attack.

Description of the other clinical complications experienced during this episode/attack of malaria

Listing of treatment medication the subject received for this attack.

Description of the other treatment medications received for this attack

List of all medications taken during the 2 weeks before starting treatment for malaria

List of all medications taken during the 4 weeks after starting treatment for malaria

Was the medicine for malaria treatment taken as prescribed?

Did all signs or symptoms of malaria resolve without any additional malaria treatment within 7 days after starting treatment?

If signs and symptoms resolved within 7 days after starting treatment, did the patient experience a recurrence of signs or symptoms of malaria during 4 weeks after starting treatment?

Did the patient experience any adverse events within 4 weeks after receiving the malaria treatment

Adverse Event description

Is it suspected a causal relationship between the treatment and the adverse event is at least a reasonable possibility?

Time to onset since starting treatment

Was the adverse event fatal?

Was the adverse event life-threatening?

Was the adverse event serious in another way (i.e., significant disability/incapacity, medically significant, requiring hospitalization or prolonging of existing hospitalization)?

Adverse Event description

Is it suspected a causal relationship between the treatment and the adverse event is at least a reasonable possibility?

Time to onset since starting treatment

Was the adverse event fatal?

Was the adverse event life-threatening?

Was the adverse event serious in another way (i.e., significant disability/incapacity, medically significant, requiring hospitalization or prolonging of existing hospitalization)?

Adverse Event description

Is it suspected a causal relationship between the treatment and the adverse event is at least a reasonable possibility?

Time to onset since starting treatment

Was the adverse event fatal?

Was the adverse event life-threatening?

Was the adverse event serious in another way (i.e., significant disability/incapacity, medically significant, requiring hospitalization or prolonging of existing hospitalization)?

Adverse Event description

Is it suspected a causal relationship between the treatment and the adverse event is at least a reasonable possibility?

Time to onset since starting treatment

Was the adverse event fatal?

Was the adverse event life-threatening?

Was the adverse event serious in another way (i.e., significant disability/incapacity, medically significant, requiring hospitalization or prolonging of existing hospitalization)?

Adverse Event description

Is it suspected a causal relationship between the treatment and the adverse event is at least a reasonable possibility?

Time to onset since starting treatment

Was the adverse event fatal?

Was the adverse event life-threatening?

Was the adverse event serious in another way (i.e., significant disability/incapacity, medically significant, requiring hospitalization or prolonging of existing hospitalization)?

Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)

PHVS\_HeightUnit\_UCUM

PHVS\_WeightUnit\_UCUM

free text

free text

free text

free text

free text

PHVS\_YesNoUnknown\_CDC

PHVS\_SpecimenType\_Malaria

free text

PHVS\_LabTestProcedure\_Malaria

PHVS\_Species\_Malaria

free text

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_Country\_ISO\_3166-1

PHVS\_TravelReason\_Malaria

free text

PHVS\_Country\_ISO\_3166-1

PHVS\_AgeUnit\_UCUM

PHVS\_Country\_ISO\_3166-1

PHVS\_AgeUnit\_UCUM

PHVS\_Country\_ISO\_3166-1

PHVS\_AgeUnit\_UCUM

PHVS\_YesNoUnknown\_CDC

PHVS\_MedicationProphylaxis\_Malaria

free text

PHVS\_YesNoUnknown\_CDC

PHVS\_MedicationMissedReason\_Malaria

free text

free text

PHVS\_YesNoUnknown\_CDC

PHVS\_Species\_Malaria

free text

PHVS\_YesNoUnknown\_CDC

PHVS\_Complications\_Malaria

free text

PHVS\_MedicationTreatment\_Malaria

free text

free text

free text

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

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Label/Short Name

Did the subject have a rash?

Rash onset date

Rash Duration

Was the rash generalized?

Rash onset occur within 21 days of entering USA

Did the subject have a fever?

Highest Measured Temperature

Temperature units

Date of fever onset

Cough

Coryza (runny nose)

Conjunctivitis

Otitis Media (Complication)

Diarrhea (Complication)

Pneumonia (Complication)

Encephalitis (Complication)

Thrombocytopenia (Complication)

Croup (Complication)

Hepatitis (Complication)

Other Complication

Specify Other Complication

Was laboratory testing done for measles?

Test Type

Test Result

Sample Analyzed Date

Test Method

Date Collected

Specimen Source

Were the specimens sent to CDC for genotyping (molecular typing)?

Specimen type sent to CDC for genotyping

Date sent for genotyping

Was Measles virus genotype sequenced?

Type of Genotype Sequence

Transmission Setting

Source of Infection

Were age and setting verified?

Is this case Epi-linked to another confirmed or probable case?

Is this case linked to an international imported case either directly or within same chain of transmission?

International Destination(s) of recent travel

Date of return from travel.

Did the subject ever receive a disease-containing vaccine?

If no, reason subject did not receive a disease-containing vaccine

Number of doses received BEFORE first birthday

Number of doses received ON or AFTER first birthday

Reason for vaccinating before first (1st) birthday but not after

Reason subject received one dose ON or AFTER first birthday, but never received a second dose after the first (1st) birthday

Total doses disease-containing vaccine

Vaccine Administered

Vaccine Manufacturer

Vaccine Lot Number

Vaccine Administered Date

US Acquired

## Description

Did the subject being reported in this investigation have a rash?

What was the onset date of the subject's rash?

How many days did the rash reported in this investigation last?

Was the rash generalized? (Occurring on more than one or two parts of the body?)

Did rash onset occur within 21 days of entering the USA, following any travel or living outside the USA?

Did the subject have a fever? I.E., a measured temperature >2 degrees above normal

What was the subject's highest measured temperature during this illness?

The units of measure of the highest measured temperature. This would be either Fahrenheit or Celsius.

Date of fever onset

Did the subject develop a cough during this illness?

Did the subject develop coryza (runny nose) during this illness?

Did the subject develop conjunctivitis during this illness?

Did the subject develop otitis media as a complication of this illness?

Did the subject develop diarrhea as a complication of this illness?

Did the subject develop pneumonia as a complication of this illness?

Did the subject develop encephalitis as a complication of this illness?

Did the subject develop thrombocytopenia as a complication of this illness?

Did the subject develop croup as a complication of this illness?

Did the subject develop hepatitis as a complication of this illness?

Did the subject develop other conditions as a complication of this illness?

Please specify the other complication the subject developed, during or as a result of this illness.

Was laboratory testing done to confirm a diagnosis of measles?

Epidemiologic interpretation of the type of test(s) performed for this case

Epidemiologic interpretation of the results of the tests performed for this case.

The date the specimen/isolate was tested.

The technique or method used to perform the test and obtain the test results.

Date of specimen collection

The medium from which the specimen originated.

Were clinical specimens sent to CDC laboratories for genotyping (molecular typing)?

Specimen type sent to CDC for genotyping

The date the specimens were sent to the CDC laboratories for genotyping.

Identifies whether the Measles virus was genotype sequenced.

Identifies the genotype sequence of the Measles virus

What was the transmission setting where the measles was acquired?

What was the source of the measles infection?

Does the age of the case match or make sense for the transmission setting listed (i.e. A subject aged 80 probably would not have a transmission setting of child day care center.)?

Specify if this case is Epidemiologically-linked to another confirmed or probable case of measles?

A "Yes" answer to this question denotes this case was infected by another subject who acquired infection while outside of the U.S.

List any international destinations of recent travel

Date the subject returned from all travel

Did the subject ever receive a measles-containing vaccine?

If the subject did not receive a measles-containing vaccine, what was the reason?

The number of doses of measles-containing vaccine the subject received before their first birthday.

The number of measles-containing vaccine doses the subject received on or after their first birthday.

If the subject was vaccinated with measles-containing vaccine BEFORE the first birthday, but did not receive a vaccine dose after their first birthday, state the reason.

If the subject received one dose of measles-containing vaccine ON or AFTER their first birthday, but did not receive a second dose after the first birthday, what was the reason?

Total doses measles-containing vaccine

The type of vaccine administered

Manufacturer of the vaccine

The vaccine lot number of the vaccine administered

The date that the vaccine was administered

Sub-classification of disease or condition acquired in the US

Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_TemperatureUnit\_UCUM

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_LabTestProcedure\_Measles

PHVS\_LabTestInterpretation\_VPD

PHVS\_LabTestMethod\_CDC

PHVS\_SpecimenSource\_Measles

PHVS\_YesNoUnknown\_CDC

PHVS\_SpecimenSource\_Measles

PHVS\_YesNoUnknown\_CDC

PHVS\_Genotype\_Measles

PHVS\_TransmissionSetting\_NND

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_Country\_ISO\_3166-1

PHVS\_YesNoUnknown\_CDC

PHVS\_VaccineNotGivenReasons\_CDC

PHVS\_VaccineNotGivenReasons\_CDC

PHVS\_VaccineNotGivenReasons\_CDC

PHVS\_VaccinesAdministeredCVX\_CDC\_NIP

PHVS\_ManufacturersOfVaccinesMVX\_CDC\_NIP

PHVS\_CaseClassificationExposureSource\_NND

Label/Short Name

State Case ID

Date of First Report to CDC

Notification Result Status

Condition Code

Case Class Status Code

MMWR Week

MMWR Year

Reporting State

Reporting County

National Reporting Jurisdiction

Reporting Source Type Code

Reporting Source ZIP Code

Date First Reported PHD

Person Reporting to CDC - Name

Person Reporting to CDC - Phone  
Number

Person Reporting to CDC - Title

Person Reporting to CDC - Affiliation

Subject Address County

Subject Address State

Age units at case investigation

Country of Birth

Time in U.S.

Date entered U.S.

Travel or Live Outside U.S.

Country of Exposure or Country  
Where Disease was Acquired

Note: use exposure or acquired  
consistently across variables

Subject's Sex

Race Category

Ethnic Group Code

Country of Usual Residence

Earliest Date Reported to County

Earliest Date Reported to State

Diagnosis Date

Date of Onset of symptoms

Date sample collected

Date test performed

Type of test utilized to identify case

Test Result

Hospitalized

Did patient expire?

Current antimicrobial Treatment

Date current antimicrobial Treatment

Diabetes

Chronic renal disease

Chronic lung disease

Liver disease or chronic alcohol  
abuse

Thalassemia

Non HIV-related immune  
suppression

Military service

Military service Date

Laboratory exposure

Laboratory exposure Date

Contact with soil or water in  
melioidosis-endemic areas

Contact with soil or water in  
melioidosis-endemic areas service  
Date

Contact with someone with the same  
disease

Were you at any recent mass  
gathering?



## Description

States use this field to link NEDSS investigations back to their own state investigations.

Date the case was first reported to the CDC

Status of the notification.

Condition or event that constitutes the reason the notification is being sent

Status of the case/event as suspect, probable, confirmed, or not a case per CSTE/CDC/surveillance case definitions.

MMWR Week for which case information is to be counted for MMWR publication.

MMWR Year (YYYY) for which case information is to be counted for MMWR publication.

State reporting the notification.

County reporting the notification.

National jurisdiction reporting the notification to CDC.

Type of facility or provider associated with the source of information sent to Public Health.

ZIP Code of the reporting source for this case.

Earliest date the case was reported to the public health department whether at the local, county, or state public health level.

Name of the person who is reporting the case to the CDC. This is the person that CDC should contract in a state if there are questions regarding this case notification.

Phone Number of the person who is reporting the case to the CDC. This is the person that CDC should contract in a state if there are questions regarding this case notification.

Job title / description of the person reporting the case to the CDC. This is the person that CDC should contract in a state if there are questions regarding this case notification.

Affiliated Facility of the person reporting the case to the CDC. This is the person that CDC should contract in a state if there are questions regarding this case notification.

County of residence of the subject

State of residence of the subject

Subject age units at time of case investigation

Country of Birth

Length of time this subject has been living in the U.S. (if born out of the U.S.)

Date entered U.S. in YYYYMM format (if born out of the U.S.)

Did the subject travel or live outside the U.S.A.?

Indicates the country in which the disease was potentially acquired.

Subject's current sex

Field containing one or more codes that broadly refer to the subject's race(s).

Based on the self-identity of the subject as Hispanic or Latino

Where does the person usually\* live (defined as their residence)

\*For the definition of 'usual residence' refer to CSTE position statement # 11-SI-04 titled "Revised Guidelines for Determining Residency for Disease Reporting" at <http://www.cste.org/ps2011/11-SI-04.pdf> .

Earliest date reported to county public health system

Earliest date reported to state public health system

Earliest date of diagnosis (clinical or laboratory) of condition being reported to public health system

Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system

Provide date test was performed in YYYYMM format

Provide date test was performed in YYYYMM format

Indicate the type of test performed to confirm case

Epidemiologic interpretation of the results of the tests performed for this case

Indicate whether subject was or is currently hospitalized due to this illness

Indicate whether subject died of this illness

Indicate all antimicrobial drugs used to treat subject

Indicate the date antimicrobial treatment started

Does subject have diabetes?

Does subject have chronic renal disease?

Does subject have chronic lung disease?

Does subject have liver disease or chronic alcohol abuse?

Does subject have thalassemia?

Does subject have non HIV-related immune suppression?

Has subject ever served overseas in in the military?

If yes, date of service in YYYYMM format.

Was subject ever exposed to burkolderia through lab work?

If yes, date of exposure in YYYYMM format.

Has subject ever been in contact with soil or water in melioidosis-endemic areas?

If yes, date of contact in YYYYMM format.

Did subject have contact with someone diagnosed with melioidosis?

Was subject present at any recent mass gathering?

Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)

PHVS\_ResultStatus\_NETSS  
PHVS\_NotifiableEvent\_Disease\_Condition\_CDC\_NNDSS  
PHVS\_CaseClassStatus\_NND

PHVS\_State\_FIPS\_5-2  
PHVS\_County\_FIPS\_6-4  
PHVS\_NationalReportingJurisdiction\_NND  
PHVS\_ReportingSourceType\_NND

PHVS\_County\_FIPS\_6-4  
PHVS\_State\_FIPS\_5-2  
PHVS\_AgeUnit\_UCUM\_NETSS  
PHVS\_CountryofBirth\_CDC

PHVS\_YesNoUnknown\_CDC  
PHVS\_Country\_ISO\_3166-1

PHVS\_Sex\_MFU  
PHVS\_RaceCategory\_CDC  
PHVS\_EthnicityGroup\_CDC\_Unk

PHVS\_CountryofBirth\_CDC

PHVS\_LabTestInterpretation\_melioidosis

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_MedicationTreatment\_Melioidosis

PHVS\_MedicationTreatment\_Date\_Melioidosis

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

Label/Short Name

Did the subject have a fever?

Date of Fever Onset

Highest Measured Temperature

Temperature Units

Parotitis (opposite second (2nd)  
molars)? (Symptom)

Unilateral or Bilateral Parotitis  
(Symptom)

Jaw Pain (Symptom)

Salivary Gland Swelling Onset Date

Salivary Gland Swelling Duration

Salivary Gland Swelling Duration  
Units

Submandibular Swelling (Symptom)

Sublingual Swelling (Symptom)

Import Status

International Destination(s) of recent  
travel

Date of return from travel

Encephalitis (Complication)

Meningitis (Complication)

Deafness (Complication)

Type of Deafness

Orchitis (Complication)

Other Complication

Specify Other Complication

Was laboratory testing done for  
mumps?

Test Type

Test Result

Numeric Test Result

Numeric Test Result Units

Sample Analyzed Date

Test Method

Date Collected

Specimen Source

Were the specimens sent to CDC for  
genotyping (molecular typing)?

Date sent for genotyping

Transmission Setting

Were Age and Setting Verified?

Source of Infection

Case Class by Source

Is this Case Epi-Linked to Another  
Confirmed or Probable Case?

Did the subject ever receive a  
disease-containing vaccine?

If no, reason subject did not receive a  
disease-containing vaccine

Number of doses received ON or  
AFTER first birthday

Vaccine History Comments

Vaccine Administered

Vaccine Manufacturer

Vaccine Lot Number

Vaccine Administered Date

US Acquired

**Length of time in the US**

**Length of Time in the U.S. units**

**Patient Address City**

**Case Investigation Status Code**

**Detection Method**

**Transmission Setting, Other**

**Laboratory Confirmed**

**Specimen sent to CDC**

**Type of testing at CDC**

**Type of testing at CDC, other**

**Date specimen sent to CDC**

**VPD Lab Message Patient Identifier**

**VPD Lab Message Observation  
Identifier**

**VPD Lab Message Observation Value**

**Other Lab Test**

**Performing Laboratory Type**

**Other (Performing Laboratory Type)**

**Date of last dose prior to illness  
onset**

**Vaccination doses prior to onset**

**Vaccinated per ACIP  
recommendations**

**Reason not vaccinated per ACIP  
recommendations**

**Reason not vaccinated per ACIP,  
Other**

**Vaccine Administered Product Type,  
Other**

**Vaccine Product Manufacturer,  
Other**

**NDC Brand Name/Bar Code  
information**

**Vaccination Record ID**

**Reason immunization not given,  
regardless of the schedule used**

## Description

Did the subject have a measured temperature greater than two degrees above normal?

Date of fever onset

What was the subject's highest measured temperature during this illness?

The units of measure of the highest measured temperature. This would be either Fahrenheit or Celsius.

Did the subject have parotitis as a symptom of this illness?

Indicates if the parotitis is unilateral or bilateral

Did the subject have jaw pain as a symptom of this illness?

Date of subject's salivary gland swelling (including parotitis) onset.

The length of time that the subject exhibited swelling of the salivary gland.

The length of time units that the subject exhibited swelling of the salivary gland

Did the subject have submandibular swelling as a symptom of this illness?

Did the subject have sublingual swelling as a symptom of this illness?

Did symptom onset occur within 12-25 days of entering the U.S., following any travel or living outside the U.S.?

List any international destinations of recent travel

Date the subject returned from all travel

Did the subject develop encephalitis as a complication of this illness?

Did the subject develop meningitis as a complication of this illness?

Did the subject become deaf as a complication of this illness?

Was the type of deafness permanent or temporary?

Did the subject develop orchitis as a complication of this illness?

Did the subject develop an other condition as a complication of this illness?

Please specify the other complication the subject developed, during or as a result of this illness.

Was laboratory testing done to confirm a diagnosis of mumps?

Epidemiologic interpretation of the type of test(s) performed for this case.

Epidemiologic interpretation of the results of the tests performed for this case

Numeric quantitative result of the test(s) performed for this case

Numeric quantitative result unit of the test(s) performed for this case

The date the specimen/isolate was tested.

The technique or method used to perform the test and obtain the test results.

Date of specimen collection

The medium from which the specimen originated

Were clinical specimens sent to CDC laboratories for genotyping (molecular typing)?

The date the specimens were sent to the CDC laboratories for genotyping

What was the transmission setting where the mumps was acquired?



Does the age of the case match or make sense for the transmission setting listed (e.g., a subject aged 80 probably would not have a transmission setting of child day care center)?

What was the source of the mumps infection?

If this is a case acquired in the U.S., how should the case be classified by source?

Specify if this case is Epidemiologically-linked to another confirmed or probable case of mumps?

Did the subject ever receive a mumps-containing vaccine?

Specifies reason the subject did not receive a mumps-containing vaccine

The number of measles-containing vaccine doses the subject received on or after their first birthday

Comments about the subject's vaccination history.

The type of vaccine administered.

Manufacturer of the vaccine.

The vaccine lot number of the vaccine administered.

The date that the vaccine was administered.

Sub-classification of disease or condition acquired in the US

**Length of time in the US, from NBS MM**

**Length of time in the US Units**

**Patient address city, from NBS MM**

**Case Investigation Status Code, from NBS MM**

**Detection Method, from NBS MM**

**If Other, Specify Transmission Setting**

**Was the case laboratory confirmed?**

**Was a specimen sent to CDC for testing?**

**What type of testing was done at CDC for this subject?**

**If other, specify testing done at CDC**

**Date specimen sent to CDC**

**VPD Lab Message Patient Identifier**

**VPD Lab Message Observation Identifier**

**VPD Lab Message Observation Value**

**If other, specify lab test**

**Performing laboratory type**

**If other, specify performing laboratory type**

**Date of last disease-containing vaccination dose prior to illness onset**

**Number of disease-containing vaccination doses prior to illness onset**

**Was subject vaccinated as recommended by ACIP?**

**Reason subject not vaccinated as recommended by ACIP**

**If other, specify reason not vaccinated per ACIP**

**If other, specify type of vaccine administered**

**If other, specify vaccine manufacturer**

**NDC from the vaccine's bar code. With the NDC code, vaccine brand name and manufacturer can be obtained.**

**Vaccination Record ID, from NBS MM**

**Reason subject was not vaccinated, regardless of the immunization schedule used**

Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)

Approved by OMB

PHVS\_YesNoUnknown\_CDC

PHVS\_TemperatureUnit\_UCUM

PHVS\_YesNoUnknown\_CDC

PHVS\_ParotitisLaterality\_Mumps

PHVS\_YesNoUnknown\_CDC

PHVS\_AgeUnit\_UCUM

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_Country\_ISO\_3166-1

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_DeafnessType\_Mumps

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_LabTestProcedure\_Mumps

PHVS\_LabTestInterpretation\_VPD

PHVS\_UnitsOfMeasure\_CDC

PHVS\_LabTestMethods\_CDC

PHVS\_SpecimenSource\_Mumps

PHVS\_YesNoUnknown\_CDC

PHVS\_TransmissionSetting\_NND

PHVS\_YesNoUnknown\_CDC

PHVS\_CaseClassificationExposureSource\_NND

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_VaccineNotGivenReasons\_CDC

PHVS\_VaccinesAdministeredCVX\_CDC\_NIP

PHVS\_ManufacturersOfVaccinesMVX\_CDC\_NIP

PHVS\_CaseClassificationExposureSource\_NND

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Label/Short Name

DAYCARE  
FACNAME  
NURSHOME  
NHNAME  
SYNDRM  
SPECSYN  
SPECIES  
OTHBUG1  
STERSITE  
OTHSTER  
DATE  
NONSTER  
UNDERCOND  
COND  
OTHMALIG  
OTHORGAN  
OTHILL  
OTHOTHSPC  
Specify Internal Body Site  
Other Prior Illness 2  
Other Prior Illness 3  
Other Nonsterile Site  
INSURANCE  
INSURANCEOTH  
WEIGHTLB  
WEIGHTOZ  
WEIGHTKG  
HEIGHTFT  
HEIGHTIN  
HEIGHTCM  
WEIGHTUNK  
HEIGHTUNK  
SEROGROUP  
OTHSERO  
COLLEGE  
  
CASEID  
OTHSTRST  
OTHID  
SCHOOLYR  
STUDTYPE  
HOUSE  
OTHHOUSE  
SCHOOLNM  
POLYVAC

SECCASE  
SECCASETY  
OTHSECCASE  
NMSULFRES  
NMRIFARES  
DIAGDATE  
PCRSOURCE  
IHCSPEC1  
IHCSPEC2  
IHCSPEC3  
MENGVAC

## Description

If <6 years of age, is the patient in daycare?

Name of the daycare facility.

Does the patient reside in a nursing home or other chronic care facility?

Name of the nursing home or chronic care facility.

Types of infection that are caused by the organism. This is a multi-select field.

Other infection that is caused by the organism.

Bacterial species that was isolated from any normally sterile site.

Other bacterial species that was isolated from any normally sterile site.

Sterile sites from which the organism was isolated. This is a multi-select field.

Other sterile site from which the organism was isolated.

Date the first positive culture was obtained. (This is considered diagnosis date.)

Nonsterile sites from which the organism was isolated. This is a multi-select field.

Did the patient have any underlying conditions?

Underlying conditions that the subject has. This is a multi-select field.

Other malignancy that the subject had as an underlying condition.

Detail of the organ transplant that the subject had as an underlying condition.

Other prior illness that the subject had as an underlying condition.

Another Bacterial Species not listed in the Other Bacterial Species drop-down list.

Internal Body Site where the organism was located.

Other prior illness that the subject had as an underlying condition.

Other prior illness that the subject had as an underlying condition.

Other nonsterile site from which the organism was isolated.

Patient's type of insurance (multi-selection).

Patient's other type of insurance.

Weight of the patient in pounds.

Weight of the patient in ounces.

Weight of the patient in kilograms.

Height of the patient in feet.

Height of the patient in inches.

Height of the patient in centimeters.

Indicator that the weight of the patient is unknown.

Indicator that the height of the patient is unknown.

Serogroup of the culture.

Other serogroup of the culture.

Is patient currently attending college? This question is only applicable if the patient is 15-24 years of age.

How was the case identified?

Other sterile site from which species was isolated.

Other case identification method.

Patient's year in college. (freshman, sophomore, etc.)

Patient's status in college as defined by the university.

Patient's current living situation.

Other housing option.

Full name of the college or university the patient is currently attending.

Has patient received the polysaccharide meningococcal vaccine?



Is this case of Neisseria meningitidis a secondary case?

Type of secondary contact for a case of Neisseria meningitidis.

Other field available if the secondary case type selected is other.

Neisseria meningitidis resistance to Sulfa.

Neisseria meningitidis resistance to Rifampin.

Date the sample was collected for diagnostic testing if a culture was not done.

Specifies the PCR source for how the case was identified.

Specifies the first IHC specimen.

Specifies the second IHC specimen.

Specifies the third IHC specimen.

Specifies whether the patient has received a meningococcal vaccine.

Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)

PHVS\_YesNoUnknown\_CDC  
PHVS\_YesNoUnknown\_CDC  
PHVS\_YesNoUnknown\_CDC

TBD

TBD  
TBD  
TBD

TBD  
PHVS\_YesNoUnknown\_CDC  
TBD

TBD

TBD

PHVS\_TrueFalse\_CDC  
PHVS\_TrueFalse\_CDC  
TBD

PHVS\_YesNoUnknown\_CDC

TBD

TBD  
TBD  
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PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC  
TBD

PHVS\_YesNoUnknown\_CDC  
PHVS\_YesNoUnknown\_CDC

TBD

Label/Short Name

Fever >38°C (100.4°F)

Feverish but temp not taken

Cough

Headache

Seizures

Sore throat

Conjunctivitis

Shortness of breath

Diarrhea

Other

Vaccinated

Vaccination date

Vaccine type

Antiviral medications

Date initiated oseltamivir

Date discontinued oseltamivir

Oseltamivir dosage

Zanamivir

Date initiated zanamivir

Date discontinued zanamivir

Rimantidine

Date initiated rimantidine

Date discontinued rimantidine

Amantidine

Date initiated amantidine

Date discontinued amantidine

Other antiviral (specify)

Date initiated other

Date discontinued other

Leukopenia

Lymphopenia

Thrombocytopenia

Underlying medical conditions

Compromised immune function

Compromised immune function  
specified

Mechanical ventilation

Chest x-ray/CAT

Pneumonia

ARDS

Death

Test 1 Specimen Type

Test 1 Date collected

Test 1 type

Test 2 Specimen Type  
Test 2 Date collected  
Test 2 type  
Specimens to CDC  
Epi Risk - Travel  
Country/Arrival/Departure  
Case close contact

Animal touch

Animal exposure

Environmental exposure

Raw/Undercooked animals

Animal contact  
Laboratory sample handling

HC setting  
Household illness contact

Household death contact

Porcine exposure

Porcine contact

Epidemiological link with lab-  
confirmed or probable case

## Description

Did/does the patient have a fever (specify max temp)?

Did/does the patient have a fever but temperature not taken?

Was cough a symptom?

Did/does the patient have a headache?

Did/does the patient have seizures?

Did/does the patient have a sore throat?

Did/does the patient have conjunctivitis?

Did/does the patient have shortness of breath?

Did/does the patient have shortness of breath?

Did/does the patient have any other symptoms (specify)?

Was the patient vaccinated against human influenza in the past year?

If yes, date of vaccination

If yes, type of vaccine received?

Did the patient receive antiviral medications?

What was the date that oseltamivir was initiated?

What was the date that oseltamivir was discontinued?

What was the dosage of oseltamivir?

What was the date that zanamivir was initiated?

What was the date that zanamivir was discontinued?

What was the dosage of zanamivir?

What was the date that rimantidine was initiated?

What was the date that rimantidine was discontinued?

What was the dosage of rimantidine?

What was the date that amantidine was initiated?

What was the date that amantidine was discontinued?

What was the dosage of amantidine?

What was the date that an other antiviral was initiated?

What was the date that an other antiviral was discontinued?

What was the dosage of an other antiviral?

Was leukopenia a lab finding?

Was lymphopenia a lab finding?

Was thrombocytopenia a lab finding?

Does the patient have any underlying medical conditions?

Does the patient have compromised immune function such as HIV infection, cancer, chronic corticosteroid therapy, diabetes, or organ transplant recipient?

If yes, specify function.

Did the patient require mechanical ventilation?

Did the patient have a chest x-ray or CAT scan performed?

If abnormal, was there evidence of pneumonia?

If abnormal, did the patient have acute respiratory distress syndrome??

Did the patient die as a result of this illness?

What was the specimen type for diagnostic test 1?

Date of collection of specimen for test 1?

What is the test type for diagnostic test 1?

What was the specimen type for diagnostic test 2?

Date of collection of specimen for test 2?

What is the test type for diagnostic test 2?

Indicate when and what type of specimens (including sera) were sent to CDC

In the 10 days prior to illness onset, did the patient travel?

If yes, fill in the arrival and departure dates for all countries visited.

Did the patient have close contact with a person who is a suspected, probable, or confirmed novel human influenza A case?

Did the patient touch animals or their remains in an area where influenza infection in animals or novel influenza in humans has been suspected or confirmed in the last month?

Was the patient exposed to animal remains in an area where influenza infection in animals or novel influenza in humans has been suspected or confirmed in the last month?

Was the patient exposed to environments contaminated by animal feces in an area where influenza infection in animals or novel influenza in humans has been suspected or confirmed in the last month?

Did the patient consume raw or undercooked animals in an area where influenza infection in animals or novel influenza in humans has been suspected or confirmed in the last month?

Did the patient have any animal contact (specify)?

Did the patient handle samples suspected of containing influenza virus in a laboratory or other setting?

Does the patient work in a healthcare facility or setting?

Did the patient visit or stay in the same household with anyone with pneumonia or severe influenza-like illness?

Did the patient visit or stay in the same household with anyone who died following the visit?

Did the patient visit an agricultural event, farm, petting zoo, or place where pigs live or were exhibited in the last month?

Did the patient have direct contact with pigs at an agricultural event, farm, petting zoo, or place where pigs were exhibited in the last month?

If this patient has a diagnosis of novel influenza A virus infection that has not been serologically confirmed, is there an epidemiologic link between this patient and a lab-confirmed or probable novel influenza A case?

Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)



Label/Short Name

Autopsy

Cardiac/respiratory arrest

Location of death

Hospital Admission Date

Pathology specimens to CDC

Lab ID for pathology specimen

Isolates/original clinical material

Lab ID for isolates/clinical specimen

Staph aureus isolates

Lab ID for isolates

Commercial Rapid Diagnostic Test

Rapid test result

Rapid test specimen collection date

Viral Culture

Viral culture result

Viral culture specimen collection  
date

Fluorescent Antibody (IFA or DFA)

IFA/DFA result

IFA/DFA specimen collection date

Enzyme Immunoassay

EIA result

EIA collection date

RT-PCR test

RT-PCR result

RT-PCR specimen collection date

IHC test

IHC result

IHC specimen collection date

Bacterial Culture

Specimen Type

Collection Date

Bacterial Culture Results

Bacterial culture species isolated

Other Respiratory Specimen/ Non-  
sterile site

Other respiratory specimen site

Other respiratory specimen site

Other respiratory specimen  
collection date

Other respiratory specimen result

Bacterial species cultured

Autopsy Specimen

Autopsy Specimen Results

Mechanical Ventilation

Complications

Type complications

Existing Medical Conditions

Medical conditions before acute  
illness

Medications and/or Therapies

Medications received before illness

Medications received after illness

Influenza Vaccine

Vaccine before illness

1 Dose <14 days

1 Dose >14 days

2 Dose <14 days

2 Dose >14 days

Previous Seasonal Vaccine

1 Dose Seasonal

2 Dose Seasonal

1 Dose AT Least

## Description

Was an autopsy performed on the patient?

Did the patient experience cardiac/respiratory arrest outside the hospital?

What was the location of the patient's death?

If patient's death occurred in a hospital, what was the date of admission?

Were pathology specimens sent to CDC's Infectious Diseases Pathology Branch?

Provide the lab ID number(if known) for pathology specimen(s) sent to CDC.

Were influenza isolates or original clinical material sent to CDC Influenza Division?

Provide the lab ID number(if known) for isolates/clinical specimen(s) sent to CDC.

Were staph aureus isolates sent to CDC's Healthcare Quality Promotion?

Provide the lab ID number(if known) for isolate(s) sent to CDC.

Indicate if commercial rapid test used.

What is the result of the rapid test?

What is the specimen collection date for the rapid test?

Indicate if viral culture used.

What is the result of the viral culture?

What is the specimen collection date for the viral culture?

Indicate if fluorescent antibody test used.

What is the result of the IFA/DFA?

What is the specimen collection date for the IFA/DFA?

Indicate if enzyme immunoassay used.

What is the result of the EIA?

What is the specimen collection date for the EIA?

Indicate if an RT-PCR test was used.

What is the result of the RT-PCR?

What is the specimen collection date for the RT-PCR?

Indicate if an immunohistochemistry test was used.

What is the result of the IHC?

What is the specimen collection date for the IHC?

Was a specimen collected for bacterial culture from a normally sterile site?

What was the specimen type obtained for the bacterial culture? This is a multi-select field.

What was the collection date for the bacterial culture?

What was the result of the bacterial culture?

If bacterial culture positive, check the organism cultured. This is a multi-select field.

Were other respiratory specimens from non-sterile site(s) collected for bacterial culture (e.g., sputum, ET tube aspirate)?

If yes, indicate the site from which the specimen was obtained. This is a multi-select field.

If yes, indicate the date collected of the specimen.

If yes, indicate the date collected of the specimen.

If yes, indicate the result for the specimen culture.

If positive, what was the organism cultured?

Was a specimen (e.g., fixed lung tissue) collected from an autopsy for bacterial pathogen testing?

If autopsy specimen was taken, what were the results (indicate in the comments section)?

Was the patient placed on mechanical ventilation?

Did complications occur during the acute illness?

If yes, check all complications that occurred during the acute illness. This is a multi-select field.

Did the child have any medical conditions that existed before the start of the acute illness?

If yes, check all medical conditions that existed before the start of the acute illness. This is a multi-select field

Was the patient receiving any of the listed therapies prior to illness onset?

Check all medications/therapies patient was receiving before the acute illness. This is a multi-select field.

Did the patient receive any of the following after illness onset? This is a multi-select field.

Did the patient receive any seasonal influenza vaccine during the current season (before illness)?

If yes, specify the seasonal vaccine received before illness onset.

If yes, did patient receive 1 dose of vaccine <14 days prior to illness onset (date given)?

If yes, did patient receive 1 dose of vaccine ≥14 days prior to illness onset (date given)?

If yes, did patient receive vaccines <14 days prior to illness onset (dates given)?

If yes, did patient receive 2 doses of vaccines ≥14 days prior to illness onset (dates given)?

Did the patient receive any seasonal influenza vaccine in previous seasons?

If yes, and patient was between 6 months and ≤8 years of age at the time of death, was the 2009-2010 influenza season the first time the patient received seasonal influenza vaccine?

If yes, did patient receive 2 doses of seasonal influenza vaccine during the 2009-2010 influenza season?

If the patient was between 6 months and ≤8 years of age at the time of death, did they receive at least 1 dose of 2009 influenza A (H1N1) vaccine during the previous season?

Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)

Label/Short Name

Did the patient have a cough?

Cough Onset Date

Paroxysmal Cough

Whoop

Post-tussive Vomiting

Apnea

Date of Final Interview

Did the patient have a cough at final interview?

Total Cough Duration

Result of chest X-ray for pneumonia

Did the patient have generalized or focal seizures due to pertussis?

Did the patient have acute encephalopathy due to pertussis?

Were antibiotics given?

Antibiotic Name

Antibiotic Start Date

Number of days antibiotic actually taken.

Second antibiotic patient received?

Date second antibiotic started

Number of days second antibiotic actually taken

Was laboratory testing done for pertussis?

Test Type

Test Result

Date Collected

Did the subject ever receive a disease-containing vaccine?

Vaccine Administered

Vaccine Manufacturer

Vaccine Lot Number

Vaccine Administered Date

Is this case epi-linked to a laboratory-confirmed case?

Is this case part of a cluster or outbreak (e.g. total is 2 or more cases)?

Transmission Setting

Was there documented transmission from this case of pertussis to a new setting? (not in household)

Number of contacts of this case recommended to receive antibiotic prophylaxis

Age of person contracted patient contracted pertussis from

Age Type

Setting where patient contracted pertussis

Specify In which setting was pertussis acquired.

Specify In which setting was there secondary spread

Name Of Contacts

Birth Date of contacts

Contact Relationship to Subject

Case?

Contact Case ID

Cough Onset Date(If Present

Number of PCVs\*

Date of Last PCV

Parent's Name (If Applicable)

Parent's Phone # (If Applicable)

**Cyanosis**

**Treatment Drug, Other**

**Case patient a healthcare worker**

**Mother's age at infant's birth**

**Gestational age in weeks**

**Birth Weight**

**Birth Weight Units**

**Did mother receive Tdap?**

**Timing of mother's Tdap administration**

**Date of mother's Tdap administration**

**One or more suspected sources?**

**Number of suspected sources?**

**Suspected source sex**

**Suspected source relationship to case (other)**

**Patient Address City**

**Case Investigation Status Code**

**Detection Method**

**Age at cough onset**

**Age type at cough onset**

Laboratory Confirmed  
Specimen sent to CDC  
Type of testing at CDC  
Type of testing at CDC, Other  
Date specimen sent to CDC  
VPD Lab Message Patient Identifier

VPD Lab Message Observation  
Identifier

VPD Lab Message Observation Value

Test Type, Other

Specimen ID Placer Assigned  
Identifier

Specimen ID Filler Assigned  
Identifier

Performing Laboratory Type

Performing Laboratory Type, Other

Numeric Test Result

Numeric Test Result Units

Vaccinated per ACIP  
recommendations

Reason not vaccinated per ACIP  
recommendations

Reason not vaccinated per ACIP,  
Other

Vaccine Administered Product Type,  
Other

NDC Brand Name/Bar Code  
information

Vaccine Product Manufacturer,  
Other

Vaccine Lot Expiration Date

Vaccination Record ID

Reason immunization not given,  
regardless of the schedule used

Other transmission setting

Setting of further spread

Suspected source relation to case

Estimated cough onset date of  
suspected source



## Description

Did the patient's illness include the symptom of cough?

Cough onset date

Did the patient's illness include the symptom of paroxysmal cough?

Did the patient's illness include the symptom of whoop?

Did the patient's illness include the symptom of post-tussive vomiting?

Did the patient's illness include the symptom of apnea?

Date of the patient's final interview

Was there a cough at the patient's final interview?

What was the duration (in days) of the patient's cough?

Result of chest x-ray for pneumonia

Did the patient have generalized or focal seizures due to pertussis?

Did the patient have acute encephalopathy due to pertussis?

Were antibiotics given to the patient?

What antibiotic did the patient receive?

Date the patient first started taking the antibiotic

Number of days the patient actually took the antibiotic referenced

If Other, please specify antibiotic

Date second antibiotic started

Number of days second antibiotic actually taken

Was laboratory testing done for pertussis?

Epidemiologic interpretation of the type of test(s) performed for this case

Epidemiologic interpretation of the results of the tests performed for this case.

Date of specimen collection

Did the patient ever receive a pertussis-containing vaccine?

The type of vaccine administered.

Manufacturer of the vaccine.

The vaccine lot number of the vaccine administered.

The date that the vaccine was administered.

Is this case epi-linked to a laboratory-confirmed case?

Is this case part of a cluster or outbreak (e.g. total is 2 or more cases)?

Transmission setting (Where did this case acquire pertussis?)

Was there documented transmission (outside of the household) for transmission from this case?

Number of contacts of this case recommended to receive antibiotic prophylaxis

Age of the person from whom this patient contracted pertussis

Age Type

Transmission setting (Where did this patient acquire pertussis?)

setting in which pertussis was acquired

In which setting was there secondary spread

Name Of Contacts

Birth Date of contacts

Relationship of contact

Case

Unique case identifier of the contact. This would be the same as INV168 (Case Local ID)

Cough Onset Date(If Present

Number of PCVs\*

Date of Last PCV

Parent's Name (If Applicable)

Parent's Phone # (If Applicable)

**Did patient have cyanosis during his/her illness?**

**If other, specify antibiotic used**

**Was case patient healthcare personnel (HCP) (at illness onset)?**

**Mother's age at infant's birth (used only if patient under 12 months old)**

**Gestational age (if case-patient < 1 year of age at illness onset)**

**Infant's birth weight (used only if patient under 12 months old)**

**Infant's birth weight units**

**Did mother receive Tdap (if case-patient < 1 year of age at illness onset)?**

**If mother received Tdap, when was it administered?**

**If mother received Tdap, what date was it administered? \*(if available)**

**Was there one or more suspected sources of infection? (from NBS MM)**

**Number of suspected sources? (from NBS MM)**

**Suspected source sex (from NBS MM)**

**Suspected source relationship to case (other)**

**Patient Address City, from NBS MM**

**Case Investigation Status Code, from NBS MM**

**Detection Method, from NBS MM**

**Age of patient at cough onset**

**Age units at cough onset**

Was the case laboratory confirmed?  
Was a specimen sent to CDC for testing?  
What type of testing was done at CDC for this subject?  
If other, specify testing done at CDC  
Date specimen sent to CDC  
VPD Lab Message Patient Identifier

VPD Lab Message Observation Identifier

VPD Lab Message Observation Value

If other, specify lab test  
Specimen ID Placer Assigned Identifier

Specimen ID Filler Assigned Identifier

Performing Laboratory Type  
If other, specify performing laboratory type

Numeric Result Value  
The unit of measure for numeric result value.  
Was subject vaccinated as recommended by ACIP?

Reason subject not vaccinated as recommended by ACIP

If other, specify reason not vaccinated per ACIP

If other, specify type of vaccine administered

NDC from the vaccine's bar code. With the NDC code, vaccine brand name and manufacturer can be obtained.  
If other, specify vaccine manufacturer

Vaccine expiration date  
Vaccination Record ID, from NBS MM  
Reason subject was not vaccinated, regardless of the immunization schedule used

If other, specify the other transmission setting  
If other, specify transmission setting of further spread  
Suspected source of infection relationship to case  
Estimated cough onset date of suspected source of infection

Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)

Approved by OMB

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_ChestXrayResult\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_AntibioticReceived\_Pertussis

PHVS\_AntibioticReceived\_Pertussis

PHVS\_YesNoUnknown\_CDC

PHVS\_LabTestProcedure\_Pertussis

PHVS\_LabTestInterpretation\_Pertussis

PHVS\_YesNoUnknown\_CDC

PHVS\_VaccinesAdministeredCVX\_CDC\_NIP

PHVS\_ManufacturersOfVaccinesMVX\_CDC\_NIP

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_TransmissionSetting\_NND

PHVS\_YesNoUnknown\_CDC

Age\_Type  
PHVS\_TransmissionSetting\_NND

PHVS\_Relationship\_Flu

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Label/Short Name	Description	Value Set Code. Search
Primary plague type	Classification of primary clinical manifestation of infection	Bubonic/Septicemic/f
Animal Contact	Contact with sick or dead animals	Animal bite/Animal sc
Flea bite	Flea bite	Known flea bite/Likel

Search in PHIN VADS using the following link (<https://phinvads.cdc.gov/vads/SearchHome.action>)

Pneumonic/Other

Scratch/Coughed on by animal/handled animal

by flea bite/No flea bite/Unknown



Label/Short Name

Paralysis onset date

Clinical course

CSF date

WBCs

RBCs

%Lymph

%polys

Protein

Glucose

60-day follow up date

Paralysis site

Specific sites

60-day residual

TOPV immunization history

Date of TOPV

Lot number

IPV-containing vaccine

Date 1 IPV

Date 2 IPV

Date 3 IPV

TOPV vaccine

Date 1 TOPV

Date 2 TOPV

Date 3 TOPV

BOPV vaccine

Date 1 BOPV

Date 2 BOPV

Date 3 BOPV

MOPV vaccine

Date 1 MOPV

Date 2 MOPV

Date 3 MOPV

First injection date

Substance

Describe

First injection site

Second injection date

Substance

Describe

Second injection site

Third injection date

Substance

Describe

Third injection site

Fourth injection date

Substance  
Describe  
Fourth injection site  
Travel to endemic/epidemic area(s)  
Exposure location(s) 1  
Departure date 1  
Return date 1  
Exposure to person(s) from or  
returning to endemic areas  
Exposure location(s) 2

Departure date 2  
Return date 2  
Contact with known case  
Contact name  
Exposure to case location  
Contact date  
OVP recipient contact  
OVP recipient contact  
OVP recipient relation  
OVP recipient age  
OPV recipient agetype  
Date received OVP  
OVP dose number  
OVP lot number  
State or local laboratory name  
Serum 1  
Serum 1 test type  
Serum 1 result  
Serum 1 date  
Serum 2  
Serum 2 test type  
Serum 2 result  
Serum 2 date  
Specimen 1 results  
Specimen 1 laboratory  
Specimen 1 type  
Specimen 1 date  
Specimen 2 results  
Specimen 2 laboratory  
Specimen 2 type  
Specimen 2 date  
CDC serum 1  
CDC serum 1 test type  
CDC serum 1 result  
CDC serum 1 date  
CDC serum 2

CDC serum 2 test type  
CDC serum 2 result  
CDC serum 2 date  
CDC specimen 1 type  
CDC specimen 1 results  
CDC specimen 1 strain results  
CDC specimen 1 date received  
CDC specimen 1 obtained  
CDC specimen 2 type  
CDC specimen 2 results  
CDC specimen 2 strain results  
CDC specimen 2 date received  
CDC specimen 2 obtained  
EMG  
EMG results  
EMG date  
Nerve conduction  
Nerve results  
Nerve conduction date  
Immune deficiency  
Immune deficiency diagnosis  
Immune studies  
HIV status

## Description

Date of onset of paralysis

Clinical course

Date of CSF results

White blood cell test results for cerebral spinal fluid

Red blood cell test results for cerebral spinal fluid

%lymphs test results for CSF

%polys test results for CSF

Protein test results for CSF

Glucose test results for CSF

Date of 60-day follow up

Sites of paralysis

Specific sites of paralysis

60-day paralysis residual

TOPV within 30 days prior to onset of symptoms?

TOPV immunization date

TOPV vaccine lot number

Total doses ever received of IPV-containing vaccine

First IPV vaccine date

Second IPV vaccine date

Third IPV vaccine date

Total doses ever received of TOPV vaccine

First TOPV vaccine date

Second TOPV vaccine date

Third TOPV vaccine date

Total doses ever received of BOPV vaccine

First BOPV vaccine date

Second BOPV vaccine date

Third BOPV vaccine date

Total doses ever received of MOPV vaccine

First MOPV vaccine date

Second MOPV vaccine date

Third MOPV vaccine date

Date of first injection received within 30 days prior to onset of illness

Substance (vaccine, antibiotic, other) of first injection

Description of first injection substance

Site of first injection

Date of second injection received within 30 days prior to onset of illness

Substance (vaccine, antibiotic, other) of second injection

Description of second injection substance

Site of second injection

Date of third injection received within 30 days prior to onset of illness

Substance (vaccine, antibiotic, other) of third injection

Description of third injection substance

Site of third injection

Date of fourth injection received within 30 days prior to onset of illness

Substance (vaccine, antibiotic, other) of fourth injection  
Description of fourth injection substance  
Site of fourth injection  
Did case/household member travel to endemic/epidemic area(s)?  
Locations of exposure of case/household member  
Date of travel departure  
Date of travel return  
Was case/household members exposed to persons from or returning to endemic areas?  
Locations of exposure to case/household member who traveled/is from endemic area

Date of travel departure of person to whom exposed  
Date of travel return of person to whom exposed  
Did case/household member have contact with known case?  
Name of case contact (last, first)  
Location of exposure to case?  
Date of contact with known case  
Did case have contact with OPV vaccine recipient  
If yes, date of contact with household OVP vaccine  
Relationship of household OVP vaccine recipient to case  
Age of the OVP vaccine recipient  
Agetype of the OVP vaccine recipient  
Date contact received OVP vaccine  
Number of doses of OVP vaccine received by contact  
Lot number of OVP vaccine received by contact  
Name of state or local laboratory which received serum specimens  
Indicate whether P1, P2, or P3  
Test type (neut/CSF)  
Test result for serum 1  
Date drawn/obtained for serum1  
Indicate whether P1, P2, or P3  
Test type (neut/CSF)  
Test result for serum 2  
Date drawn/obtained for serum 2  
Results of specimen 1 sent for viral isolation  
Name of laboratory which received specimens for viral isolation  
Type specimen 1 submitted for viral isolation  
Date drawn/obtained for specimen 1  
Results of specimen 2 sent for viral isolation  
Name of laboratory which received specimens for viral isolation  
Type specimen 2 submitted for viral isolation  
Date drawn/obtained for specimen 2  
Indicate whether P1, P2, or P3 (serum sent to CDC lab)  
Test type (neut/CSF for serum sent to CDC lab)  
Test result for serum 1 (sent to CDC lab)  
Date drawn/obtained for serum 1 (sent to CDC)  
Indicate whether P1, P2, or P3

Test type (neut/CSF for serum sent to CDC lab))  
Test result for serum 2 (sent to CDC lab)  
Date drawn/obtained for serum 2 (sent to CDC lab)  
Type specimen 1 submitted for viral isolation (to CDC lab)  
Results of specimen 1 sent for viral isolation (to CDC lab)  
Strain characterization results for specimen 1  
Date specimen 1 received by CDC lab  
Date specimen 1 obtained for CDC testing  
Type specimen 2 submitted for viral isolation (to CDC lab)  
Results of specimen 2 sent for viral isolation (to CDC lab)  
Strain characterization results for specimen 2  
Date specimen 2 received by CDC lab  
Date specimen 2 obtained for CDC testing  
Was an EMG performed?  
What were the results of the EMG?  
Indicate date of EMG.  
Was a nerve conduction performed?  
What were the results of the nerve conduction?  
Indicate date of the nerve conduction.  
Was an immune deficiency diagnosed prior to OPV exposure?  
What was the specific diagnosis?  
Indicate any immune studies performed  
What is the HIV status of the patient?

Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)

Label/Short Name

Clinical course

CSF date

WBCs

RBCs

%Lymph

%polys

Protein

Glucose

60-day follow up date

TOPV immunization history

Date of TOPV

Lot number

IPV-containing vaccine

Date 1 IPV

Date 2 IPV

Date 3 IPV

TOPV vaccine

Date 1 TOPV

Date 2 TOPV

Date 3 TOPV

BOPV vaccine

Date 1 BOPV

Date 2 BOPV

Date 3 BOPV

MOPV vaccine

Date 1 MOPV

Date 2 MOPV

Date 3 MOPV

First injection date

Substance

Describe

First injection site

Second injection date

Substance

Describe

Second injection site

Third injection date

Substance

Describe

Third injection site

Fourth injection date

Substance

Describe

Fourth injection site

Travel to endemic/epidemic area(s)



Exposure location(s) 1  
Departure date 1  
Return date 1  
Exposure to person(s) from or  
returning to endemic areas  
Exposure location(s) 2

Departure date 2  
Return date 2  
Contact with known case  
Contact name  
Exposure to case location  
Contact date  
OVP recipient contact  
OVP recipient contact  
OVP recipient relation  
OVP recipient age  
OPV recipient agetype  
Date received OVP  
OVP dose number  
OVP lot number  
State or local laboratory name  
Serum 1  
Serum 1 test type  
Serum 1 result  
Serum 1 date  
Serum 2  
Serum 2 test type  
Serum 2 result  
Serum 2 date  
Viral Isolation Specimen 1 results  
Specimen 1 laboratory  
Specimen 1 type  
Specimen 1 date  
Specimen 2 results  
Specimen 2 laboratory  
Specimen 2 type  
Specimen 2 date  
CDC serum 1  
CDC serum 1 test type  
CDC serum 1 result  
CDC serum 1 date  
CDC serum 2  
CDC serum 2 test type  
CDC serum 2 result  
CDC serum 2 date  
CDC specimen 1 type

CDC specimen 1 results  
CDC specimen 1 strain results  
CDC specimen 1 date received  
CDC specimen 1 obtained  
CDC specimen 2 type  
CDC specimen 2 results  
CDC specimen 2 strain results  
CDC specimen 2 date received  
CDC specimen 2 obtained  
EMG  
EMG results  
EMG date  
Nerve conduction  
Nerve results  
Nerve conduction date  
Immune deficiency  
Immune deficiency diagnosis  
Immune studies  
HIV status

## Description

Clinical course

Date of CSF results

White blood cell test results for cerebral spinal fluid

Red blood cell test results for cerebral spinal fluid

%lymphs test results for CSF

%polys test results for CSF

Protein test results for CSF

Glucose test results for CSF

Date of 60-day follow up

TOPV within 30 days prior to onset of symptoms?

TOPV immunization date

TOPV vaccine lot number

Total doses ever received of IPV-containing vaccine

First IPV vaccine date

Second IPV vaccine date

Third IPV vaccine date

Total doses ever received of TOPV vaccine

First TOPV vaccine date

Second TOPV vaccine date

Third TOPV vaccine date

Total doses ever received of BOPV vaccine

First BOPV vaccine date

Second BOPV vaccine date

Third BOPV vaccine date

Total doses ever received of MOPV vaccine

First MOPV vaccine date

Second MOPV vaccine date

Third MOPV vaccine date

Date of first injection received within 30 days prior to onset of illness

Substance (vaccine, antibiotic, other) of first injection

Description of first injection substance

Site of first injection

Date of second injection received within 30 days prior to onset of illness

Substance (vaccine, antibiotic, other) of second injection

Description of second injection substance

Site of second injection

Date of third injection received within 30 days prior to onset of illness

Substance (vaccine, antibiotic, other) of third injection

Description of third injection substance

Site of third injection

Date of fourth injection received within 30 days prior to onset of illness

Substance (vaccine, antibiotic, other) of fourth injection

Description of fourth injection substance

Site of fourth injection

Did case/household member travel to endemic/epidemic area(s)?

Locations of exposure of case/household member

Date of travel departure

Date of travel return

Was case/household members exposed to persons from or returning to endemic areas?

Locations of exposure to case/household member who traveled/is from endemic area

Date of travel departure of person to whom exposed

Date of travel return of person to whom exposed

Did case/household member have contact with known case?

Name of case contact (last, first)

Location of exposure to case?

Date of contact with known case

Did case have contact with OPV vaccine recipient

If yes, date of contact with household OVP vaccine

Relationship of household OVP vaccine recipient to case

Age of the OVP vaccine recipient

Agetype of the OVP vaccine recipient

Date contact received OVP vaccine

Number of doses of OVP vaccine received by contact

Lot number of OVP vaccine received by contact

Name of state or local laboratory which received serum specimens

Indicate whether P1, P2, or P3

Test type (neut/CSF)

Test result for serum 1

Date drawn/obtained for serum1

Indicate whether P1, P2, or P3

Test type (neut/CSF)

Test result for serum 2

Date drawn/obtained for serum 2

Results of specimen 1 sent for viral isolation

Name of laboratory which received specimens for viral isolation

Type specimen 1 submitted for viral isolation

Date drawn/obtained for specimen 1

Results of specimen 2 sent for viral isolation

Name of laboratory which received specimens for viral isolation

Type specimen 2 submitted for viral isolation

Date drawn/obtained for specimen 2

Indicate whether P1, P2, or P3 (serum sent to CDC lab)

Test type (neut/CSF for serum sent to CDC lab)

Test result for serum 1 (sent to CDC lab)

Date drawn/obtained for serum 1 (sent to CDC)

Indicate whether P1, P2, or P3

Test type (neut/CSF for serum sent to CDC lab))

Test result for serum 2 (sent to CDC lab)

Date drawn/obtained for serum 2 (sent to CDC lab)

Type specimen 1 submitted for viral isolation (to CDC lab)

Results of specimen 1 sent for viral isolation (to CDC lab)

Strain characterization results for specimen 1

Date specimen 1 received by CDC lab

Date specimen 1 obtained for CDC testing

Type specimen 2 submitted for viral isolation (to CDC lab)

Results of specimen 2 sent for viral isolation (to CDC lab)

Strain characterization results for specimen 2

Date specimen 2 received by CDC lab

Date specimen 2 obtained for CDC testing

Was an EMG performed?

What were the results of the EMG?

Indicate date of EMG.

Was a nerve conduction performed?

What were the results of the nerve conduction?

Indicate date of the nerve conduction.

Was an immune deficiency diagnosed prior to OPV exposure?

What was the specific diagnosis?

Indicate any immune studies performed

What is the HIV status of the patient?

Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)

Label/Short Name

Clinical description

Specific therapy

Outcome

Death date

Acute-phase serum

Acute-phase serum collected

Acute-phase serum IgM test result

Acute-phase serum IgG test result

Acute-phase serum lab

Convalescent-phase serum

Convalescent-phase serum collected

Convalescent-phase serum IgM test result

Convalescent-phase serum IgG test result

Convalescent-phase serum lab

PCR

PCR collected

PCR test result

PCR specimen lab

Sputum culture collected

Sputum culture test result

Sputum culture lab

Chest x-ray

Chest x-ray date

Chest x-ray results

Onset Date Occupation

Specific duties

Contact types prior to onset

Psittacine contact

Pigeons

Domestic fowl

Other birds

Healthy birds

Private home - owner

Private home - adress

Private home - species

Private home - setting

Private home - date  
Private aviary - owner  
Private aviary - address  
Private aviary - species  
Private aviary -setting  
Private aviary - date  
Coomercial aviary - owner  
Coomercial aviary - address  
Coomercial aviary - species  
Coomercial aviary - setting  
Coomercial aviary - date  
Pet shop - owner  
Pet shop - address  
Pet shop - species  
Pet shop - setting  
Pet shop - date  
Bird loft - owner  
Bird loft - address  
Bird loft - species  
Bird loft - setting  
Bird loft - date  
Poultry establishment - owner  
Poultry establishment - address  
Poultry establishment - species  
Poultry establishment - setting  
Poultry establishment - date  
Other - owner  
Other - address  
Other - species  
Other - setting  
Other - date  
Unknown - owner  
Unknown - address  
Unknown - species  
Unknown - setting  
Unknown - date  
Other epi link  
Implicated birds

Additional revelant information



## Description

Check all signs and symptoms listed below (note maximum temperature). This is a multi-select field.

Specify products, dosage, and duration.

What was the outcome of this illness?

If patient died, date of death.

What was the acute-phase serum test method?

What was the acute-phase serum collection date?

What was the acute-phase serum IgM result?

What was the acute-phase serum IgG result?

What was the laboratory name?

What was the convalescent-phase serum test method?

What was the convalescent-phase serum collection date?

What was the convalescent-phase serum IgM result?

What was the convalescent-phase serum IgG result?

What was the laboratory name?

What was the PCR test specimen type?

What was the PCR specimen collection date?

What was the PCR test result?

What was the laboratory name?

What was the sputum specimen collection date?

What was the sputum specimen test result?

What was the laboratory name?

Was a chest x-ray done?

When was the chest x-ray done?

What was the chest x-ray result?

What was the patient's occupation at date of onset?

What are/were the patient's specific duties?

Indicate which of the following contacts the patient had during the 5 weeks prior to onset.

If exposure to birds, did the patient have contact with psittacines (species, approx number and were birds healthy)?

If exposure to birds, did the patient have contact with pigeons (species, approx number and were birds healthy)?

If exposure to birds, did the patient have contact with domestic fowl (species, approx number and were birds healthy)?

If exposure to birds, did the patient have contact with any other birds (species, approx number and were birds healthy)?

If birds were not healthy, please elaborate.

Indicate the owner of the private home

Indicate the address of the private home

Indicate the species to which exposed

Indicate the exposure setting (indoor, outdoor)

Indicate the date of exposure  
Indicate the owner of the aviary  
Indicate the address of the aviary  
Indicate the species to which exposed  
Indicate the exposure setting (indoor, outdoor)  
Indicate the date of exposure  
Indicate the owner of the aviary  
Indicate the address of the aviary  
Indicate the species to which exposed  
Indicate the exposure setting (indoor, outdoor)  
Indicate the date of exposure  
Indicate the owner of the pet shop  
Indicate the address of the pet shop  
Indicate the species to which exposed  
Indicate the exposure setting (indoor, outdoor)  
Indicate the date of exposure  
Indicate the owner of the bird loft  
Indicate the address of the bird loft  
Indicate the species to which exposed  
Indicate the exposure setting (indoor, outdoor)  
Indicate the date of exposure  
Indicate the owner of the establishment  
Indicate the address of the establishment  
Indicate the species to which exposed  
Indicate the exposure setting (indoor, outdoor)  
Indicate the date of exposure  
Indicate the owner of the 'other'  
Indicate the address of the 'other'  
Indicate the species to which exposed  
Indicate the exposure setting (indoor, outdoor)  
Indicate the date of exposure  
Indicate the owner unknown  
Indicate the address unknown  
Indicate if species to which exposed unknown  
Indicate if exposure setting (indoor, outdoor) is unknown  
Indicate if the date of exposure is unknown  
Indicate if any other epi linkage (specify)  
If pet birds, domestic pigeons, or fowl are implicated as the source of the human psittacosis, list address of every known place where the birds were harbored and approx dates.  
Indicate any additional relevant information

Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)

Label/Short Name

Wool or Felt Plant  
Tannery or Rendering  
Dairy  
Veterinarian  
Medical Researcher  
Animal Researcher  
Slaughterhouse  
Laboratory  
Rancher  
Lives in Household

Military  
Other Occupation  
Cattle Contact  
Sheep Contact  
Goat Contact  
Pigeon Contact  
Cat Contact  
Rabbit Contact  
Other Animal Contact

Exposure to Birthing Animals  
Exposure to Unpasteurized Milk  
Milk Animal  
Other Family Ill  
Fever  
Myalgia  
Retro Orbital Pain  
Malaise  
Rash  
Cough  
Headache  
Splenomegaly  
Hepatomegaly  
Pneumonia  
Hepatitis  
Endocarditis  
Other Signs or Symptoms  
Immunocompromised  
Pregnant  
Valvular Disease  
Other Pre-existing Medical Condition

Laboratory Name

Laboratory State

Acute Phase I Serology Collection  
Date

Acute Phase I IFA IgG Result

Acute Phase I IFA IgG Titer

Acute Phase I IFA IgM Result

Acute Phase I IFA IgM Titer

Acute Phase I Compliment Fixation  
Result

Acute Phase I Compliment Fixation  
Titer

Acute Phase I, Other Test Name

Acute Phase I, Other Test Result

Acute Phase I, Other Test Numeric  
Result

Acute Phase II Serology Collection  
Date

Acute Phase II IFA IgG Result

Acute Phase II IFA IgG Titer

Acute Phase II IFA IgM Result

Acute Phase II IFA IgM Titer

Acute Phase II Compliment Fixation  
Result

Acute Phase II Compliment Fixation  
Titer

Acute Phase II, Other Test Name

Acute Phase II, Other Test Result

Acute Phase II, Other Test Numeric  
Result

Convalescent Phase I Serology  
Collection Date

Convalescent Phase I IFA IgG Result

Convalescent Phase I IFA IgG Titer

Convalescent Phase I IFA IgM Result

Convalescent Phase I IFA IgM Titer

Convalescent Phase I Compliment  
Fixation Result

Convalescent Phase I Compliment  
Fixation Titer

Convalescent Phase I, Other Test  
Name

Convalescent Phase I, Other Test  
Result

Convalescent Phase I, Other Test  
Numeric Result

Convalescent Phase II Serology  
Collection Date

Convalescent Phase II IFA IgG Result

Convalescent Phase II IFA IgG Titer

Convalescent Phase II IFA IgM Result

Convalescent Phase II IFA IgM Titer

Convalescent Phase II Compliment  
Fixation Result

Convalescent Phase II Compliment  
Fixation Titer

Convalescent Phase II, Other Test  
Name

Convalescent Phase II, Other Test  
Result

Convalescent Phase II, Other Test  
Numeric Result

Fourfold

PCR

Immunostain

Culture

## Description

Did the case work in a wool or felt plant

Did the case work in a tannery or rendering plant

Did the case work in a dairy

Did the case work as a veterinarian

Did the case work as a medical researcher

Did the case work as an animal researcher

Did the case work in a slaughterhouse

Did the case work in a laboratory

Did the case work as a rancher

Did the case live in a household with someone who may have one of the above occupational exposures

Did the case work in the military

Indicate the case's occupation if none of the above

Did the case have contact with cattle within two months of illness onset

Did the case have contact with sheep within two months of illness onset

Did the case have contact with goats within two months of illness onset

Did the case have contact with pigeons within two months of illness onset

Did the case have contact with cats within two months of illness onset

Did the case have contact with rabbits within two months of illness onset

Indicate any other animals the case had contact with within two months of illness onset

Was the case exposed to birthing animals within two months of illness onset

Was the case exposed to unpasteurized milk within two months of illness onset

If the case was exposed to unpasteurized milk, what animal was the milk from

Was another family member ill with a similar illness within the last year

Did the case report a fever of at least 100.5 during this illness

Did the case report myalgia during this illness

Did the case report retro orbital pain during this illness

Did the case report malaise during this illness

Did the case report a rash during this illness

Did the case report a cough during this illness

Did the case report a headache during this illness

Did the case report splenomegaly during this illness

Did the case report hepatomegaly during this illness

Did the case report pneumonia during this illness

Did the case report hepatitis during this illness

Did the case report endocarditis during this illness

If there were other signs or symptoms reported, then indicate them here

Did the case report a pre-existing immunocompromised system

Was the case pregnant during this illness

Did the case have a pre-existing valvular heart disease or graft

If the case had no other pre-existing medical conditions, then list them here

Indicate the name of the laboratory which supplied results supporting the current CSTE case definitions.

Indicate the state where the laboratory is located

If acute phase I serology was performed, then list the date of collection

If performed, was the acute phase I IFA IgG positive

If performed, what was the reciprocal titer of the acute phase I IFA IgG

If performed, was the acute phase I IFA IgM positive

If performed, what was the reciprocal titer of the acute phase I IFA IgM

If performed, was the acute phase I compliment fixation positive

If performed, what was the reciprocal titer of the acute phase I compliment fixation

If performed, what was the name of another phase I acute serologic test

If performed, was the other phase I acute serologic test positive

If performed, what was the numeric result of the other phase I acute serologic test

If acute phase II serology was performed, then list the date of collection

If performed, was the acute phase II IFA IgG positive

If performed, what was the reciprocal titer of the acute phase II IFA IgG

If performed, was the acute phase II IFA IgM positive

If performed, what was the reciprocal titer of the acute phase II IFA IgM

If performed, was the acute phase II compliment fixation positive

If performed, what was the reciprocal titer of the acute phase II compliment fixation

If performed, what was the name of another phase II acute serologic test

If performed, was the other phase II acute serologic test positive

If performed, what was the numeric result of the other phase II acute serologic test

If convalescent phase I serology was performed, then list the date of collection

If performed, was the convalescent phase I IFA IgG positive

If performed, what was the reciprocal titer of the convalescent phase I IFA IgG

If performed, was the convalescent phase I IFA IgM positive

If performed, what was the reciprocal titer of the convalescent phase I IFA IgM

If performed, was the convalescent phase I compliment fixation positive

If performed, what was the reciprocal titer of the convalescent phase I compliment fixation

If performed, what was the name of another phase I convalescent serologic test

If performed, was the other phase I convalescent serologic test positive

If performed, what was the numeric result of the other phase I convalescent serologic test

If convalescent phase II serology was performed, then list the date of collection



If performed, was the convalescent phase II IFA IgG positive

If performed, what was the reciprocal titer of the convalescent phase II IFA IgG

If performed, was the convalescent phase II IFA IgM positive

If performed, what was the reciprocal titer of the convalescent phase II IFA IgM

If performed, was the convalescent phase II compliment fixation positive

If performed, what was the reciprocal titer of the convalescent phase II compliment fixation

If performed, what was the name of another phase II convalescent serologic test

If performed, was the other phase II convalescent serologic test positive

If performed, what was the numeric result of the other phase II convalescent serologic test

If paired sera were collected, was there a fourfold change in titer between acute and convalescent of the same phase

If performed, was the polymerase chain reaction assay positive

If performed, were antibodies detected using immunohistochemistry during microscopy

If performed, was the etiologic agent isolated from culture

Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)

PHVS\_YesNoUnknown\_CDC  
PHVS\_YesNoUnknown\_CDC  
PHVS\_YesNoUnknown\_CDC  
PHVS\_YesNoUnknown\_CDC  
PHVS\_YesNoUnknown\_CDC  
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PHVS\_YesNoUnknown\_CDC  
PHVS\_YesNoUnknown\_CDC

PHVS\_State\_FIPS\_5-2

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

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PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

Label/Short Name

Did the subject have a rash?

Rash onset date

Duration of rash

Rash Onset occur within 14-23 days  
of entering USA

Did the Subject have a fever?

Highest Measured Temperature

Temperature Units

Date of Fever Onset

Arthralgia/arthritis (symptom)

Lymphadenopathy (symptom)

Conjunctivitis (symptom)

Encephalitis  
(complication)

Thrombocytopenia  
(complication)

Arthralgia/arthritis (complication)

Other Complication

Specify Other Complication

Cause of Death

Was laboratory testing done for  
rubella?

Test Type

Test Result

Sample Analyzed Date

Test Method

Date Collected

Specimen Source

Were the specimens sent to CDC for  
genotyping (molecular typing)?

Specimen type sent to CDC for  
genotyping

Date sent for genotyping

Was Rubella genotype sequenced?

Type of Genotype Sequence

Transmission Setting

Were age and setting verified?

Source of Infection

Is this case Epi-linked to another  
confirmed or probable case?

Traceable to international import?

Expected Delivery Date

Expected Place of Delivery

Number of weeks gestation at time of disease

Trimester of gestation at time of disease

Documentation of previous disease immunity testing

Result of previous immunity testing

Year of previous immunity testing

Age of Subject at time of immunity testing (in years)

Did the Subject ever have this disease prior to this pregnancy?

Was previous disease serologically confirmed?

Year of previous disease

Age of the Subject at time of previous disease (in years)

Current Pregnancy Outcome

At the time of cessation of pregnancy, what was the age of the fetus (in weeks)?

Was an autopsy performed?

Final Anatomical Diagnosis of Death from Autopsy Report

Did the Subject ever receive disease-containing vaccine?

If no, reason subject did not receive a disease-containing vaccine

Number of doses received ON or AFTER first birthday

Vaccine Administered

Vaccine Manufacturer

Vaccine Lot Number

Vaccine Administered Date

US Acquired

## Description

Did the subject being reported in this investigation have a rash?

What was the rash onset date?

How many days did the rash last?

Did rash onset occur 14-23 days after entering USA, following any travel or living outside the USA?

Did the subject have a fever? i.e., a measured temperature >2 degrees above normal

What was the person's highest measured temperature during this illness?

The units of measure of the highest measured temperature. This would be either Fahrenheit or Celsius.

Date of fever onset

Did the Subject have arthralgia/arthritis (symptom)?

Did the Subject have lymphadenopathy (symptom)?

Did the Subject have conjunctivitis (symptom)?

Did the person develop encephalitis as a complication of this illness?

Did the person develop thrombocytopenia as a complication of this illness?

Did Subject have arthralgia/arthritis (complication)?

Did the person develop an other condition(s) as a complication of this illness?

Please specify the other complication(s) the person developed, during or as a result of this illness.

Cause of subject's death

Was laboratory testing done for rubella?

Epidemiologic interpretation of the type of test(s) performed for this case

Epidemiologic interpretation of the results of the tests performed for this case

The date the specimen/isolate was tested

The technique or method used to perform the test and obtain the test results

Date of specimen collection

The medium from which the specimen originated

Were clinical specimens sent to CDC laboratories for genotyping (molecular typing)?

Specimen type sent to CDC for genotyping

The date the specimens were sent to the CDC laboratories for genotyping

Identifies whether the Rubella virus was genotype sequenced.

Identifies the genotype sequence of the Rubella virus

What was the transmission setting where the Rubella was acquired?

Does the age of the case match or make sense for the transmission setting listed (i.e.) a person aged 80 probably would not have a transmission setting of child day care center?

What was the source of the Rubella infection?

Specify if this case is Epidemiologically-linked to another confirmed or probable case of Rubella?

Identifies whether the Rubella case was traceable (linked) to an international import.

What is the expected delivery date of this pregnancy?

Expected place of delivery

Number of weeks gestation at time of rubella disease

Trimester of gestation at time of rubella disease

Is there documentation of previous rubella immunity testing?

Result of previous immunity testing

Year of previous immunity testing

Age of Subject at time of immunity testing

Did the Subject ever have rubella disease prior to this pregnancy?

Was previous rubella disease serologically confirmed?

If previous rubella was serologically confirmed, what was the year of previous disease?

If previous rubella was serologically confirmed, what was the age of the Subject at time of previous disease?

What was the outcome of the current pregnancy?

If applicable, at the time of cessation of pregnancy, what was the age of the fetus (in weeks)?

Was an autopsy performed on the subject's body?

The final anatomical cause of subject's death

Did the Subject ever receive rubella-containing vaccine?

If the subject did not receive a rubella-containing vaccine, what was the reason?

Number of rubella-containing vaccine doses Subject received ON or AFTER first birthday

The type of vaccine administered, (e.g., Varivax, MMRV). First question of a repeating group of vaccine questions.

Manufacturer of the vaccine. Second question of a repeating group of vaccine questions.

The vaccine lot number of the vaccine administered. Third question of a repeating group of vaccine questions.

The date that the vaccine was administered. Fourth question of a repeating group of vaccine questions.

Sub-classification of disease or condition acquired in the US



Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_TemperatureUnit\_UCUM

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_LabTestProcedure\_Rubella

PHVS\_LabTestInterpretation\_VPD

PHVS\_LabTestMethod\_CDC

PHVS\_SpecimenSource\_VPD

PHVS\_YesNoUnknown\_CDC

PHVS\_SpecimenSource\_VPD

PHVS\_YesNoUnknown\_CDC

PHVS\_Genotype\_Rubella

PHVS\_TransmissionSetting\_NND

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_PregnancyTrimester\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_LabTestInterpretation\_VPD

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_BirthOutcome\_Rubella

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_VaccineNotGivenReasons\_CDC

PHVS\_VaccinesAdministeredCVX\_CDC\_NIP

PHVS\_ManufacturersOfVaccinesMVX\_CDC\_NIP

PHVS\_CaseClassificationExposureSource\_NND

Label/Short Name

AgClinic

AgClinicTestType

AgeMnth

AgeYr

AgSphl

AgSphlTestType

Biold

BloodyDiarr

Diarrhea

DtAdmit2

DtDisch2

DtEntered

DtRcvd

DtRptComp

DtSpec

DtUSDepart

DtUSReturn

EforsNum

Fever

HospTrans

Immigrate

Interview

LabName

LocalID

OtherCdcTest

OtherClinicTest

OtherClinicTestType

OtherSphlTest

OtherSphlTestType

OutbrkType

PatID

PcrCdc

PcrClinic

PcrClinicTestType

PcrSphl

PersonID

ResultID

RptComp  
SalGroup  
SentCDC  
SeroSite  
SLabsID  
SpecSite  
StLabRcvd

TravelDest  
TravelInt  
Dom\_travel

Out\_freq

Chx\_handle

Chicken

Chx\_uncook

chx\_ground  
Chx\_whole

chx\_processed

Chx\_outside

Chx\_home

Chx\_fresh  
Chx\_frozen  
Turkey\_handle

Turkey

Turkey\_uncook

Turkey\_ground  
Turkey\_whole

Turkey\_processed

Turkey\_outside

Turkey\_home

Other\_poultry

Beef\_handle  
Beef

Beef\_uncook

Beef\_ground  
Beef\_whole

Beef\_processed

Beef\_outside

Beef\_home

Beef\_fresh  
Beef\_frozen  
Pork\_handle

Pork

Pork\_uncook

Pork\_whole

Pork\_processed

Lamb  
Seafood

seafood\_uncook

Fish

Fish\_uncook

Fish\_whole

Eggs

Eggs\_outside

Eggs\_home

Eggs\_uncook

Dairy

Queso\_fresco

Dairy\_uncook

Cantaloupe

Strawberries

Other\_berries

Watermelon

Apples

Honeydew

Pineapple

Raw\_cider

Other\_fruit

Nuts\_uncook

Lettuce

Cabbage

Spinach

Broccoli

Tomatoes

Onions

Carrots

Sprouts

Herbs

Other\_veggies

Infant\_formula

Infant\_bmilk

Infant\_omilk

Well\_water  
Other\_untreated

Swim\_unchlor

Sick\_contacts  
Diaper\_contact

Shared\_facility

Daycare

Sick\_pet

Reptile\_amphib

Outdoors

Manure\_compost

Farm\_ranch

Live\_poultry

Cattle\_others

Other\_animals

Site ID

Disease

State Lab ID

Collection Date

Last Updated

Confirmed

Specimen Source

Test Result

Local Case ID

City

State

Zip code

County

DOB

Age

Age Type

Sex

Race

Ethnicity

Comments

## Description

What was the result of specimen testing using an antigen-based test (e.g. EIA or lateral flow) at a clinical laboratory?

Name of antigen-based test used at clinical laboratory

Age of case-patient in months if patient is <1yr

Age of case-patient in years

What was the result of specimen testing using an antigen-based test (e.g. EIA or lateral flow) at a state public health laboratory?

Name of antigen-based test used at state public health laboratory

Was the pathogen identified by culture?

Did the case-patient have bloody diarrhea (self reported) during this illness?

Did the case-patient have diarrhea (self-reported) during this illness?

Date of hospital admission for second hospitalization for this illness

Date of hospital discharge for second hospitalization for this illness

Date case was entered into site's database

Date case-patient's specimen was received in laboratory for initial testing

Date case report form was completed

Case-patient's specimen collection date

If case-patient traveled internationally, date of departure from the U.S.

If case-patient traveled internationally, date of return to the U.S.

CDC FDOSS outbreak ID number

Did the case-patient have fever (self-reported) during this illness?

If case-patient was hospitalized, was s/he transferred to another hospital?

Did case-patient immigrate to the U.S.? (within 7 days of illness onset)

Was the case-patient interviewed by public health (i.e. state or local health department) ?

Name of submitting laboratory

Case-patient's medical record number

What was the result of specimen testing using another test at CDC?

What was the result of specimen testing using another test at a clinical laboratory?

Name of other test used at a clinical laboratory

What was the result of specimen testing using another test at a state public health laboratory?

Name of other test used at a state public health laboratory

Type of outbreak that the case-patient was part of

Case-patient identification number

What was the result of specimen testing for diagnosis using PCR at CDC? (Do not enter PCR results if PCR was performed for speciation or subtyping).

What was the result of specimen testing using PCR at a clinical laboratory? (where goal of testing is primary detection not subtyping or speciation)

Name of PCR assay used

What was the result of specimen testing for diagnosis using PCR at the state public health laboratory? (Do not enter PCR results if PCR was performed for speciation or subtyping).

Unique identification number for person or patient

Unique identifier for laboratory result



Is all of the information for this case complete?

Salmonella serogroup

Was specimen or isolate forwarded to CDC for testing or confirmation?

Serotype/species of pathogen

State lab identification number

Case patient's specimen collection source

Was the isolate sent to a state public health laboratory? (Answer 'Yes' if it was sent to any state lab, even if it was sent to a lab outside of the case's state of residence)

If case-patient traveled internationally, to where did they travel?

Did the case patient travel internationally? (within 7 days of onset)

In the 7 days before illness, would you/your child have traveled within the US but outside of the area where you live or work?

How many times would you/your child have eaten out (deli, fast food, or other restaurant)?

Would you/your child, or anyone in your household, have handled raw chicken in the home?

How many times would you/your child have eaten chicken or any foods containing chicken?

In the 7 days before illness, would you/your child have eaten any chicken that was raw or undercooked?

In the 7 days before illness, would you/your child have eaten any ground chicken?

In the 7 days before illness, would you/your child have eaten any whole or cut chicken parts (e.g., rotisserie, chicken breasts, wings, etc.)?

In the 7 days before illness, would you/your child have eaten any processed chicken (e.g., deli meat, chicken nuggets, pre-made dinners, etc.)?

In the 7 days before illness, would you/your child have eaten any chicken made outside of home (deli, fast food, take-out, or restaurant)?\*\*

In the 7 days before illness, would you/your child have eaten any chicken made at home?

Was the chicken bought fresh (refrigerated)? (Answer if Yes to Q56)

Was the chicken bought frozen? (Answer if Yes to Q56)

Would you/your child, or anyone in your household, have handled raw turkey in the home?

In the 7 days before illness, would you/your child have eaten any turkey or any foods containing turkey?

In the 7 days before illness, would you/your child have eaten any turkey that was undercooked or raw?

In the 7 days before illness, would you/your child have eaten any ground turkey?

In the 7 days before illness, would you/your child have eaten any whole or cut turkey parts?

In the 7 days before illness, would you/your child have eaten any processed turkey (e.g., deli meat, bacon, sausage, pre-made dinners, etc.)?\*\*\*

In the 7 days before illness, would you/your child have eaten any turkey made outside of home (deli, fast food, take-out, or restaurant)?

In the 7 days before illness, would you/your child have eaten any turkey made at home?

In the 7 days before illness, would you/your child have eaten any poultry other than chicken or turkey (e.g., duck, cornish hens, quail, etc.)?

Would you/your child, or anyone in household, have handled raw beef in the home?

In the 7 days before illness, would you/your child have eaten beef or any foods containing beef?

In the 7 days before illness, would you/your child have eaten any beef that was undercooked or raw?

In the 7 days before illness, would you/your child have eaten any ground beef?

In the 7 days before illness, would you/your child have eaten any whole or cut beef parts (e.g., steaks, roasts, etc.)?

In the 7 days before illness, would you/your child have eaten any processed beef (e.g., deli meat, sausage, jerky, pre-made dinners, etc.)?

In the 7 days before illness, would you/your child have eaten any beef made outside of home (deli, fast food, take-out, or restaurant)?

In the 7 days before illness, would you/your child have eaten any beef made at home?

Was the beef bought fresh (refrigerated)? (Answer if Yes to Q75)

Was the beef bought frozen? (Answer if Yes to Q75)

Would you/your child, or anyone in your household, have handled raw pork in the home?

In the 7 days before illness, would you/your child have eaten pork or any foods containing pork?

In the 7 days before illness, would you/your child have eaten any undercooked or raw pork?

In the 7 days before illness, would you/your child have eaten any whole or cut pork parts (e.g., ham shank, pork chops, chitlins, etc.)?

In the 7 days before illness, would you/your child have eaten any processed pork (e.g., deli meat [like ham slices], bacon, sausage, etc.)? \*\*

In the 7 days before illness, would you/your child have eaten any lamb?

In the 7 days before illness, would you/your child have eaten any non-fish seafood (e.g., crab, shrimp, oysters, clams, etc.) that was not from a can?

In the 7 days before illness, would you/your child have eaten any non-fish seafood that was undercooked or raw (e.g., raw oysters, clams, etc.)?

In the 7 days before illness, would you/your child have eaten any fish or fish products (processed or unprocessed) that was not from a can?

In the 7 days before illness, would you/your child have eaten any fish that was undercooked or raw (e.g., sushi, etc.)?

In the 7 days before illness, would you/your child have eaten any whole fish or fish filets (unprocessed fish)?

In the 7 days before illness, would you/your child have eaten eggs or any foods containing eggs?

In the 7 days before illness, would you/your child have eaten any eggs made away outside of home (deli, fast food, take-out, or restaurant)? \*\*

In the 7 days before illness, would you/your child have eaten any eggs made at home?

In the 7 days before illness, would you/your child have eaten any eggs that were runny or raw, or uncooked foods made with raw eggs?

In the 7 days before illness, would you/your child have eaten or drank any dairy products (e.g., milk, yogurt, cheese, ice cream, etc.)?

In the 7 days before illness, would you/your child have eaten any queso fresco, queso blanco, or other type of Mexican-style soft cheese?

...eaten or drank any dairy products that were raw or unpasteurized (e.g., raw milk, or cheeses, yogurts, and ice cream made from raw milk)?

In the 7 days before illness, would you/your child have eaten any fresh cantaloupe?

In the 7 days before illness, would you/your child have eaten any fresh (unfrozen) strawberries?

In the 7 days before illness, would you/your child have eaten any other fresh (unfrozen) berries?

In the 7 days before illness, would you/your child have eaten any fresh watermelon?

In the 7 days before illness, would you/your child have eaten any fresh apples?

In the 7 days before illness, would you/your child have eaten any fresh honeydew melon?

In the 7 days before illness, would you/your child have eaten any fresh pineapple?

In the 7 days before illness, would you/your child have drank any unpasteurized juice or cider?

In the 7 days before illness, would you/your child have eaten any other fruit (fresh or frozen) or drank other fruit juices?

In the 7 days before illness, would you/your child have eaten any raw or uncooked nuts?

In the 7 days before illness, would you/your child have eaten any fresh, raw lettuce?

In the 7 days before illness, would you/your child have eaten any fresh, raw cabbage?

In the 7 days before illness, would you/your child have eaten any fresh (unfrozen), raw spinach?

In the 7 days before illness, would you/your child have eaten any fresh (unfrozen), raw broccoli?

In the 7 days before illness, would you/your child have eaten any fresh, raw tomatoes?

In the 7 days before illness, would you/your child have eaten any fresh (unfrozen), raw onions?

In the 7 days before illness, would you/your child have eaten any fresh (unfrozen), raw carrots?

In the 7 days before illness, would you/your child have eaten any fresh, raw sprouts?

In the 7 days before illness, would you/your child have eaten any fresh (not dried) herbs?

In the 7 days before illness, would you/your child have eaten any other vegetables (fresh or frozen) or drank any vegetable juices?

If you are answering for an ill infant aged 1 year or younger, are they drinking infant formula?

If you are answering for an ill infant aged 1 year or younger, are they drinking breast milk?

If you are answering for an ill infant aged 1 year or younger, are they drinking any other milk?

In the 7 days before illness, would you/your child have drunk any water from a well?

In the 7 days before illness, would you/your child have swallowed or drunk any water directly from a natural spring, lake, pond, stream, or river?

In the 7 days before illness, would you/your child have swam in, waded in, or entered an ocean, lake, pond, river, stream, or natural spring?

Was there a household member or a close contact with diarrhea?

In the 7 days before illness, would you/your child have had contact with dirty diapers?

In the 7 days before illness, would you/your child have lived, worked, or volunteered in a shared living facility (e.g., dorm, nursing home, etc.)?

Would you/your child, or anyone in your house, have attended, worked, or volunteered at a day care?

In the 7 days before illness, would you/your child have had any contact with a pet that had diarrhea?

In the 7 days before illness, would you/your child have had any contact with a reptile or amphibian (e.g., frog, snake, turtle, etc.)?

In the 7 days before illness, would you/your child have done any hiking, camping, gardening, or yard work?

In the 7 days before illness, would you/your child have had any contact with animal manure, pet feces, or compost?

In the 7 days before illness, would you/your child have visited, worked, or lived on farm, ranch, petting zoo, or other setting that has farm animals?

Were there any live poultry (e.g., chickens, turkeys, hens, etc.)? (Answer if Yes to Q130)

Were there any cattle, goats, or sheep? (Answer if Yes to Q130)

Were there any other farm animals (e.g., pigs, horses, etc.)? (Answer if Yes to Q130)

Site ID assigned by CDC.

Foodborne Disease.

Identification of Isolate

Date isolate taken from patient

Date of Last Modification

Is isolate confirmed

Source of isolate

Serotype/Species/Test Result

Local Case ID for Patient

Patients City of Residence

Patients State of Residence

Patients Zip code of Residence

Patients County of Residence

Date of Birth

Patients Age

Is Age reported in

Patients Sex

Patients Race

Patients Ethnicity

Comments

Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)

Label/Short Name

Fever

Fever date

Temperature >38°C(100.4°F)

Lower respiratory symptoms

Chest x-ray/CAT scan

Pneumonia/RDS evidence

Evaluation first date

Hospitalization

Hospital name

Hospital city

Hospital state

Hospitalization date

Discharge date

ICU admission

Mechanical ventilation

Death

Death date

Autopsy

Pathology results

HCW

HCW type

Direct patient care

Occupation

Case contact

RUI-2 or RUI-3 contact

Travel to SARS area

Travel destination

Contact classification

Nature of contact

Contact start

Contact end

Contact travel to SARS area

Contact CDC ID

Contact State ID

Contact name

Foreign travel Health Alert

Symptomatic during travel for a SARS  
area

SARS suspect name

Public conveyance travel departure  
Public conveyance travel departure  
city

Public conveyance travel arrival city  
Public conveyance transport type

Transport company

Transport number

Comment

Initial patient classification

Updated patient classification

Date updated

Laboratory Specimen 1

Lab specimen 1 collection date

Lab specimen 1 test

Lab specimen 1 source of local  
testing

Lab specimen 1 result

Laboratory Specimen 2

Lab specimen 2 collection date

Lab specimen 2 test

Lab specimen 2 source of local  
testing

Lab specimen 2 result

Laboratory Specimen 3

Lab specimen 3 collection date

Lab specimen 3 test

Lab specimen 3 source of local  
testing

Lab specimen 3 result

Laboratory Specimen 4

Lab specimen 4 collection date

Lab specimen 4 test

Lab specimen 4 source of local  
testing

Lab specimen 4 result  
Laboratory Specimen 5

Lab specimen 5 collection date  
Lab specimen 5 test  
Lab specimen 5 source of local testing  
Lab specimen 5 result  
Laboratory Specimen 6

Lab specimen 6 collection date  
Lab 6 test  
Lab specimen 6 source of local testing  
Lab specimen 6 result  
Laboratory Specimen 7

Lab specimen 7 collection date  
Lab 7 test  
Lab specimen 7 source of local testing  
Lab specimen 7 result  
Laboratory Specimen 8

Lab specimen 8 collection date  
Lab 8 test  
Lab specimen 8 source of local testing  
Lab specimen 8 result  
Alternative Diagnosis  
Alternative pathogen  
CDC Specimen 1  
Tissue specimen 1  
CDC specimen 1 date  
CDC Specimen 2  
Tissue specimen 2  
CDC specimen 2 date  
CDC Specimen 3  
Tissue specimen 3  
CDC specimen 3 date  
CDC Specimen 4  
Tissue specimen 4  
CDC specimen 4 date



CDC Specimen 5  
Tissue specimen 5  
CDC specimen 5 date  
CDC Specimen 6  
Tissue specimen 6  
CDC specimen 6 date  
CDC Specimen 7  
Tissue specimen 7  
CDC specimen 7 date  
CDC Specimen 8  
Tissue specimen 8  
CDC specimen 8 date  
Notes

## Description

Did the patient have a fever (subjective or objective)?

If yes, date of fever onset

Was the measured temperature >38°C?

Did the patient have any lower respiratory symptoms (e.g., a cough, shortness of breath, difficulty breathing)?

Was a chest x-ray or CAT scan performed?

If yes, did the patient have radiographic evidence of pneumonia or respiratory distress syndrome?

Indicate date of the first evaluation for this illness.

Was patient hospitalized for >24 hours during the course?

If yes, indicate the name of the hospital

If yes, indicate the city of the hospital

If yes, indicate the state of the hospital

Indicate date of hospitalization

Indicate date of hospital discharge

Was the patient ever admitted to the intensive care unit (ICU)?

Was the patient ever placed on mechanical ventilation?

Did the patient die as a result of his /her illness?

Indicate date of death

Was an autopsy performed?

Was pathology consistent with pneumonia or RDS?

Is the patient a healthcare worker?

If so, indicate type of HCW (physician, nurse/PA, lab, other [specify])

Does patient have DIRECT patient care responsibilities?

If not a HCW, list occupation.

In the 10 days prior to symptom onset did the patient have close contact with a confirmed or probable SARS-CoV case?

In the 10 days prior to symptom onset did the patient have close contact with a person considered an RUI-2 or RUI-3?

In the 10 days prior to symptom onset did the patient have travel to foreign or domestic area with documented or suspected recent local transmission of SARS cases?

If yes, list travel destinations (departure and arrival dates).

Classification of contact (RUI-2w, RUI-3, probable SARS-CoV, confirmed SARS-CoV).

Nature of contact (same household, coworker, HC environment, other).

Date contact started

Date contact ended

Did the ill contact recently travel to an area with SARS transmission (specify where)?

Contact CDC ID

Contact State ID

If CDC ID or State ID unavailable ((first, middle initial, last)

If recent foreign travel, did the patient receive a health Alert or other SARS educational information on arrival in the U.S.?

Was the patient symptomatic during the travel from a SARS affected area within 24 hours of return to the U.S or local area?

If yes, provide to the CDC the name of the SARS suspect who has traveled (enter name)

If yes, indicate public conveyance departure date

If yes, indicate public conveyance departure city

If yes, indicate public conveyance arrival city

Public conveyance transport type (airline, train, cruise, bus, auto, tour grp, other)

Name of transport company

Indicate transport number

Patient's initial classification by state of municipality (RUI-1, RUI-2, RUI-3, RUI-4, or probable SARS-CoV, confirmed SARS-CoV)

Patient's updated classification( RUI-1, RUI-2, RUI-3, RUI-4, probable SARS-CoV, confirmed SARS-CoV, not a case: negative serology, not a case: alternative diagnosis accounts for illness)

Most recent updated classification

Enter specimen for each test (whole blood, serum [acute and/or convalescent],NP swab, NP aspirate, bronchoalveolar lavage, OP swab, urine, stool, tissue [specify tissue type])

Collection date for specimen 1

Test requested for specimen 1

Source of local testing for specimen 1

Result of lab testing for specimen 2

Enter specimen for each test (whole blood, serum [acute and/or convalescent],NP swab, NP aspirate, bronchoalveolar lavage, OP swab, urine, stool, tissue [specify tissue type])

Collection date for specimen 2

Test requested for specimen 2

Source of local testing for specimen 2

Result of lab testing for specimen 2

Enter specimen for each test (whole blood, serum [acute and/or convalescent],NP swab, NP aspirate, bronchoalveolar lavage, OP swab, urine, stool, tissue [specify tissue type])

Collection date for specimen 3

Test requested for specimen 3

Source of local testing for specimen 3

Result of lab testing for specimen 3

Enter specimen for each test (whole blood, serum [acute and/or convalescent],NP swab, NP aspirate, bronchoalveolar lavage, OP swab, urine, stool, tissue [specify tissue type])

Collection date for specimen 4

Test requested for specimen 4

Source of local testing for specimen 4

Result of lab testing for specimen 4

Enter specimen for each test (whole blood, serum [acute and/or convalescent], NP swab, NP aspirate, bronchoalveolar lavage, OP swab, urine, stool, tissue [specify tissue type])

Collection date for specimen 5

Test requested for specimen 5

Source of local testing for specimen 5

Result of lab testing for specimen 5

Enter specimen for each test (whole blood, serum [acute and/or convalescent], NP swab, NP aspirate, bronchoalveolar lavage, OP swab, urine, stool, tissue [specify tissue type])

Collection date for specimen 6

Test requested for specimen 6

Source of local testing for specimen 6

Result of lab testing for specimen 6

Enter specimen for each test (whole blood, serum [acute and/or convalescent], NP swab, NP aspirate, bronchoalveolar lavage, OP swab, urine, stool, tissue [specify tissue type])

Collection date for specimen 7

Test requested for specimen 7

Source of local testing for specimen 7

Result of lab testing for specimen 7

Enter specimen for each test (whole blood, serum [acute and/or convalescent], NP swab, NP aspirate, bronchoalveolar lavage, OP swab, urine, stool, tissue [specify tissue type])

Collection date for specimen 8

Test requested for specimen 8

Source of local testing for specimen 8

Result of lab testing for specimen 8

Was an alternative respiratory pathogen detected?

If yes, indicate the pathogen isolated.

List specimen(s) sent to CDC

If 'tissue', specify.

Date specimen 1 sent to CDC

List specimen(s) sent to CDC

If 'tissue', specify.

Date specimen 2 sent to CDC

List specimen(s) sent to CDC

If 'tissue', specify.

Date specimen 3 sent to CDC

List specimen(s) sent to CDC

If 'tissue', specify.

Date specimen 4 sent to CDC

List specimen(s) sent to CDC

If 'tissue', specify.

Date specimen 5 sent to CDC

List specimen(s) sent to CDC

If 'tissue', specify.

Date specimen 6 sent to CDC

List specimen(s) sent to CDC

If 'tissue', specify.

Date specimen 7 sent to CDC

List specimen(s) sent to CDC

If 'tissue', specify.

Date specimen 8 sent to CDC

Any notes needed

Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)

Label/Short Name

Site ID

Disease

State Lab ID

Collection Date

Last Updated

Confirmed

Specimen Source

Test Result

Local Case ID

City

State

Zip code

County

DOB

Age

Age Type

Sex

Race

Ethnicity

Comments

## Description

Site ID assigned by CDC.

Foodborne Disease.

Identification of Isolate

Date isolate taken from patient

Date of Last Modification

Is isolate confirmed

Source of isolate

Serotype/Species/Test Result

Local Case ID for Patient

Patients City of Residence

Patients State of Residence

Patients Zip code of Residence

Patients County of Residence

Date of Birth

Patients Age

Is Age reported in

Patients Sex

Patients Race

Patients Ethnicity

Comments



Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)

Label/Short Name

Notification ID  
Receiving Application  
Message Profile ID

Local Subject ID  
Subject Name Type

Local Record ID

Subject Type

Notification Type

Date First Submitted

Date of Report

Notification Result Status  
Immediate National Notifiable  
Condition  
Reporting State  
Reporting County  
National Reporting Jurisdiction  
Condition Code  
Birth Date  
Subject's Sex  
Race Category  
Subject Address County  
Subject Address State  
Subject Address ZIP Code  
Ethnic Group Code  
Country of Birth

Census tract of case-patient  
residence

Country of Usual Residence

Jurisdiction Code

Case Investigation Status Code

Investigation Date Assigned

Date of Report/Referral

Reporting Source Type Code

Reporting Source ZIP Code

Earliest Date Reported to County

Earliest Date Reported to State

Hospitalized

Admission Date

Discharge Date

Duration of hospital stay in days

Diagnosis Date

Date of Illness Onset

Illness End Date

Illness Duration

Illness Duration Units

Did the subject die from this  
condition?

Deceased Date

Case Investigation Start Date

Case Outbreak indicator

Case Outbreak Name

Case Disease Imported Code

Imported Country

Imported State

Imported City

Imported County

Transmission Mode

Case Class Status Code

MMWR Week

MMWR Year

State Case ID

Date of First Report to CDC

Date First Reported PHD

Pregnancy status

Person Reporting to CDC - Name

Person Reporting to CDC - Phone  
Number

Person Reporting to CDC - Title

Person Reporting to CDC - Affiliation

Legacy Case ID

Age at case investigation

Age units at case investigation

Country of Exposure or Country  
Where Disease was Acquired

Note: use exposure or acquired  
consistently across variables

State or Province of Exposure

City of Exposure

County of Exposure

Binational Reporting Criteria

Date of initial health exam associated with case report "health event"

Neurological involvement?

Treatment Date

HIV Status

Had sex with a male within past 12 months?

Had sex with a female within past 12 months?

Had sex with an anonymous partner within past 12 months?

Had sex with a person know to him/her to be an IDU within past 12 months?

Had sex while intoxicated and/or high on drugs within past 12 months?

Exchanged drugs/money for sex within past 12 months?

Had sex with a person who is know to her to be an MSM within past 12 months?

Engaged in injection drug use within past 12 months?

During the past 12 months, which of the following injection or non-injection drugs have been used?

Previous STD history?

Been incarcerated with past 12 months?

Have you met sex partners through the Internet in the last 12 months?

Total number of sex partners last 12 months?

Clinician-observed lesion(s) indicative of syphilis

Type of nontreponemal serologic test for syphilis

Quantitative syphilis test result

Patient refused to answer questions regarding number of sex partners

Unknown number of sex partners in last 12 months

Date of laboratory specimen collection

Specimen source

Date of lab result

HIV status documented through eHARS Record Search?

eHARS Stateno

Trans\_Categ (eHARS, person dataset)

Case sampled for enhanced investigation?

Method of case detection

Type of treponemal serologic test for syphilis

Count

Event date

Datatype

NETSS version

STD-Associated Lab Tests

STD-Associated Lab Results

Injection or non-injection drugs use indicator

Nontreponemal serologic syphilis test (quantitative)

Nontreponemal serologic syphilis  
test (qualitative)

Qualitative treponemal serologic  
syphilis test result

Neurological manifestations

**Ocular Manifestations**

**Otic Manifestations**

**Late Clinical Manifestations (tertiary  
syphilis)**

**Gender Identity**

**Sexual Orientation**

## Description

The unique identifier for the notification record

CDC's PHIN Common Data Store (CDS) is the Receiving Application for this message.

First instance is the reference to the structural specification used to validate the message.

Second instance is the reference to the PHIN Message Mapping Guide from which the content is derived.

The local ID of the subject/entity.

Name is not requested by the program, but the Patient Name field is required to be populated for the HL7 message to be valid. Have adopted the HL7 convention for processing a field where the name has been removed for de-identification purposes.

Sending system-assigned local ID of the case investigation with which the subject is associated.

Note: The local record ID should be the unique identifier for the case being reported.

Type of subject for the notification. "Person," "Place/Location," or "Non-Person Living Subject" are the appropriate subject types for Notifications to CDC.

Type of notification. Notification types are "Individual Case," "Environmental," "Summary," and "Laboratory Report".

Date/time the notification was first sent to CDC. This value does not change after the original notification.

Date/time this version of the notification was sent. It will be the same value as NOT103 for the original notification. For updates, this is the update/send date/time.

Status of the notification.

Does this case meet the criteria for immediate (extremely urgent or urgent) notification to CDC?

State reporting the notification.

County reporting the notification.

National jurisdiction reporting the notification to CDC.

Condition or event that constitutes the reason the notification is being sent

Date of birth in YYYYMMDD format

Subject's current sex

Field containing one or more codes that broadly refer to the subject's race(s).

County of residence of the subject

State of residence of the subject

ZIP Code of residence of the subject

Based on the self-identity of the subject as Hispanic or Latino

Country of Birth



Census tract where the address is located is a unique identifier associated with a small statistical subdivision of a county. Census tract data allows a user to find population and housing statistics about a specific part of an urban area. A single community may be composed of several census tracts.

Where does the person usually\* live (defined as their residence)

\*For the definition of 'usual residence' refer to CSTE position statement # 11-SI-04 titled "Revised Guidelines for Determining Residency for Disease Reporting" at <http://www.cste.org/ps2011/11-SI-04.pdf> .

Identifier for the physical site from which the notification is being submitted.

Status of the investigation

Date the investigator was assigned to this investigation.

Date the event or illness was first reported by the reporting source (physician or lab reported to the local/county/state health department).

Type of facility or provider associated with the source of information sent to Public Health.

ZIP Code of the reporting source for this case.

Earliest date reported to county public health system

Earliest date reported to state public health system

Was subject hospitalized because of this event?

Subject's admission date to the hospital for the condition covered by the investigation.

Subject's discharge date from the hospital for the condition covered by the investigation.

Subject's duration of stay at the hospital for the condition covered by the investigation.

Date of diagnosis of condition being reported to public health system

Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system

Time at which the disease or condition ends.

Length of time this subject had this disease or condition.

Unit of time used to describe the length of the illness or condition.

Did the subject die from this illness or complications of this illness?

If the subject died from this illness or complications associated with this illness, indicate the date of death

The date the case investigation was initiated.

Denotes whether the reported case was associated with an identified outbreak.

A state-assigned name for an identified outbreak.

Indication of where the disease/condition was likely acquired.

If the disease or condition was imported, indicates the country in which the disease was likely acquired.

If the disease or condition was imported, indicates the state in which the disease was likely acquired.

If the disease or condition was imported, indicates the city in which the disease was likely acquired.

If the disease or condition was imported, contains the county of origin of the disease or condition.

Code for the mechanism by which disease or condition was acquired by the subject of the investigation.

Status of the case/event as suspect, probable, confirmed, or not a case per CSTE/CDC/surveillance case definitions.

MMWR Week for which case information is to be counted for MMWR publication.

MMWR Year (YYYY) for which case information is to be counted for MMWR publication.

States use this field to link NEDSS investigations back to their own state investigations.

Note: This may be any state-assigned ID number for the case; may be different than INV168, which is the system-assigned unique identified for the 'case' of disease being reported.

Date the case was first reported to the CDC

Earliest date the case was reported to the public health department whether at the local, county, or state public health level.

Indicates whether the subject was pregnant at the time of the event.

Name of the person who is reporting the case to the CDC

Phone Number of the person who is reporting the case to the CDC

Job title / description of the person reporting the case to the CDC

Affiliated Facility of the person reporting the case to the CDC

CDC uses this field to link current case notifications to case notifications submitted by a previous system (NETSS, STD-MIS, etc.)

Subject age at time of case investigation

Subject age units at time of case investigation

Indicates the country in which the disease was potentially acquired.

Indicates the state in which the disease was potentially acquired.

Business Rule: If Country of exposure was US, populate with US State. If Country of exposure was Mexico, populate with Mexican State. If country of exposure was Canada, populated with Canadian Province. For all other countries, leave null.

Indicates the city in which the disease was potentially acquired.

Business Rule: If country of exposure is US, populate with US city. For all other cities, can be populated but not required.

Note: Since value set only includes US cities, would allow states to populate the CWE 9th component with another city.

Indicates the county in which the disease was potentially acquired.

Business Rule: If country of exposure is US, populate with US county. Otherwise, leave null.

For cases meeting the binational criteria, select all the criteria which are met

Date of earliest healthcare encounter/visit /exam associated with this event/case report. May equate with date of exam or date of diagnosis.

If event = some stage of syphilis, does the patient have neurologic involvement based on current case definition?

Date treatment initiated for the condition that is the subject of this case report.

Documented or self-reported HIV status at the time of event.

Had sex with a male within past 12 months?

Had sex with a female within past 12 months?

Had sex with an anonymous partner within past 12 months?

Had sex with a person known to him/her to be an IDU within past 12 months?

Had sex while intoxicated and/or high on drugs within past 12 months?

Exchanged drugs/money for sex within past 12 months?

Had sex with a person who is known to her to be an MSM within past 12 months?

NOTE: For women only.

Engaged in injection drug use within past 12 months?

During the past 12 months, which of the following injection or non-injection drugs have been used?

Does the patient have a history of ever having had an STD prior to the condition reported in this case report?

Been incarcerated within past 12 months?

Did the patient use an online computer site to exchange messages by typing them onscreen to engage in conversation with other visitors to the site for the purpose of having sex?

Total number of sex partners that the case patient has had in the last 12 months. Total partners equal the sum of all male, female, and transgender partners during the period.

If condition = any stage of syphilis, report anatomic site(s) of clinician-observed lesion(s) (e.g., chancre, rash, condyloma lata) at time of initial exam or specimen collection. Mark all that apply.

What type of non-treponemal serologic test for syphilis was performed on specimen collected to support case patient's diagnosis of syphilis?

If the test performed provides a quantifiable result, provide quantitative result (e.g. if RPR is positive, provide titer, e.g. 1:64)

Example: If titer is 1:64, enter 64; if titer is 1:1024, enter 1024.

Patient refused to answer questions regarding number of sex partners

Unknown number of sex partners in last 12 months

Date of collection of initial laboratory specimen used for diagnosis of health event reported in this case report. PREFERRED date for assignment of MMWR week. First date in hierarchy of date types associated with case report/event.

Anatomic site or specimen type from which positive lab specimen was collected.

Date result sent from Reporting Laboratory.

Was the HIV status of this case investigated through search of eHARS?

Stateno from eHARS registry for HIV+ cases.

Mode of exposure from eHARS for HIV+ cases.

Was this case selected by reporting jurisdiction for enhanced investigation?

How case patient first came to the attention of the health department for this condition

What type of treponemal serologic test for syphilis was performed on specimen collected to support case patient's diagnosis of syphilis?

represents # of cases reported in this 'record'; supports aggregate-(when >1) or case-specific (when=1) reporting.

date of disease in YYMMDD format. This date depends upon how case dates are assigned in the STD program. i.e., date could be the onset of symptoms date, diagnosis date, laboratory result date, date case first recognized and/or reported to STD program, or date case reported to CDC.

describes the type of date provided in Event date

What version of the NETSS record layout are you providing?

STD-Associated Lab Tests

STD-Associated Lab Results

Injection or non-injection drug use indicator

If the test performed provides a quantifiable result, provide quantitative result (e.g. if RPR is positive, provide titer, e.g. 1:64)

Example: If titer is 1:64, enter 64; if titer is 1:1024, enter 1024.

Qualitative test result of STD123 Nontreponemal serologic syphilis test result (quantitative)

If the test performed provides a qualitative result, provide qualitative result, e.g. weakly reactive.

Neurological manifestations of disease

**Infection of any eye structure with *T. pallidum*, as evidenced by manifestations including posterior uveitis, panuveitis, anterior uveitis, optic neuropathy, and retinal vasculitis.**

**Infection of the cochleovestibular system with *T. pallidum*, as evidenced by manifestations including sensorineural hearing loss, tinnitus, and vertigo.**

**Late clinical manifestations of syphilis (tertiary syphilis) may include inflammatory lesions of the cardiovascular system, skin, bone, or other tissue. Certain neurologic manifestations (e.g., general paresis and tabes dorsalis) are late clinical manifestations of syphilis.**

**Patient identified gender identity (i.e., an individual's personal sense of being a man, woman, or other gender, regardless of the sex that person was assigned at birth).**

**Patient identified sexual orientation (i.e., an individual's physical and/or emotional attraction to another individual of the same gender, opposite gender, or both genders).**

Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)

Approved by OMB

PHVS\_NameType\_HL7\_2x

PHVS\_NotificationSectionHeader\_CDC

PHVS\_NotificationSectionHeader\_CDC

PHVS\_ResultStatus\_NND

PHVS\_NationalReportingJurisdiction\_NND

PHVS\_State\_FIPS\_5-2

PHVS\_County\_FIPS\_6-4

PHVS\_NationalReportingJurisdiction\_NND

PHVS\_NotifiableEvent\_Disease\_Condition\_CDC\_NNDSS

PHVS\_RaceCategory\_CDC

PHVS\_County\_FIPS\_6-4

PHVS\_State\_FIPS\_5-2

PHVS\_EthnicityGroup\_CDC\_Unk

PHVS\_CountryofBirth\_CDC

PHVS\_CountryofBirth\_CDC

PHVS\_CaseInvestigationStatus\_NND

PHVS\_ReportingSourceType\_NND

PHVS\_YesNoUnknown\_CDC

PHVS\_AgeUnit\_UCUM

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_DiseaseAcquiredJurisdiction\_NETSS

PHVS\_Country\_ISO\_3166-1

PHVS\_State\_FIPS\_5-2

PHVS\_City\_USGS\_GNIS

PHVS\_County\_FIPS\_6-4

PHVS\_CaseTransmissionMode\_NND

PHVS\_CaseClassStatus\_NND

PHVS\_YesNoUnknown\_CDC

PHVS\_AgeUnit\_UCUM\_NETSS

PHVS\_CountryofBirth\_CDC

PHVS\_State\_FIPS\_5-2



PHVS\_BinationalReportingCriteria\_CDC

New Value Set  
PHVS\_Neurological\_involvement\_CDC

New Value Set  
PHVS\_HIVStatus\_CDC

New Value Set  
PHVS\_YNRD\_CDC

New Value Set  
PHVS\_YNRD\_CDC

New Value Set  
PHVS\_YNRD\_CDC

New Value Set  
PHVS\_YNRD\_CDC

New Value Set  
PHVS\_YNRD\_CDC

New Value Set  
PHVS\_YNRD\_CDC

New Value Set  
PHVS\_YNRD\_CDC

New Value Set  
PHVS\_YNRD\_CDC

New Value Set  
PHVS\_DrugsUsed\_CDC

New Value Set  
PHVS\_PreviousSTDhistory\_CDC

New Value Set  
PHVS\_YNRD\_CDC

New Value Set  
PHVS\_YNRD\_CDC

New Value Set  
PHVS\_Clinician-observed lesions\_CDC

New Value Set  
PHVS\_nontreponemalserologictest\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

New Value Set  
PHVS\_SpecimenSource\_CDC

PHVS\_YesNoUnknown\_CDC

New Value Set  
PHVS\_TransCateg\_CDC  
PHVS\_YesNoUnknown\_CDC

New Value Set  
PHVS\_DetectionMethod\_CDC

New Value Set  
PHVS\_treponemalserologic\_CDC

##### Default=00001 for case-specific records where a single case is represented by data record.

YYMMDD Unknown=999999

1=Onset Date 2=Date of diagnosis 3=Date of laboratory result  
4=Date of first report to community health system 5=State/MMWR  
report date 9=Unknown

i.e. Version 3 (January 2011) 03=Version 3

STD-Associated RCMT Lab Tests (OBX-3)

STD-Associated RCMT Lab Results (OBX-5)

New Value Set  
PHVS\_YNRD\_CDC

New Value Set  
PHVS\_QuantitativeSyphilisTestResult\_STD

New Value Set  
PHVS\_LabTestReactivity\_NND

New Value Set  
PHVS\_LabTestResultQualitative\_NND

Label/Short Name

AgClinic

AgClinicTestType

AgeMnth

AgeYr

AgSphl

AgSphlTestType

Biold

BloodyDiarr

Diarrhea

DtAdmit2

DtDisch2

DtEntered

DtRcvd

DtRptComp

DtSpec

DtUSDepart

DtUSReturn

EforsNum

Fever

HospTrans

HUS

Immigrate

Interview

LabName

LocalID

OtherCdcTest

OtherClinicTest

OtherClinicTestType

OtherSphlTest

OtherSphlTestType

OutbrkType

PatID

PcrCdc

PcrClinic

PcrClinicTestType

PcrSphl

PersonID  
ResultID  
RptComp  
SentCDC  
SLabsID  
SpecSite  
Stech7  
StechAg  
StecNM  
StecO157  
StecOAg  
StecStx  
StLabRcvd

TravelDest  
TravelInt  
PulseNet Key  
Date of interview  
Respondent  
Other Respondent  
City of residence  
Month of birth  
Year of birth  
Hispanic or Latino  
Total days ill  
Still ill  
Diarrhea  
Diarrhea onset  
Bloody stool  
Still hospitalized  
HUS  
Food handler  
Daycare worker  
Foods at home  
Foods away from home  
Handled raw ground beef

Ground beef  
Ground beef at home  
Pink ground beef at home  
Ground beef at home purchase  
location  
Ground beef at home purchase date

Ground beef brand  
Ground beef bulk  
Ground beef patties

Ground beef other  
Ground beef unknown purchase  
form  
Home ground beef size  
Percent lean  
Fresh ground beef  
Frozen ground beef  
Unknown fresh/frozen ground beef

Ground beef away from home  
Gound beef away from home  
location

Pink ground beef away

Hamburger

Meatball

Meatloaf

Taco

Ground beef in a dish

Other form of ground beef outside  
home

Specify other form of ground beef

Steak

Steak at home

Pink steak at home

Steak at home purchase location

Steak at home purchase date

Steak brand

Steak consumed as steak

Steak consumed as stew

Steak consumed as roast

Unknown steak type

Steak consumed as other

Specify how steak was consumed

Steak away from home

Steak away from home location

Steak away from home dates

Pink steak away

Pink steak away as steak

Pink steak away as stew

Pink steak away as roast

Pink steak away as other product

Specify how other pink steak was  
consumed

Bison

Bison at home

Pink bison at home

Bison purchase location  
Bison purchase date  
Bison at home brand  
Bison away from home  
Bison away location  
Bison away date  
Pink bison away from home  
Wild game  
Dried meat  
Pepperoni  
Salami  
Sausage  
Other dried meat  
Type of other dried meat  
Jerky  
Raw milk  
Raw cheese  
Raw cheese type  
Raw cheese location  
Raw cheese date  
Raw ice cream  
Raw juice

Lettuce  
Lettuce at home  
Lettuce at home purchase location  
Lettuce at home purchase date  
Lettuce at home brand  
Loose lettuce at home  
Prepackaged lettuce at home  
Unknown packaging of lettuce at home  
Lettuce away from home

Lettuce away from home location  
Mesclun lettuce  
Mesclun lettuce at home  
Mesclun lettuce at home purchase location  
Mesclun lettuce at home purchase date  
Mesclun lettuce at home brand  
Loose mesclun lettuce at home  
Prepackaged mesclun lettuce at home  
Unknown packaging of mesclun lettuce at home

Mesclun lettuce away from home

Mesclun lettuce away from home location

Iceberg lettuce

Iceberg lettuce at home

Iceberg lettuce at home purchase location

Iceberg lettuce at home purchase date

Iceberg lettuce at home brand

Loose iceberg lettuce at home

Prepackaged iceberg lettuce at home

Unknown packaging of iceberg lettuce at home

Iceberg lettuce away from home

Iceberg lettuce away from home location

Romaine lettuce

Romaine lettuce at home

Romaine lettuce at home purchase location

Romaine lettuce at home purchase date

Romaine lettuce at home brand

Loose romaine lettuce at home

Prepackaged romaine lettuce at home

Unknown packaging of romaine lettuce at home

Romaine lettuce away from home

Romaine lettuce away from home location

Red leaf lettuce

Red leaf lettuce at home

Red leaf lettuce at home purchase location

Red leaf lettuce at home purchase date

Red leaf lettuce at home brand

Loose red leaf lettuce at home

Prepackaged red leaf lettuce at home



Unknown packaging of red leaf  
lettuce at home

Red leaf lettuce away from home

Red leaf lettuce away from home  
location

Spinach

Spinach at home

Spinach at home purchase location

Spinach at home purchase date

Spinach at home brand

Loose spinach at home

Prepackaged spinach at home

Unknown packaging of spinach at  
home

Spinach away from home

Spinach away from home location

Other leafy greens

Other leafy greens at home

Other leafy greens at home purchase  
location

Other leafy greens at home purchase  
date

Other leafy greens at home brand

Loose other leafy greens at home

Prepackaged other leafy greens at  
home

Unknown packaging of other leafy  
greens at home

Other leafy greens away from home

Other leafy greens away from home  
location

Sprouts

Sprouts at home

Sprouts at home purchase locations

Sprouts at home purchase date

Sprouts at home brand

Sprouts away from home

Sprouts away from home location

Sprouts way from home type

Petting zoo

Farm with livestock

Farm and Feed store

Pet store

Fair

Pet treats

Animal droppings

Daycare

Any travel

Domestic travel

Domestic travel start date

Domestic travel end date

International travel

International travel start date

International travel end date

Group meals

Institution

Institution location

Source of drinking water

Site ID

Disease

State Lab ID

Collection Date

Last Updated

Confirmed

Specimen Source

Test Result

Local Case ID

City

State

Zip code

County

DOB

Age

Age Type

Sex

Race

Ethnicity

Comments

## Description

For possible E. coli cases: What was the result of specimen testing for Shiga toxin using an antigen-based test (e.g.EIA or lateral flow) at a clinical laboratory?

Name of antigen-based test used at clinical laboratory

Age of case-patient in months if patient is <1yr

Age of case-patient in years

For possible E. coli cases: What was the result of specimen testing for Shiga toxin using an antigen-based test (e.g.EIA or lateral flow) at a state public health laboratory?

Name of antigen-based test used at state public health laboratory

Was the pathogen identified by culture?

Did the case-patient have bloody diarrhea (self reported) during this illness?

Did the case-patient have diarrhea (self-reported) during this illness?

Date of hospital admission for second hospitalization for this illness

Date of hospital discharge for second hospitalization for this illness

Date case was entered into site's database

Date case-patient's specimen was received in laboratory for initial testing

Date case report form was completed

Case-patient's specimen collection date

If case-patient traveled internationally, date of departure from the U.S.

If case-patient traveled internationally, date of return to the U.S.

CDC FDOSS outbreak ID number

Did the case-patient have fever (self-reported) during this illness?

If case-patient was hospitalized, was s/he transferred to another hospital?

Did case patient have a diagnosis of HUS?

Did case-patient immigrate to the U.S.? (within 7 days of illness onset)

Was the case-patient interviewed by public health (i.e. state or local health department) ?

Name of submitting laboratory

Case-patient's medical record number

What was the result of specimen testing for Shiga toxin using another test at the CDC?

What was the result of specimen testing for Shiga toxin using another test at a clinical laboratory

Name of other test used at a clinical laboratory

What was the result of specimen testing for Shiga toxin using another test at a state public health laboratory?

Name of other test used at a state public health laboratory

Type of outbreak that the case-patient was part of

Case-patient identification number

What was the result of specimen testing for Shiga toxin using PCR at CDC?

What was the result of specimen testing for Shiga toxin using PCR at a clinical laboratory?

Name of PCR assay used

What was the result of specimen testing for Shiga toxin using PCR at a state public health laboratory?

Unique identification number for person or patient  
Unique identifier for laboratory result  
Is all of the information for this case complete?  
Was specimen or isolate forwarded to CDC for testing or confirmation?  
State lab identification number  
Case patient's specimen collection source  
Was it H7 antigen positive?  
What was the H-antigen number?  
Was the isolate non-motile?  
Was it O157 positive?  
What was the O-antigen number?  
Was E. coli Shiga toxin-producing?  
Was the isolate sent to a state public health laboratory? (Answer 'Yes' if it was sent to any state lab, even if it was sent to a lab outside of the case's state of residence)  
If case-patient traveled internationally, to where did they travel?  
Did the case patient travel internationally? (within 7 days of onset)  
Identification tag in PulseNet database  
Date questionnaire administered to case  
Individual who was interviewed  
If case, parent, or spouse not interviewed, then who was?  
City where patient resides  
Month when patient was born  
Year when patient was born  
Is the patient of Hispanic or Latino origin  
Length of patient's illness in days  
Is the patient still ill  
Patient experienced 3 or more loose stools in 24-hour period  
Date patient first experienced 3 or more loose stools  
Patient experienced blood in stool  
Is the patient still hospitalized  
Patient diagnosed by doctor with HUS or kidney failure  
Patient works as a food handler at dining establishment  
Patient works in a daycare facility  
List of locations where foods eaten at home were purchased  
List of locations where foods were eaten outside of the home  
Patient handled raw ground beef (even if not consumed) in 7 days prior to illness onset  
Patient consumed ground beef in 7 days prior to illness onset  
Patient consumed ground beef at home in 7 days prior to illness onset  
Patient consumed red or pink ground beef at home in 7 days prior to illness onset  
Location(s) where ground beef consumed at home in 7 days prior to illness onset was purchased  
Date(s) when ground beef consumed at home in 7 days prior to illness onset was purchased  
Brand(s) of ground beef eaten at home in 7 days prior to illness onset  
Ground beef eaten at home was purchased in bulk  
Ground beef eaten at home was purchased in pre-formed patties

Ground beef eaten at home was purchased in other form  
Patient unable to recall form in which ground beef eaten at home was purchased

Size in which ground beef consumed at home was purchased  
Percentage lean of ground beef eaten at home  
Ground beef eaten at home was purchased fresh  
Ground beef eaten at home was purchased frozen  
Patient unable to recall if ground beef consumed at home was purchased fresh or frozen  
Patient consumed ground beef away from home in 7 days prior to illness onset  
Location(s) where ground beef consumed away from home

Patient consumed red or pink ground beef away from home  
Ground beef eaten outside the home as hamburger  
Ground beef eaten outside the home as meatball  
Ground beef eaten outside the home as meatloaf  
Ground beef eaten outside the home in a taco  
Ground beef eaten in a dish (ex. casserole) outside the home  
Ground beef eaten outside the home in form other than hamburger, meatball, meatloaf, taco, or in a dish

Other type of ground beef eaten outside the home  
Patient consumed steak in 7 days prior to illness onset  
Patient consumed steak at home in 7 days prior to illness onset  
Steak consumed at home was pink or red  
Location(s) where steak consumed at home was purchased  
Date(s) when steak consumed at home was purchased  
Brand(s) of steak eaten at home  
Steak was consumed as steak  
Steak was consumed in a stew  
Steak was consumed as a roast  
Patient unable to recall how steak was consumed  
Steak was consumed in form other than steak, stew, roast  
If steak was consumed in other form, then specify  
Patient consumed steak away from home in 7 days prior to illness onset  
Location(s) where steak was consumed away from home  
Date(s) when steak was consumed away from home  
Patient consumed red or pink steak away from home  
Patient consumed red or pink steak away from home as steak  
Patient consumed red or pink steak away from home as stew  
Patient consumed red or pink steak away from home as a roast  
Patient consumed red or pink steak away from home in form other than steak, stew, or roast  
Specify if 'Other' red or pink steak was reported

Patient consumed bison in the 7 days prior to illness onset  
Patient consumed bison at home in the 7 days prior to illness onset  
Patient consumed red or pink bison at home

Location(s) where ground beef consumed at home was purchased  
Date(s) when bison consumed at home was purchased  
Brand of bison purchased for home consumption  
Patient consumed bison away from home in 7 days prior to illness onset  
Location(s) where bison was consumed outside the home  
Date(s) when bison was consumed outside the home  
Bison eaten outside the home was red or pink  
Patient consumed wild game in the 7 days before illness onset  
Patient consumed dried meat in the 7 days before illness onset  
Patient consumed dried meat that was pepperoni  
Patient consumed dried meat that was salami  
Patient consumed dried meat that was sausage  
Patient consumed dried meat that was not pepperoni, salami, or sausage  
Specify other type of dried meat consumed  
Patient consumed jerkey of any type in the 7 days before illness onset  
Patient consumed raw milk in the 7 days before illness onset  
Patient consumed cheese made with raw milk in the 7 days before illness onset  
Type of raw milk cheese consumed  
Location(s) where raw milk cheese was purchased  
Date(s) when raw milk cheese was purchased  
Patient consumed ice cream made with raw milk in the 7 days before illness onset  
Patient consumed raw or unpasteurized juice or cide in the 7 days before illness onset

Patient consumed lettuce of any kind in the 7 days before illness onset  
Patient consumed lettuce of any kind at home in the 7 days before illness onset  
Location(s) where lettuce consumed at home was purchased  
Date(s) when lettuce consumed at home was purchased  
Brand(s) of lettuce purchased for home consumption  
Patient consumed loose lettuce of any kind in the 7 days before illness onset  
Patient consumed prepackaged lettuce of any kind in the 7 days before illness onset  
Patient unable to recall how lettuce consumed at home was packaged

Patient consumed lettuce of any kind away from home in the 7 days before illness onset

Location(s) where the lettuce was consumed away from home  
Patient consumed mesclun lettuce in the 7 days before illness onset  
Patient consumed mesclun lettuce at home in the 7 days before illness onset  
Location(s) where mesclun lettuce consumed at home was purchased

Date(s) when mesclun lettuce consumed at home was purchased

Brand(s) of mesclun lettuce consumed at home  
Patient consumed loose mesclun lettuce at home  
Patient consumed prepackaged mesclun lettuce at home

Patient unable to recall how mesclun lettuce consumed at home was purchased

Patient consumed mesclun lettuce away from home in the 7 days before illness onset

Location(s) where the mesclun lettuce was consumed away from home

Patient consumed iceberg lettuce in the 7 days before illness onset

Patient consumed iceberg lettuce at home in the 7 days before illness onset

Location(s) where iceberg lettuce consumed at home was purchased

Date(s) when iceberg lettuce consumed at home was purchased

Brand(s) of iceberg lettuce consumed at home

Patient consumed iceberg mesclun lettuce at home

Patient consumed prepackaged iceberg lettuce at home

Patient unable to recall how iceberg lettuce consumed at home was purchased

Patient consumed iceberg lettuce away from home in the 7 days before illness onset

Location(s) where the iceberg lettuce was consumed away from home

Patient consumed romaine lettuce in the 7 days before illness onset

Patient consumed romaine lettuce at home in the 7 days before illness onset

Location(s) where romaine lettuce consumed at home was purchased

Date(s) when romaine lettuce consumed at home was purchased

Brand(s) of romaine lettuce consumed at home

Patient consumed loose romaine lettuce at home

Patient consumed prepackaged romaine lettuce at home

Patient unable to recall how romaine lettuce consumed at home was purchased

Patient consumed romaine lettuce away from home in the 7 days before illness onset

Location(s) where the romaine lettuce was consumed away from home

Patient consumed red leaf lettuce in the 7 days before illness onset

Patient consumed red leaf lettuce at home in the 7 days before illness onset

Location(s) where red leaf lettuce consumed at home was purchased

Date(s) when red leaf lettuce consumed at home was purchased

Brand(s) of red leaf lettuce consumed at home

Patient consumed loose red leaf lettuce at home

Patient consumed prepackaged red leaf lettuce at home

Patient unable to recall how red leaf lettuce consumed at home was purchased

Patient consumed red leaf lettuce away from home in the 7 days before illness onset

Location(s) where the red leaf lettuce was consumed away from home

Patient consumed spinach in the 7 days before illness onset

Patient consumed spinach at home in the 7 days before illness onset

Location(s) where spinach consumed at home was purchased

Date(s) when spinach consumed at home was purchased

Brand(s) of spinach consumed at home

Patient consumed spinach at home

Patient consumed prepackaged spinach at home

Patient unable to recall how spinach consumed at home was purchased

Patient consumed spinach away from home in the 7 days before illness onset

Location(s) where the spinach was consumed away from home

Patient consumed other leafy greens in the 7 days before illness onset

Patient consumed other leafy greens at home in the 7 days before illness onset

Location(s) where other leafy greens consumed at home was purchased

Date(s) when other leafy greens consumed at home was purchased

Brand(s) of other leafy greens consumed at home

Patient consumed other leafy greens at home

Patient consumed prepackaged other leafy greens at home

Patient unable to recall how other leafy greens consumed at home was purchased

Patient consumed other leafy greens away from home in the 7 days before illness onset

Location(s) where the other leafy greens was consumed away from home

Patient consumed sprouts of any kind in the 7 days before illness onset

Patient consumed sprouts of any kind at home in the 7 days before illness onset

Location(s) where sprouts consumed at home were purchased

Date(s) when sprouts consumed at home were purchased

Brand(s) of sprouts consumed at home

Patient consumed sprouts of any kind away from home in the 7 days before illness onset

Location(s) where sprouts were consumed away from home

Type of sprouts consumed outside the home

Patient visited a petting zoo in the 7 days before illness onset

Patient visited, worked, or lived on a farm with livestock in the 7 days before illness onset

Patient visited an agricultural 'Farm and Feed' store in the 7 days before illness onset



Patient visited a pet store, swap meets, or other places where animals/birds are sold or shown in the 7 days before illness onset

Patient visited a county or state fair, 4-H event, or similar event with animals in the 7 days before illness onset

Patient had contact with pet treats or chews in the 7 days before illness onset

Patient had contact with dried animal droppings or pellets in the 7 days before illness onset

Patient attended or had contact with a daycare facility in the 7 days before illness onset

Patient spent all or some of the 7 days before illness onset outside of their state of residence

Postal code abbreviation of state(s) where patient traveled

Domestic travel start date

Domestic travel end date

Countries visited in the 7 days before illness onset

International travel start date

International travel end date

Patient attended a group meal in the 7 days before illness onset

Patient visited, lives, or works in an institutional home (jail, nursing home, etc.)

Location of institution where patient visits, lives, or works

Main source of drinking water for patient during the 7 days before illness onset

Site ID assigned by CDC.

Foodborne Disease.

Identification of Isolate

Date isolate taken from patient

Date of Last Modification

Is isolate confirmed

Source of isolate

Serotype/Species/Test Result

Local Case ID for Patient

Patients City of Residence

Patients State of Residence

Patients Zip code of Residence

Patients County of Residence

Date of Birth

Patients Age

Is Age reported in

Patients Sex

Patients Race

Patients Ethnicity

Comments

Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)

Self; Parent; Spouse; Other

12-Jan

Hispanic; Non-Hispanic; Unknown

Yes; No

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown

Yes; No

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown

Yes; No

Yes; No

Yes; No  
Yes; No

Number of pounds; Unknown  
Percentage; Unknown  
Yes; No  
Yes; No  
Yes; No

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown  
Yes; No  
Yes; No  
Yes; No  
Yes; No  
Yes; No  
Yes; No

Yes; No; Maybe; Unknown  
Yes; No; Maybe; Unknown  
Yes; No; Maybe; Unknown

Yes; No  
Yes; No  
Yes; No  
Yes; No  
Yes; No

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown  
Yes; No  
Yes; No  
Yes; No  
Yes; No

Yes; No; Maybe; Unknown  
Yes; No; Maybe; Unknown  
Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown

Yes; No

Yes; No

Yes; No

Yes; No

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown

Yes; No

Yes; No

Yes; No

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown

Yes; No

Yes; No

Yes; No

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown

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Yes; No

Yes; No

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown

Yes; No

Yes; No

Yes; No

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown

Yes; No

Yes; No

Yes; No

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown

Yes; No

Yes; No

Yes; No

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown

Yes; No

Yes; No

Yes; No

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown

Yes; No; Maybe; Unknown

City/municipal; Well; Bottled; Unknown



Label/Short Name

DAYCARE  
FACNAME  
NURSHOME  
NHNAME  
SYNDRM  
SPECSYN  
SPECIES  
OTHBUG1  
STERSITE  
OTHSTER  
DATE  
NONSTER  
UNDERCOND  
COND  
OTHMALIG  
OTHORGAN  
OTHILL  
OTHOTHSPC  
Specify Internal Body Site  
Other Prior Illness 2  
Other Prior Illness 3  
Other Nonsterile Site  
INSURANCE  
INSURANCEOTH  
WEIGHTLB  
WEIGHTOZ  
WEIGHTKG  
HEIGHTFT  
HEIGHTIN  
HEIGHTCM  
WEIGHTUNK  
HEIGHTUNK  
SURGERY  
SURGDATE  
DELIVERY  
BABYDATE  
GASCOND

## Description

If <6 years of age, is the patient in daycare?

Name of the daycare facility.

Does the patient reside in a nursing home or other chronic care facility?

Name of the nursing home or chronic care facility.

Types of infection that are caused by the organism. This is a multi-select field.

Other infection that is caused by the organism.

Bacterial species that was isolated from any normally sterile site.

Other bacterial species that was isolated from any normally sterile site.

Sterile sites from which the organism was isolated. This is a multi-select field.

Other sterile site from which the organism was isolated.

Date the first positive culture was obtained. (This is considered diagnosis date.)

Nonsterile sites from which the organism was isolated. This is a multi-select field.

Did the patient have any underlying conditions?

Underlying conditions that the subject has. This is a multi-select field.

Other malignancy that the subject had as an underlying condition.

Detail of the organ transplant that the subject had as an underlying condition.

Other prior illness that the subject had as an underlying condition.

Another Bacterial Species not listed in the Other Bacterial Species drop-down list.

Internal Body Site where the organism was located.

Other prior illness that the subject had as an underlying condition.

Other prior illness that the subject had as an underlying condition.

Other nonsterile site from which the organism was isolated.

Patient's type of insurance (multi-selection).

Patient's other type of insurance.

Weight of the patient in pounds.

Weight of the patient in ounces.

Weight of the patient in kilograms.

Height of the patient in feet.

Height of the patient in inches.

Height of the patient in centimeters.

Indicator that the weight of the patient is unknown.

Indicator that the height of the patient is unknown.

Did the patient have surgery?

Date of the surgery

Did the patient have a baby (vaginal or C-section)?

Date of the baby's delivery

Did the patient have other prior conditions? This is a multi-select field.

Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)

PHVS\_YesNoUnknown\_CDC  
PHVS\_YesNoUnknown\_CDC  
PHVS\_YesNoUnknown\_CDC

TBD

TBD  
TBD  
TBD

TBD  
PHVS\_YesNoUnknown\_CDC  
TBD

TBD

TBD

PHVS\_TrueFalse\_CDC  
PHVS\_TrueFalse\_CDC  
PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

TBD

Label/Short Name

Clinically Compatible Illness

History of Tick Bite

Eschar

Immunosuppressive Condition

Adult respiratory distress syndrome

Disseminated Intravascular  
Coagulation

Meningitis

Encephalitis

Renal Failure

Other life threatening complication

Laboratory Name

Laboratory State

Acute Serology Collection Date

Acute IFA IgG Result

Acute IFA IgG Titer

Acute IFA IgM Result

Acute IFA IgM Titer

Acute Serology, Other Test

Acute Serology Result, Other Test

Acute Serology Numeric Result,  
Other Test

Convalescent Serology Collection  
Date

Convalescent IFA IgG Result

Convalescent IFA IgG Titer

Convalescent IFA IgM Result

Convalescent IFA IgM Titer

Convalescent Serology, Other Test

Convalescent Serology Result, Other  
Test

Convalescent Serology Numeric  
Result, Other Test

PCR

Morulae

Immunostain

Culture

Fourfold

Other Etiologic Agent

## Description

Did this case have a clinically compatible illness as defined by the latest CSTE case definitions?

Was there a history of a tick bite within 14 days of onset?

Was there an eschar, or tache noire, present?

If the case reports an immunosuppressive condition, then indicate condition here

Did the case report adult respiratory distress syndrome during the course of this illness?

Did the case report disseminated intravascular coagulation during the course of this illness?

Did the case report meningitis during the course of this illness?

Did the case report encephalitis during the course of this illness?

Did the case report renal failure during the course of this illness?

If the case reported another life threatening complication during the course of this illness, then list it here

Indicate the name of the laboratory which supplied results supporting the current CSTE case definitions.

Indicate the state where the laboratory is located

If an acute serology was collected, then list the date of collection

If performed, was the acute IFA IgG positive

If performed, what was the reciprocal titer of the acute IFA IgG

If performed, was the acute IFA IgM positive

If performed, what was the reciprocal titer of the acute IFA IgM

If performed, what was the name of another acute serology test

If performed, was this other acute serology test positive

If performed, what was the numeric result of the other serology test

If an convalescent serology was collected, then list the date of collection

If performed, was the convalescent IFA IgG positive

If performed, what was the reciprocal titer of the convalescent IFA IgG

If performed, was the convalescent IFA IgM positive

If performed, what was the reciprocal titer of the convalescent IFA IgM

If performed, what was the name of another convalescent serology test

If performed, was this other convalescent serology test positive

If performed, what was the numeric result of the other serology test

If performed, was the polymerase chain reaction assay positive

If performed, were morulae visualized during microscopy

If performed, were antibodies detected using immunohistochemistry during microscopy

If performed, was the etiologic agent isolated from culture

If paired sera were collected, was there a fourfold change in titer between acute and convalescent

If etiologic agent was unusual, then indicate the species here (for example, *R. africae*)

Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC  
PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC  
PHVS\_YesNoUnknown\_CDC  
PHVS\_YesNoUnknown\_CDC

PHVS\_State\_FIPS\_5-2

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC  
PHVS\_YesNoUnknown\_CDC  
PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC  
PHVS\_YesNoUnknown\_CDC



Label/Short Name

Date of Illness Onset

Primary occupation

Military Service

Military Service Year

Tetanus Toxoid Vaccination

Year of last tetanus dose

Acute wound

Acute wound date

Acute wound anatomic site

Acute wound work related

Acute wound environment

Acute wound circumstances

Acute wound type

Wound Contaminated

Depth of Wound

Acute wound signs of infection

Denervated Tissue Present

Acute wound medical care

Acute wound tetanus toxoid  
administered

If Yes, tetanus toxoid administered,  
How Soon after Injury?

Wound Debrided

If Yes, Debrided How Soon after  
Injury?

TIG given before symptom onset

If Yes, TIG Given How Soon after  
Injury?

TIG given before symptom onset  
dosage

Tetanus Associated Condition

Diabetes

Insulin dependents

Parenteral Drug Abuse?

Tetanus type

TIG given after symptom onset

If Yes, How Soon after Injury?

TIG given after symptom onset  
dosage

Intensive Care Unit

Mechanical Ventilation Days

Final outcome

Mother's Age

Mother's DOB

Date mother first resided in the U.S.

Mother tetanus vacc number of  
known doses

Last time mother received tetanus  
vacc

Infant's birth place location

Birth attendees

## Description

Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system

Specifies patient's primary occupation.

History of Military (Active or Reserve)?

Year of Entry into Militart Service

Tetanus Toxoid (TT) History Prior to Tetanus Disease

(Exclude Doses Received Since Acute Injury)

Specifies the year of patients' last tetanus dose.

Did the patient have an acute wound or injury?

This field indicates the date an acute wound or injury occurred.

Specifies the anatomic site of acute wound or injury.

If there was an acute wound or injury, was it work related?

Specifies the environment where the acute wound or injury was work related.

Specifies the circumstances under which the acute wound or injury occurred.

Specifies the principle acute wound or injury type.

Wound Contaminated

Depth of Wound

Were there signs of infection at the time of care for the acute wound or injury?

Devascularized, Ischemic, or Denervated Tissue Present?

Did the patient obtain medical care for the acute wound or injury before tetanus symptom onset?

Was patient administered tetanus toxiod (Td, TT, DT, DTaP) for the acute wound or injury before tetanus symptom onset?

If Yes, How Soon after Injury?

Wound Debrided before Tetanus Onset

If Yes, Debrided How Soon after Injury?

Indicates whether tetanus immune globulin (TIG) prophylaxis was given as a part of the wound care before tetanus symptom onset.

If Yes, TIG Given How Soon after Injury?

Specifies the date the tetanus immune globulin (TIG) prophylaxis units given.

Tetanus Associated Conditions Prior to Onset(If no Acute Injury)

Indicates whether patient have diabetes.

Indicates whether the patient is insulin dependent.

Pranteral Drug Abuse?

Type of tetanus.

Indicates whether the tetanus immune globulin (TIG) therapy was given after symptom onset.

If Yes, How Soon after Injury?

Specifies the total therapeutic TIG dosage.

Was the patient in the Intensive Care Unit (ICU)?

Number of days the patient received mechanically ventilation.

Final outcome (e.g. Recovered, Died, Unknown)

Specifies mothers age.

Specifies mothers DOB.

Date mother first resided in the U.S.

Specifies number of known tetanus vaccination doses mother received prior to the infant's (case's) birth.

Specifies number of years or months since mother received last tetanus vaccination.

Specifies infant's (case) birth place location (e.g. Hospital, Home, Other, Unknown).

Specifies birth attendees (e.g. Physician, Nurse, Licensed midwife, Unlicensed midwife, Family, EMS technician(s)).

Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)

PHVS\_YesNoUnknown\_CDC

0 = Never  
1 = 1 dose  
2 = 2 doses  
3 = 3 doses  
4 = 4 + doses  
9 = Unknown

PHVS\_YesNoUnknown\_CDC

Body Region (Tetanus)

PHVS\_YesNoUnknown\_CDC

Injury Occurred Environment (VPD)

Injury Type (VPD)

PHVS\_YesNoUnknown\_CDC

1 = 1 cm or les  
2 = more than 1 cm  
9 = Unknown

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_AftterInjury\_Time

PHVS\_YesNoUnknown\_CDC

PHVS\_AftterInjury\_Time

PHVS\_YesNoUnknown\_CDC

PHVS\_AftterInjury\_Time

PHVS\_TET\_Associated\_Conditions

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

Tetanus Type (VPD)

PHVS\_YesNoUnknown\_CDC

PHVS\_AftterInjury\_Time

PHVS\_YesNoUnknown\_CDC

Treatment Outcome Tetanus (VPD)

PHVS\_VaccineDosesReceived\_Tetanus

PHVS\_BirthLocation\_VPD

PHVS\_BirthAttendees\_VPD

Label/Short Name

Eosinophilia

Eosin Absolute

Eosin Units

Fever

Temperature

Temperature Units

Trichinellosis Signs and Symptoms  
Code(s)

Trichinellosis Signs and Symptoms  
Other

Suspected Foods

Pork Type Code

Pork Type Other

Pork Consumed Date

Pork Larvae Found

Pork Source Obtained Code

Pork Source Other

Pork Prep Code

Pork Prep Other

Pork Cook Method Code

Pork Cook Method Other

Non-Pork Type Code

Non-Pork Type Other

Non-Pork Consumed Date

Non-Pork Larvae Found Code

Non-Pork Source Code

Non-Pork Source Other

Non-Pork Prep Code

Non-Pork Prep Other

Non-Pork Method Code

Non-Pork Method Other

Reporting Lab Name

Reporting Lab CLIA Number

Local record ID (case ID)

Filler Order Number

Ordered Test Name

Date of Specimen Collection

Specimen Site

Specimen Number  
Specimen Source

Specimen Details  
Date Sample Received at Lab  
Sample Analyzed date  
Lab Report Date  
Report Status  
Resulted Test Name  
Numeric Result  
Result Units  
Coded Result Value  
Organism Name

Lab Result Text Value  
Result Status  
Interpretation Flag

Reference Range From

Reference Range To

Test Method

Lab Result Comments

Date received in state public health  
lab

Lab Test Coded Comments  
Sent to CDC for Genotyping  
Genotyping Sent Date

Sent For Strain ID  
Strain Type  
Track Isolate  
Patient status at specimen collection

Isolate received in state public health  
lab

Reason isolate not received  
Reason isolate not received (Other)  
Date received in state public health  
lab

State public health lab isolate id  
number



Case confirmed at state public health  
lab

**Travel History**

**International Destination(s) of  
Recent Travel**

**Travel State**

**Date of Arrival to Travel Destination**

**Date of Departure from Travel  
Destination**

**Epi-Linked**

## Description

Did patient have Eosinophilia?

If "Yes," please specify absolute number or percentage:

Specify percent or numeric

Did patient have a fever?

If "Yes," please specify temperature:

Specify fahrenheit or celsius

Did patient have any of the following signs or symptoms of Trichinellosis?

If "Other," please specify other signs or symptoms of Trichinellosis:

What suspect foods did the patient eat?

Please specify type of pork:

If "Other," please specify other type of pork:

Date suspect food was consumed:

Was larvae found in suspect food?

Where was the suspect meat obtained?

If "Other," please specify where suspect meat was obtained:

How was suspect food prepared or further processed after purchase?

If "Other," please specify other type of processing:

What was the method of cooking the suspect food?

If "Other," please specify other type of cooking method:

Please specify type of non-pork:

If "Other," please specify other type of non-pork:

Date suspect food was consumed:

Was larvae found in suspect food?

Where was the suspect meat obtained?

If "Other," please specify where suspect meat was obtained:

How was suspect food prepared or further processed after purchase?

If "Other," please specify other type of processing:

What was the method of cooking the suspect food?

If "Other," please specify other type of cooking method:

Name of Laboratory that reported test result.

CLIA (Clinical Laboratory Improvement Act) identifier for the laboratory that performed the test.

Sending system-assigned local ID of the case investigation with which the subject is associated. This field has been added to provide the mapping to the case/investigation to which this lab result is associated. This field should appear exactly as it appears in OBR-3 of the Case Notification.

A laboratory generated number that identifies the test/order instance.

Ordered Test Name is the lab test ordered by the physician. It will always be included in an ELR, but there are many instances in which the user entering manual reports will not have access to this information.

The date the specimen was collected.

This indicates the physical location, of the subject, where the specimen originated. Examples include: Right Internal Jugular, Left Arm, Buttock, Right Eye, etc.

A laboratory generated number that identifies the specimen related to this test.  
The medium from which the specimen originated. Examples include whole blood, saliva, urine, etc.

Specimen details if specimen information entered as text.

Date Sample Received at Lab (accession date).

The date and time the sample was analyzed by the laboratory.

Date result sent from Reporting Laboratory.

The status of the lab report.

The lab test that was run on the specimen.

Results expressed as numeric value/quantitative result.

The unit of measure for numeric result value.

Coded qualitative result value (e.g., Positive, Negative).

The organism name as a test result. This element is used when the result was reported as an organism.

Textual result value, used if result is neither numeric nor coded.

The Result Status is the degree of completion of the lab test.

The interpretation flag identifies a result that is not typical as well as how it's not typical. Examples: Susceptible, Resistant, Normal, Above upper panic limits, below absolute low.

The reference range from value allows the user to enter the value on one end of a expected range of results for the test. This is used mostly for quantitative results.

The reference range to value allows the user to enter the value on the other end of a valid range of results for the test. This is used mostly for quantitative results.

The technique or method used to perform the test and obtain the test results.  
Examples: Serum Neutralization, Titration, dipstick, test strip, anaerobic culture.

Comments having to do specifically with the lab result test. These are the comments from the NTE segment if the result was originally an Electronic Laboratory Report.

Date the isolate was received in state public health laboratory.

Explanation for missing result (e.g., clotting, quantity not sufficient, etc.)

Indicate whether the specimens were sent to CDC for genotyping.

If the specimen was sent to the CDC for genotyping, date on which the specimens were sent.

Indicate whether the specimen was sent for strain identification.

If the specimen was sent for strain identification, indicate the strain.

Track Isolate functionality indicator

Patient status at specimen collection

Isolate received in state public health lab

Reason isolate not received

Reason isolate not received (Other)

Date received in state public health lab

State public health lab isolate id number

Case confirmed at state public health lab

**In the 8 weeks before onset of illness, did the subject travel out of their state or country of residence?**

**International destination or countries the case-patient traveled to in the 8 weeks before onset of illness**

**Domestic destination or state(s) the case-patient traveled to in the 8 weeks before onset of illness**

**Date of arrival to travel destination**

**Date of departure from travel destination**

**Is this case epi-linked to another confirmed or probable case?**

Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)

Approved by OMB

PHVS\_YesNoUnknown\_CDC

Eosin Units\_FDD

PHVS\_YesNoUnknown\_CDC

PHVS\_TemperatureUnit\_UCUM

PHVS\_TrichinellosisSignsSymptoms\_FDD

PHVS\_SuspectedFoodConsumed\_FDD

PHVS\_PorkType\_FDD

PHVS\_PresentAbsentUnkNotExamined\_CDC

PHVS\_MeatPurchaseInfo\_FDD

PHVS\_FoodProcessingMethod\_FDD

PHVS\_FoodCookingMethod\_FDD

PHVS\_NonPorkType\_FDD

PHVS\_PresentAbsentUnkNotExamined\_CDC

PHVS\_MeatPurchaseInfo\_FDD

PHVS\_FoodProcessingMethod\_FDD

PHVS\_FoodCookingMethod\_FDD

PHVS\_BodySite\_CDC

PHVS\_Specimen\_CDC

PHVS\_ResultStatus\_HL7\_2x

PHVS\_LabTestName\_CDC

PHVS\_UnitsOfMeasure\_CDC

PHVS\_LabTestResultQualitative\_CDC

PHVS\_Microorganism\_CDC

PHVS\_ObservationResultStatus\_HL7\_2x

PHVS\_AbnormalFlag\_HL7\_2x

PHVS\_LabTestMethods\_CDC

PHVS\_MissingLabResult\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_MicrobiologicalStrain\_CDC

PHVS\_TrueFalse\_CDC

PHVS\_PatientLocationStatusAtSpecimenCollection

PHVS\_YesNoUnknown\_CDC

PHVS\_IsolateNotReceivedReason\_NND

PHVS\_YesNoUnknown\_CDC

**12/23/2016**

**12/23/2016**

**12/23/2016**

**12/23/2016**

**12/23/2016**

**12/23/2016**

Label/Short Name

Formtype

CDCNUM

StateEpiNumber

SLABSID

SLABSID2

SpecNumber

SpecNumber2

SpecNumber3

Year

Date Entered

Date Rec CDC

State

Name

DOB

Age

Sex

Foodhand

Citizen

Othcitzn

Ill

Dtonset

Hosp

Hospdays

Outcome

Dtisol

Site

Othsite

Serotype

Sensi

Ampr

Chlorr

Tmpsmxr

quinol

Ceft

outbreak

vac5yr

stanvax

yrstanvx



ty21vax

yrty21

vicps

yrvicps

outus

country1

country2

country3

country4

country1oth

country2oth

country3oth

country4oth

dtentus

business

tourism

visitfam

immigrat

othtrav

travreas

anycarr

prevcarr

comment

dtform

## Description

Type of form reported on (9=carrier form or known carrier)

CDC Number

State Epi Number

State Lab Isolate ID Number

State Lab Isolate ID Number 2, maybe if another entry is associated in NARMS data

NARMS Isolate Identification Number

NARMS Isolate Identification Number- for duplicate sample from a single patient

NARMS Isolate Identification Number- for duplicate sample from a single patient

Year of report (based on date onset)

Date Form was entered into database

Date Form was received to CDC

Reporting State

First three letters of patient's last name

Date of Birth

Age

Sex (1=Male 2=Female)

Work as foodhandler? (1=Yes, 2=No, 9=unknown 3=didn't answer)

Citizen (1=US 2=other 9=unknown 3=didn't answer) CSP CHANGED CODE (before, 3=unknown, 9=didn't answer) WAIT to change in SAS

Other citizenship

Ill with typhoid fever (1=Yes 2=No 9=Unknown 3=didn't answer) CSP CHANGED CODE (before, 3=unknown, 9 didn't answer) Changed in SAS!

Date of onset of Symptoms

Hospitalized? (1=Yes 2=No, 9=unknown, 3=didn't answer)

Days hospitalized NOTE -- 999= didn't answer in a field like this!

Outcome of case (1=Recovered 2=Died 3=didn't answer 9=unknown)

Date Salmonella first isolated

Sites of isolation (1=Blood 2=Stool 3=didn't answer 9=unknown 4=gallbladder 5=other)  
CAREFUL with this variable - LOTS of dif. codes!

Other site of isolation

Was sensitivity testing done? (1=Yes 2=No 9=unknown 3=didn't answer)

Resistant to ampicillin on form 3? (1=Yes 2=No 7=not tested 3=didn't answer 9=unknown)

Resistant to chloramphenicol on form 3? (1=Yes 2=No 7=not tested 3=didn't answer 9=unknown)

Resistant to trimethoprim-sulfamethoxazole on form 3? (1=Yes 2=No 7=not tested 3=didn't answer 9=unknown)

Resistant to fluoroquinolone on form 3? (1=Yes 2=No 7=not tested 3=didn't answer 9=unknown)

Resistant to ceftriaxone (1=Yes 2=No 9=unknown)

Case occur as part of outbreak? (1=Yes 2=No 9=unknown 3=didn't answer)

Vaccinated within 5 yrs? (1=Yes 2=No 9=unknown 3=didn't answer)

Standard Killed typhoid shot (1=Yes 2=No, 9=unknown, 3=didn't answer)

Year standard vaccine received

Oral Ty 21a or Vivotof four pill series (1=Yes 2=No, 9=unknown, 3=didn't answer)

Year of Oral Ty 21a or Vivotof four pill series received

VICPS or Typhium VI shot (1=Yes 2=No, 9=unknown, 3=didn't answer)

Year VICPS or Typhium VI shot received

Travel outside of US? (1=Yes 2=No 9=unknown 3=didn't answer)

Country 1 visited

Country 2 visited

Country 3 visited

Country 4 visited

country 1 other

country 2 other

country 3 other

country 4 other

Date of most return or entry in the US

Business is purpose of international travel(1=Yes 2=No 9=unknown 3=didn't answer)

Tourism is purpose of international travel(1=Yes 2=No 9=unknown 3=didn't answer)

Visting relatives or friends is purpose of international travel(1=Yes 2=No 9=unknown 3=didn't answer)

Immigration to the US is purpose of international travel (1=Yes 2=No 9=unknown 3=didn't answer)

Other travel is purpose of international travel(1=Yes 2=No 9=unknown 3=didn't answer)Reason for other travel

Reason for other travel

Case traced to typhoid carrier? (1=Yes 2=No 9=unknown 3=didn't answer)

Carrier previously known to health dept (1=Yes 2=No 9=unknown 3=didn't answer)

Comments

Date PH Dept completed form

Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)

Label/Short Name	Description	Value Set Code. Search in PPHN VADS using the following link: <a href="https://phn.vads.nlm.nih.gov/terminology/">https://phn.vads.nlm.nih.gov/terminology/</a>	Approved by OHS
Number of lesions in total	Choose the numeric range within which a count of the patient's lesions falls. Note that "Unknown" is used, the ICD Flare of Not UTM value is used.	PHN_NumberOfLesions_VZ	
Did the patient receive Varicella-containing vaccine	Number of lesions if less than 50 Indicate whether the patient received varicella-containing vaccine: a value of Yes or No in PHN_VaccineHistory_CDC enables other fields in this section, allowing for answers to their questions.	PHN_VaccineHistory_CDC	
Reason why patient did not receive Varicella-containing vaccine	Reason why patient did not receive varicella-containing vaccine? If Yes, choose the reason why the patient did not receive the vaccine; if none of the specific choices in the list apply, choose Other.	PHN_VaccineNotGivenReason_CDC	
Other reason why patient did not receive Varicella-containing vaccine	If the value specified in Reason why patient did not receive varicella-containing vaccine is Other, indicate the reason in reason other than those provided in the list.		
Number of doses received on or after the patient's first birthday	Number of doses received on or after the patient's first birthday. Indicate the number of doses received on or after the patient's first birthday.		
Reason patient 1+ = 4 years old and received one dose or after 4th birthday but never received second dose	Reason patient 1+ = 4 years old and received one dose or after 4th birthday but never received second dose. Choose from the list the reason the patient never received second dose; if none of the specific choices in the list apply, choose Other.	PHN_VaccineNotGivenReason_CDC	
Other if reason patient did not receive second dose	If the value specified in Reason patient 1+ = 4 years old and received one dose or after 4th birthday but never received second dose is Other, indicate the reason in reason other than those provided in the list.		
Rash Onset Date	Date on which the physical manifestations of the illness—the rash—appeared.	PHN_RashOnsetDate_VZ	
Rash Location	The distribution of the rash on the body.		
Demonstrator	If a value of Facial is specified in the Rash Location field, enter the nerve where the rash occurred (limb or thoracic, with a number).	PHN_RashLocationFacialSite_VZ	
Location First Noted	If a value of Generalized is specified in the Rash Location field, choose location where rash was first noted (if any); if none of the specific choices in the list apply, choose Other.		
Other Generalized rash location	If a value of Other is specified in the Location First Noted, enter the location (i.e., the location where the rash was first noted) other than one of the values provided in the Location First Noted list.		
Macules Present	If the value specified in Total Number of Lesions is > 50, indicate whether macules were present.	PHN_VaccineHistory_CDC	
Number of Macules	If the value specified in Macules Present is Yes, indicate how many macules were present.		
Papules Present	If the value specified in Total Number of Lesions is > 50, indicate whether papules were present.	PHN_VaccineHistory_CDC	
Number of Papules	If the value specified in Papules Present is Yes, indicate how many papules were present.		
Vesicles Present	If the value specified in Total Number of Lesions is > 50, indicate whether vesicles were present.	PHN_VaccineHistory_CDC	
Number of Vesicles	If the value specified in Vesicles Present is Yes, indicate how many vesicles were present.		
Mostly macular/papular	Indicate whether the lesions were mostly macular/papular.	PHN_VaccineHistory_CDC	
Mostly vesicular	Indicate whether the lesions were mostly vesicular.	PHN_VaccineHistory_CDC	
Hemorrhagic	Indicate whether the rash was hemorrhagic.	PHN_VaccineHistory_CDC	
Itchy	Indicate whether the patient complained of itchiness.	PHN_VaccineHistory_CDC	
Scabs	Indicate whether there were scabs.	PHN_VaccineHistory_CDC	
Crusts/Waxes	Indicate whether the lesions appeared in crusts or waxes.	PHN_VaccineHistory_CDC	
Did rash crust	Indicate whether the rash crusted.	PHN_VaccineHistory_CDC	
Number of Days until lesions crusted over	If the value specified in Did rash crust? is Yes, enter the number of days that transpired for all of the lesions to crust over.		
Number of Days rash lasted	If the value specified in Did rash crust? is No, enter the number of days that the rash was present.		
Fever	Indicate whether the patient had a fever during the course of the illness.	PHN_VaccineHistory_CDC	
Fever Onset Date	If the value specified in Did patient have fever? is Yes, indicate the date when the fever began.		
Highest measured temperature	If the value specified in Did patient have fever? is Yes, indicate the highest temperature that was measured.		
Temperature Units	Temperature units (Fahrenheit or Celsius).	PHN_TemperatureUnit_UCUM	
Fever Duration in Days	If the value specified in Did patient have fever? is Yes, indicate the number of days for which the patient had a fever.		
Is patient immunocompromised due to medical condition or treatment?	Indicate whether the patient was immunocompromised (ever).	PHN_VaccineHistory_CDC	
Medical Condition or Treatment	If Yes, indicate the medical condition or treatment associated with the patient being immunocompromised.		
Did patient visit a healthcare provider during this illness?	Indicate whether the patient visited a healthcare provider during the course of this illness.	PHN_VaccineHistory_CDC	
Did patient develop any complications that were diagnosed by a healthcare provider?	If the value specified in Did patient visit a healthcare provider during this illness? is Yes, indicate whether the patient developed complications (as described).	PHN_VaccineHistory_CDC	
Skin soft tissue infection	If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is Yes, indicate whether there was skin or soft tissue infection.	PHN_VaccineHistory_CDC	
Cerebellar ataxia	If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is Yes, indicate whether there was cerebellar ataxia.	PHN_VaccineHistory_CDC	
Encephalitis	If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is Yes, indicate whether there was encephalitis.	PHN_VaccineHistory_CDC	
Delusional	If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is Yes, indicate whether the patient was diagnosed as being delusional.	PHN_VaccineHistory_CDC	
Hemorrhagic condition	If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is Yes, indicate whether there was hemorrhagic condition.	PHN_VaccineHistory_CDC	
Pneumonia	If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is Yes, indicate whether pneumonia was a complication.	PHN_VaccineHistory_CDC	
How was pneumonia diagnosed	If the value in Pneumonia? is Yes, indicate how the pneumonia was diagnosed.	PHN_DiagnosedPneumonia_VZ	
Other complications	If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is Yes, indicate whether there were other complications not listed here.		
Other complication details	If the value specified in Other Complications? is Yes, list the other complication(s).		
Antibiotic treatment	Indicate whether the patient was treated with acyclovir, famciclovir, or any licensed antiviral.	PHN_VaccineHistory_CDC	
Name of medication	If the value specified in Antibiotic? is yes, list the name of the medication.	PHN_MedicationsUsed_VZ	
Name of the medication if Other	If Name of Medication is Other, indicate name of medication.		
Start Date of medication	Start date of medication.		
Stop Date of medication	Stop date of medication.		
Autopsy performed	If a value of Yes is specified in Did the patient die from this illness or complications associated with this illness?, indicate whether an autopsy was performed for the death.	PHN_VaccineHistory_CDC	
Cause of death	If a value of Yes is specified in Did the patient die from this illness or complications associated with this illness?, indicate the official cause of death.		
Diagnosed with Varicella before	Indicate whether the patient has a prior diagnosis of varicella.	PHN_VaccineHistory_CDC	
Age at diagnosis	Age at diagnosis.	PHN_VaccineHistory_CDC	
Age at diagnosis units	Age at diagnosis units.	PHN_AgeUnit_UCUM	
Previous Case Diagnosed by	Indicate who diagnosed the illness; if none of the choices apply choose Other.	PHN_DiagnosedBy_VZ	
Previous Case Diagnosed by Other	If the value specified in Previous Case Diagnosed by is Other, indicate who diagnosed the case.		
Is this case epi-linked to another confirmed or probable case?	Indicate whether this case is epi-linked to another case (confirmed or probable).		
Type of case this case is epi-linked to	If the value specified in Is this case epi-linked to another confirmed or probable case? is Yes, indicate the kind of case with which the current case is epi-linked.	PHN_EpiLinkedCaseType_VZ	
Transmission setting (setting of exposure)	Indicate where the patient was exposed to the illness; if none of the specific choices in PHN_TransmissionSetting_VZ list apply, choose Other.	PHN_TransmissionSetting_VZ	
Other transmission setting	If the value specified in Transmission Setting? is Other, describe the other transmission setting.		
Is this case a healthcare worker worker?	Indicate whether the patient who is the subject of the current case is a healthcare worker.	PHN_VaccineHistory_CDC	
Number of weeks gestation	If the patient was pregnant during the illness, indicate the number of weeks of gestation at the onset of the illness.		
Trimester	If the patient was pregnant during the illness, indicate the trimester at the onset of the illness.	PHN_PregnancyTrimester_CDC	
Was laboratory testing done for varicella?	Was laboratory testing done for varicella?	PHN_VaccineHistory_CDC	
Direct fluorescent antibody (DFA)?	Was direct fluorescent antibody (DFA) testing performed?	PHN_VaccineHistory_CDC	
Date of DFA	Date of DFA.		
DFA Result	DFA Result.	PHN_LabTestInterpretation_CDC	
PCR specimen?	PCR specimen?	PHN_VaccineHistory_CDC	
Date of PCR specimen	Date of PCR specimen.		
Source of PCR specimen	Source of PCR specimen.	PHN_PCRSpecimenSource_VZ	
Specify other PCR source	Specify other PCR source.		
PCR Result	PCR Result.	PHN_LabTestInterpretation_CDC	
Specify other PCR result	Specify other PCR result.		
Culture performed?	Culture performed?	PHN_VaccineHistory_CDC	
Date of Culture Specimen	Date of Culture Specimen.		
Culture Result	Culture Result.	PHN_LabTestInterpretation_CDC	
Was other laboratory testing done?	Was other laboratory testing done?	PHN_VaccineHistory_CDC	
Specify Other Test	Specify Other Test.	PHN_LabTestInterpretation_VZ	
Date of Other Test	Date of Other Test.		
Other Lab Test Result	Other Lab Test Result.	PHN_LabTestInterpretation_CDC	
Other Test Result Value	Other Test Result Value.		
Serology performed?	Serology performed?	PHN_VaccineHistory_CDC	
IgM performed?	IgM performed?	PHN_VaccineHistory_CDC	
Type of IgM Test	Type of IgM Test.	PHN_IgMTestType_VZ	
Specify Other IgM Test	Specify Other IgM Test.		
Date IgM Specimen Taken	Date IgM Specimen Taken.		
IgM Test Result	IgM Test Result.	PHN_VaccineHistory_CDC	
IgM Test Result Value	IgM Test Result Value.		
IgG performed?	IgG performed?	PHN_VaccineHistory_CDC	
Type of IgG Test	Type of IgG Test.	PHN_IgGTestType_VZ	
If "Whole Cell ELISA," specify manufacturer	If "Whole Cell ELISA," specify manufacturer.	PHN_WholeCellELISAManufacturer_VZ	
If "IgG ELISA," specify manufacturer	If "IgG ELISA," specify manufacturer.	PHN_IgGELISAManufacturer_VZ	
Specify Other IgG Test	Specify Other IgG Test.		
Date of IgG - Acute	Date of IgG - Acute.		
IgG - Acute Result	IgG - Acute Result.	PHN_VaccineHistory_CDC	
IgG - Acute Test Result Value	IgG - Acute Test Result Value.		
Date of IgG - Convalescent	Date of IgG - Convalescent.		
IgG - Convalescent Result	IgG - Convalescent Result.	PHN_VaccineHistory_CDC	
IgG - Convalescent Test Result Value	IgG - Convalescent Test Result Value.		
Were the specimens sent to the CDC for genotyping (molecular typing)?	Were the specimens sent to the CDC for genotyping (molecular typing)?	PHN_VaccineHistory_CDC	
Date sent for genotyping	Date sent for genotyping.		
Was specimen sent for strain (wild- or vaccine-type) identification?	Was specimen sent for strain (wild- or vaccine-type) identification?	PHN_VaccineHistory_CDC	
Strain Type	Strain Type.	PHN_StrainType_VZ	
Vaccine Administered	The type of vaccine administered.	PHN_VaccineAdministration_CDC_NP	
Vaccine Manufacturer	Manufacturer of the vaccine.	PHN_ManufacturerOfVaccineMPN_CDC_NP	
Vaccine Lot Number	The vaccine lot number of the vaccine administered.		
Vaccine Administered Date	The date that the vaccine was administered.		
Case Investigation Status Code	Case Investigation Status Code, from NBS NMM.		1/21/2016
Vaccinated per ACP recommendations	Was subject vaccinated as recommended by ACP?		1/21/2016
Reason not vaccinated per ACP recommendations	Reason subject not vaccinated as recommended by ACP.		1/21/2016
Reason not vaccinated per ACP, Other	Other, specify reason not vaccinated per ACP.		1/21/2016
Treatment duration	Number of days antiviral taken.		1/21/2016
Specimen Description	Text description of the specimen.		1/21/2016
Test Type, other	If other, specify test type.		1/21/2016
Specimen sent to CDC	Was a specimen sent to CDC for testing?		1/21/2016
Type of testing at CDC	What type of testing was done at CDC for this subject?		1/21/2016
Type of testing at CDC, other	If other, specify testing done at CDC.		1/21/2016
Date specimen sent to CDC	Date specimen sent to CDC.		1/21/2016
Patient Address City	Patient address city, from NBS NMM.		1/21/2016
Vaccine Administered Product Type, Other	If other, specify type of vaccine administered.		1/21/2016
Vaccine Product Manufacturer, Other	If other, specify vaccine manufacturer.		1/21/2016
Date of last dose prior to illness onset	Date of last disease-containing vaccination dose prior to illness onset.		1/21/2016
Vaccination dates prior to onset	Number of disease-containing vaccination doses prior to illness onset.		1/21/2016
Vaccination Record ID	Vaccination Record ID, from NBS NMM.		1/21/2016
Vaccine Expiration Date	Vaccine expiration date.		1/21/2016
NDC Brand Name/Bar Code Information	NDC from the vaccine's bar code. With the NDC code, vaccine brand name and manufacturer can be obtained.		1/21/2016
Vaccine dose number	Indicates the dose number in a series_#0000.		1/21/2016
Vaccine Event Information source	Indicates whether the vaccine was administered by the provider organization recording the immunization or obtained from the vaccine record.		1/21/2016
Immunization Schedule used	Identifies the schedule used for immunization evaluation and forecast.		1/21/2016
Exemption/refusal reason	Indicates the reason the patient is either exempt from the immunization or refuses the immunization.		1/21/2016
Laboratory Confirmed	Was the case laboratory confirmed?		1/21/2016
Performing Laboratory Type	If other, specify performing laboratory type.		1/21/2016
VPO Lab Message Observation Identifier	VPO Lab Message Observation Identifier.		1/21/2016
VPO Lab Message Observation Value	VPO Lab Message Observation Value.		1/21/2016
Specimen Collection Date	Date of specimen collection.		1/21/2016
Specimen Source	The medium from which the specimen originated.		1/21/2016
Numeric Test Result	Numeric quantitative result of the test(s) performed for this case.		1/21/2016
Numeric Test Result Units	Numeric quantitative result unit of the test(s) performed for this case.		1/21/2016
Chart X-ray result	Chart X-ray result.		1/21/2016
Was the rash generalized?	Was the rash generalized?		1/21/2016
Reason for Hospitalization	If the subject was hospitalized because of this event, indicate the reason(s).		6/7/2016

Label/Short Name

AGEMM  
AGEYY  
CDCNUM  
CITY  
COUNTY  
DATECOMP  
DOB  
ETHNICITY  
FDANUM  
FNAME  
LNAME  
OCCUPAT  
RACE  
SEX  
STATE  
STEPINUM  
STLABNUM  
FEVER  
NAUSEA  
VOMIT  
DIARRHEA  
VISBLOOD  
CRAMPS  
HEADACHE  
MUSCPAIN  
CELLULIT  
BULLAE  
SHOCK  
OTHER  
MAXTEMP  
CENFAR  
NUMSTLS  
CELLSITE  
BULLSITE  
OTHSPEC2  
AMPMSYMP  
ANTIBYN  
Descant1  
Descant2  
Descant3  
ANTNAM01  
ANTNAM02  
ANTNAM03  
ANTNAM04  
BEGANT1

BEGANT2  
BEGANT3  
BEGANT4  
CDCISOL  
DATEADMN  
DATEDIED  
DATEDISC  
DATESYMP  
DURILL  
ENDANT1  
ENDANT2  
ENDANT3  
ENDANT4  
GSURGTYP  
HEMOTYPE  
HHSYMP  
HOSPYN  
IMMTYPE  
LIVTYPE  
MALTYPE  
MISYMP  
OTHCONSP  
PATDIE  
PEPULCER  
ALCOHOL  
DIABETES  
INSULIN  
GASSURG  
HEART  
HEARTFAL  
HEMOTOL  
IMMUNOD  
LIVER  
MALIGN  
RENAL  
RENTYPE  
OTHCOND  
TRTANTI  
TRTCHEM  
TRTRADIO  
TRTSTER  
TRTIMMUN  
TRTACID  
TRTULCER  
SEQDESC  
SEQUELAE  
TRTACISP

TRTANTSP  
TRTCHESP  
TRTIMMSP  
TRTRADSP  
TRTSTESP  
TRTULCSP  
DATESPEC  
SPECIESNAME  
SITE  
STATECON  
SOURCE  
OTHORGAN  
SPECORGAN  
AMBTEMFC  
AMNTCONS  
AMPMCONS  
DATEAMBT  
DATEFECL  
DATEH2O  
DATEHAR1  
DATEHAR2  
DATERAIN  
DATESALN  
DATESEAR  
FECALCNT  
H2OSALIN  
HARVSIT1  
HARVSIT2  
HARVST01  
HARVST02  
HARVSTS1  
HARVSTS2  
HHCONSUM  
IMPROPER  
MAMTEMP  
MICONSUM  
RAINFALL  
RESTINV  
SEADISSP  
SEADIST  
SEAHARV  
SEAIMPOR  
SEAIMPSP  
SEAObt  
SEAObtSP  
SEAPREP  
SEAPRSP



SH2OTEMP  
SH2OTMFC  
SOURCES  
SHIPPERS  
TAGSAVA  
TYPESEAF  
HARVESTSTATE  
HARVESTREGION  
TRVROTHR  
AMPMEXP  
HANDLING  
SWIMMING  
WALKING  
BOATING  
CONSTRN  
BITTEN  
ANYWLIFE  
BODYH2O  
CONSTRN  
DATEEXPO  
DATEWHI1  
DATEWHI2  
DATEWHI3  
DATEWHO1  
DATEWHO2  
DATEWHO3  
FISHSP  
H2OCOMM  
H2OTYPE  
HHEXPOS  
LOCEXPOS  
MIEXPOS  
OTHEREXP  
OTHERH2O  
OTHSHP  
OUTBREAK  
OUTBRKSP  
CLAMS  
CRAB  
LOBSTER  
MUSS  
OYSTER  
SHRIMP  
CRAY  
OTHS  
FISH  
RCLAM

RCRAB  
RLOBSTER  
RMUSS  
ROYSTER  
RSHRIMP  
RCRAY  
ROTHSH  
RFISH  
DATECLAM  
DATECRAB  
DATELOBS  
DATEMUSS  
DATEOYSTER  
DATESHRI  
DATECRAY  
DATEOTHSH  
DATEFISH  
SPECEXPO  
STRESID  
TRAVEL  
WHERE01  
WHERE02  
WHERE03  
WOUNDEXP  
WOUNDSP

**Culture Confirmation**

**CIDT Results**

**CIDT Species Results**

**CIDT Test Name**

**Dining Partner Seafood  
Consumption**

**Ill Dining Partners**

**Exposure related to occupation**

## Description

Age in months

Age in years

CDC Number

City

County

Date completing form

Date of birth

Hispanic or Latino origin?

FDA Number

First 3 letters of first name

First 3 letters of last name

Occupation

Race

Sex

State of exposure (usually reporting state)

State Number

State Lab Number

Fever

Nausea

Vomiting

Diarrhea

Bloody stool

Abdominal cramps

Headache

Muscle Pain

Cellulitis

Bullae

Shock

Other

Symptom: Maximum temp of fever

Fever measured in units of C or F

Symptom: # of stools/24 hours

Symptom: Site of cellulitis

Symptom: Site of Bullae

Symptom: Specify other Symptoms

Seafood Investigation: Onset in am or pm

Did patient receive antibiotics?

Name of 1st Antibiotic

Name of 2nd Antibiotic

Name of 3rd Antibiotic

Name of 1st Antibiotic (old)

Name of 2nd Antibiotic (old)

Name of 3rd Antibiotic (old)

Name of 4th Antibiotic (old)

Date began Antibiotic #1

Date began Antibiotic #2  
Date began Antibiotic #3  
Date began Antibiotic #4  
CDC Isolate No.  
Date admitted to hospital  
Date of death  
Date of discharge from hospital  
Date of symptom onset  
# days ill  
Date ended Antibiotic #1  
Date ended Antibiotic #2  
Date ended Antibiotic #3  
Date ended Antibiotic #4  
Pre-existing: Type of gastric surgery  
Pre-existing: Type of hemotological disease  
Hour of symptom onset  
Hospitalized?  
Pre-existing: Type of Immunodeficiency  
Pre-existing: type of liver disease  
Pre-existing: Type of Malignancy  
Minute of symptom exposure  
Pre-existing: Type of Other condition  
Did patient die?  
Pre-existing: Peptic ulcer  
Pre-existing: Alcoholism  
Pre-existing: Diabetes  
Pre-existing: on insulin?  
Pre-existing: Gastric surgery  
Pre-existing: Heart disease  
Pre-existing: Heart failure?  
Pre-existing: Hematologic disease  
Pre-existing: Immunodeficiency  
Pre-existing: Liver disease  
Pre-existing: Malignancy  
Pre-existing: Renal disease  
Pre-existing: Type of renal disease  
Pre-existing: Other  
Type of treatment received: antibiotics  
Type of treatment received: chemotherapy  
Type of treatment received: radiotherapy  
Type of treatment received: systemic steroids  
Type of treatment received: immunosuppressants  
Type of treatment received: antacids  
Type of treatment received: H2 Blocker or other ulcer medication  
Describe Sequelae  
Sequelae?  
If previously treated with Antacids, specify

If previously treated with Antibiotics, specify  
If previously treated with chemotherapy, specify  
If previously treated with immunosuppressants, specify  
If previously treated with radiotherapy, specify  
If previously treated with steroids, specify  
If treated with ulcer meds, specify  
Date specimen collected  
Species  
If other source, specify site from which Vibrio was isolated  
Was Species confirmed at State PH Lab?  
Specimen source  
Other organism isolated from specimen?  
Specify other organism isolated  
Seafood Investigation: Maximum ambient temp units - F or C  
Seafood Investigation: Amount of shellfish consumed  
Seafood Investigation: Shellfish consumed in am or pm  
Seafood investigation: Date ambient temp measured  
Seafood Investigation: Date of fecal count  
Seafood Investigation: Date water temp measured  
Seafood Investigation: Date of harvest #1  
Seafood Investigation: Date of harvest #2  
Seafood Investigation: Date total rain fall recorded  
Seafood Investigation: Date salinity measured  
Seafood Investigation: Date restaurant rec'd seafood  
Seafood Investigation: Fecal Coliform Count  
Seafood Investigation: Results of Salinity test  
Seafood Investigation: Harvest Site #1  
Seafood Investigation: Harvest Site #2  
Seafood Investigation: Status of Harvest Site #1  
Seafood Investigation: Status of Harvest Site #2  
Seafood Investigation: Specify if Status for Harvest Site #1 = other  
Seafood Investigation: Specify if Status for Harvest Site #2 = other  
Seafood Investigation: Hour of seafood consumption  
Seafood Investigaion: Improper Storage?  
Seafood Investigation: Maximum ambient temp  
Seafood Investigation: Minute of seafood consumption  
Seafood Investigation: Total rainfall in Inches  
Seafood Investigation: Investigation of Restaurant?  
Seafood Investigation: Specify how shellfish distributed  
Seafood Investigation: How is shellfish distributed?  
Seafood Investigation: Was shellfish harvested by patient or friend?  
Seafood Investigation: Was seafood imported?  
Seafood Investigation: Specify country of Import  
Seafood Investigation: where was seafood obtained?  
Seafood Investigation: Specify from where seafood was obtained  
Seafood Investigation: How was seafood prepared?  
Seafood Investigation: Specify how seafood was prepared (if other)

Seafood Investigation: Surface water temperature  
Surface water temp units in F or C?  
Sources of seafood  
Shippers who handled suspected seafood (certification numbers)  
Seafood investigation: Are tags available from suspect lot?  
Seafood investigation: Type of shellfish consumed  
State in which seafood was harvested  
Region in which seafood was harvested  
Cholera, reason for travel: specify if other  
Seafood Investigation: Exposure to seawater in am or pm  
Exposure: handling/cleaning seafood  
Exposure: Swimming/diving/wading  
Exposure: Walking on beach/shore/fell on rocks/shells  
Exposure: Boating/skiing/surfing  
Exposure: Construction/repairs  
Exposure: Bitten/stung  
Exposure: Contact with other marine/freshwater life  
Exposure: Exposure to a body of water  
Exposure to water via construction  
Exposure: Date of exposure to seawater  
Date traveled/entered destination #1  
Date traveled/entered destination #2  
Date traveled/entered destination #3  
Date left/returned home #1  
Date left/returned home #2  
Date left/returned home #3  
Type of fish  
Exposure: Comments on water exposure  
Exposure: Type of water exposure  
Exposure: Hour of seawater exposure  
Exposure: location of water exposure  
Exposure: Minute of seawater exposure  
Exposure: Other exposure  
Exposure: Exposed to other water not listed?  
Specify other shellfish consumed  
Is case part of outbreak?  
If part of an outbreak, Specify outbreak  
Consumption: clams  
Consumption: crab  
Consumption: lobster  
Consumption: mussels  
Consumption: oysters  
Consumption: shrimp  
Consumption: crawfish  
Consumption: other shellfish  
Consumption: other fish  
Raw consumption: clams

Raw consumption: crab  
Raw consumption: lobster  
Raw consumption: muss  
Raw consumption: oyster  
Raw consumption: shrimp  
Raw consumption: crawfish  
Raw consumption: other shellfish  
Raw consumption: other fish  
Date of seafood consumption: clams  
Date of seafood consumption: crab  
Date of seafood consumption: lobster  
Date of seafood consumption: mussels  
Date of seafood consumption: oysters  
Date of seafood consumption: shrimp  
Date of seafood consumption: crawfish  
Date of seafood consumption: other shellfish  
Date of seafood consumption: other fish  
Specify other seawater/shellfish dripping exposure (if other)  
State of residence  
Exposure to travel outside home state in previous 7 days?  
Travel destination #1  
Travel destination #2  
Travel destination #3  
Did patient incur a wound before/during exposure?  
If patient incurred wound before/during exposure, describe wound  
**Was Vibrio confirmed by culture?**  
**Was there a positive CIDT result?**  
**Name of species identified by CIDT**  
**Name of CIDT test used if applicable**  
**Did dining partners consume same seafood?**  
  
**Did dining partners who consumed the same seafood become ill?**  
**Was your exposure related to your occupation?**

Value Set Code. Search in PHIN VADS using the following link  
(<https://phinvads.cdc.gov/vads/SearchHome.action>)

Approved by OMB



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