Attachment 11: Disease-Specific Data

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

CDC Priority (Legacy):		Indicates whether the program specifies the field as:
		R - Required - Mandatory for sending the message. If data element is not present, the message will error out.
		P - Preferred - This is an optional variable and there is no requirement to send this information to CDC. However, if this variable is already being collected by the state/territory, or if the state/territory is planning to collect this information because it is deemed important for your own programmatic needs, CDC would like this information sent. CDC preferred variables are the most important of the optional variables to be earmarked for CDC analysis/assessment, even if sent from a small number of states.
		O - Optional - This is an optional variable and there is no requirement to send this information to CDC. This variable is considered nice-to-know if the state/territory already collects this information or is planning to collect this information, but has a lower level of importance to CDC than the preferred classification of optional data elements.

CDC Priority (New):		Indicates whether the program specifies the field as:
		R **- Required** - This data element is **mandatory for sending a message**. If the required data element is not present, the message will be rejected. The required data elements alone are not sufficient for national surveillance purposes

		1-**Priority 1** – Highest priority for reporting. These data elements are **critical** for national surveillance activities. Jurisdiction's **data collection system should be modified to collect Priority 1 data elements.** If this data element is not currently collected and available to send, please discuss with the CDC Program whether you can onboard without that element being available and included in the messages. Some CDC programs may request a plan addressing future inclusion of these data elements, if not able to collect and transmit at onboarding.
		2 **- Priority 2 –** High priority data element that will **support** national surveillance activities. If this data element is not currently collected and available to send, **please plan to update jurisdiction's data collection system**. Some CDC programs may request a plan addressing future inclusion of these data elements, if not able to collect and transmit at onboarding.
		3 - **Priority 3** – Lower priority data element that **should be considered for inclusion in the surveillance system** and case notification. Please send if currently collected in the system.

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 ot the animal submitted
Latitude	Latitutde 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 Convalscent 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

Medical Record ID

State Postal Code

Occupation State

Occupation County

Is the Subject a First Responder

What category of vaccine did the subject get

Date last received

Booster Vaccine

Medication Received

Start Date of Treatment or Therapy

Date Treatment or Therapy Stopped

Signs and Symptoms

Signs and Symptoms Indicator

Diet

Smoking Status

Laboratory State

Laboratory City

CSID

Specimen Collected before antibiotics

Transferred from Initial Hospital

Antimicrobials given for illness

Antimicrobial Name

Antimicrobial Start Date

Antimicrobial End Date

Number of Days of Treatment

Actual Route of Administration - Attempted or Completed

Date AIG Given

Date Raxibacumab Given

On vasopressors for any length of time

Route of Infection

International Destination(s) of Recent Travel

Travel State

Public Transportation Route

Date Using Public Transportation

Exposure Source

Type of Animal Exposure

Animal Type

Lab Name

Contact Type

Location of Contact

Illicit Drug Specify

Location Name

Location Address

Attendance Date

Locations Routinely Visited

Time of Day

Date of last dose

Post-exposure or Treatment

Alcohol use frequency

Alcohol use quantity

Hospital Procedure

Diagnostic Test Findings

Treatment Type

Treatment Type Indicator

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 (Cutaneus, 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 convalscent 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, relgious 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"

TBD

TBD

TBD

TBD

Is the Subject a First Responder

What category of vaccine did the subject get

Date last received anthrax vaccine

If received a full series of pre-exposure vaccine, is the subject up-to-date on the annual booster vaccine

If the case patient received post exposure antimicrobials, indicate the antimicrobials received

What was the date that the case patient starting taking antimicrobials

What was the date that the case patient stopped taking antimicrobials

Signs and symptoms associated with Anthrax

Indicator for associated signs and symptoms

TBD

What is the patient's current tobacco smoking status?

State where laboratory is located

TBD

CDC specimen ID number from the 50.34 submission form. Example format (10-digit number): 3000123456.

Was the specimen used for testing collected before antibiotics was taken?

Transferred from Initial Hospital

Antimicrobials given for illness

Antimicrobial Name

Antimicrobial Start Date

Antimicrobial End Date

Number of Days of Treatment

What is the route of antibiotic administration?

Date AIG Given

Date Raxibacumab Given

On vasopressors for any length of time

Suspected primary route of infection at time of evaluation (select all that apply):

List all international destinations (country) traveled during the 14 days prior to illness onset

List all domestic destinations (state) traveled to during the 14 days prior to illness onset

Specify public transportation route (e.g. name/number)

Specify date(s) using public transportation

Indicate the type of exposure the patient had in the 14 days prior to illness onset.

Types of exposure to animal.

If exposure type is Animal contact, specify animal the subject had contact with in the 14 days prior to illness onset. If the subject had contact with multiple animals complete separate repeating groups for each one.

If worked in a clinical, microbiological, or animal research laboratory, specify lab.

If linked to confirmed case or contact with similar illness or sign and symptoms, indicate type of contact.

If linked to confirmed case or contact with similar illness or sign and symptoms, indicate geographic location where contact occurred (e.g. city, country, state).

If subject had contact with illicit drugs, specify the name or type of the drug.

Location name of place or event.

Location address of place or event (e.g. country, city, state, county.)

List all date(s) of event or place attendance.

Specify the name of a place that was routinely visited in the 14 days prior to illness onset, such as a place of worship, volunteer, gym, etc.

List the time period during the day when the place was visited

Date last received anthrax vaccine

Indicates if medication received is for post-exposure or anthrax treatment.

In the past 30 days, how often does the patient take alcoholic drinks?

On the days when the case patient drank, about how many drinks did the case patient drink on average?

If subject was hospitalized, were any of the following procedures or treatments done?

Results from procedures or treatments done in the hospital.

Listing of treatment or medical intervention the subject received for this illness.

Indicate if treatment was administered.

Value Set Code. Search in PHIN VADS using the following link (https://phinvads.cdc.gov/vads/SearchHome.action)	CDC Priority (Legacy)
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
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PHVS_YesNoUnknown_CDC
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PHVS_YesNoUnknown_CDC
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PHVS_YesNoUnknown_CDC
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PHVS_State_FIPS_5-2
N/A
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PHVS_YesNoUnknown_CDC
PHVS_YesNoUnknown_CDC
PHVS_YesNoUnknown_CDC
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N/A
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N/A
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N/A
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PHVS_YesNoUnknown_CDC

TBD

PHVS_Country_ISO_3166-1

PHVS_State_FIPS_5-2

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PHVS_YesNoUnknown_CDC

CDC Priority (New)

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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
Mother-Infant Case ID Linkage
Mother's Last Menstrual Period Before Delivery
Pregnancy Complications
Pregnancy Outcome
Newborn Complications

Other Arboviral Disease Transmission Mode

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 Serum2collected?
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 onet
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?
Mother and infant case IDs
Mother's last menstrual period (LMP) before delivery

Complications of pregnancy
Pregnancy outcomes
Compliations for newborn
Other Arboviral unusual and rare disease transmission modes

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

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)

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_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_LabTestName_Babesiosis

PHVS_PosNegUnkNotDone_CDC

PHVS_LabResult_Babesiosis

PHVS_YesNoUnknown_CDC

PHVS_YesNoUnknown_CDC

PHVS_YesNoUnknown_CDC

PHVS_YesNoUnknown_CDC

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
arthragia 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
Convalscent total titer
Positive Result

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

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

Acute IgM ELISA titer
Convalscent IgM ELISA titer
ELISA IgM Positive Result

ELISA test cut off
Date of Acute Serum Specimen Collection
Date of Convalscent 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
Clinical Presentation
Clinical Presentation Indicator
Date of Clinical Presentation
Medication Administered
Medication Administered Dose
Date Treatment or Therapy Started
Treatment Duration

Type of animal

Animal Ownership

Type of contact

Country of Product Acquisition

Disease Presentation
Food Product consumed

Contact Type

Similar Illness Contact
Physician Name
Physician Phone

Treatment Drug Indicator

Antibiotic dose units

Medication Stop Date

International Destination(s) of Recent Travel

Travel State

Travel County

Specimen Collected Prior to Therapy

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, inlcuding "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 athritis?
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 classificaiton ("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 eposure 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", desribe 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

Convalscent Total antibody titer

Based on the acute and covalscent 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

Convalscent IgG agglutination titer

Based on the acute and covalscent 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

Convalscent IgG ELISA titer

Based on the acute and covalscent 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

Convalscent IgM ELISA titer

Based on the acute and covalscent 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 convalscent 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?

Clinical presentation associated with the illness being reported

Indicator for associated clinical presentation

The date and time, if available, of onset of clinical presentation

Name of antibiotic administered to subject/patient for this illness

Dose of the antibiotic received

Date the treatment or therapy was started

Prescribed duration (in days) of antibiotic treatment

What type of animal did the patient have contact with, or acquire food products from?

Who owns the animals?

What type of activity was the case/patient engaged in that led to contact with the animal(s)?

Where was the food product acquired?

The duration in which the disease presented

What type of animal-based food product did the patient consume?

If linked to confirmed case or contact with similar illness or signs and symptoms, indicate type of contact.

Did the case/patient know anyone else with a similar illness?

Name of the physician or clinician who diagnosed and/or treated the subject

Phone number of the patient's clinician/provider of care

Were antimicrobials prescribed or administered to the subject for this illness or following an exposure?

Dose units of the antimicrobial prescribed or administered

What was the date that the case patient stopped taking antimicrobials

List all international destination (country) traveled to during six months before symptom onset or diagnosis

List all domestic destination (state) traveled to during six months before symptom onset or diagnosis.

List all intrastate destination (county) traveled to during six months before symptom onset or diagnosis.

Was the specimen for culture collected prior to antimicrobial therapy?

Value Set Code. Search in PHIN VADS using the following link (https://phinvads.cdc.gov/vads/SearchHome.action)	CDC Priority (Legacy)
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_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
TBD
PHVS_YesNoUnknown_CDC
N/A
TBD
N/A
N/A
N/A

TBD

TBD

TBD

TBD

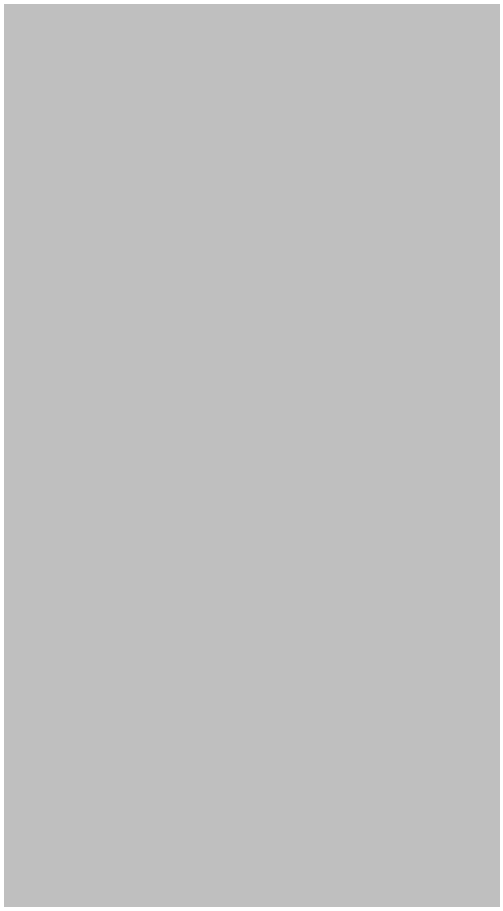
TBD
TBD

TBD

TBD
N/A
N/A

PHVS_YesNoUnknown_CDC

PHVS_UnitsOfMeasure_CDC



N/A

PHVS_Country_ISO_3166-1

PHVS_State_FIPS_5-2

PHVS_County_FIPS_6-4

PHVS_YesNoUnknown_CDC

CDC Priority (New)

TBD
TBD
TBD
TBD
TBD
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TBD
TBD
TBD
TBD
3
3
2
2

3

1

2

3

2

Label/Short Name

Reported symptoms and signs of illness
Travel in 10 days prior to illness
Consumption of undercooked/ raw meat
Consumption of undercooked/ raw poultry
Drinking untreated water
Contact with untreated recreational water
Consumption of raw milk or unpasteurized dairy
Contact with pets, farm animals with Campylobacter species
Contact with confirmed/probable case of Campylobacteriosis

Consumption or exposure to implicated vehicle

WGS (Whole-Genome Sequencing) ID
Probable – Laboratory Diagnosed
Probable – Epi Linked
PulseNet ID
Travel State
International Destination(s) of Recent Travel
Date of Arrival to Travel Destination
Date of Departure from Travel Destination
Reason for travel related to current illness

Description

Symptoms and signs associated with illness

Did the case have travel outside of the U.S. in the 10 days before the illness began?

Did the case eat undercooked or raw meat before the illness began?

Did the case eat undercooked or raw poultry before the illness began?

Did the case drink untreated water before the illness began?

Did the case have contact with untreated recreational water before the illness began?

Did the case consume raw milk or unpasteurized dairy before the illness began?

Did the case have contact with pets or farm animals from which Campylobacter species were isolated?

Did the case have contact with another probable or confirmed case of Campylobacteriosis?

Did the case consume or have exposure to a vehicle implicated in an outbreak or a location in which an implicated food vehicle was prepared or eaten?

The identifier used in PulseNet for the whole genome sequenced isolate that corresponds to the reported case

Probable case is laboratory diagnosed

Probable case is epi linked

State lab ID submitted to PulseNet

Domestic destination, state(s) traveled to

International destination or countries the patient traveled to

Date of arrival to travel destination

Date of departure from travel destination

Reason for travel related to current illness

Value Set Code. Search in PHIN VADS using the following link (https://phinvads.cdc.gov/vads/SearchHome.action)	CDC Priority (Legacy)	CDC Priority (New)
PHVS_YesNo_HL7_2x	P	
PHVS_YesNo_HL7_2x	P	
N/A		1
PHVS_State_FIPS_5-2		**3**
PHVS_Country_ISO_3166-1		**3**
N/A		**3**
N/A		**3**
PHVS_TravelPurpose_FDD		**3**

Label/Short Name	Description
Previously Counted Case	Was patient previously counted as a colonization/screening case?
Previously Reported State Case Number	If patient was previously counted as a colonization/screening case or a CP-CRE case, please provide the related case ID(s)
Tracheostomy Tube at Specimen Collection	Did patient have a tracheostomy tube at the time of specimen collection?
Ventilator Use at Specimen Collection	Was patient on a ventilator at the time of specimen collection?
Long-term Care Resident	Did the patient have a stay in a long-term care facility in the 90 days before specimen collection date?
Type of Long-term Care Facility	If patient had a stay in a long-term care facility in the 90 days before specimen collection date, indicate the type of long-term care facility.
Healthcare Outside Resident State	Indicate if the patient received overnight healthcare within the United States, but outside of the patient's resident state in the year prior to the date of specimen collection.
Travel Outside USA Prior to Illness Onset within Program Specific Timeframe	Did the patient travel internationally in the past 1 year from the date of specimen collection?
International Destination(s) of Recent Travel	List the names of the country(ies) outside of the United States the patient traveled to in the year prior to the date of specimen collection, if the patient traveled outside of the United States during that time.
Healthcare Outside USA	Indicate if the patient received overnight healthcare outside of the United States in the year prior to the date of specimen collection.
Country(ies) of Healthcare Outside USA	List the names of the country(ies) outside of the United States where the patient received overnight healthcare in the year prior to the date of specimen collection, if the patient received overnight healthcare outside of the United States during that time.
Type of Location Where Specimen Collected	Indicate the physical location type of the patient when the specimen was collected
County of Facility	County of facility where specimen was collected

State of Facility	State of facility where specimen was collected
Infection with Another MDRO	Does the patient have infection or colonization with another MDRO?
Co-infection Type	If patient has infection or colonization with another MDRO, indicate the MDRO.
State Lab specimen ID	State lab specimen ID
WGS ID Number	NCBI SRA Accession number (SRX#) We would describe this as: The accession number generated by NCBI's Sequence Read Archive when sequence data are uploaded to NCBI. This provides both the sequence data and metadata on how the sample was sequenced.

Value Set Code. Search in PHIN VADS using the following link (https://phinvads.cdc.gov/vads/SearchHome.action)	CDC Priority
PHVS_YesNoUnknown_CDC	P
N/A	P
PHVS_YesNoUnknown_CDC	P
PHVS_YesNoUnknown_CDC	P
PHVS_YesNoUnknown_CDC	P
PHVS_LongTermCareFacilityType_C.auris	P
PHVS_YesNoUnknown_CDC	P
PHVS_YesNoUnknown_CDC	P
PHVS_Country_ISO_3166-1	P
PHVS_YesNoUnknown_CDC	P
PHVS_Country_ISO_3166-1	P
PHVS_SpecimenCollectionSettingType_C.auris	P
PHVS_County_FIPS_6-4	P

PHVS_State_FIPS_5-2	P
PHVS_YesNoUnknown_CDC	P
PHVS_TypeCoInfection_C.auris	P
N/A	P
N/A	P

Label/Short Name	Description
Smoking status	Current smoker (yes, no, unknown)
Source of data for case ascertainment	*Hospital/emergency department *Poison control center * Laboratory report *Death certificate *Provider/medical examiner report
Carboxyhemoglobin (COHb) level	Laboratory test result (%)
Intent	*Intentional *Unintentional
Primary Language	What is the patient's primary language?
Marital Status	What is the patient's current marital status?
Education	Indicate the highest degree or level of school completed at the time of the event.
Poison Control Center Record	Does the patient have a poison control record indicating exposure to carbon monoxide?
Outcome of Poison Control Center Record	If patient has a poison control record, select the outcome identified in the Poison Control Center Record.
Treatment Management Type	If patient has a poison control record, indicate how the care was managed.
Workers Compensation Record	Does the patient have a worker's compensation record with a finding, problem, diagnosis or other indication of exposure to carbon monoxide or carbon monoxide poisoning?
Type of Workers Compensation Claim	Indicate the type of claim if patient has a worker's compensation claim with a finding, problem, diagnosis or other indication of exposure to carbon monoxide or carbon monoxide poisoning.
Fire Related Exposure	Was the carbon monoxide exposure related to a fire?
Power Outage Event	Was the carbon monoxide exposure related to a power outage?

Extreme Weather	Was the carbon monoxide exposure related to an extreme weather event?
Extreme Weather Type	Identify the extreme weather event(s) occurring when the patient was exposed to carbon monoxide.
Warning Announcement	Immediately before or during the extreme weather event, did patient hear or read about any warnings on the danger of carbon monoxide poisoning?
Exposure Source	If patient was physically and temporally associated with a CO-emitting source, specify the source.
Generator Location	If the exposure source is generator, where was it placed while it was running?
Generator Distance	If the exposure source was a generator, how many feet was the generator placed from the (house/attached garage/detached garage or other location of event)?
Carbon Monoxide Alarm Present	Patient was in a location where a carbon monoxide alarm was present.
Carbon Monoxide Alarm Sounded	The carbon monoxide alarm sounded.
Carbon Monoxide Elevated Exposure	Exposure to an elevated level of CO based on a dedicated or multi-gas meter/instrument (e.g., fire department measurement)?
Air Concentration of CO Level (PPM)	Air concentration of CO Level in parts per million (PPM) at exposure site.
Person/Organization Taking CO Reading	If air concentration of CO level was taken, indicate the person or organization taking the CO reading.
Date of Reading	What was the date and time, if known, of the CO reading?
Exposure Site Category	Categorize the location of exposure.
Public Site of Exposure	If a public setting where the exposure occurred, please indicate specific site.
Residential Site of Exposure	If a residential setting where the exposure occurred, please indicate specific site.
Epi-Linked	Patient was present and exposed in the same event as that of a carbon monoxide poisoning case.
Date and Time of Incident	Please provide the date and time, if known, of the carbon monoxide incident.

Address of Establishment Where Exposure Occurred	Street address of the location or establishment where the carbon monoxide exposure occurred. Please provide street, city, county, state, and zip code.
City of Establishment Where Exposure Occurred	City of the location or establishment where the carbon monoxide occurred.
State of Establishment Where Exposure Occurred	State of the location or establishment where the carbon monoxide occurred.
Zip Code of Establishment Where Exposure Occurred	Zip code of the location or establishment where the carbon monoxide occurred.
County of Establishment Where Exposure Occurred	County of the location or establishment where the carbon monoxide occurred.
Event Notes	Description of incident.
Number of Exposed Cases	Total number of exposed persons (including case patient).
Average Number of Cigarettes Smoked per Day	During the past 30 days, please specify the average number of cigarettes smoked per day. There are 20 cigarettes per pack.
Marijuana Smoking Status	Does the patient currently smoke marijuana?
Other Substance	Type of other substance used (e.g., e-cigarette tobacco, e-cigarette THC)
Underlying Condition(s)	Select the patient's preexisting condition(s).
Signs and Symptoms	Signs and symptoms associated with the carbon monoxide exposure or poisoning.
ICD Codes List	ICD Codes in patient's report.
Treatment Provided	Was patient treated for carbon monoxide exposure?
Treatment Type	Specify the treatment type.
Treatment Location	Where did the patient receive treatment?
Treatment Date	Provide the date of treatment.
Occupation Related to Exposure	Is the patient's carbon monoxide exposure related to their current occupation?
Work Site of Exposure	If a work setting where the exposure occurred, please indicate specific site.

Value Set Code. Search in PHIN VADS using the following link (https://phinvads.cdc.gov/vads/SearchHome.action)	CDC Priority (Legacy)	CDC Priority (New)
https://phinvads.cdc.gov/vads/ViewValueSet.action?oi	P	
https://phinvads.cdc.gov/vads/ViewValueSet.action?oi	P	
N/A	P	
https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=2.16.840.1.114222.4.11.7876	P	
PHVS_Language_ISO_639-2_Alpha3	P	
PHVS_MaritalStatus_HL7_2x	P	
PHVS_Education_CO	P	
PHVS_YesNoUnknown_CDC	P	
PHVS_PoisonControlCenterRecord_CO	P	
PHVS_TreatmentSite_CO	P	
PHVS_YesNoUnknown_CDC	P	
PHVS_WorkersCompensationRecord_CO	P	
PHVS_YesNoUnknown_CDC	P	
PHVS_YesNoUnknown_CDC	P	

PHVS_YesNoUnknown_CDC	P
PHVS_ExtremeWeatherType_CO	P
PHVS_YesNoUnknown_CDC	P
PHVS_ExposureSource_CO	P
PHVS_GeneratorLocation_CO	P
PHVS_GeneratorDistance_CO	P
PHVS_YesNoUnknown_CDC	P
PHVS_YesNoUnknown_CDC	P
PHVS_YesNoUnknown_CDC	P
N/A	P
PHVS_PersonOrgTakingReading_CO	P
N/A	P
PHVS_ExposureSiteCategory_CO	P
PHVS_SiteofExposure_CO	P
PHVS_ResidentialSiteofExposure_CO	P
PHVS_YesNoUnknown_CDC	P
N/A	P

N/A	P
N/A	P
PHVS_State_FIPS_5-2	P
N/A	P
N/A	P
N/A	P
N/A	P
TBD	P
PHVS_YesNoUnknown_CDC	P
TBD	P
PHVS_UnderlyingConditions_CO	P
PHVS_SignsandSymptoms_CO	P
PHVS_ICDCodesList_CO	P
PHVS_YesNoUnknown_CDC	P
PHVS_TreatmentType_CO	P
PHVS_TreatmentLocation_CO	P
N/A	P
PHVS_YesNoUnknown_CDC	P
TBD	

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
DATEOTHSH
DATEFISH
SPECEXPO
STRESID
TRAVEL
WHERE01
WHERE02
WHERE03
WOUNDEXP
WOUNDSP
Specify Different Exposure Window

PulseNet ID
WGS ID Number

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
Symtom: 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-exisiting: Type of hemotological disease
Hour of symptom onset
Hospitalized?
Pre-exisiting: Type of Immunodeficiency
Pre-exisiting: 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, specifiy

If previously treated with Antibiotics, specifiy
If previously treated with chemotherapy, specifiy
If previously treated with immunosuppressants, specifiy
If previously treated with radiotherapy, specifiy
If previously treated with steroids, specifiy
If treated with ulcer meds, specifiy
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 Investigtaion: 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: Stree-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: handing/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

If the epidemiologic exposure window used by the jurisdiction is different from that stated in the exposure questions, specify the time interval in days here. Otherwise, leave blank.

State lab ID submitted to PulseNet

Whole Genome Sequencing (WGS) ID Number

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

N/A	P
N/A	
N/A	

CDC Priority (New)

1
1

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 pregnanc

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

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 fi

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

Specimen from mother or infant

At the time of cessation of pregnancy, what was the age of the fetus (in weeks)?
Birth State
Mother's Country of Residence

Mother's pre-pregnancy serological test date.

Mother's pre-pregnancy serological test interpretation.
Pregnancy outcome

Number of doses received on or after 1st birthday
Date of last dose prior to illness onset

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 erythropoisesis?
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 then 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

Is the specimen from the mother or infant?

If applicable, at the time of cessation of pregnancy, what was the age of the fetus (in weeks)?

State where the subject was born

What is the mother's country of residence?

If pre-pregnancy serological testing was performed, what was the date of mother's pre-pregnancy serological test?

If pre-pregnancy serological testing was performed, what was the interpretation of mother's pre-pregnancy serological test?

What was the outcome of the current pregnancy

The number of vaccine doses against this disease which the mother received on or after their first birthday

Date of mother's last vaccine dose against this disease prior to illness onset

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_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 (9999999=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?

Maternal Local
Record ID

Maternal
Notification
Reporting
Jurisdiction

Value Set Code. Search in PHIN VADS using the following link (https://phinvads.cdc.gov/vads/SearchHome.action)	CDC Priority (Legacy)	CDC Priority (New)
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)

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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

Label/Short Name

Type of case
State lab isolate id
Phenotypic Test Method
Phenotypic Test Result
Genotypic Test Name
Genotypic Test Result
County of facility
State of facility

Travel Outside USA Prior to Illness Onset within Program Specific Timeframe

International Destination(s) of Recent Travel

Healthcare Outside USA

Country(ies) of Healthcare Outside USA

Gene Identifier
Previously Counted Case
Previously Reported State Case Number

WGS ID Number

Description

Type of case (i.e., was case identified based on testing of a clinical specimen or screening specimen)

Lab isolate identifier from public health lab for mechanism testing

Phenotypic Test Name (phenotypic methods for carbapenemase production)

Result of Phenotypic test

Test performed to identify carbapenemase (molecular methods for resistance mechanism)

Result of test to identify carbapenemase

County of facility where specimen was collected

State of facility where specimen was collected

Did the patient travel internationally in the past 1 year from the date of specimen collection?

This data element is used to capture the names of the country(ies) outside of the United States the patient traveled to in the year prior to the date of specimen collection, if the patient has traveled outside of the United States during that time.

This data element is used to capture if the patient received healthcare outside of the United States in the year prior to the date of specimen collection.

This data element is used to capture the names of the country(ies) outside of the United States where the patient received healthcare in the year prior to the date of specimen collection, if the patient traveled outside of the United States during that time.

Gene identifier

Was patient previously counted as a colonization/screening case?

If patient was previously counted as colonization/screening case please provide related case ID(s)

NCBI SRA Accession number (SRX#) We would describe this as: The accession number generated by NCBI's Sequence Read Archive when sequence data are uploaded to NCBI. This provides both the sequence data and metadata on how the sample was sequenced.

Value Set Code. Search in PHIN VADS using the following link (https://phinvads.cdc.gov/vads/SearchHome.action)	CDC Priority
N/A	P
N/A	P
N/A	P
N/A	P
N/A	P
N/A	P
PHVS_County_FIPS_6-4	O
PHVS_State_FIPS_5-2	O
PHVS_YesNoUnknown_CDC	P
PHVS_Country_ISO_3166-1	P
PHVS_YesNoUnknown_CDC	P
PHVS_Country_ISO_3166-1	P
PHVS_GeneName_CP-CRE	P
PHVS_YesNoUnknown_CDC	P
N/A	P
N/A	P

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

SchoolWork 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 HandlerLast 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
Specify Different Exposure Window

CryptoNet ID

WGS ID Number
Travel State
International Destination(s) of Recent Travel
Date of Arrival to Travel Destination
Date of Departure from Travel Destination
Reason for travel related to current illness

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 idenfication, 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-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

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)

If the epidemiologic exposure window used by the jurisdiction is different from that stated in the exposure questions, specify the time interval in days here. Otherwise, leave blank.

Unique CryptoNet ID (formed by concatenating [Case Year]-[State Lab ID]-[Specimen Type]-[Reporting State]-[Reporting Country]) where Specimen Type is: ES for Environmental, HS for Human, or AS for Animal.

Whole Genome Sequencing (WGS) ID Number

Domestic destination, state(s) traveled to

International destination or countries the patient traveled to

Date of arrival to travel destination

Date of departure from travel destination

Reason for travel related to current illness

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

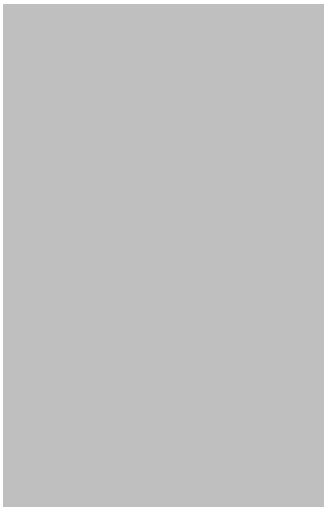
Missing Lab Result Reason
Yes No Unknown (YNU)

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

Yes No Unknown (YNU)

Isolate Not Received Reason

Yes No Unknown (YNU)

N/A	P
N/A	
N/A **PHVS_State_FIPS_5-2** **PHVS_Country_ISO_3166-1**	
N/A	
N/A	
PHVS_TravelPurpose_FDD	

CDC Priority (New)

1

1
3
3

3

3

3

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
Other Organism from Specimen

Specify Different Travel Exposure Window

Did The Case Travel Domestically Prior To Illness Onset?

Specify Different Exposure Window

Reason for travel related to current illness

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

If other non-Cyclospora organism(s) identified from stool specimen(s), indicate the organism

If the travel exposure window used by the jurisdiction is different from that stated in the travel exposure questions, specify the time interval in days here. Otherwise, leave blank.

Did the case patient travel domestically within program specific timeframe?

If the epidemiologic exposure window used by the jurisdiction is different from that stated in the exposure questions, specify the time interval in days here. Otherwise, leave blank.

Reason for travel related to current illness

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

N/A	P
PHVS_YesNoUnknown_CDC	P
N/A	P
PHVS_TravelPurpose_FDD	

CDC Priority (New)

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 patienthave weakness?
Did/does the patient have fatique?
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 arrivaal 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 intestate 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

SchoolWork 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 HandlerLast 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 idenfication, 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-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

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?

Bacterial Infection Syndrome

Pregnancy Status at the Time of First Positive Culture

Pregnancy Outcome

Gestational Age

Birth Weight

Birth Weight Units

Previous Contact With Hib Disease

Hib Contact Type

Previous Contact With Non-b or Nontypeable H. influenzae Case

Non-b or Nontypeable Contact Type

Recurrent Disease with Same Pathogen

Previous State ID (Recurrent Case)

Case Report Form Status

Illness Onset Age

Illness Onset Age Units

Residence

Premature Infant

Epi-Linked to a Laboratory-Confirmed Case

ABCs Case

ABCs State ID

Laboratory Testing Performed

Laboratory Confirmed

Test Manufacturer

Lab Accession Number

Did the Subject Ever Receive a Vaccine Against This Disease

Date of Last Dose Prior to Illness Onset

Vaccination Doses Prior to Onset

Vaccine History Comments

Age at Vaccination

Age at Vaccination Units
Vaccine History Information Source
Vaccine Information Source Indicator

Susceptibility Test

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 immunosupression/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.

Types of infection caused by organism

At the time of first positive culture, was the patient pregnant or postpartum? (The postpartum period is defined as the 30 days following a delivery or miscarriage)

If pregnant or postpartum, what was the outcome of fetus?

If patient <1 month of age, indicate gestational age (in weeks)

If patient <1 month of age, indicate birth weight

Birth Weight Units

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

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

Did patient have known previous contact(s) with a non-b or nontypeable case of H. influenzae disease within the preceding 2 months?

Specify type of contact(s) with non-b or nontypeable case of H. influenzae

this case have recurrent disease with the same pathogen? (For Streptococcus pneumoniae, the specimen from the current case must have been isolated 8 or more days after any previous case due to the same pathogen. For all other pathogens, the specimen from the current case must have been isolated 30 or more days after any previous case due to the same pathogen.)

StateID of 1st occurrence for this pathogen and person.

Case Report Form Status

Illness onset age

Illness onset age units

Where was the patient a resident at time of initial culture?

Premature at birth (for children ≤2 years old)

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

ABCs case?

ABCs State ID

Was laboratory testing done to confirm the diagnosis?

Was the case laboratory confirmed?

Test Manufacturer

Lab Accession Number (including CDC Lab ID)

Did the subject ever receive a vaccine against this disease?

Date of last vaccine dose against this disease prior to illness onset

Number of vaccine doses against this disease prior to illness onset

Vaccine History Comments

The persons age at the time the vaccine was given

The age units of the person at the time the vaccine was given
What sources were used for vaccination history?
Vaccination History Information Source Indicator

Was any susceptibility data available?

Value Set Code. Search in PHIN VADS using the following link (https://phinvads.cdc.gov/vads/SearchHome.action)	CDC Priority
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	
PHVS_InfectionType_RIBD	P
PHVS_PregnacyStatus_RIBD	P
PHVS_FetalOutcome_RIBD	P
N/A	P
N/A	P
PHVS_WeightUnit_UCUM	P
PHVS_YesNoUnknown_CDC	P
PHVS_ContactType_RIBD	P
PHVS_YesNoUnknown_CDC	P
PHVS_ContactType_RIBD	P
PHVS_YesNoUnknown_CDC	P
N/A	P
PHVS_FormStatus_RIBD	P
N/A	P
PHVS_AgeUnit_UCUM	P
PHVS_ResidenceLocation_RIBD	P
PHVS_YesNoUnknown_CDC	P
PHVS_YesNoUnknown_CDC	P
PHVS_YesNoUnknown_CDC	P
N/A	P
PHVS_YesNoUnknown_CDC	P
PHVS_YesNoUnknown_CDC	P
N/A	P
N/A	P
PHVS_YesNoUnknown_CDC	P
N/A	P
N/A	P
N/A	P
N/A	P

PHVS_AgeUnit_UCUM	P
PHVS_InformationSource_RIBD	P
PHVS_YesNoUnknown_CDC	P
PHVS_YesNoUnknown_CDC	P

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
History of Previous Illness
Date of Previous Illness
Number of doctors seen
Biopsy Performed
Biopsy Results
Biopsy Interpretation
Date of Previous Biopsy

Previous Residence

Relation to Known or Suspected Contact
Household contacts Examined
Additional Cases
Skin Smear Interpretation
Date of Skin Smear

Medication Administered
Previous Treatment
Previous Treatment Duration
Date Treatment or Therapy Started
Contacts Received Prophylaxis
Number of Household Contacts
Family/Household Contacts Previously Diagnosed
Number of Family/Household Previously Diagnosed
Relationship to Known or Suspected Contact

Additional Cases
Patient Status

History of Post-exposure Prophylaxis
Location of Initial Diagnosis
Medication Stop Date
Post-exposure or Treatment
Post-Exposure Prophylaxis Medication
History of Treatment for Latent or Active TB
Medication Frequency
Medication Frequency Unit

Medication Duration
Medication Duration Units

Medication Recipient

Medication Dose
Medication Dosage Unit

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?

Was the patient previously diagnosed with Hansen's disease?

Date of previous Hansen's Disease diagnosis

How many doctors has the patient seen for this problem?

Was a biopsy performed on the patient as a result of Hansen's disease?

TBD

Indicate the results of the biopsy

If biopsy was performed on the patient, indicate the date of biopsy.

List all places in the US. and all foreign countries a PATIENT resided (including military service) BEFORE leprosy was diagnosed.

TBD

Have any household contacts of the patient been examined

TBD

If skin smears were performed, please select the results.

Date of Skin Smear

What antibiotic was administered to the patient for Leprosy

Was the patient previously treated for Hansen's Disease

If the patient was previously treated, how many months was the patient treated.

Date the treatment was initiated

Have any household contacts of the patient started prophylaxis?

Total number of known or suspected household contacts.

Have any family members or household contacts been previously diagnosed with HD

List number of diagnosed previously with Hansen's Disease.

If answer yes to previous question regarding family member diagnosed, please check relationship.

If household contacts of the patient were examined, were any additional cases found

Indicate the patient's case status

Does the case patient have a history of being of post-exposure prophylaxis for Hansen's disease or tuberculosis (TB)

Indicate the location of the initial diagnosis of Hansen's Disease

What was the date that the case patient stopped taking antimicrobials

Indicates if medication received is for post-exposure or Hansen's treatment.

If answer is yes to the previous question regarding household contacts of the patient receiving prophylaxis, please specify PEP

Does the case patient have a history of being on treatment for latent or active TB?

Frequency of medication administered for this condition.

Unit of measure for the frequency of medication administered (e.g. daily, weekly, monthly).

Duration of medication treatment or post-exposure prophylaxis.

Unit of measure for the duration of medication administered (e.g. days, weeks, months).

Specify recipient of medication for Hansen's disease (e.g. household contact, case subject).

Dosage of medication received.

Unit of measure for medication received (e.g. milligram [mg], milligram/kilogram [mg/kg])

Value Set Code. Search in PHIN VADS using the following link (https://phinvads.cdc.gov/vads/SearchHome.action)	CDC Priority (Legacy)
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
Yes No Unknown (YNU)
N/A
Yes No Unknown (YNU)
Yes No Unknown (YNU)
TBD
TBD
N/A

TBD

TBD
Yes No Unknown (YNU)
TBD
TBD
TBD

TBD
Yes No Unknown (YNU)
N/A
N/A
Yes No Unknown (YNU)
N/A
Yes No Unknown (YNU)

N/A

N/A
Yes No Unknown (YNU)

TBD
Yes No Unknown (YNU)

PHVS_LocationofInitialDiagnosis_Hansen
N/A
TBD

N/A

PHVS_YesNoUnknown_CDC

N/A
TBD

N/A
TBD

TBD

N/A
TBD

CDC Priority (New)

TBD
TBD
TBD
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3
2
2

2

3

2

2
2

2

1
2

2

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
Exposre occurred while cleaning
Exposure occurred while working
Exposre 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
Elevated Hematocrit (>50)
Elevated Creatinine (>1.2 mg/dL)
Proteinuria
Hematuria
Exposure occurred from pet rodent
Street address

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 patinent have elevated hematocrit?
Did patinet 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 s
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
Was Elevated Hematocrit >50?
Was Elevated Creatinine >1.2 mg/dL?
Was Proteinuria detected?
Was Hematuria detected?
Did exposure occur from a pet rodent?
What is the patient’s street address?

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 before1987
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

Maternal HBeAg result, date

Maternal HBV DNA (or genotype), result, date

Maternal Alanine aminotransferase (ALT)

Maternal antiviral therapy, if any

Maternal Coinfection with human immunodeficiency virus or hepatitis C virus

Maternal State/Territory of residence at time of infant's diagnosis

Infant Birthweight

Infant Time of birth (military time)

Infant State/Territory of birth

HCV RNA (NAAT) test results

HCV genotype test results

HCV antigen test results

hepatitis A RNA

Date of hepatitis A RNA test

Total bilirubin

Date of bilirubin test

Experienced homelessness

Gender Identity

CSTE Case Definition

Information Source for Data

Signs and Symptoms

Signs and Symptoms Indicator

Date of Symptom Onset

Date of Jaundice Onset

Case Patient a Healthcare Worker

Patient Epidemiological Risk Factors

Patient Epidemiological Risk Factors Indicator

Contact Type

Men who have Sex with Men

Multiple Sex Partners

Previous STD History

Antiviral Medication

Birth Weight (unit)
Vaccinated within 12 Hours of Birth

Treatment within 12 Hours of Birth

Seroconversion

Occupation and Industry Category

Occupation and Industry Category Indicator

Positive Results 6 Months Apart

Mother's Local Record ID

Mother Nucleic Acid Test

Mother Nucleic Acid Test Result

Mother Nucleic Acid Test Viral Load

Mother HBeAg Test

Mother HBeAg Test Result

Infant HBsAg Test

Infant HBsAg Test Result

Infant HBsAg Positive Date

Infant HBeAg Test

Infant HBeAg Test Result

Infant HBeAg Positive Date

Infant HBV DNA Test

Infant HBV DNA Test Result

Infant HBV DNA Positive Date

Infant anti-HCV Test

Infant anti-HCV Test Result

Infant anti-HCV Positive Date

Infant Nucleic Acid Test

Infant Nucleic Acid Test Result

Infant Nucleic Acid Positive Date

Infant HCV Antigen Test

Infant HCV Antigen Test Result

Infant HCV Antigen Positive Date

Tissue or organ transplant

Non-injection Drug Use

Specimen From Mother or Infant

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 asscociated 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 identifed 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 udergo 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 >= 10ml U/ml? (Answer 'Yes' if lab result reported as positive or reactive.)

Maternal HBeAg result, date

Maternal HBV DNA (or genotype), result, date

Maternal Alanine aminotransferase (ALT)

Maternal antiviral therapy, if any

Maternal Coinfection with human immunodeficiency virus or hepatitis C virus

Maternal State/Territory of residence at time of infant's diagnosis

Infant Birthweight

Infant Time of birth (military time)

Infant State/Territory of birth

HCV RNA (NAAT) test results and timing of test performance

HCV genotype test results and timing of test performance

HCV antigen test results and timing of test performance

Nucleic acid amplification test (NAAT; such as PCR or genotyping) for hepatitis A virus RNA

Date of hepatitis A RNA test

Total bilirubin levels

Date of bilirubin test

In the 2-6 weeks prior to symptom onset, was the patient homeless?

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)

Did the patient meet the CSTE case definition(s) for any of the following in a previous reporting year? (*select all that apply*)

Source of Laboratory Test: (*select all that apply*)

Signs and symptoms associated with the illness being reported

Response for each of the signs and symptoms.

The date and time, if available, of the symptom onset (clinical manifestation)

What was the date of jaundice onset?

Was the patient employed as a healthcare worker during the TWO WEEKS prior to onset of symptoms to ONE WEEK after onset of JAUNDICE? (If no jaundice, use two weeks after onset of symptoms)

Exposed risk factors for the patient - Please provide a response for all risk factors in the value set with an associated indicator.
In the 15 to 50 days before symptom onset date for hepatitis A.
In the 60 to 150 days (2 to 5 months) before symptom onset date for hepatitis B.
In the 14 to 182 days (2 weeks to 6 months) before symptom onset date for hepatitis C.

Provide a response for each value in the patient epidemiological risk factors value set.

If the patient was a contact of a person with confirmed or suspected hepatitis virus infection, was the contact: (select all that apply)

Was the patient a man who reported sexual activity with men?

Did the patient report multiple sex partners?

Was the patient diagnosed with a sexually transmitted disease?

Did the gestational parent receive hepatitis B antiviral therapy during the third trimester of pregnancy?

The patient's birth weight units

Did the patient receive the hepatitis B vaccine within 12 hours of birth?

Did the patient receive the hepatitis B immune globulin within 12 hours of birth?

If hepatitis B case, did the patient meet the acute hepatitis B seroconversion criteria? (*i.e., documented negative HBsAg laboratory test result within 6 months prior to a positive test [HBsAg, HBeAg, or nucleic acid test for HBV DNA (including qualitative, quantitative, and genotype testing)] in someone without a prior diagnosis of HBV infection*)

If hepatitis C case, did the patient meet the acute hepatitis C seroconversion criteria? (e.g., documented negative anti-HCV followed within 12 months by a positive anti-HCV test; or documented negative anti-HCV or negative HCV detection test [in someone without a prior diagnosis of HCV infection] followed within 12 months by a positive HCV detection test; or, in the case of presumed reinfection, at least two sequential negative HCV detection tests [in someone with a prior diagnosis of HCV infection] followed by a positive HCV detection test).

Was the patient employed as a food handler or a healthcare worker during the TWO WEEKS prior to onset of symptoms to ONE WEEK after the onset of JAUNDICE? (If no jaundice, use two weeks after onset of symptoms)

Please indicate for each occupation:

Did the patient have two positive results at least 6 months apart from any of the following tests: (1) HBsAg; (2) nucleic acid test for HBV DNA (including qualitative, quantitative, and genotype testing); (3) HBeAg? (*Any combination of these positive tests performed at least 6 months apart is acceptable*)

Provide the local record ID used for reporting mother's case of hepatitis (DE Identifier "N/A: OBR-3"). This will be used for linking the reported perinatal case to the mother's reported hepatitis case.

For hepatitis B, perinatal, did the gestational parent receive nucleic acid testing for HBV DNA during pregnancy?
For hepatitis C, perinatal, did the gestational parent receive nucleic acid testing for HCV RNA (including qualitative or quantitative PCR, or genotype testing) during pregnancy?

For hepatitis B, perinatal, if the gestational parent received nucleic acid testing for HBV DNA during pregnancy, then indicate the result.
For hepatitis C, perinatal, if the gestational parent received nucleic acid testing for HCV RNA (including qualitative or quantitative PCR, or genotype testing) during pregnancy, then indicate the result.

If the gestational parent received nucleic acid testing for HBV DNA during pregnancy, then indicate the viral load:

Did the gestational parent receive HBeAg testing during pregnancy?

If the gestational parent received HBeAg testing during pregnancy, indicate the result.

Did the patient receive an HBsAg test between age 1–24 months (only if ≥4 weeks after the last dose of hepatitis B vaccine)?

If the patient received an HBsAg test between age 1–24 months (only if ≥4 weeks after the last dose of hepatitis B vaccine), indicate the result.

If positive, then indicate the date of the first positive HBsAg test between age 1-24 months.

Did the patient receive an HBeAg test between age 9–24 months?

If the patient received an HBeAg test between age 9–24 months, indicate the result.

If positive, then indicate the date of the first positive HBeAg test between age 9-24 months.

Did the patient receive an HBV DNA test between age 9–24 months?

If the patient received an HBV DNA test between age 9–24 months, indicate the result.

If detected/positive, then indicate the date of the first positive HBV DNA test between age 9-24 months.

Did the patient receive an anti-HCV test between age 18-36 months?

If the patient received an anti-HCV test between age 18-36 months, indicate the result.

If positive, then indicate the date of the first positive anti-HCV test between age 18-36 months.

Did the patient receive nucleic acid testing for HCV RNA (including qualitative or quantitative PCR, or genotype testing) between age 2-36 months?

If the patient received nucleic acid testing for HCV RNA (including qualitative or quantitative PCR, or genotype testing) between age 2-36 months, indicate the result.

If detected/positive, then indicate the date of the first positive nucleic acid test for HCV RNA between age 2-36 months.

Did the patient receive HCV antigen test between age 2-36 months?

If the patient received HCV antigen test between age 2-36 months, indicate the result.

If positive, then indicate the date of the first positive HCV antigen test between age 2-36 months.

Did the patient receive tissue or organ transplant(s)?

Did the patient use non-injection drugs not prescribed by a doctor or engage in nonmedical use of prescription drugs?

V1.0 only: During the 2-6 weeks prior to the onset of symptoms, did the subject inject drugs not prescribed by a doctor?

Is the specimen from the gestational parent or the infant?

Value Set Code. Search in PHIN VADS using the following link (https://phinvads.cdc.gov/vads/SearchHome.action)	CDC Priority (Legacy)
PHVS_ReasonForTest_Hepatitis	
PHVS_YesNoUnknown_CDC	
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_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

PHVS_LabTestResultQualitative_CDC	P
N/A	P
N/A	P
N/A	P
PHVS_YesNoUnknown_CDC	P
TBD	
TBD	
TBD	
TBD	
Yes No Unknown (YNU)https://phinvads.cdc.gov/vads/ViewValueSet	
N/A	
N/A	
Yes No Unknown (YNU) **https://phinvads.cdc.gov/vads/ViewValueSet.action?** **oid=2.16.840.1.114222.4.11.888**	
TBD	
Yes No Unknown (YNU)https://phinvads.cdc.gov/vads/ViewValueSet	

TBD

Yes No Unknown (YNU)https://phinvads.cdc.gov/vads/ViewValueSet

Yes No Unknown (YNU)https://phinvads.cdc.gov/vads/ViewValueSet

Yes No Unknown (YNU)https://phinvads.cdc.gov/vads/ViewValueSet

Yes No Unknown (YNU)
https://phinvads.cdc.gov/vads/ViewValueSet.action?
oid=2.16.840.1.114222.4.11.888

TBD

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Yes No Unknown (YNU)
https://phinvads.cdc.gov/vads/ViewValueSet.action?
oid=2.16.840.1.114222.4.11.888

N/A

Yes No Unknown (YNU)
https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=2.16.840.1.114222.4.11.888

TBD

TBD

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https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=2.16.840.1.114222.4.11.888

TBD

Yes No Unknown (YNU)
https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=2.16.840.1.114222.4.11.888

TBD

N/A

Yes No Unknown (YNU)
https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=2.16.840.1.114222.4.11.888

TBD

N/A

Yes No Unknown (YNU)
https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=2.16.840.1.114222.4.11.888

TBD

N/A

Yes No Unknown (YNU)
https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=2.16.840.1.114222.4.11.888

TBD

N/A

Yes No Unknown (YNU)
https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=2.16.840.1.114222.4.11.888

TBD

N/A

Yes No Unknown (YNU)
https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=2.16.840.1.114222.4.11.888

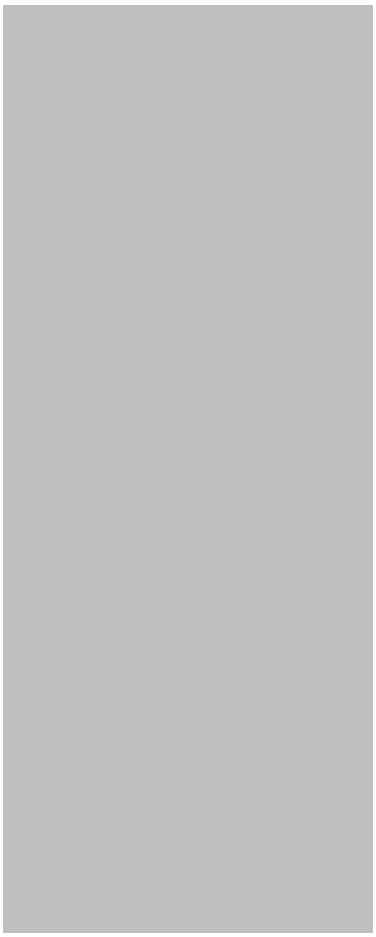
TBD

N/A

Yes No Unknown (YNU)
https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=2.16.840.1.114222.4.11.888

Yes No Unknown (YNU)
https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=2.16.840.1.114222.4.11.888

PHVS_SpecimenFromMotherOrInfant_CRS



CDC Priority
(New)

2

2
2
1

1
1
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1

1

1

1

1

1

1

1

1

2

1
1

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 ummunocompromising 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/mm3)

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/mm3)

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 sequalae (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 Facilty 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
In Day Care
Underlying Condition(s)
Underlying Conditions Indicator
Illness Onset Age
Illness Onset Age Units
Hospital ICU

Residence
Pregnancy Status at the Time of First Positive Culture

Pregnancy Outcome
Gestational Age
Birth Weight
Birth Weight Units
Premature Infant
Insurance
Epi-Linked to a Laboratory-Confirmed or Probable Case
ABCs Case
ABCs State ID
Recurrent Disease with Same Pathogen

Previous State ID (Recurrent Case)
Laboratory Testing Performed
Laboratory Confirmed
Test Manufacturer
Lab Accession Number
Did the Subject Ever Receive a Vaccine Against This Disease
Date of Last Dose Prior to Illness Onset
Vaccination Doses Prior to Onset
Vaccine History Comments
Age at Vaccination
Age at Vaccination Units
Vaccine History Information Source
Vaccine Information Source Indicator

Susceptibility Test

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 ≥2yrs 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

Does this patient attend a day care facility?

Listing of underlying causes or prior illnesses

Underlying Conditions Indicator

Illness onset age

Illness onset age units

During any part of the hospitalization, did the subject stay in an Intensive Care Unit (ICU) or a Critical Care Unit (CCU)?

Where was the patient a resident at time of initial culture?

At the time of first positive culture, was the patient pregnant or postpartum? (The postpartum period is defined as the 30 days following a delivery or miscarriage)

If pregnant or postpartum, what was the outcome of fetus?

If patient <1 month of age, indicate gestational age (in weeks)

If patient <1 month of age, indicate birth Weight

Birth Weight Units

Premature at birth (for children ≤2 years old)

Insurance

Is this case Epi linked to a confirmed or probable case?

ABCs case?

ABCs State ID

Does this case have recurrent disease with the same pathogen? (For Streptococcus pneumoniae, the specimen from the current case must have been isolated 8 or more days after any previous case due to the same pathogen. For all other pathogens, the specimen from the current case must have been isolated 30 or more days after any previous case due to the same pathogen.)

StateID of 1st occurrence for this pathogen and person.

Was laboratory testing done to confirm the diagnosis?

Was the case laboratory confirmed?

Test Manufacturer

Lab Accession Number (including CDC Lab ID)

Did the subject ever receive a vaccine against this disease?

Date of last vaccine dose against this disease prior to illness onset

Number of vaccine doses against this disease prior to illness onset

Vaccine History Comments

The persons age at the time the vaccine was given

The age units of the person at the time the vaccine was given

What sources were used for vaccination history?

Vaccination History Information Source Indicator

Was any susceptibility data available?

Value Set Code. Search in PHIN VADS using the following link (https://phinvads.cdc.gov/vads/SearchHome.action)	CDC Priority
PHVS_YesNoUnknown_CDC	
PHVS_BacterialInfectionSyndrome_IPD	
PHVS_SterileSpecimen_IPD	
PHVS_YesNoUnknown_CDC	
PHVS_UnderlyingConditions_IPD	
PHVS_OxacillinInterpretation_IPD	
PHVS_AntimicrobialAgent_IPD	
PHVS_AntimicrobialSuceptiblilityTestMethod_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	
PHVS_YesNoUnknown_CDC	P
PHVS_UnderlyingConditions_RIBD	P
PHVS_YesNoUnknown_CDC	P
N/A	P
PHVS_AgeUnit_UCUM	P
PHVS_YesNoUnknown_CDC	P
PHVS_ResidenceLocation_RIBD	P
PHVS_PregnacyStatus_RIBD	P

PHVS_FetalOutcome_RIBD	P
N/A	P
N/A	P
PHVS_WeightUnit_UCUM	P
PHVS_YesNoUnknown_CDC	P
PHVS_InsuranceType_RIBD	P
PHVS_YesNoUnknown_CDC	P
PHVS_YesNoUnknown_CDC	P
N/A	P
PHVS_YesNoUnknown_CDC	P
N/A	P
PHVS_YesNoUnknown_CDC	P
PHVS_YesNoUnknown_CDC	P
N/A	P
N/A	P
PHVS_YesNoUnknown_CDC	P
N/A	P
N/A	P
N/A	P
N/A	P
PHVS_AgeUnit_UCUM	P
PHVS_InformationSource_RIBD	P
PHVS_YesNoUnknown_CDC	P
PHVS_YesNoUnknown_CDC	P

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 trherapy 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

Illness Onset Age
Illness Onset Age Units
Accomodation Comments
Address of Healthcare Facility

Zip Code of Healthcare Facility
Healthcare Setting Exposure Comments

Healthcare Facility Water Management Program

Street Address of Assisted/Senior Living Facility

Zip Code of Assisted/Senior Living Facility

Assisted/Senior Living Facility Comments

Assisted/Senior Living Facility Water Management Program

Exposure
Exposure Indicator
Location of Exposure
Date(s) of Exposure
Recent Cruise Travel
Name of Cruiseline
Name of Ship
Cruise Departure City
Cruise Departure State
Cruise Departure Country
Date of Cruise Departure
Cruise Return City
Cruise Return State
Cruise Return Country
Date of Cruise Return
Cabin Number
Port of Call City
Port of Call Country
Port of Call State
Port of Call Date
CDC NORS Outbreak ID#
Did Underlying Condition(s) Exist
Underlying Condition(s)
Underlying Conditions Indicator
Titer Test Type

Test Manufacturer
Test Brand Name

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? 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

Age at illness onset

Age units at illness onset

Comments or information about nights away from home not collected elsewhere

Street Address of healthcare facility visited by the patient in the 10 days before onset

Zip code of healthcare facility visited by the patient in the 10 days before onset

Comments or information about healthcare setting exposure not collected elsewhere

Did the healthcare facility have a water management program to reduce the risk of Legionella growth and spread in place?

Street address of assisted/senior living facility visited/lived in by the patient during exposure

Zip code of assisted/senior living facility visited/lived in by the patient during exposure

Comments or information about assisted/senior living facility exposure not collected elsewhere

Did the assited/senior living facility have a water management program to reduce the risk of Legionella growth and spread in place?

Was the patient exposed to any of the following during the 10 days prior to onset?

Exposure Indicator

Location of exposure (e.g. facility name, city , state)

Date(s) of exposure

In the 10 days before onset, did patient take a cruise?

Name of cruiseline patient sailed with

Name of ship patient sailed on

Cruise departure city

Cruise departure state

Cruise departure country

Cruise departure date

Cruise return city

Cruise return state

Cruise return country

Cruise return date

Patient's cruise ship cabin number

Port of call city

Port of call country

Port of call state

Date for port of call

CDC National Outbreak Reporting System (NORS) Outbreak ID#

Did the patient have any underlying causes or prior illnesses?

Listing of underlying causes or prior illnesses

Underlying conditions indicator

If this is a titer, indicate if this is an initial/acute or convalescent titer (Titer Test Type)

Test Manufacturer

Test Brand Name

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

N/A	P
PHVS_AgeUnit_UCUM	P
N/A	P
N/A	P
N/A	P
N/A	P
PHVS_YesNoUnknown_CDC	P
N/A	P
N/A	P
N/A	P
PHVS_YesNoUnknown_CDC	P
PHVS_LegionellaExposure_RIBD	P
PHVS_YesNoUnknown_CDC	P
N/A	P
N/A	P
PHVS_YesNoUnknown_CDC	P
PHVS_CruiseLine_RIBD	P
N/A	P
N/A	P
PHVS_State_FIPS_5-2	P
PHVS_Country_ISO_3166-1	P
N/A	P
N/A	P
PHVS_State_FIPS_5-2	P
PHVS_Country_ISO_3166-1	P
N/A	P
N/A	P
N/A	P
PHVS_Country_ISO_3166-1	P
PHVS_State_FIPS_5-2	P
N/A	P
N/A	P
PHVS_YesNoUnknown_CDC	P
PHVS_UnderlyingConditions_RIBD	P
PHVS_YesNoUnknown_CDC	P
PHVS_TiterTestType_RIBD	P
N/A	P
N/A	P

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 Convalscent 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

Number of Weeks Gestation at Onset of Illness

Pregnancy Adverse Outcome

Clinical Manifestation Indicator

Medication

Hospital Procedure

Sick Animal
Sick Animal Specified

Drinking or Bathing Usage

Treated Well Water or Rainwater

Flooding Location
Pre-existing conditions
Work Location State
Work Location City

Work Location Zip
Open Wounds

Type of Rodent

Highest Titer Serovar(s)

Contact with Sewage
Activity Type

Exposure Location City
Exposure Location State
Exposure Location Country
Exposure Location

Patient Address City

Immunocompromised Associated Condition or Treatment

Days Missed Due to Illness

Container Lid

Rodent Location

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 convalscent 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 grographic 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 grographic 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 hisotry 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 indentified outbreak.

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.

If subject was pregnant at time of illness onset, specify the number of weeks gestation at onset of illness (1-45 weeks)

If subject was pregnant at time of illness, did the subject have any adverse outcome to the pregnancy (e.g. miscarriage, stillbirth, neonatal illness or death) related to the illness?

For each clinical manifestation reported, indicate (YNU) whether the subject developed the specified manifestation as a result of the illness.

What antibiotics were prescribed/administered to the patient for treatment of this illness?

If subject was hospitalized, were any of the following procedures or treatments done?

Were any animals sick at the time of contact?

Specify the sick animal/s the patient had contact with at this location

Did the subject use well water or rainwater collected in cisterns, drums, or other containers for drinking or bathing?

If the subject used well water or collected rainwater for drinking or bathing, was the water boiled, chemically treated, or UV treated prior to use?

Flooding Location

Does the patient have any of the following pre-existing medical conditions?

Indicate the state where the subject’s workplace is located

Indicate the city where the subject’s workplace is located

Indicate the zip code where the subject's workplace is located

Did the subject have any open wounds or cuts in the 30 days prior to illness onset?

If the subject saw rodents in the 30 days prior to illness onset, what type of rodent(s) were seen?

If the Microscopic Agglutination Test (MAT) was performed, specify the serovar(s) with the highest titer.

Did the subject have contact with sewage in the 30 days prior to illness onset?

Indicate the types of activity that led to the selected animal, water or mud contact. Multiple activities can be selected for the type of exposure.

Indicate the county where the selected exposure occurred

Indicate the state where the selected exposure occurred

Indicate the country where the selected exposure occurred

Indicate the specific location where exposure occurred (e.g. home, work, name of park, name of lake)

Patient Address City

If the patient has an immunosuppressive condition, specify the condition.

Number of days of work or school the patient missed due to this illness?

If the subject had contact with well water, cistern water, or rainwater collected in a drum or other container, did the well, cistern or other container have a lid?

Where did the subject see rodents or evidence of rodents?

Value Set Code. Search in PHIN VADS using the following link (https://phinvads.cdc.gov/vads/SearchHome.action)	CDC Priority (Legacy)
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_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

N/A

PHVS_YesNoUnknown_CDC

PHVS_YesNoUnknown_CDC

PHVS_YesNoUnknown_CDC

N/A

PHVS_YesNoUnknown_CDC
N/A

PHVS_YesNoUnknown_CDC

TBD

Specify the location where flooding occurred
TBD
PHVS_State_FIPS_5-2
N/A

N/A
PHVS_YesNoUnknown_CDC

TBD

N/A

PHVS_YesNoUnknown_CDC
TBD

N/A
PHVS_State_FIPS_5-2
N/A
N/A

N/A

N/A

N/A
PHVS_YesNoUnknown_CDC

TBD

CDC Priority (New)

TBD

TBD

TBD

TBD

TBD

TBD

TBD

TBD

TBD

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TBD
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TBD
TBD

2
3

3
3

3

Label/Short Name

CaseId
CdcId
ReportStatus
FormVersion
FoodNetID
CaseStateID
CaseLocalID
Interviewer
SentLab
SentLabSpecify
DateCompletedBy
Gender
City
ResidenceCounty
State of Residence
Age
DateOfBirth
Ethnicity
HispanicMexican
HispanicPuertoRican
HispanicCuban
HispanicOther
HispanicSpecify
HispanicUnknown
RaceAfricanAmerican_Black
RaceAsian
RaceAsianIndian
RaceAsianChinese
RaceAsianFilipino
RaceAsianJapanese
RaceAsianKorean
RaceAsianVietnamese
RaceAsianOther
RaseAsianOtherSpecify
RaceNativeHawaiian_OtherPacificIsla
RacePacificIslanderHawaiian
RacePacificIslanderGuamanian
RacePacificIslanderSomoan
RacePacificIslanderOther
RaceNativeAmerican
RaceWhite
RaceWhiteMidEast
RaceWhiteNotMidEast
RaceUnknown
RaceOther

RaceOtherSpecify
RaceDecline
Pregnancy
BloodNP
BloodNPDate
BloodNPIDNumber
CSFNP
CSFNPDate
CSFNPIDNumber
OtherNP
OtherNPSpec
OtherNPDate
OtherNPIDNumber
OtherNP2
OtherNP2Spec
OtherNP2Date
OtherNP2IDNumber
NPSpecimenFlag
BacteremiaNP
MeningitisNP
NpListeriaIllnessMeningo
FebrileGastroenteritisNP
NpListeriaIllnessBrain
NpListeriaIllnessRhomb
NpListeriaIllnessPer
NpListeriaIllnessPneu
NPListeriaIllnessWound
NpListeriaIllnessJoint
NPListeriaIllnessBone
OtherIllnessNP
OtherIllnessNPSpec
UnknownNP
HospitalizedNP
AdmitNP
DischargeNP
StillhospitalizedNP
NPHospitalizedListeriosisStillDate
OutcomeNP
NPOutcomeDied
NPOutcomeListeriosisDeathCert
NPOutcomeLastAlive
BloodMotherAP
BloodMotherAPDate
BloodMotherAPIDNumber
BloodNeonateAP
BloodNeonateAPDate
BloodNeonateAPIDNumber

CSFMotherAP
CSFMotherAPDate
CSFMotherAPIDNumber
CSFNeonateAP
CSFNeonateAPDate
CSFNeonateAPIDNumber
PlacentaAP
PlacentaAPDate
PlacentaAPIDNumber
AmnioticAP
AmnioticAPDate
AmnioticAPIDNumber
PrSpecimenTypeFetal
PrSpecimenCollectionFetal
PrSpecimenIsolateIDFetal
OtherAP
OtherAPSpec
OtherAPDate
OtherAPIDNumber
Other2AP
Other2APSpec
Other2APDate
Other2APIDNumber
APSpecimenFlag
OutsideUSSpecify
BornInUS
OutsideUS
PrimaryLanguage
PrimaryLanguageSpecify
YearCametoUS
CDC_EFORSID
BloodNPLab
CSFNPLab
OtherNP2Lab
OtherNPLab
StoolNP
StoolNPDate
StoolNPLab
StoolNPIDNumber
BloodMotherAPLab
BloodNeonateAPLab
CSFMotherAPLab
CSFNeonateAPLab
StoolMotherAP
StoolMotherAPDate
StoolMotherAPLab
StoolMotherAPIDNumber

PlacentaAPLab
AmnioticAPLab
OtherAPLab
None
Cancer
Leukemia
Lymphoma
Hodgkins
NonHodgkins
MultipleMyeloma
Myeloproliferative
OtherCancer
OtherCancerSpecify
KidneyDialysis
CirrhosisLiverDisease
COPD
HeartDisease
HeartDiseaseSpecify
OrganTransplant
OrganTransplantSpecify
Unknown
OtherConditions
Crohns
Diabetes
DiabetesTypeI
DiabetesTypeII
GiantCell
Hemochromatosis
HIV_AIDS
HIV
AIDS
Lupus
RheumatoidArthritis
Sarcoidosis
SickleCell
Splenectomy
UlcerativeColitis
Other1
Other1Spec
Cond_Pregnancy
ImmunosuppressiveMed
Steroids
CancerChemotherapy
OtherImmunosuppresive
OtherImmunoSpecify
Alcohol
IDU

Antacids
AntacidsSpecify
InterviewPatientAble
InterviewPatientReason
InterviewPatientReasonSpecify
StomachUlcers
Arthritis
KidneyDisease
StomachSurgery
Hypertension
ESRD
ChronicDiarrhea
Comments
Underlying
Radiation
Antibiotics
Other2
Other3
Other4
Other5
Other2Spec
Other3Spec
Other4Spec
Other5Spec
PrInfant1PregnancyOutcome
PrInfant1GestationWeeks
PrInfant1DeliveryType
PrInfant1PregnancyOutcomeDate
PrInfant1PregnancyOutcomeOtherSpe
PrInfant2PregnancyOutcome
PrInfant2GestationWeeks
PrInfant2DeliveryType
PrInfant2PregnancyOutcomeDate
PrInfant2PregnancyOutcomeOtherSpe
PrMotherIllnessFever
PrMotherIllnessBacteremia
PrMotherIllnessMeningitis
PrMotherIllnessAmnionitis
PrMotherIllnessFlu
PrMotherIllnessNone
PrMotherIllnessOther
PrMotherIllnessOtherSpecify
PrMotherIlnnessUnknown
PrMotherHospLst
PrMotherHospListAdmit
PrMotherHospDischarge
PrMotherHospListStill

PrMotherHospListHospital
PrMotherOutcomeSurvived
PrMotherOutcomeLastAlive
PrMotherOutcomeDeathCert
PrInfant1IllnessBacteremia
PrInfant1IllnessMeningitis
PrInfant1IllnessPneumonia
PrInfant1IllnessNone
PrInfant1IllnessOther
PrInfant1IllnessSpecify
PrInfant1IllnessUnknown
PrInfant1Delivered
PrInfant1DeliveredAdmit
PrInfant1DeliveredDischarge
PrInfant1DeliveredStill
PrInfant1DeliveredHospital
PrInfant1OutcomeSpecify
PrInfant1HospList
PrInfant1HospListAdmit
PrInfant1HospListDischarge
PrInfant1HospStill
PrInfant1OutcomeSurvived
PrInfant1OutcomeLastAlive
PrInfant1OutcomeDeathCert
PrInfant2IllnessBacteremia
PrInfant2IllnessMeningitis
PrInfant2IllnessPneumonia
PrInfant2IllnessNone
PrInfant2IllnessOther
PrInfant2IllnessSpecify
PrInfant2IllnessUnknown
PrInfant2Delivered
PrInfant2DeliveredAdmit
PrInfant2DeliveredDischarge
PrInfant2DeliveredStill
PrInfant2DeliveredHospital
PrInfant2OutcomeSpecify
PrInfant2HospList
PrInfant2HospListAdmit
PrInfant2HospListDischarge
PrInfant2HospListStill
PrInfant2OutcomeSurvived
PrInfant2OutcomeLastAlive
PrInfant2OutcomeDeathCert
PrMotherIllnessGastroenteritis
PrInfant1IllnessGranulomatosis
PrInfant2IllnessGranulomatosis

InterviewDate
Interviewee
Relationship
OtherRelationshipSpecify
Onset
IllnessBeginNotApplicable
HospitalizedBefore
HAdmit
HDischarge
Hname
StillHosp
NursingHomeBefore
Admitdate
DischargeDate
StillHosporNH
NHName
TravelState
StatesVisited
TravelInternat
Countries
DateDepart
DateReturn
Fever
Chills
Diarrhea
Vomiting
PretermLabor
MuscleAches
Headache
StiffNeck
AlteredMental
OtherSx1
OtherSx1Specify
OtherSx2
OtherSx2Specify
OtherSxFlag
TestDelivered
_4weeksbefore
SpecCollection
HasAllergies
Milk
Eggs
Peanuts
TreeNuts
Fish
Soy
Wheat

Shellfish
OtherAllergy
AllergySpecify
HadVegetarianDiet
Vegetarian
Vegan
HadRestrictedDiet
DietDescription
Grocery1
Grocery1Address
Grocery2
Grocery2Address
Grocery3
Grocery3Address
Grocery4
Grocery4Address
Grocery5
Grocery5Address
Grocery6
Grocery6Address
Grocery7
Grocery7Address
GroceryFlag
ShopperCardReleased
ShopperCardStoreName1
ShopperCardNumber1
ShopperCardStoreName2
ShopperCardNumber2
ShopperCardStoreName3
ShopperCardNumber3
ShopperCardNameFlag
Restaurant1
Restaurant1Address
RestaurantFoodsAte1
Restaurant1Date_1
Restaurant1Date_2
Restaurant1Date_3
Restaurant1Date_4
Restaurant1Date_5
Restaurant2
Restaurant2Address
RestaurantFoodsAte2
Restaurant2Date_1
Restaurant2Date_2
Restaurant2Date_3
Restaurant2Date_4
Restaurant2Date_5

Restaurant3
Restaurant3Address
RestaurantFoodsAte3
Restaurant3Date_1
Restaurant3Date_2
Restaurant3Date_3
Restaurant3Date_4
Restaurant3Date_5
Restaurant4
Restaurant4Address
RestaurantFoodsAte4
Restaurant4Date_1
Restaurant4Date_2
Restaurant4Date_3
Restaurant4Date_4
Restaurant4Date_5
Restaurant5
Restaurant5Address
RestaurantFoodsAte5
Restaurant5Date_1
Restaurant5Date_2
Restaurant5Date_3
Restaurant5Date_4
Restaurant5Date_5
Restaurant6
Restaurant6Address
RestaurantFoodsAte6
Restaurant6Date_1
Restaurant6Date_2
Restaurant6Date_3
Restaurant6Date_4
Restaurant6Date_5
Restaurant7
Restaurant7Address
RestaurantFoodsAte7
Restaurant7Date_1
Restaurant7Date_2
Restaurant7Date_3
Restaurant7Date_4
Restaurant7Date_5
RestaurantFlag
OtherVenue1
OtherVenue1Address
OtherLocationFoodsAte1
OtherVenue1Date_1
OtherVenue1Date_2
OtherVenue1Date_3

OtherVenue1Date_4
OtherVenue1Date_5
OtherVenue2
OtherVenue2Address
OtherLocationFoodsAte2
OtherVenue2Date_1
OtherVenue2Date_2
OtherVenue2Date_3
OtherVenue2Date_4
OtherVenue2Date_5
OtherVenue3
OtherVenue3Address
OtherLocationFoodsAte3
OtherVenue3Date_1
OtherVenue3Date_2
OtherVenue3Date_3
OtherVenue3Date_4
OtherVenue3Date_5
OtherVenue4
OtherVenue4Address
OtherLocationFoodsAte4
OtherVenue4Date_1
OtherVenue4Date_2
OtherVenue4Date_3
OtherVenue4Date_4
OtherVenue4Date_5
OtherVenue5
OtherVenue5Address
OtherLocationFoodsAte5
OtherVenue5Date_1
OtherVenue5Date_2
OtherVenue5Date_3
OtherVenue5Date_4
OtherVenue5Date_5
OtherVenue6
OtherVenue6Address
OtherLocationFoodsAte6
OtherVenue6Date_1
OtherVenue6Date_2
OtherVenue6Date_3
OtherVenue6Date_4
OtherVenue6Date_5
OtherVenue7
OtherVenue7Address
OtherLocationFoodsAte7
OtherVenue7Date_1
OtherVenue7Date_2

OtherVenue7Date_3
OtherVenue7Date_4
OtherVenue7Date_5
OtherVenueFlag
OtherFoodDetails
SeasonalFoodDetails
FarmersMarket1
FarmersMarket1Address
FarmersMarket2
FarmersMarket2Address
FarmersMarket3
FarmersMarket3Address
FarmersMarket4
FarmersMarket4Address
FarmersMarket5
FarmersMarket5Address
FarmersMarket6
FarmersMarket6Address
FarmersMarket7
FarmersMarket7Address
FarmersMarketPurchase
GroceryPurchase
OtherVenuePurchase
RestaurantPurchase
InterviewInitials
FoodComments
InterviewComments
IfEatenHam
DeliSlicedHam
DetailsHam
VenueHam
IfEatenBologna
DeliSlicedBologna
DetailsBologna
VenueBologna
IfEatenTurkeyBreast
DeliSlicedTurkeyBreast
DetailsTurkeyBreast
VenueTurkeyBreast
IfEatenChicken
DeliSlicedChicken
DetailsChicken
VenueChicken
IfEatenRoastBeef
DeliSlicedRoastBeef
DetailsRoastBeef
VenueRoastBeef

IfEatenPastrami
DeliSlicedPastrami
DetailsPastrami
VenuePastrami
IfEatenLiver
DeliSlicedLiver
DetailsLiver
VenueLiver
IfEatenPate
DetailsPate
VenuePate
IfEatenHeadCheese
DeliSlicedHeadCheese
DetailsHeadCheese
VenueHeadCheese
IfEatenPepperoni
DeliSlicedPepperoni
DetailsPepperoni
VenuePepperoni
IfEatenItalian
DeliSlicedItalian
DetailsItalian
VenueItalian
IfEatenOtherDeli
DeliSlicedOtherDeli
SpecifyOtherDeli
DetailsOtherDeli
VenueOtherDeli
IfEatenDeliMeat
DeliSlicedDeliMeat
SpecifyDeliMeat
DetailsDeliMeat
VenueDeliMeat
IfEatenSausage
DetailsSausage
VenueSausage
IfEatenCookedChicken
DetailsCookedChicken
VenueCookedChicken
IfEatenCookedMeat
DetailsCookedMeat
VenueCookedMeat
SpecifyCookedMeat
IfEatenCured
DetailsCured
VenueCured
IfEatenHotDog

HotDogsHeated
DetailsHotDog
VenueHotDog
IfEatenFrozenPoultry
DetailsFrozenPoultry
VenueFrozenPoultry
SpecifyFrozenPoultry
IfEatenGroundPoultry
DetailsGroundPoultry
VenueGroundPoultry
SpecifyGroundPoultry
BolognaOften
BolognaDeli
BolognaGrocery
BolognaOther
BolognaRestaurant
VenueBologna2
VenueBologna3
VenueBologna4
DetailsBologna2
DetailsBologna3
DetailsBologna4
ChickenOften
ChickenDeli
ChickenGrocery
ChickenOther
ChickenRestaurant
VenueChicken2
VenueChicken3
VenueChicken4
DetailsChicken2
DetailsChicken3
DetailsChicken4
HamOften
HamDeli
HamGrocery
HamOther
HamRestaurant
VenueHam2
VenueHam3
VenueHam4
DetailsHam2
DetailsHam3
DetailsHam4
OtherDeliOften
OtherDeliDeli
OtherDeliGrocery

OtherDeliOther
OtherDeliRestaurant
VenueOtherDeli2
VenueOtherDeli3
VenueOtherDeli4
DetailsOtherDeli2
DetailsOtherDeli3
DetailsOtherDeli4
IfEatenOtherTurkey
OtherTurkeyOften
OtherTurkeyDeli
OtherTurkeyGrocery
OtherTurkeyOther
OtherTurkeyRestaurant
VenueOtherTurkey
VenueOtherTurkey2
VenueOtherTurkey3
VenueOtherTurkey4
DetailsOtherTurkey
DetailsOtherTurkey2
DetailsOtherTurkey3
DetailsOtherTurkey4
DeliSlicedOtherTurkey
PastramiOften
PastramiDeli
PastramiGrocery
PastramiOther
PastramiRestaurant
VenuePastrami2
VenuePastrami3
VenuePastrami4
DetailsPastrami2
DetailsPastrami3
DetailsPastrami4
PateOften
PateDeli
PateGrocery
PateOther
PateRestaurant
VenuePate2
VenuePate3
VenuePate4
DetailsPate2
DetailsPate3
DetailsPate4
DeliSlicedPate
TurkeyBreastOften

TurkeyBreastDeli
TurkeyBreastGrocery
TurkeyBreastOther
TurkeyBreastRestaurant
VenueTurkeyBreast2
VenueTurkeyBreast3
VenueTurkeyBreast4
DetailsTurkeyBreast2
DetailsTurkeyBreast3
DetailsTurkeyBreast4
DeliSlicedHotDog
HotDogOften
HotDogDeli
HotDogGrocery
HotDogOther
HotDogRestaurant
VenueHotDog2
VenueHotDog3
VenueHotDog4
DetailsHotDog2
DetailsHotDog3
DetailsHotDog4
IfEatenSprouts
DetailsSprouts
VenueSprouts
IfEatenBean
DetailsBean
VenueBean
IfEatenAlfalfa
DetailsAlfalfa
VenueAlfalfa
IfEatenClover
DetailsClover
VenueClover
IfEatenRadish
DetailsRadish
VenueRadish
IfEatenBroccoli
DetailsBroccoli
VenueBroccoli
IfEatenMixed
DetailsMixed
VenueMixed
IfEatenOtherSprout
DetailsOtherSprout
VenueOtherSprout
SpecifyOtherSprout

IfEatenCucumber
DetailsCucumber
VenueCucumber
IfEatenPea
DetailsPea
VenuePea
IfEatenSweetPepper
DetailsSweetPepper
VenueSweetPepper
IfEatenHotPepper
DetailsHotPepper
VenueHotPepper
IfEatenScallion
DetailsScallion
VenueScallion
IfEatenCelery
DetailsCelery
VenueCelery
IfEatenCarrot
DetailsCarrot
VenueCarrot
IfEatenMushroom
DetailsMushroom
VenueMushroom
IfEatenPreCutVeg
SpecifyPreCutVeg
DetailsPreCutVeg
VenuePreCutVeg
IfEatenBasil
DetailsBasil
VenueBasil
IfEatenCilantro
DetailsCilantro
VenueCilantro
IfEatenParsley
DetailsParsley
VenueParsley
IfEatenHerbs
SpecifyHerbs
DetailsHerbs
VenueHerbs
IfEatenTomato
DetailsTomato
VenueTomato
IfEatenRedRound
DetailsRedRound
VenueRedRound

IfEatenRoma
DetailsRoma
VenueRoma
IfEatenCherryTom
DetailsCherryTom
VenueCherryTom
IfEatenVineTom
DetailsVineTom
VenueVineTom
IfEatenOtherTom
SpecifyOtherTom
DetailsOtherTom
VenueOtherTom
IfEatenLettuce
BagLettuce
BagLettuceSpecify
DetailsLettuce
VenueLettuce
IfEatenIceburg
DetailsIceburg
VenueIceburg
IfEatenRomaine
DetailsRomaine
VenueRomaine
IfEatenMesclun
DetailsMesclun
VenueMesclun
IfEatenRadishLettuce
DetailsRadishLettuce
VenueRadishLettuce
IfEatenLeafLettuce
SpecifyLeafLettuce
DetailsLeafLettuce
VenueLeafLettuce
IfEatenPackedLeafy
SpecifyPackedLeafy
DetailsPackedLeafy
VenuePackedLeafy
IfEatenSalad
DetailsSalad
VenueSalad
IfEatenProduce
SpecifyProduce
DetailsProduce
VenueProduce
SproutsOften
SproutsDeli

SproutsGrocery
SproutsOther
SproutsRestaurant
VenueSprouts2
VenueSprouts3
VenueSprouts4
DetailsSprouts2
DetailsSprouts3
DetailsSprouts4
DeliCounterSprouts
IfEatenFeta
DetailsFeta
RawMilkFeta
VenueFeta
IfEatenGoat
DetailsGoat
RawMilkGoat
VenueGoat
IfEatenBlue
DetailsBlue
RawMilkBlue
VenueBlue
IfEatenBrie
DetailsBrie
RawMilkBrie
VenueBrie
IfEatenGouda
DetailsGouda
RawMilkGouda
VenueGouda
IfEatenShred
DetailsShred
RawMilkShred
VenueShred
IfEatenMozz
DetailsMozz
RawMilkMozz
VenueMozz
IfEatenCottage
DetailsCottage
RawMilkCottage
VenueCottage
IfEatenRicotta
DetailsRicotta
RawMilkRicotta
VenueRicotta
DetailsGourmet

IfEatenGourmet
RawMilkGourmet
VenueGourmet
IfEatenCheeseDeli
DetailsCheeseDeli
RawMilkCheeseDeli
VenueCheeseDeli
IfEatenMiddleEast
DetailsMiddleEast
RawMilkMiddleEast
VenueMiddleEast
IfEatenMexican
DetailsMexican
RawMilkMexican
VenueMexican
IfEatenFresco
DetailsFresco
RawMilkFresco
VenueFresco
IfEatenBlanco
DetailsBlanco
RawMilkBlanco
VenueBlanco
IfEatenCasero
DetailsCasero
RawMilkCasero
VenueCasero
IfEatenCuajada
DetailsCuajada
RawMilkCuajada
VenueCuajada
IfEatenAsadero
DetailsAsadero
RawMilkAsadero
VenueAsadero
IfEatenCotija
DetailsCotija
RawMilkCotija
VenueCotija
IfEatenPanella
DetailsPanella
RawMilkPanella
VenuePanella
IfEatenRanchero
DetailsRanchero
RawMilkRanchero
VenueRanchero

IfEatenRequeson
DetailsRequeson
RawMilkRequeson
VenueRequeson
IfEatenOaxaca
DetailsOaxaca
RawMilkOaxaca
VenueOaxaca
IfEatenOtherMex
DetailsOtherMex
RawMilkOtherMex
VenueOtherMex
SpecifyOtherMex
IfEatenOtherCheese
DetailsOtherCheese
RawMilkOtherCheese
VenueOtherCheese
SpecifyOtherCheese
IfEatenRawCheese
DetailsRawCheese
RawMilkRawCheese
VenueRawCheese
IfEatenCheese
DetailsCheese
RawMilkCheese
VenueCheese
SpecifyCheese
BlueOften
BlueDeli
BlueGrocery
BlueOther
BlueRestaurant
VenueBlue2
VenueBlue3
VenueBlue4
DetailsBlue2
DetailsBlue3
DetailsBlue4
DeliCounterBlue
IfEatenBrie_Old
Brie_OldOften
Brie_OldDeli
Brie_OldGrocery
Brie_OldOther
Brie_OldRestaurant
VenueBrie_Old1
VenueBrie_Old2

VenueBrie_Old3
VenueBrie_Old4
DetailsBrie_Old1
DetailsBrie_Old2
DetailsBrie_Old3
DetailsBrie_Old4
DeliCounterBrie_Old
IfEatenCamembert
CamembertOften
CamembertDeli
CamembertGrocery
CamembertOther
CamembertRestaurant
VenueCamembert1
VenueCamembert2
VenueCamembert3
VenueCamembert4
DetailsCamembert1
DetailsCamembert2
DetailsCamembert3
DetailsCamembert4
DeliCounterCamembert
IfEatenFarmers
FarmersOften
FarmersDeli
FarmersGrocery
FarmersOther
FarmersRestaurant
VenueFarmers1
VenueFarmers2
VenueFarmers3
VenueFarmers4
DetailsFarmers1
DetailsFarmers2
DetailsFarmers3
DetailsFarmers4
DeliCounterFarmers
FetaOften
FetaDeli
FetaGrocery
FetaOther
FetaRestaurant
VenueFeta2
VenueFeta3
VenueFeta4
DetailsFeta2
DetailsFeta3

DetailsFeta4
DeliCounterFeta
GoatOften
GoatDeli
GoatGrocery
GoatOther
GoatRestaurant
VenueGoat2
VenueGoat3
VenueGoat4
DetailsGoat2
DetailsGoat3
DetailsGoat4
DeliCounterGoat
MexicanOften
MexicanDeli
MexicanGrocery
MexicanOther
MexicanRestaurant
VenueMexican2
VenueMexican3
VenueMexican4
DetailsMexican2
DetailsMexican3
DetailsMexican4
DeliCounterMexican
OtherCheeseOften
OtherCheeseDeli
OtherCheeseGrocery
OtherCheeseOther
OtherCheeseRestaurant
VenueOtherCheese2
VenueOtherCheese3
VenueOtherCheese4
DetailsOtherCheese2
DetailsOtherCheese3
DetailsOtherCheese4
DeliCounterOtherCheese
RawCheeseOften
RawCheeseDeli
RawCheeseGrocery
RawCheeseOther
RawCheeseRestaurant
VenueRawCheese2
VenueRawCheese3
VenueRawCheese4
DetailsRawCheese2

DetailsRawCheese3
DetailsRawCheese4
DeliCounterRawCheese
IfEatenMilk
DetailsMilk
VenueMilk
RawUnpasteurizedMilk
IfEatenWholeMilk
DetailsWholeMilk
VenueWholeMilk
IfEaten2Milk
Details2Milk
Venue2Milk
IfEaten1Milk
Details1Milk
Venue1Milk
IfEatenSkimMilk
DetailsSkimMilk
VenueSkimMilk
IfEatenOtherMilk
DetailsOtherMIlk
VenueOtherMilk
SpecifyOtherMilk
IfEatenNonDairyMilk
DetailsNonDairyMilk
VenueNonDairyMilk
SpecifyNonDairyMilk
IfEatenFrozenYogurt
DetailsFrozenYogurt
VenueFrozenYogurt
IfEatenYogurt
RawUnpasteurizedYogurt
SpecifyYogurt
DetailsYogurt
VenueYogurt
IfEatenYogurtDrink
DetailsYogurtDrink
VenueYogurtDrink
IfEatenButter
DetailsButter
VenueButter
IfEatenCream
DetailsCream
VenueCream
IfEatenIceCreamBars
DetailsIceCreamBars
VenueIceCreamBars

IfEatenIceCream
DetailsIceCream
VenueIceCream
SoftServeIceCream
IfEatenSourCream
DetailsSourCream
VenueSourCream
IfEatenShrimp
DetailsShrimp
VenueShrimp
IfEatenShellfish
SpecifyShellfish
DetailsShellfish
VenueShellfish
IfEatenFish
DetailsFish
VenueFish
IfEatenRawFish
DetailsRawFish
VenueRawFish
IfEatenSeafood
DetailsSeafood
VenueSeafood
IfEatenHummus
DetailsHummus
VenueHummus
IfEatenSalsa
DetailsSalsa
VenueSalsa
IfEatenGuacamole
DetailsGuacamole
VenueGuacamole
IfEatenDip
DetailsDip
VenueDip
SpecifyDip
HummusOften
HummusDeli
HummusGrocery
HummusOther
HummusRestaurant
VenueHummus2
VenueHummus3
VenueHummus4
DetailsHummus2
DetailsHummus3
DetailsHummus4

DeliCounterHummus
IfEatenCrab
CrabOften
CrabDeli
CrabGrocery
CrabOther
CrabRestaurant
VenueCrab
VenueCrab2
VenueCrab3
VenueCrab4
DetailsCrab
DetailsCrab2
DetailsCrab3
DetailsCrab4
DeliCounterCrab
ShrimpOften
ShrimpDeli
ShrimpGrocery
ShrimpOther
ShrimpRestaurant
VenueShrimp2
VenueShrimp3
VenueShrimp4
DetailsShrimp2
DetailsShrimp3
DetailsShrimp4
DeliCounterShrimp
FishOften
FishDeli
FishGrocery
FishOther
FishRestaurant
VenueFish2
VenueFish3
VenueFish4
DetailsFish2
DetailsFish3
DetailsFish4
DeliCounterFish
WholeMilkOften
WholeMilkDeli
WholeMilkGrocery
WholeMilkOther
WholeMilkRestaurant
VenueWholeMilk2
VenueWholeMilk3

VenueWholeMilk4
DetailsWholeMilk2
DetailsWholeMilk3
DetailsWholeMilk4
RawUnpasteurizedWholeMilk
_2MilkOften
_2MilkDeli
_2MilkGrocery
_2MilkOther
_2MilkRestaurant
Venue2Milk2
Venue2Milk3
Venue2Milk4
Details2Milk2
Details2Milk3
Details2Milk4
RawUnpasteurized2Milk
_1MilkOften
_1MilkDeli
_1MilkGrocery
_1MilkOther
_1MilkRestaurant
Venue1Milk2
Venue1Milk3
Venue1Milk4
Details1Milk2
Details1Milk3
Details1Milk4
RawUnpasteurized1Milk
SkimMilkOften
SkimMilkDeli
SkimMilkGrocery
SkimMilkOther
SkimMilkRestaurant
VenueSkimMilk2
VenueSkimMilk3
VenueSkimMilk4
DetailsSkimMilk2
DetailsSkimMilk3
DetailsSkimMilk4
RawUnpasteurizedSkimMilk
OtherMilkOften
OtherMilkDeli
OtherMilkGrocery
OtherMilkOther
OtherMilkRestaurant
VenueOtherMilk2

VenueOtherMilk3
VenueOtherMilk4
DetailsOtherMilk2
DetailsOtherMilk3
DetailsOtherMilk4
RawUnpasteurizedOtherMilk
ButterOften
ButterDeli
ButterGrocery
ButterOther
ButterRestaurant
VenueButter2
VenueButter3
VenueButter4
DetailsButter2
DetailsButter3
DetailsButter4
CreamOften
CreamDeli
CreamGrocery
CreamOther
CreamRestaurant
VenueCream2
VenueCream3
VenueCream4
DetailsCream2
DetailsCream3
DetailsCream4
IceCreamOften
IceCreamDeli
IceCreamGrocery
IceCreamOther
IceCreamRestaurant
VenueIceCream2
VenueIceCream3
VenueIceCream4
DetailsIceCream2
DetailsIceCream3
DetailsIceCream4
SourCreamOften
SourCreamDeli
SourCreamGrocery
SourCreamOther
SourCreamRestaurant
VenueSourCream2
VenueSourCream3
VenueSourCream4

DetailsSourCream2
DetailsSourCream3
DetailsSourCream4
YogurtOften
YogurtDeli
YogurtGrocery
YogurtOther
YogurtRestaurant
VenueYogurt2
VenueYogurt3
VenueYogurt4
DetailsYogurt2
DetailsYogurt3
DetailsYogurt4
IfEatenPotato
DeliCounterPotato
DetailsPotato
VenuePotato
IfEatenPasta
DeliCounterPasta
DetailsPasta
VenuePasta
IfEatenEgg
DeliCounterEgg
DetailsEgg
VenueEgg
IfEatenTuna
DeliCounterTuna
DetailsTuna
VenueTuna
IfEatenChickenSalad
DeliCounterChickenSalad
DetailsChickenSalad
VenueChickenSalad
IfEatenBeanSalad
DeliCounterBeanSalad
DetailsBeanSalad
VenueBeanSalad
IfEatenSeafoodSalad
DeliCounterSeafoodSalad
DetailsSeafoodSalad
VenueSeafoodSalad
IfEatenColeSlaw
DeliCounterColeSlaw
DetailsColeSlaw
VenueColeSlaw
IfEatenOtherRTESalad

DeliCounterOtherRTESalad
DetailsOtherRTESalad
VenueOtherRTESalad
IfEatenSaladBar
DetailsSaladBar
VenueSaladBar
IfEatenSmoothie
DetailsSmoothie
VenueSmoothie
IfEatenTahini
DetailsTahini
VenueTahini
IfEatenTofu
DetailsTofu
VenueTofu
IfEatenRiceNoodle
DetailsRiceNoodle
VenueRiceNoodle
IfEatenSandwich
DetailsSandwich
VenueSandwich
IfEatenNutButter
DetailsNutButter
VenueNutButter
IfEatenNuts
DetailsNuts
VenueNuts
IfEatenSeeds
DetailsSeeds
VenueSeeds
IfEatenOtherCountry
DetailsOtherCountry
VenueOtherCountry
BeanSaladOften
BeanSaladDeli
BeanSaladGrocery
BeanSaladOther
BeanSaladRestaurant
VenueBeanSalad2
VenueBeanSalad3
VenueBeanSalad4
DetailsBeanSalad2
DetailsBeanSalad3
DetailsBeanSalad4
ColeSlawOften
ColeSlawDeli
ColeSlawGrocery

ColeSlawOther
ColeSlawRestaurant
VenueColeSlaw2
VenueColeSlaw3
VenueColeSlaw4
DetailsColeSlaw2
DetailsColeSlaw3
DetailsColeSlaw4
OtherRTESaladSpecify
OtherRTESaladOften
OtherRTESaladDeli
OtherRTESaladGrocery
OtherRTESaladOther
OtherRTESaladRestaurant
VenueOtherRTESalad2
VenueOtherRTESalad3
VenueOtherRTESalad4
DetailsOtherRTESalad2
DetailsOtherRTESalad3
DetailsOtherRTESalad4
PastaOften
PastaDeli
PastaGrocery
PastaOther
PastaRestaurant
VenuePasta2
VenuePasta3
VenuePasta4
DetailsPasta2
DetailsPasta3
DetailsPasta4
PotatoOften
PotatoDeli
PotatoGrocery
PotatoOther
PotatoRestaurant
VenuePotato2
VenuePotato3
VenuePotato4
DetailsPotato2
DetailsPotato3
DetailsPotato4
SeafoodSaladOften
SeafoodSaladDeli
SeafoodSaladGrocery
SeafoodSaladOther
SeafoodSaladRestaurant

VenueSeafoodSalad2
VenueSeafoodSalad3
VenueSeafoodSalad4
DetailsSeafoodSalad2
DetailsSeafoodSalad3
DetailsSeafoodSalad4
TunaOften
TunaDeli
TunaGrocery
TunaOther
TunaRestaurant
VenueTuna2
VenueTuna3
VenueTuna4
DetailsTuna2
DetailsTuna3
DetailsTuna4
IfEatenApples
FruitStateApple
PreSlicedApple
VenueApple
DetailsApple
IfEatenCarApple
DetailsCarApple
VenueCarApple
IfEatenGrape
DetailsGrape
VenueGrape
IfEatenRaisin
DetailsRaisin
VenueRaisin
IfEatenPear
FruitStatePear
DetailsPear
VenuePear
IfEatenPeach
DetailsPeach
FruitStatePeach
VenuePeach
IfEatenNectarine
FruitStateNectarine
DetailsNectarine
VenueNectarine
IfEatenApricot
FruitStateApricot
DetailsApricot
VenueApricot

IfEatenPlum
DetailsPlum
FruitStatePlum
VenuePlum
IfEatenStrawberry
DetailsStrawberry
FruitStateStrawberry
VenueStrawberry
IfEatenRaspberry
DetailsRaspberry
FruitStateRaspberry
VenueRaspberry
IfEatenBlueberry
FruitStateBlueberry
DetailsBlueberry
VenueBlueberry
IfEatenBlackberry
FruitStateBlackberry
DetailsBlackberry
VenueBlackberry
IfEatenCherry
FruitStateCherry
DetailsCherry
VenueCherry
IfEatenHoneydew
DetailsHondeydew
PreSlicedHoneydew
VenueHoneydew
IfEatenCantaloupe
PreSlicedCantaloupe
DetailsCantaloupe
VenueCantaloupe
IfEatenWatermelon
PreSlicedWatermelon
DetailsWatermelon
VenueWatermelon
IfEatenPineapple
PreSlicedPineapple
DetailsPineapple
VenuePineapple
IfEatenMango
PreSlicedMango
FruitStateMango
DetailsMango
VenueMango
IfEatenPapaya
FruitStatePapaya

DetailsPapaya
VenuePapaya
IfEatenAvocado
DetailsAvocado
VenueAvocado
FruitStateAvocado
IfEatenFruitSalad
DetailsFruitSalad
VenueFruitSalad
IfEatenOtherFruit
SpecifyOtherFruit
FruitStateOtherFruit
DetailsOtherFruit
VenueOtherFruit
IfEatenSorbet
DetailsSorbet
VenueSorbet
IfEatenZoo
DetailsZoo
VenueZoo
IfEatenPetFood
DetailsPetFood
VenuePetFood
IfEatenPetTreats
DetailsPetTreats
VenuePetTreats
FruitSaladOften
FruitSaladDeli
FruitSaladGrocery
FruitSaladOther
FruitSaladRestaurant
VenueFruitSalad2
VenueFruitSalad3
VenueFruitSalad4
DetailsFruitSalad2
DetailsFruitSalad3
DetailsFruitSalad4
DeliCounterFruitSalad
CantaloupeOften
CantaloupeDeli
CantaloupeGrocery
CantaloupeOther
CantaloupeRestaurant
VenueCantaloupe2
VenueCantaloupe3
VenueCantaloupe4
DetailsCantaloupe2

DetailsCantaloupe3
DetailsCantaloupe4
HoneydewOften
HoneydewDeli
HoneydewGrocery
HoneydewOther
HoneydewRestaurant
VenueHoneydew2
VenueHoneydew3
VenueHoneydew4
DetailsHoneydew2
DetailsHoneydew3
DetailsHoneydew4
WatermelonOften
WatermelonDeli
WatermelonGrocery
WatermelonOther
WatermelonRestaurant
VenueWatermelon2
VenueWatermelon3
VenueWatermelon4
DetailsWatermelon2
DetailsWatermelon3
DetailsWatermelon4
CaseStatusAPMother
CaseStatusAPNeonate
CaseStatusNP
LabCriteria
APNeonateAgeAtCollection
ResultCulture
ResultCIDT
EpiLink
PrInfantOutcomeDeathDate

LocalRecordIDMother

LocalRecordIDNeonate

Description

ID assigned by database
ID assigned by CDC
Status of report
Version of form
The FoodNet ID for the imported report (if applicable)
The State Epi ID to identify the report being imported.
The Local Epi ID to identify the report being imported.
The name of the interviewer.
Was the isolate sent to the public health laboratory?
If isolate not sent to state lab, why not and could it still be obtained?
The date that the form was completed on.
Gender
The city of residence where the report/case originated.
The county of residence where the report/case originated.
The state of residence where the report/case originated.
Age of case-patient.
Date of birth
Is the case-patient of Hispanic, Latino, or Spanish origin?
Mexican, Mexican American, Chicano
Puerto Rican
Cuban
Another Hispanic, Latino, or Spanish Origin
If another Hispanic, Latino, or Spanish origin, specify.
Unknown Hispanic ancestry/declined to specify
African American/Black
Asian
Asian Indian
Chinese
Filipino
Japanese
Korean
Vietnamese
Other Asian
Other Asian, specify
Native Hawaiian or Other Pacific Islander
Native Hawaiian
Guamanian or Chamorro
Samoan
Other Pacific Islander
Native American or Alaska Native
White
Middle Eastern/North African
Not Middle Eastern/North African
Unknown Race
Other Race

Other Race Specify
Declined to answer race question(s)
Is Listeria case associate with pregnancy?
Not Pregnant: Type of specimen that grew Listeria. - Blood
Not Pregnant: Specimen collection date. - Blood
Not Pregnant: State public health lab isolate ID #. - Blood
Not Pregnant: Type of specimen that grew Listeria. - CSF
Not Pregnant: Specimen collection date. - CSF
Not Pregnant: State public health lab isolate ID #. - CSF
Not Pregnant: Type of specimen that grew Listeria. - Other
Not Pregnant: Specify other type of specimen that grew Listeria.
Not Pregnant: Specimen collection date. - Other
Not Pregnant: State public health lab isolate ID #. - Other
Not Pregnant: Type of specimen that grew Listeria. - Other
Not Pregnant: Specify other type of specimen that grew Listeria.
Not Pregnant: Specimen collection date. - Other
Not Pregnant: State public health lab isolate ID #. - Other
Not Pregnant: Other flag
Not Pregnant: Did patient have any types of illnesses related to the Listeria infection? - I
Not Pregnant: Did patient have any types of illnesses related to the Listeria infection? - I
Not Pregnant: Did patient have any types of illnesses related to the Listeria infection? - I
Type of illness-Febrile gastroenteritis, non-pregnant case
Not Pregnant: Did patient have any types of illnesses related to the Listeria infection? - I
Not Pregnant: Did patient have any types of illnesses related to the Listeria infection? - I
Not Pregnant: Did patient have any types of illnesses related to the Listeria infection? - I
Not Pregnant: Did patient have any types of illnesses related to the Listeria infection? - I
Not Pregnant: Did patient have any types of illnesses related to the Listeria infection? - \
Not Pregnant: Did patient have any types of illnesses related to the Listeria infection? - .
Not Pregnant: Did patient have any types of illnesses related to the Listeria infection? - I
Not Pregnant: Did patient have any types of illnesses related to the Listeria infection? - (
Not Pregnant: Did patient have any types of illnesses related to the Listeria infection? - (
Not Pregnant: Did patient have any types of illnesses related to the Listeria infection? - I
Not Pregnant: Was patient hospitalized for listeriosis?
Not Pregnant: If patient hospitalized for listeriosis, admit date.
Not Pregnant: If patient hospitalized for listeriosis, discharge date.
Not Pregnant: If patient hospitalized for listeriosis, still hospitalized?
Not Pregnant: If patient hospitalized for listeriosis, still hospitalized last date.
Not Pregnant: Did the patient survive?
Not Pregnant: If the patient died, what was the date?
Not Pregnant: If died, was listeriosis or Listeria infection listed on death certificate?
Not Pregnant: If survived, last known date alive.
Pregnant: Type of specimen that grew Listeria. - Blood from mother
Pregnant: Specimen collection date. -Blood from mother
Pregnant: State public health lab isolate ID #. - Blood from mother
Pregnant: Type of specimen that grew Listeria. - Blood from neonate
Pregnant: Specimen collection date. - Blood from neonate
Pregnant: State public health lab isolate ID #. - Blood from neonate

Pregnant: Type of specimen that grew Listeria. - CSF from mother
Pregnant: Specimen collection date. - CSF from mother
Pregnant: State public health lab isolate ID #. - CSF from mother
Pregnant: Type of specimen that grew Listeria. - CSF from neonate
Pregnant: Specimen collection date. - CSF from neonate
Pregnant: State public health lab isolate ID #. - CSF from neonate
Pregnant: Type of specimen that grew Listeria. - Placenta
Pregnant: Specimen collection date. - Placenta
Pregnant: State public health lab isolate ID #. - Placenta
Pregnant: Type of specimen that grew Listeria. - Amniotic Fluid
Pregnant: Specimen collection date. - Amniotic fluid
Pregnant: State public health lab isolate ID #. - Amniotic fluid
Pregnant: Type of specimen that grew Listeria. -Fetal tissue
Pregnant: Specimen collection date. - Fetal tissue
Pregnant: State public health lab isolate ID #. - Fetal tissue
Pregnant: Type of specimen that grew Listeria. - Other
Pregnant: Specify other type of specimen that grew Listeria. - Other
Pregnant: Specimen collection date. - Other
Pregnant: State public health lab isolate ID #. - Other
Pregnant: Type of specimen that grew Listeria. - Other
Pregnant: Specify other type of specimen that grew Listeria. - Other
Pregnant: Specimen collection date. -Other
Pregnant: State public health lab isolate ID #. - Other
Pregnant: Other flag
If born outside of the US, specify where.
Denotes that the <case> was born inside the United States.
Denotes that the <case> was born outside the United States.
Primary language of the <case>, either english, spanish, other (specify) or unknown.
Specify the primary language if it is not available in the original list.
If born outside of the US, specify the year <case> arrived.
CDC EFORS ID
Lab submitting blood specimen, non-pregnant case
Lab submitting CSF specimen, non-pregnant case
Lab submitting other specimen 2, non-pregnant case
Lab submitting other specimen, 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
Lab submitting blood specimen from mother, pregnancy-associated case
Lab submitting blood specimen from neonate, pregnancy-associated case
Lab submitting CSF specimen from mother, pregnancy-associated case
Lab submitting CSF specimen from neonate, pregnancy-associated case
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-associat

Lab submitting placenta specimen, pregnancy-associated case
Lab submitting amniotic fluid specimen, pregnnacy-associated case
Lab submitting other specimen, pregnancy-associated case
Underlying conditions and treatments. - None
Underlying conditions and treatments. - Cancer
If Cancer, Leukemia
If Cancer, Lymphoma
If Lymphoma, Hodgkins
If Lymphoma, Non-Hodgkins
If Cancer, Multiple Myeloma
If Cancer, Myeloproliferative disorder
If Cancer, Other cancer
If Other Cancer, specify other cancer
Underlying conditions and treatments. - Kidney dialysis
Underlying conditions and treatments. - Cirrhosis/advanced liver disease
Underlying conditions and treatments. - Chronic Obstructive Pulmonary Disease
Underlying conditions and treatments. - Heart Disease
If Heart Disease, specify heart disease
Underlying conditions and treatments. - Organ transplant
If Organ Transplant, specify organ
Underlying conditions and treatments. - Unknown
Underlying conditions and treatments. - Other conditions
Underlying conditions and treatments. - Crohn's
Underlying conditions and treatments. - Diabetes mellitus
If Diabetes mellitus, Type 1
If Diabetes mellitus, Type 2
Underlying conditions and treatments. - Giant cell arteritis
Underlying conditions and treatments. - Hemochromatosis/iron overload
Underlying conditions and treatments. - HIV/AIDS
If HIV/AIDS, HIV (no AIDS)
If HIV/AIDS, AIDS
Underlying conditions and treatments. - Lupus
Underlying conditions and treatments. - Rheumatoid arthritis
Underlying conditions and treatments. - Sarcoidosis
Underlying conditions and treatments. - Sickle cell disease
Underlying conditions and treatments. - Splenectomy/asplenia
Underlying conditions and treatments. - Unlcerative colitis
Underlying conditions and treatments. - Other condition
If Other Condition, specify other conditions
Underlying conditions and treatments. - Pregnancy
Underlying conditions and treatments. - Immunosuppressive medication
If Immunosuppressive medication, Corticosteroids/steroids
If Immunosuppressive medication, Cancer chemotherapy
If Immunosuppressive medication, Other immunosuppressive therapy
If Other Immunosuppressive therapy, specify therapy
Underlying conditions and treatments. - Excessive alcohol use
Underlying conditions and treatments. - Injection drug user

Underlying conditions and treatments. - Medications that suppress stomach acid
If Medications that suppress stomach acid, specify medications
Was patient or surrogate able to be interviewed?
If patient or surrogate was not interviewed, why not?
Other reason patient or surrogate was not interviewed.
StomachUlcers
Arthritis
KidneyDisease
StomachSurgery
Hypertension
ESRD
ChronicDiarrhea
Comments
Underlying
Radiation
Antibiotics
Other symptoms
Name of store/restaurant/other venue where soft white cheese purchased 3
Name of store/restaurant/other venue where soft white cheese purchased 4
Name of store/restaurant/other venue where soft white cheese purchased 5
Other 2 specify
Other 3 specify
Other 4 specify
Other 5 specify
Pregnant: Infant 1 pregnancy outcome.
Pregnant: Infant 1 weeks of gestation.
Pregnant: Infant 1 delivery type.
Pregnant: Infant 1 pregnancy outcome date.
Pregnant: Specify other outcome of pregnancy for infant 1?
Pregnant: Infant 1 pregnancy outcome.
Pregnant: Infant 1 weeks of gestation.
Pregnant: Infant 1 delivery type.
Pregnant: Infant 1 pregnancy outcome date.
Pregnant: Specify other outcome of pregnancy for infant 1?
Pregnant: Type(s) of illness in mother.-Fever
Pregnant: Type(s) of illness in mother.-Bacteremia/sepsis
Pregnant: Type(s) of illness in mother.-Meningitis
Pregnant: Type(s) of illness in mother.-Amnionitis
Pregnant: Type(s) of illness in mother.-Non-specific flu-like illness
Pregnant: Type(s) of illness in mother.-None
Pregnant: Type(s) of illness in mother.-Other
Pregnant: If Other Illness, specify
Pregnant: Type(s) of illness in mother.-Unknown
Pregnant: Was mother hospitalized for listeriosis?
Pregnant: If mother was hospitalized for listeriosis, admit date.
Pregnant: If mother was hospitalized for listeriosis, discharge date.
Pregnant: If mother was hospitalized for listeriosis, still hopsitalized?

Pregnant: If mother was hospitalized for listeriosis, name of hospital.
Pregnant: Did the mother survive?
Pregnant: If the mother survived, last known date alive.
Pregnant: If the mother died, was listeriosis or Listeria infection listed on death certifica
Pregnant: Type(s) of illness in infant 1.-Bacteremia/sepsis
Pregnant: Type(s) of illness in infant 1.-Meningitis
Pregnant: Type(s) of illness in infant 1.-Pneumonia
Pregnant: Type(s) of illness in infant 1.-None
Pregnant: Type(s) of illness in infant 1.-Other
Pregnant: Specify other type(s) of illness in infant 1.
Pregnant: Type(s) of illness in infant 1.-Unknown
Pregnant: Where was infant 1 delivered?
Pregnant: If infant 1 was delivered at a hospitalized, admit date.
Pregnant: If infant 1 was delivered at a hospitalized, discharge date.
Pregnant: If infant 1 was delivered at a hospitalized, still hopsitalized?
Pregnant: If infant 1 was hospitalized for listeriosis, name of hospital.
Pregnant: Specify other location where infant 1 was delivered?
Pregnant: Was infant 1 hospitalized for listeriosis?
Pregnant: If infant 1 was hospitalized for listeriosis, admit date.
Pregnant: If infant 1 was hospitalized for listeriosis, discharge date.
Pregnant: If infant 1 was hospitalized for listeriosis, still hopsitalized?
Pregnant: Did infant 1 survive?
Pregnant: If infant 1 survived, last known date alive.
Pregnant: If infant 1 died, was listeriosis or Listeria infection listed on death certificate?
Pregnant: Type(s) of illness in infant 2.-Bacteremia/sepsis
Pregnant: Type(s) of illness in infant 2.-Meningitis
Pregnant: Type(s) of illness in infant 2.-Pneumonia
Pregnant: Type(s) of illness in infant 2.-None
Pregnant: Type(s) of illness in infant 2.-Other
Pregnant: Specify other type(s) of illness in infant 2.
Pregnant: Type(s) of illness in infant 2.-Unknown
Pregnant: Where was infant 2 delivered?
Pregnant: If infant 2 was delivered at a hospitalized, admit date.
Pregnant: If infant 2 was delivered at a hospitalized, discharge date.
Pregnant: If infant 2 was delivered at a hospitalized, still hopsitalized?
Pregnant: If infant 2 was hospitalized for listeriosis, name of hospital.
Pregnant: Specify other location where infant 2 was delivered?
Pregnant: Was infant 2 hospitalized for listeriosis?
Pregnant: If infant 2 was hospitalized for listeriosis, admit date.
Pregnant: If infant 2 was hospitalized for listeriosis, discharge date.
Pregnant: If infant 2 was hospitalized for listeriosis, still hopsitalized?
Pregnant: Did infant 2 survive?
Pregnant: If infant 2 survived, last known date alive.
Pregnant: If infant 2 died, was listeriosis or Listeria infection listed on death certificate?
Pregnant: Type(s) of illness in mother.-Gastroenteritis
Pregnant: Type(s) of illness in infant1.-Granulomatosis
Pregnant: Type(s) of illness in infant2.-Granulomatosis

Date of patient interview.
Respondent of the patient interview.
If respondent was surrogate, relationship to patient.
If respondent was surrogate, relationship to patient specify other.
Date illness began.
Date illness began does not apply.
During the 4 weeks before illness/delivery date, was admitted to a hospital?
If admitted to a hospital, admission date.
If admitted to a hospital, discharge date.
If admitted to a hospital, hospital name.
If admitted to a hospital, still residing there?
During the 4 weeks before illness/delivery date, was admitted to a nursing home?
Date admitted to nursing home (if resident in 4 weeks prior to onset)
Dicharge date from nursing home (if resident in 4 weeks prior to onset)
If admitted to a nursing home, still residing there?
If admitted to a nursing home, nursing home name.
Did travel outside state of residence?
If traveled outside state of residence, names of states.
Did travel outside state of the U.S.?
If traveled outside U.S., names of countries.
If traveled outside U.S., departure date.
If traveled outside U.S., return date.
Patient symptom name associated with illness.-Fever
Patient symptom name associated with illness.-Chills
Patient symptom name associated with illness.-Diarrhea
Patient symptom name associated with illness.-Vomitting
Patient symptom name associated with illness.-Preterm labor
Patient symptom name associated with illness.-Muscle Aches
Patient symptom name associated with illness.-Headache
Patient symptom name associated with illness.-Stiff neck
Patient symptom name associated with illness.-Altered mental status
Patient symptom name associated with illness.-Other
Specify other patient symptom.
Patient symptom name associated with illness.-Other
Specify other patient symptom.
Other symptom flag
Illness/delivery date
4-week start date
4-week end date
Whether or not <case> had allergies that prevented <case> from eating certain foods.
The name of the food that <case> has allergies toward.-Milk
The name of the food that <case> has allergies toward.-Eggs
The name of the food that <case> has allergies toward.-Peanuts
The name of the food that <case> has allergies toward.-Tree Nuts
The name of the food that <case> has allergies toward.-Fish
The name of the food that <case> has allergies toward.-Soy
The name of the food that <case> has allergies toward.-Wheat

The name of the food that <case> has allergies toward.-Shellfish
The name of the food that <case> has allergies toward.-Other
If Other (specify) was the given allergy, then specify allergy here.
Whether or not <case> had a vegetarian or vegan diet.
If yes to vegetarian or vegan diet, this denotes a vegetarian diet.
If yes to vegetarian or vegan diet, this denotes a vegan diet.
Whether or not <case> had a restricted diet.
A description of the restricted diet that <case> was on.
The name of the store from which the food was acquired
The location of the store from which the food was acquired.
The name of the store from which the food was acquired
The location of the store from which the food was acquired.
The name of the store from which the food was acquired
The location of the store from which the food was acquired.
The name of the store from which the food was acquired
The location of the store from which the food was acquired.
The name of the store from which the food was acquired
The location of the store from which the food was acquired.
The name of the store from which the food was acquired
The location of the store from which the food was acquired.
The name of the store from which the food was acquired
The location of the store from which the food was acquired.
Grocery strore flag
Whether or not <case> agreed to release shopper card information.
The name of the store associated with the shopper card information.
The number and/or characters that uniquely identify the shopper card.
The name of the store associated with the shopper card information.
The number and/or characters that uniquely identify the shopper card.
The name of the store associated with the shopper card information.
The number and/or characters that uniquely identify the shopper card.
Shopper card name flag
The name of the restaurant where <case> may have eaten.
The location of the restaurant where <case> may have eaten.
The food that <case> may have eaten at the restaurant.
Restaurant 1 date 1
Restaurant 1 date 2
Restaurant 1 date 3
Restaurant 1 date 4
Restaurant 1 date 5
The name of the restaurant where <case> may have eaten.
The location of the restaurant where <case> may have eaten.
The food that <case> may have eaten at the restaurant.
Restaurant 2 date 1
Restaurant 2 date 2
Restaurant 2 date 3
Restaurant 2 date 4
Restaurant 2 date 5

The name of the restaurant where <case> may have eaten.
The location of the restaurant where <case> may have eaten.
The food that <case> may have eaten at the restaurant.
Restaurant 3 date 1
Restaurant 3 date 2
Restaurant 3 date 3
Restaurant 3 date 4
Restaurant 3 date 5
The name of the restaurant where <case> may have eaten.
The location of the restaurant where <case> may have eaten.
The food that <case> may have eaten at the restaurant.
Restaurant 4 date 1
Restaurant 4 date 2
Restaurant 4 date 3
Restaurant 4 date 4
Restaurant 4 date 5
The name of the restaurant where <case> may have eaten.
The location of the restaurant where <case> may have eaten.
The food that <case> may have eaten at the restaurant.
Restaurant 5 date 1
Restaurant 5 date 2
Restaurant 5 date 3
Restaurant 5 date 4
Restaurant 5 date 5
The name of the restaurant where <case> may have eaten.
The location of the restaurant where <case> may have eaten.
The food that <case> may have eaten at the restaurant.
Restaurant 6 date 1
Restaurant 6 date 2
Restaurant 6 date 3
Restaurant 6 date 4
Restaurant 6 date 5
The name of the restaurant where <case> may have eaten.
The location of the restaurant where <case> may have eaten.
The food that <case> may have eaten at the restaurant.
Restaurant 7 date 1
Restaurant 7 date 2
Restaurant 7 date 3
Restaurant 7 date 4
Restaurant 7 date 5
Reastaurant flag
The name of the other location where <case> may have eaten.
The location of the other location where <case> may have eaten.
The food that <case> may have eaten at the other location.
Other venue 1 date 1
Other venue 1 date 2
Other venue 1 date 3

Other venue 1 date 4
Other venue 1 date 5
The name of the other location where <case> may have eaten.
The location of the other location where <case> may have eaten.
The food that <case> may have eaten at the other location.
Other venue 2 date 1
Other venue 2 date 2
Other venue 2 date 3
Other venue 2 date 4
Other venue 2 date 5
The name of the other location where <case> may have eaten.
The location of the other location where <case> may have eaten.
The food that <case> may have eaten at the other location.
Other venue 3 date 1
Other venue 3 date 2
Other venue 3 date 3
Other venue 3 date 4
Other venue 3 date 5
The name of the other location where <case> may have eaten.
The location of the other location where <case> may have eaten.
The food that <case> may have eaten at the other location.
Other venue 4 date 1
Other venue 4 date 2
Other venue 4 date 3
Other venue 4 date 4
Other venue 4 date 5
The name of the other location where <case> may have eaten.
The location of the other location where <case> may have eaten.
The food that <case> may have eaten at the other location.
Other venue 5 date 1
Other venue 5 date 2
Other venue 5 date 3
Other venue 5 date 4
Other venue 5 date 5
The name of the other location where <case> may have eaten.
The location of the other location where <case> may have eaten.
The food that <case> may have eaten at the other location.
Other venue 6 date 1
Other venue 6 date 2
Other venue 6 date 3
Other venue 6 date 4
Other venue 6 date 5
The name of the other location where <case> may have eaten.
The location of the other location where <case> may have eaten.
The food that <case> may have eaten at the other location.
Other venue 7 date 1
Other venue 7 date 2

Other venue 7 date 3
Other venue 7 date 4
Other venue 7 date 5
Other venue 7 date 6
Any other food items <case> ate that we didn't talk about already.
Any seasonal foods or special foods <case> ate during the last 4 weeks.
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, o
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, o
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, o
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, o
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, o
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, o
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, o
Did you eat food purchased from any delicatessens, small local markets, other small sho
Did you eat food purchased from any grocery stores during the 4 week time period
Did you eat food purchased or obtained from any other venues, such as school cafeteria
Did you eat food from any restaurants, including sit-down, fast-food, and take-out resta
Initials of interviewer
Interviewer comments on food consumption history
General interviewer comments
Ham
Ham
Ham
Ham
Bologna
Bologna
Bologna
Bologna
Turkey breast
Turkey breast
Turkey breast
Turkey breast
Chicken deli meat
Chicken deli meat
Chicken deli meat
Chicken deli meat
Roast beef
Roast beef
Roast beef
Roast beef

Pastrami
Pastrami
Pastrami
Pastrami
Liverwurst or braunschweiger
Liverwurst or braunschweiger
Liverwurst or braunschweiger
Liverwurst or braunschweiger
Pate or meat spread that was not canned
Pate or meat spread that was not canned
Pate or meat spread that was not canned
Head cheese
Head cheese
Head cheese
Head cheese
Pepperoni
Pepperoni
Pepperoni
Pepperoni
Any other Italian-style meats
Any other Italian-style meats
Any other Italian-style meats
Any other Italian-style meats
Other deli/luncheon meat
Other deli/luncheon meat
Other deli/luncheon meat
Other deli/luncheon meat
Other deli/luncheon meat
Anything from deli area where meat is sliced
Anything from deli area where meat is sliced
Anything from deli area where meat is sliced
Anything from deli area where meat is sliced
Anything from deli area where meat is sliced
Precooked sausage
Precooked sausage
Precooked sausage
Precooked chicken
Precooked chicken
Precooked chicken
Other precooked meat
Other precooked meat
Other precooked meat
Other precooked meat
Cured or dried meat
Cured or dried meat
Cured or dried meat
Hot dogs

Hot dogs
Was hot dog heated prior to being eaten?
Hot dogs
Frozen processed poultry
Frozen processed poultry
Frozen processed poultry
Frozen processed poultry
Grounch chicken or turkey
Grounch chicken or turkey
Grounch chicken or turkey
Grounch chicken or turkey
If ate bologna, how often?
Was bologna purchased at a deli/small market?
Was bologna purchased at grocery store?
Was bologna purchased at an other venue?
BolognaRestaurant
VenueBologna2
VenueBologna3
VenueBologna4
DetailsBologna2
DetailsBologna3
DetailsBologna4
ChickenOften
ChickenDeli
ChickenGrocery
ChickenOther
ChickenRestaurant
VenueChicken2
VenueChicken3
VenueChicken4
DetailsChicken2
DetailsChicken3
DetailsChicken4
If ate ham, how often?
Was ham purchased at a deli/small market ?
Was ham purchased at a grocery store?
Was ham purchased at an other venue?
HamRestaurant
VenueHam2
VenueHam3
VenueHam4
DetailsHam2
DetailsHam3
DetailsHam4
If at other deli meat, how often?
Was other deli meat purchased at a deli/small market?
Was other deli meat purchased at a grocery store?

Was other deli meat purchased at an other venue?
OtherDeliRestaurant
VenueOtherDeli2
VenueOtherDeli3
VenueOtherDeli4
DetailsOtherDeli2
DetailsOtherDeli3
DetailsOtherDeli4
IfEatenOtherTurkey
OtherTurkeyOften
OtherTurkeyDeli
OtherTurkeyGrocery
OtherTurkeyOther
OtherTurkeyRestaurant
VenueOtherTurkey
VenueOtherTurkey2
VenueOtherTurkey3
VenueOtherTurkey4
DetailsOtherTurkey
DetailsOtherTurkey2
DetailsOtherTurkey3
DetailsOtherTurkey4
DeliSlicedOtherTurkey
If ate pastrami, how often?
Was pastrami purchased at a deli/small market?
Was pastrami purchased at a grocery store?
Was pastrami purchased at an other venue?
PastramiRestaurant
VenuePastrami2
VenuePastrami3
VenuePastrami4
DetailsPastrami2
DetailsPastrami3
DetailsPastrami4
If yes, how often was pate eaten?
Was pate purchased at a deli/small market?
Was pate purchased at a grocery store?
Was pate purchased at an other venue?
PateRestaurant
VenuePate2
VenuePate3
VenuePate4
DetailsPate2
DetailsPate3
DetailsPate4
DeliSlicedPate
TurkeyBreastOften

TurkeyBreastDeli
TurkeyBreastGrocery
TurkeyBreastOther
TurkeyBreastRestaurant
VenueTurkeyBreast2
VenueTurkeyBreast3
VenueTurkeyBreast4
DetailsTurkeyBreast2
DetailsTurkeyBreast3
DetailsTurkeyBreast4
DeliSlicedHotDog
If yes, how often did you eat hot dogs?
Were hotdogs purchased at a deli/small market?
Were hotdogs purchased at a grocery store?
Were hotdogs purchased at an other venue?
HotDogRestaurant
VenueHotDog2
VenueHotDog3
VenueHotDog4
DetailsHotDog2
DetailsHotDog3
DetailsHotDog4
IfEatenSprouts
DetailsSprouts
VenueSprouts
Sprouts: Bean
Sprouts: Bean
Sprouts: Bean
Sprouts:Alfalfa
Sprouts:Alfalfa
Sprouts:Alfalfa
Sprouts:Clover
Sprouts:Clover
Sprouts:Clover
Sprouts:Radish
Sprouts:Radish
Sprouts:Radish
Sprouts:Broccoli
Sprouts:Broccoli
Sprouts:Broccoli
Sprouts:Mixed
Sprouts:Mixed
Sprouts:Mixed
Sprouts:Other
Sprouts:Other
Sprouts:Other
Sprouts:Other

Cucumber
Cucumber
Cucumber
Pea pods/snap peas/snow peas
Pea pods/snap peas/snow peas
Pea pods/snap peas/snow peas
Sweet peppers
Sweet peppers
Sweet peppers
Hot chili peppers
Hot chili peppers
Hot chili peppers
Green onions or scallions
Green onions or scallions
Green onions or scallions
Celery
Celery
Celery
Mini-carrots
Mini-carrots
Mini-carrots
Fresh mushrooms
Fresh mushrooms
Fresh mushrooms
Pre-cut raw vegetables or vegetabel mixes
Pre-cut raw vegetables or vegetabel mixes
Pre-cut raw vegetables or vegetabel mixes
Pre-cut raw vegetables or vegetabel mixes
Fresh basil
Fresh basil
Fresh basil
Fresh cilantro
Fresh cilantro
Fresh cilantro
Fresh parsely
Fresh parsely
Fresh parsely
Other fresh herbs
Other fresh herbs
Other fresh herbs
Other fresh herbs
Fresh tomatoes
Fresh tomatoes
Fresh tomatoes
Tomatoes: Red round
Tomatoes: Red round
Tomatoes: Red round

Tomatoes: Roma
Tomatoes: Roma
Tomatoes: Roma
Tomatoes: Cherry/grape
Tomatoes: Cherry/grape
Tomatoes: Cherry/grape
Tomatoes: Vine-ripe, sold on vine
Tomatoes: Vine-ripe, sold on vine
Tomatoes: Vine-ripe, sold on vine
Tomatoes: Other
Tomatoes: Other
Tomatoes: Other
Tomatoes: Other
Any lettuce
Was lettuce prepackaged or bagged?
Specify type and brand of bagged lettuce
Any lettuce
Any lettuce
Lettuce:Iceburg
Lettuce:Iceburg
Lettuce:Iceburg
Lettuce:Romaine
Lettuce:Romaine
Lettuce:Romaine
Lettuce:Mesclun
Lettuce:Mesclun
Lettuce:Mesclun
Lettuce:Radish
Lettuce:Radish
Lettuce:Radish
Lettuce:Any other leaf lettuce
Lettuce:Any other leaf lettuce
Lettuce:Any other leaf lettuce
Lettuce:Any other leaf lettuce
Other prepackaged leafy green
Other prepackaged leafy green
Other prepackaged leafy green
Other prepackaged leafy green
Premade green salad
Premade green salad
Premade green salad
Other produce
Other produce
Other produce
Other produce
SproutsOften
SproutsDeli

SproutsGrocery
SproutsOther
SproutsRestaurant
VenueSprouts2
VenueSprouts3
VenueSprouts4
DetailsSprouts2
DetailsSprouts3
DetailsSprouts4
DeliCounterSprouts
If eaten feta
Details feta
Raw milk feta
Venue feta
If eaten goat
Details goat
Raw milk goat
Venue goat
If eaten blue
Details blue
Raw milk blue
Venue blue
If eaten brie
Details brie
Raw milk brie
Venue brie
If eaten gouda
Details gouda
Raw milk gouda
Gouda
IfEatenShred
DetailsShred
RawMilkShred
VenueShred
IfEatenMozz
DetailsMozz
RawMilkMozz
VenueMozz
IfEatenCottage
DetailsCottage
RawMilkCottage
VenueCottage
IfEatenRicotta
DetailsRicotta
RawMilkRicotta
VenueRicotta
DetailsGourmet

IfEatenGourmet
RawMilkGourmet
VenueGourmet
IfEatenCheeseDeli
DetailsCheeseDeli
RawMilkCheeseDeli
VenueCheeseDeli
IfEatenMiddleEast
DetailsMiddleEast
RawMilkMiddleEast
VenueMiddleEast
IfEatenMexican
DetailsMexican
RawMilkMexican
VenueMexican
IfEatenFresco
DetailsFresco
RawMilkFresco
VenueFresco
IfEatenBlanco
DetailsBlanco
RawMilkBlanco
VenueBlanco
IfEatenCasero
DetailsCasero
RawMilkCasero
VenueCasero
IfEatenCuajada
DetailsCuajada
RawMilkCuajada
VenueCuajada
IfEatenAsadero
DetailsAsadero
RawMilkAsadero
VenueAsadero
IfEatenCotija
DetailsCotija
RawMilkCotija
VenueCotija
IfEatenPanella
DetailsPanella
RawMilkPanella
VenuePanella
IfEatenRanchero
DetailsRanchero
RawMilkRanchero
VenueRanchero

IfEatenRequeson
DetailsRequeson
RawMilkRequeson
VenueRequeson
IfEatenOaxaca
DetailsOaxaca
RawMilkOaxaca
VenueOaxaca
IfEatenOtherMex
DetailsOtherMex
RawMilkOtherMex
VenueOtherMex
SpecifyOtherMex
IfEatenOtherCheese
DetailsOtherCheese
RawMilkOtherCheese
VenueOtherCheese
SpecifyOtherCheese
IfEatenRawCheese
DetailsRawCheese
RawMilkRawCheese
VenueRawCheese
IfEatenCheese
DetailsCheese
RawMilkCheese
VenueCheese
SpecifyCheese
BlueOften
BlueDeli
BlueGrocery
BlueOther
BlueRestaurant
VenueBlue2
VenueBlue3
VenueBlue4
DetailsBlue2
DetailsBlue3
DetailsBlue4
DeliCounterBlue
IfEatenBrie_Old
Brie_OldOften
Brie_OldDeli
Brie_OldGrocery
Brie_OldOther
Brie_OldRestaurant
VenueBrie_Old1
VenueBrie_Old2

VenueBrie_Old3
VenueBrie_Old4
DetailsBrie_Old1
DetailsBrie_Old2
DetailsBrie_Old3
DetailsBrie_Old4
DeliCounterBrie_Old
IfEatenCamembert
CamembertOften
CamembertDeli
CamembertGrocery
CamembertOther
CamembertRestaurant
VenueCamembert1
VenueCamembert2
VenueCamembert3
VenueCamembert4
DetailsCamembert1
DetailsCamembert2
DetailsCamembert3
DetailsCamembert4
DeliCounterCamembert
IfEatenFarmers
FarmersOften
FarmersDeli
FarmersGrocery
FarmersOther
FarmersRestaurant
VenueFarmers1
VenueFarmers2
VenueFarmers3
VenueFarmers4
DetailsFarmers1
DetailsFarmers2
DetailsFarmers3
DetailsFarmers4
DeliCounterFarmers
If ate feta, how often?
Was feta purchased from a deli/small market?
Was feta purchased from a grocery store?
Was feta purchased at an other venue?
FetaRestaurant
VenueFeta2
VenueFeta3
VenueFeta4
DetailsFeta2
DetailsFeta3

DetailsFeta4
DeliCounterFeta
If ate goat cheese, how often?
Was goat cheese purchased at a deli?
Was goat cheese purchased at a grocery store?
Was goat cheese purchased at an other venue?
GoatRestaurant
VenueGoat2
VenueGoat3
VenueGoat4
DetailsGoat2
DetailsGoat3
DetailsGoat4
DeliCounterGoat
MexicanOften
MexicanDeli
MexicanGrocery
MexicanOther
MexicanRestaurant
VenueMexican2
VenueMexican3
VenueMexican4
DetailsMexican2
DetailsMexican3
DetailsMexican4
DeliCounterMexican
OtherCheeseOften
OtherCheeseDeli
OtherCheeseGrocery
OtherCheeseOther
OtherCheeseRestaurant
VenueOtherCheese2
VenueOtherCheese3
VenueOtherCheese4
DetailsOtherCheese2
DetailsOtherCheese3
DetailsOtherCheese4
DeliCounterOtherCheese
RawCheeseOften
RawCheeseDeli
RawCheeseGrocery
RawCheeseOther
RawCheeseRestaurant
VenueRawCheese2
VenueRawCheese3
VenueRawCheese4
DetailsRawCheese2

DetailsRawCheese3
DetailsRawCheese4
DeliCounterRawCheese
IfEatenMilk
DetailsMilk
VenueMilk
RawUnpasteurizedMilk
IfEatenWholeMilk
DetailsWholeMilk
VenueWholeMilk
IfEaten2Milk
Details2Milk
Venue2Milk
IfEaten1Milk
Details1Milk
Venue1Milk
IfEatenSkimMilk
DetailsSkimMilk
VenueSkimMilk
IfEatenOtherMilk
DetailsOtherMIlk
VenueOtherMilk
SpecifyOtherMilk
IfEatenNonDairyMilk
DetailsNonDairyMilk
VenueNonDairyMilk
SpecifyNonDairyMilk
IfEatenFrozenYogurt
DetailsFrozenYogurt
VenueFrozenYogurt
IfEatenYogurt
RawUnpasteurizedYogurt
SpecifyYogurt
DetailsYogurt
VenueYogurt
IfEatenYogurtDrink
DetailsYogurtDrink
VenueYogurtDrink
IfEatenButter
DetailsButter
VenueButter
IfEatenCream
DetailsCream
VenueCream
IfEatenIceCreamBars
DetailsIceCreamBars
VenueIceCreamBars

IfEatenIceCream
DetailsIceCream
VenueIceCream
Was any ice cream soft serve?
IfEatenSourCream
DetailsSourCream
VenueSourCream
IfEatenShrimp
DetailsShrimp
VenueShrimp
IfEatenShellfish
SpecifyShellfish
DetailsShellfish
VenueShellfish
IfEatenFish
DetailsFish
VenueFish
IfEatenRawFish
DetailsRawFish
VenueRawFish
IfEatenSeafood
DetailsSeafood
VenueSeafood
IfEatenHummus
DetailsHummus
VenueHummus
IfEatenSalsa
DetailsSalsa
VenueSalsa
IfEatenGuacamole
DetailsGuacamole
VenueGuacamole
IfEatenDip
DetailsDip
VenueDip
SpecifyDip
If at hummus, how often?
Was hummus purchased from a deli/small market?
Was hummus purchased from a grocery store?
Was hummus purchased from an other venue?
HummusRestaurant
VenueHummus2
VenueHummus3
VenueHummus4
DetailsHummus2
DetailsHummus3
DetailsHummus4

DeliCounterHummus
IfEatenCrab
If ate precooked crab, how often?
Was crab purchased at a deli/small market?
Was crab purchased at a grocery store?
Was crab purchased at an other venue?
CrabRestaurant
VenueCrab
VenueCrab2
VenueCrab3
VenueCrab4
DetailsCrab
DetailsCrab2
DetailsCrab3
DetailsCrab4
DeliCounterCrab
If ate precooked shrimp, how often?
Was shrimp purchased at a deli/small market?
Was shrimp purchased at a grocery store?
Was shrimp purchased at an other venue?
ShrimpRestaurant
VenueShrimp2
VenueShrimp3
VenueShrimp4
DetailsShrimp2
DetailsShrimp3
DetailsShrimp4
DeliCounterShrimp
FishOften
FishDeli
FishGrocery
FishOther
FishRestaurant
VenueFish2
VenueFish3
VenueFish4
DetailsFish2
DetailsFish3
DetailsFish4
DeliCounterFish
WholeMilkOften
WholeMilkDeli
WholeMilkGrocery
WholeMilkOther
WholeMilkRestaurant
VenueWholeMilk2
VenueWholeMilk3

VenueWholeMilk4
DetailsWholeMilk2
DetailsWholeMilk3
DetailsWholeMilk4
RawUnpasteurizedWholeMilk
_2MilkOften
_2MilkDeli
_2MilkGrocery
_2MilkOther
_2MilkRestaurant
Venue2Milk2
Venue2Milk3
Venue2Milk4
Details2Milk2
Details2Milk3
Details2Milk4
RawUnpasteurized2Milk
_1MilkOften
_1MilkDeli
_1MilkGrocery
_1MilkOther
_1MilkRestaurant
Venue1Milk2
Venue1Milk3
Venue1Milk4
Details1Milk2
Details1Milk3
Details1Milk4
RawUnpasteurized1Milk
If ate skim milk, how often?
Was skim milk purchased at a deli/small market?
Was skim milk purchased at a grocery store?
Was skim milk purchased at an other venue?
SkimMilkRestaurant
VenueSkimMilk2
VenueSkimMilk3
VenueSkimMilk4
DetailsSkimMilk2
DetailsSkimMilk3
DetailsSkimMilk4
RawUnpasteurizedSkimMilk
If ate other milk, how often?
Was other milk purchased at a deli/small market?
Was other milk purchased at a grocery store?
Was other milk purchased at an other venue?
OtherMilkRestaurant
VenueOtherMilk2

VenueOtherMilk3
VenueOtherMilk4
DetailsOtherMilk2
DetailsOtherMilk3
DetailsOtherMilk4
RawUnpasteurizedOtherMilk
If ate butter, how often?
Was butter purchased at a deli/small market?
Was butter purchased at a grocery store?
Was butter purchased at an other venue?
ButterRestaurant
VenueButter2
VenueButter3
VenueButter4
DetailsButter2
DetailsButter3
DetailsButter4
If ate cream, how often?
Was cream purchased at a deli/small market?
Was cream purchased at a grocery store?
Was cream purchased at an other venue?
CreamRestaurant
VenueCream2
VenueCream3
VenueCream4
DetailsCream2
DetailsCream3
DetailsCream4
If ate ice cream, how often?
IceCreamDeli
Was ice cream purchased at a grocery store?
Was ice cream purchased at an other venue?
IceCreamRestaurant
VenueIceCream2
VenueIceCream3
VenueIceCream4
DetailsIceCream2
DetailsIceCream3
DetailsIceCream4
If ate sour cream, how often?
Was sour cream purchased at a deli/small market?
Was sour cream purchased at a grocery store?
Was sour cream purchased at an other venue?
SourCreamRestaurant
VenueSourCream2
VenueSourCream3
VenueSourCream4

DetailsSourCream2
DetailsSourCream3
DetailsSourCream4
If ate yogurt, how often?
Was yogurt purchased at a deli/small market?
Was yogurt purchased at a grocery store?
Was yogurt purchased at an other venue?
YogurtRestaurant
VenueYogurt2
VenueYogurt3
VenueYogurt4
DetailsYogurt2
DetailsYogurt3
DetailsYogurt4
IfEatenPotato
DeliCounterPotato
DetailsPotato
VenuePotato
IfEatenPasta
DeliCounterPasta
DetailsPasta
VenuePasta
IfEatenEgg
DeliCounterEgg
DetailsEgg
VenueEgg
IfEatenTuna
DeliCounterTuna
DetailsTuna
VenueTuna
IfEatenChickenSalad
DeliCounterChickenSalad
DetailsChickenSalad
VenueChickenSalad
IfEatenBeanSalad
DeliCounterBeanSalad
DetailsBeanSalad
VenueBeanSalad
IfEatenSeafoodSalad
DeliCounterSeafoodSalad
DetailsSeafoodSalad
VenueSeafoodSalad
IfEatenColeSlaw
DeliCounterColeSlaw
DetailsColeSlaw
VenueColeSlaw
Other ready to eat meat or vegetable salad

Other ready to eat meat or vegetable salad: Other
Other ready to eat meat or vegetable salad: Details
Other ready to eat meat or vegetable salad: Venue
IfEatenSaladBar
DetailsSaladBar
VenueSaladBar
IfEatenSmoothie
DetailsSmoothie
VenueSmoothie
IfEatenTahini
DetailsTahini
VenueTahini
IfEatenTofu
DetailsTofu
VenueTofu
IfEatenRiceNoodle
DetailsRiceNoodle
VenueRiceNoodle
IfEatenSandwich
DetailsSandwich
VenueSandwich
IfEatenNutButter
DetailsNutButter
VenueNutButter
IfEatenNuts
DetailsNuts
VenueNuts
IfEatenSeeds
DetailsSeeds
VenueSeeds
IfEatenOtherCountry
DetailsOtherCountry
VenueOtherCountry
BeanSaladOften
BeanSaladDeli
BeanSaladGrocery
BeanSaladOther
BeanSaladRestaurant
VenueBeanSalad2
VenueBeanSalad3
VenueBeanSalad4
DetailsBeanSalad2
DetailsBeanSalad3
DetailsBeanSalad4
ColeSlawOften
ColeSlawDeli
ColeSlawGrocery

ColeSlawOther
ColeSlawRestaurant
VenueColeSlaw2
VenueColeSlaw3
VenueColeSlaw4
DetailsColeSlaw2
DetailsColeSlaw3
DetailsColeSlaw4
OtherRTESaladSpecify
OtherRTESaladOften
OtherRTESaladDeli
OtherRTESaladGrocery
OtherRTESaladOther
OtherRTESaladRestaurant
VenueOtherRTESalad2
VenueOtherRTESalad3
VenueOtherRTESalad4
DetailsOtherRTESalad2
DetailsOtherRTESalad3
DetailsOtherRTESalad4
If at pasta salad, how often?
Was pasta salad purchased from a deli/small market?
Was pasta salad purchased from a grocery store?
Was pasta salad purchased from an other venue?
PastaRestaurant
VenuePasta2
VenuePasta3
VenuePasta4
DetailsPasta2
DetailsPasta3
DetailsPasta4
If ate potato salad, how often?
Was potato salad purchased from a deli/small market?
Was potato salad purchased from a grocery store?
Was potato salad purchased at an other venue?
PotatoRestaurant
VenuePotato2
VenuePotato3
VenuePotato4
DetailsPotato2
DetailsPotato3
DetailsPotato4
SeafoodSaladOften
SeafoodSaladDeli
SeafoodSaladGrocery
SeafoodSaladOther
SeafoodSaladRestaurant

VenueSeafoodSalad2
VenueSeafoodSalad3
VenueSeafoodSalad4
DetailsSeafoodSalad2
DetailsSeafoodSalad3
DetailsSeafoodSalad4
If ate tuna salad, how often?
Was tuna salad purchase from a deli/small market?
Was tuna salad purchase from a grocery store?
Was tuna salad purchase from an other venue?
TunaRestaurant
VenueTuna2
VenueTuna3
VenueTuna4
DetailsTuna2
DetailsTuna3
DetailsTuna4
IfEatenApples
FruitStateApple
PreSlicedApple
VenueApple
DetailsApple
IfEatenCarApple
DetailsCarApple
VenueCarApple
IfEatenGrape
DetailsGrape
VenueGrape
IfEatenRaisin
DetailsRaisin
VenueRaisin
IfEatenPear
FruitStatePear
DetailsPear
VenuePear
IfEatenPeach
DetailsPeach
FruitStatePeach
VenuePeach
IfEatenNectarine
FruitStateNectarine
DetailsNectarine
VenueNectarine
IfEatenApricot
FruitStateApricot
DetailsApricot
VenueApricot

IfEatenPlum
DetailsPlum
FruitStatePlum
VenuePlum
IfEatenStrawberry
DetailsStrawberry
FruitStateStrawberry
VenueStrawberry
IfEatenRaspberry
DetailsRaspberry
FruitStateRaspberry
VenueRaspberry
IfEatenBlueberry
FruitStateBlueberry
DetailsBlueberry
VenueBlueberry
IfEatenBlackberry
FruitStateBlackberry
DetailsBlackberry
VenueBlackberry
IfEatenCherry
FruitStateCherry
DetailsCherry
VenueCherry
IfEatenHoneydew
DetailsHondeydew
PreSlicedHoneydew
VenueHoneydew
IfEatenCantaloupe
PreSlicedCantaloupe
DetailsCantaloupe
VenueCantaloupe
IfEatenWatermelon
PreSlicedWatermelon
DetailsWatermelon
VenueWatermelon
IfEatenPineapple
PreSlicedPineapple
DetailsPineapple
VenuePineapple
IfEatenMango
PreSlicedMango
FruitStateMango
DetailsMango
VenueMango
IfEatenPapaya
FruitStatePapaya

DetailsPapaya
VenuePapaya
IfEatenAvocado
DetailsAvocado
VenueAvocado
FruitStateAvocado
IfEatenFruitSalad
DetailsFruitSalad
VenueFruitSalad
IfEatenOtherFruit
SpecifyOtherFruit
FruitStateOtherFruit
DetailsOtherFruit
VenueOtherFruit
IfEatenSorbet
DetailsSorbet
VenueSorbet
Spent time at a petting zoo
Spent time at a petting zoo: Details
Spent time at a petting zoo: Venue
Fed cat or dog raw pet food
Fed cat or dog raw pet food: Details
Fed cat or dog raw pet food: Venue
Fed cat or dog refrigerated, frozen, or freeze-dried treats
Fed cat or dog refrigerated, frozen, or freeze-dried treats: Venue
Fed cat or dog refrigerated, frozen, or freeze-dried treats: Details
FruitSaladOften
FruitSaladDeli
FruitSaladGrocery
FruitSaladOther
FruitSaladRestaurant
VenueFruitSalad2
VenueFruitSalad3
VenueFruitSalad4
DetailsFruitSalad2
DetailsFruitSalad3
DetailsFruitSalad4
DeliCounterFruitSalad
CantaloupeOften
CantaloupeDeli
CantaloupeGrocery
CantaloupeOther
CantaloupeRestaurant
VenueCantaloupe2
VenueCantaloupe3
VenueCantaloupe4
DetailsCantaloupe2

DetailsCantaloupe3
DetailsCantaloupe4
If ate honeydew, how often?
Was honeydew purchased at a deli/small market?
Was honeydew purchased at a grocery store?
Was honeydew purchased at an other venue?
HoneydewRestaurant
VenueHoneydew2
VenueHoneydew3
VenueHoneydew4
DetailsHoneydew2
DetailsHoneydew3
DetailsHoneydew4
WatermelonOften
WatermelonDeli
WatermelonGrocery
WatermelonOther
WatermelonRestaurant
VenueWatermelon2
VenueWatermelon3
VenueWatermelon4
DetailsWatermelon2
DetailsWatermelon3
DetailsWatermelon4
Case classification of Pregnant mother
Case classification of Neonate
Case classification
Laboratory Criteria for Diagnosis
Neonatal age at time of laboratory specimen collection
Result of culture-based test on specimen
Result of CIDT-based test on specimen
Indicates the case is epi-linked to a confirmed or probable case
Pregnant: If infant died, when was the date of death (Date)
Pregnant: If mother and infant are counted as separate cases provide the State Epi Case ID of the mother
Pregnant: If mother and infant are counted as separate cases provide the State Epi Case ID of the neonate

Value Set Code. Search in PHIN VADS using the following link (https://phinvads.cdc.gov/vads/SearchHome.action)	CDC Priority (Legacy)	CDC Priority (New)

Bloodstream infection/sepsis
Meningitis
Meningoencephalitis

Brain abscess
Rhombencephalitis
Peritonitis
Pneumonia
Wound infection
Joint infection/septic arthritis
Bone infection/osteomyelitis
Other illness
Other illness specify
Unknown

ed case

te?

or farmers market 1

or farmers market 2

or farmers market 3

or farmers market 4

or farmers market 5

or farmers market 6

or farmers market 7

ops, or farmers' markets during the 4 week period?

a, concession stands, street vendors, institutions (e.g., hospital food), local farms, or private vendors during the urants during the 4 week period?

PHVS_CaseClassStatus_NND	**TBD**
PHVS_CaseClassStatus_NND	**TBD**
PHVS_CaseClassStatus_NND	**TBD**
	TBD
	TBD
PHVS_PosNegUnkNotDone_CDC	**TBD**
PHVS_PosNegUnkNotDone_CDC	**TBD**
PHVS_YesNoUnknown_CDC	**TBD**
	TBD
	TBD
	TBD

4 week period?

Label/Short Name
TB State Case Number

City or County Case Number
Birth Sex
Previously Counted Case
Previously Reported State Case Number
Country of Verified Case

Patient Address City
Inside City Limits

Census Tract of Case-Patient Residence

Detailed Race
Date Arrived in US

US Born

Primary Guardian(s) Country of Birth

Remain in US After Report

Initial Reason for Evaluation

Test Type

Test Result

Date/Time of Lab Result

Specimen Source Site

Specimen Collection Date/Time

Test Result Quantitative

Result Units
Type of Chest Study

Result of Chest Study

Evidence of Cavity

Evidence of Miliary TB

Date of Chest Study
Current Occupation

Current Occupation Standardized

Current Industry

Current Industry Standardized

Patient Epidemiological Risk Factors

Patient Epidemiological Risk Factors Indicator

Type of Correctional Facility

Type of Long-Term Care Facility

Smoking Status
Patient lived outside of US for more than 2 months

Identified During Contact Investigation

Evaluation During Contact Investigation

Linked Case Number
Date Treatment or Therapy Started
Treatment Administration Type

Date Treatment or Therapy Stopped
Treatment Started

Initial LTBI Drug Regimen

Primary Reason LTBI Treatment Not Started

Reason LTBI Treatment Stopped

NTSS State Case Number
Adverse Event Severity

Usual Occupation and Industry
Meets Binational Reporting Criteria

Description	Value Set Code. Search in PHIN VADS using the following link (https://phinvads.cdc.gov/vads/SearchHome.action)
State case number for the case specific to TB investigations (4 digit report year + 2 letter state + 9 digit alphanumeric number)	N/A
City or county case number assigned to this case	N/A
What was the patient's sex at birth?	PHVS_Sex_MFU
Has this case already been counted by another reporting area?	PHVS_CaseCountStatus_TB
If case previously counted, provide the state case number from the other reporting area.	N/A
If the case was previously reported by another country, specify the country.	PHVS_BirthCountry_CDC
Patient address city	N/A
Is the patient's residence within city limits?	PHVS_YesNoUnknown_CDC
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.	N/A
Provide the detailed race information for the patient.	PHVS_Race_CDC
If country of birth is NOT United States, regardless of citizenship, indicate the date when the patient first arrived in the US.	N/A
Was the patient eligible for US citizenship at birth?	PHVS_YesNoUnknown_CDC
Indicates the birth country of the primary guardian(s) of patient (pediatric [<15 years old] cases only)	PHVS_BirthCountry_CDC
If not US reporting area, did patient remain in the United States for >= 90 days after report date?	PHVS_YesNoUnknown_CDC
What was the initial reason the patient was evaluated for TB?	PHVS_PrimaryReasonForEvaluation_TB
Epidemiologic interpretation of the type of test(s) performed for this case. Please provide a response for each of the main test types (culture, smear, pathology/cytology, NAA, TST, IGRA, HIV, diabetes) If test was not done please indicate so.	PHVS_LabTestType_TB
Epidemiologic interpretation of the results of the test(s) performed for this case - This is a qualitative test result. (e.g., positive, detected, negative)	PHVS_LabTestInterpretation_TB
Date result sent from reporting laboratory. Time of result is an optional addition to date.	N/A
This indicates the anatomical source of the specimen tested.	PHVS_MicroscopicExamCultureSite_TB
Date of collection of laboratory specimen used for diagnosis of health event reported in this case report. Time of collection is an optional addition to date.	N/A
Quantitative test result value	N/A

Units of measure for the Quantitative Test Result Value	PHVS_UnitofMeasure_TB
Indicate the type of chest study performed. Please provide a response for each of the main test types (plain chest radiograph, chest CT Scan) and if test was not done please indicate so.	PHVS_TypeofRadiologyStudy_CDC
Result of chest diagnostic testing	PHVS_ResultofRadiologyStudy_TB
Did test show evidence of cavity?	PHVS_YesNoUnknown_CDC
Did test show evidence of miliary TB?	PHVS_YesNoUnknown_CDC
Date of the chest diagnostic study	N/A
This data element is used to capture the narrative text of a subject's current occupation.	N/A
This data element is used to capture the CDC NIOSH standard occupation code based upon the narrative text of a subject's current occupation. (The National Institute for Occupational Safety and Health (NIOSH) has developed a web-based software tool designed to translate industry and occupation text to standardized Industry and Occupation codes. The NIOSH Industry and Occupational Computerized Coding System (NIOCCS) is available here: http://www.cdc.gov/niosh/topics/coding/overview.html	PHVS_Occupation_CDC_Census2010
This data element is used to capture the narrative text of subject's current industry.	N/A
This data element is used to capture the CDC NIOSH standard industry code based upon the narrative text of a subject's current industry. (The National Institute for Occupational Safety and Health (NIOSH) has developed a web-based software tool designed to translate industry and occupation text to standardized Industry and Occupation codes. The NIOSH Industry and Occupational Computerized Coding System (NIOCCS) is available here: http://www.cdc.gov/niosh/topics/coding/overview.html	PHVS_Industry_CDC_Census2010
Exposed risk factors for the patient - Please provide a response for all risk factors in the value set with an associated indicator	PHVS_EpidemiologicalRiskFactors_TB
Provide a response for each value in the patient epidemiological risk factors value set	PHVS_YesNoUnknown_CDC
If patient was a Resident of Correctional Facility at Diagnostic Evaluation, indicate the type of correctional facility.	PHVS_CorrectionalFacilityType_NND
If patient was a Resident of Long Term Care Facility at Diagnostic Evaluation, indicate the type of long term care facility.	PHVS_LongTermCareFacilityType_NND
What is the patient's current tobacco smoking status?	PHVS_SmokingStatus_CDC
Residence or Travel in countries other than the United States, Canada, Australia, New Zealand, or countries in northern or western Europe for >60 consecutive days at any point in the patient's lifetime.	PHVS_YesNoUnknown_CDC
Was the patient identified during the contact investigation around the likely source case?	PHVS_YesNoUnknown_CDC

If patient was identified during contact investigation, was the patient evaluated for TB during the contact investigation?	PHVS_YesNoUnknown_CDC
State case numbers for epidemiologically linked cases	N/A
Date the initial treatment regimen was started	N/A
Choose all treatment administration types that apply to the case, such as DOT, eDOT, or SAT.	PHVS_TreatmentAdministrationType_TB
Date treatment stopped	N/A
Was treatment started for LTBI?	PHVS_YesNoUnknown_CDC
If treatment was started indicate the initial LTBI drug regimen.	PHVS_LTBIDrugRegimen_TB
If treatment was not started, what was the primary reason LTBI treatment was not started?	PHVS_ReasonLTBINotStarted_TB
Reason LTBI treatment stopped	PHVS_ReasonLTBITreatmentStopped_TB
If patient developed TB from LTBI, list the NTSS state case number	N/A
If treatment was stopped due to adverse event from LTBI treatment indicate the severity.	PHVS_AdverseEventSeverity_TB
Usual occupation and industry	TBD
Does case meet binational reporting criteria?	PHVS_YesNoUnknown_CDC

CDC Priority
P

P
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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

Exposure in high incidence state

Symptom onset greater than 30 days

Clinical Manifestation

Clinical Manifestation Indicator

Medication Administered
Date Treatment or Therapy Started
Treatment Duration

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 immunblot

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

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

Immunoblot specific test result; linked to laboratory criteria

Immunoblot specific test result; linked to laboratory criteria

Immunoblot specific test result; linked to laboratory criteria

Did patient live in or visit a state defined as high incidence within 30 days prior to onset of symptoms?

Did onset of symptoms occur more than 30 days prior to diagnosis?

Clinical manifestation of Lyme disease

For each clinical manifestation reported, indicate whether the subject developed the specified manifestation as a result of the illness.

What antibiotic did the patient receive for this episode?

Date the treatment or therapy was initiated

Number of days the patient actually took the antibiotic referenced

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
PHVS_YesNoUnknown_CDC

PHVS_YesNoUnknown_CDC

PHVS_ClinicalManifestations_Lyme
PHVS_YesNoUnknown_CDC

PHVS_MedicationReceived_Lyme
N/A
N/A

CDC Priority

P

P

P

P

P

P

P

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 chemophophylaxis 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 chemophophylaxis 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

CSID

Admitted as Inpatient

Date Treatment or Therapy Started

Date Treatment or Therapy Stopped

Treatment Duration

Medication Administered Relative to Treatment

Medication Administered

Medication Start Date

Medication Stop Date

Medication Duration

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?

Desciption 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)?

10-digit, de-identified specimen number generated after submission of the 50.34 form for CDC diagnostic assistance (Example data: 3000123456)

Was subject admitted to the hospital for greater than 24 hours as an inpatient?

Date the treatment was initiated

Date treatment stopped

Number of days the patient was prescribed antimalarial treatment

Indicate if the patient took the medication 2 weeks before treatment or within the 4 weeks after starting treatment.

Please list all prescription and over the counter medicines the patient had taken during the 2 weeks before and during the 4 weeks after starting treatment for malaria. If information for both pre- and post-treatment are available, please complete below questions for each time frame.

Medication Start Date

Medication Stop Date

Number of days that patient took the medication referenced

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

free text
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checkbox

free text
checkbox

free text
checkbox
checkbox
checkbox

PHVS_YesNoUnknown_CDC	P
N/A	P
N/A	P
N/A	P
PHVS_MedicationAdministeredRelativeTreatment_Malaria	P
N/A	P
N/A	P
N/A	P
N/A	P

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

Age at Rash Onset

Age Type at rash Onset

Chest x-ray for pneumonia

Case Patient a Healthcare Worker

Import Status

Vaccination Doses Prior to Illness Onset

Date of Last Dose Prior to Illness Onset

Vaccine History Comments

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

Age of patient at rash onset

Age units of patient at rash onset

Was a chest x-ray for pneumonia done?

Was the case patient a healthcare provider (HCP) at illness onset?

Was this case imported?

Number of vaccine doses against this disease prior to illness onset

Date of last vaccine dose against this disease prior to illness onset

Comments about the subject's vaccination history

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?
State or Local Public Health Laboratory/LRN POC- Name

State or Local Public Health Laboratory/LRN POC- Phone number

State or Local Public Health Lab/LRN POC Email Address

State or Local Public Health Lab/LRN POC- Affiliation

Case origin/type

Country of travel destination

International Region

Dates of International Travel

Contact with soil or water in International travel destination

Specific location of exposure for International Travel

Other close contacts with same soil/water exposures (International Travel)

Number of close contacts (International Travel)

Relationship (International Travel)

Significant weather or environmental events during this visit (International Travel)

Specific weather or environmental events (International Travel)

Contact with soil or water in melioidosis-endemic areas

Contact with soil or water in melioidosis-endemic areas service Date

Travel within U.S. but >50 miles from residence

State

City/town

Dates of Travel

Contact with soil or water in travel destination

Specific location of exposure

Other close contacts with same soil/water exposures

Number of close contacts

Relationship

Significant weather or environmental events during this visit

Specific weather or environmental events

Travel (in the last 10 years)

Country of travel destination (in the last 10 years)

Region of travel in last 10 years

Dates of Travel (in the last 10 years)

Contact with soil or water in travel destination (in the last 10 years)

Specific location of exposure (in the last 10 years)

Other close contacts with same soil/water exposures (International Travel)

Number of close contacts (International Travel)

Relationship (International Travel)

Significant weather or environmental events during this visit (International Travel)

Specific weather or environmental events (International Travel)

Specify other or abscess for "specimen source"

Date of LRN confirmation, if applicable

AST Request

Dates of Hospitalization

Pneumonia/pleural effusion

Skin/soft tissue infections

Genitourinary infection

Neurologic infection

Pericardial effusion

Bone or joint infection

Internal abscesses

Select or specify location of abscesses

Additional notes describing abscesses

Septic Shock

Bacteremia

Date antimicrobial Treatment ended

Liver disease

Excess alcohol abuse

Chronic granulomatous disease
Malignancy
Systemic lupus erythematous
Prior splenectomy
Immunosuppressing drugs
Other immunocompromising condition
Patient's Occupation
Recreational Gardener
Is this case part of a cluster?
Exposure to Iguanas

Type of Iguana
Type of exposure
If owned, how acquired
Location of purchase or where acquired
Exposure to Pet Fish

Type of pet fish
Type of exposure
If owned, how acquired
Location of purchase or where acquired
Exposure to Aquatic Plants

Type of aquatic plant
Type of exposure
If owned, how acquired
Location of purchase or where acquired
Exposure to Other Animals

Type of "Other Animal"
Type of exposure
If owned, how acquired
Location of purchase or where acquired
Laboratory exposures identified
Name of Facility (Exposures)
City/town (Exposures)
State (Exposures)
Number of laboratorians exposed
High Risk
Low Risk
Minimal Risk
Date of Exposure

Risk Factors
Laboratory Activity
Risk Category
Serologic Monitoring
Received post-exposure prophylaxis

Reported Symptoms (lab exposures)

Onset Date (lab exposure)
Describe Symptoms

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?

Name of the laboratory person who is the lab POC for this investigation

Phone number of the laboratory person who is the lab POC for this investigation

Email address of person who is reporting cases to CDC

Affiliated Facility of the state LRN/lab POC

Is this a human or animal case?
Choose a country for each destination
Enter region (list multiple if applicable)
Enter dates of travel (multiple if applicable)
Was the subject contact with soil or water during this visit?

If yes to Question above, indicate specific location of exposure

If yes to Question above, indicate whether other close contacts also had the same soil/water exposure

If yes to Question above, list the total number of close contacts

If yes to Question above, select relationship to subject (select all that apply)
Were there any significant weather or environmental events during this visit?

If yes to Question above, select all weather/environmental events

Has subject ever been in contact with soil or water in melioidosis-endemic areas?

If yes, date of contact in YYYYMM format.

Did the subject travel 50 miles or more outside his or her normal residence but within the U.S. 30 days prior to onset?
Choose a state each destination
Please indicate city/town (list multiple if applicable)
Enter dates of travel
Was the subject contact with soil or water during this visits?

If yes to Question above, indicate specific location of exposure
If yes to Question above, were there other close contacts also had the same soil/water exposure
If yes to Question above, list the total number of close contacts
If yes to Question above, select relationship to subject (select all that apply)
Were there any significant weather or environmental events during this visit?

If yes to Question above, select all weather/environmental events

In the 10 years before symptoms onset, did the patient travel outside of the continental U.S. or to an area in the U.S. where the endemicity is possible

Choose a country for each destination

Enter region (list multiple if applicable)

Enter dates of travel

Was the subject contact with soil or water during this visit?

If yes to Question above, indicate specific location of exposure

If yes to Question above, indicate whether other close contacts also had the same soil/water exposure

If yes to Question above list the total number of close contacts

If yes to Question above, select relationship to subject (select all that apply)

Were there any significant weather or environmental events during this visit?

If yes to Question above, select all weather/environmental events

If abscess or other specimen selected, please specify

Enter Date of Confirmation by LRN

Is the jurisdiction requesting AST on the isolate

Give reporting jurisdiction ability to enter multiple hospitalizations if needed

Did the subject have pneumonia/pleural effusion

Did the subject have skin/soft tissue infection

Did the subject have genitourinary infection

Did the subject have neurologic infection

Did the subject have pericardial effusion

Did the subject have bone/joint infection

Did the patient have internal abscesses

If yes, for internal abscesses, please select all that apply

If yes for internal abscesses, additional notes (number, location of abscesses)

Did the subject have septic shock

Did the subject have bacteremia

Indicate the date antimicrobial treatment ended

Does subject have liver disease

Does subject have history chronic alcohol abuse?

Does the subject have chronic granulomatous disease?

Does the subject have malignancy?

Does the subject have systemic lupus erythematous?

Does the subject have a history of prior splenectomy

Is the subject on any immunosuppressing medication

Does the patient have any other immunocompromising conditions

What is the patient's occupation

Is the patient a recreational gardener?

Is this case part of a cluster?

In the 30 days prior to symptoms onset did the patient own or have direct contact with an iguana?

Indicate type of iguana if yes to previous question

Indicate type of exposure if yes to exposure to iguana

If owned an iguana, indicate how case patient acquired

Location of purchase/where acquired (name of river, lake, park, or location of pet store, for example)

In the 30 days prior to symptoms onset did the patient own or have direct contact with pet fish?

Indicate type of pet fish if yes to previous question

Indicate type of exposure if yes to exposure to pet fish

If owned a pet fish, indicate how case patient acquired

Location of purchase/where acquired (name of river, lake, park, or location of pet store, for example)

In the 30 days prior to symptoms onset did the patient own or have direct contact with aquatic plants?

Indicate type of aquatic plant if yes to previous question

Indicate type of exposure if yes to exposure to aquatic plants

If owned aquatic plant, indicate how case patient acquired

Location of purchase/where acquired (name of river, lake, park, or location of pet store, for example)

In the 30 days prior to symptoms onset did the patient own or have direct contact with other animals

Indicate type of other animal if yes to previous question

Indicate type of exposure if yes to exposure to "other animal"

If owned "other animal", indicate how case patient acquired

Location of purchase/where acquired (name of river, lake, park, or location of pet store, for example)

Were potential laboratory exposures identified in this investigation

Name of facility/hospital where exposures were identified

City of facility where exposures were identified

State where the facility where the exposures were identified

Total number of laboratory personnel exposures

Number of laboratory personnel with high-risk exposures

Number of laboratory personnel with low-risk exposures

Number of laboratory personnel with minimal exposures

For each laboratory personnel, date of exposures

Does the laboratory personnel have risk factors for melioidosis
Select activity that resulted in exposure
For each laboratory personnel and each activity, select risk category
Did the laboratory personnel undergo serologic monitoring
Did the laboratory personnel receive post-exposure prophylaxis

Did the laboratory personnel report symptoms within 21 days of exposure

If the laboratory personnel reported symptoms, please provide onset date
If the laboratory personnel reported symptoms, describe

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

N/A

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TBD

PHVS_Country_ISO_3166-1

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PHVS_YesNoUnknown_CDC

N/A

PHVS_YesNoUnknown_CDC

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PHVS_YesNoUnknown_CDC

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PHVS_YesNoUnknown_CDC

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PHVS_YesNoUnknown_CDC

PHVS_State_FIPS_5-2

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PHVS_YesNoUnknown_CDC

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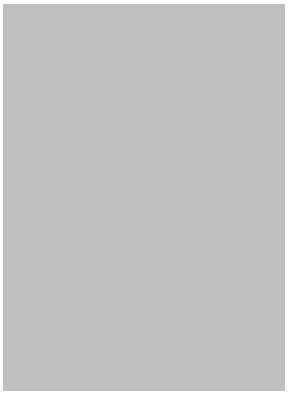

CDC Priority (New)

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Label/Short Name	Description
MIS ID	Multisystem inflammatory syndrome identifier.
Health Department ID	Health Department identifier.
NCOV ID	COVID-19 identifier (if available)
Abstractor name	Name of person compiling medical records and/or interviews.
Date of abstraction	Date of abstraction
Temperature if fever	Fever >38.0°C for ≥24 hours, or report of subjective fever lasting ≥24 hours
Inflammation laboratory markers	Laboratory markers of inflammation (including, but not limited to one or more; an elevated C-reactive protein (CRP), erythrocyte sedimentation rate (ESR), fibrinogen, procalcitonin, d-dimer, ferritin, lactic acid dehydrogenase (LDH), or interleukin 6 (IL-6), elevated neutrophils, reduced lymphocytes and low albumin),
Signs and symptoms	Evidence of clinically severe illness requiring hospitalization, with multisystem (>2) organ involvement.
Signs and symptoms indicator	Indicator for associated sign and symptom
No alternative plausible diagnosis	Is there no alternative plausible diagnosis?
SARS-COV-2 test	Positive for current or recent SARS-COV-2 infection (select all applicable tests)
Symptom onset within 4 weeks of exposure	COVID-19 exposure within the 4 weeks prior to the onset of symptoms
Date of symptom onset	If yes, date of first exposure within the 4 weeks prior
Height	Height specified in inches
Weight	Weight in pounds
Body Mass Index	Body Mass Index
Patient Epidemiological Risk Factors	Underlying medical conditions or risk behaviors for the case patient.
Patient Epidemiological Risk Factors Indicator	Provide a response for each value in the risk factors value set.
Type of complication	Complications associated with the illness being reported
Type of complication indicator	Provide a response for each complication.
ICU Admission Date	If admitted to the ICU, ICU admission date
Days in ICU	Number of days in ICU
Patient outcome	Patient outcome
Preceding COVID-like illness	Did the patient have preceding COVID-like illness?
Date of onset of preceding COVID-like illness	If yes, date of onset of preceding illness

Fever	Fever ≥ 38.0°C
Date of fever onset	Date of fever onset
Highest temperature	Highest temperature ©
Number of days febrile	Number of days febrile
Clinical finding	Clinical finding
Clinical finding indicator	Provide a response for each clinical finding.
Treatment Type	Listing of treatment or medical intervention the subject received for this illness
Treatment type indicator	Provide a response for each treatment type.
Vasoactive medications	Specify vasoactive medications
Immune modulators	Specify immune modulators treatment
Antiplatelets	Specify antiplatelets treatment
Anticoagulation	Specify anticoagulation treatment
Echocardiogram	Select any echocardiogram that apply.
Max coronary artery Z-score	If coronary artery aneurysms, state max coronary artery Z-score.
Cardiac dysfunction	If cardiac ventricular dysfunction, specify type.
Mitral regurgitation	Specify type of mitral regurgitation.
Date of coronary artery aneurysm	Date of first test showing coronary artery aneurysm or dilatation.
Abdominal imaging type	Type of abdominal imaging (ultrasound, CT)
Chest imaging type	Type of chest imaging (chest x-ray, CT)

Value Set Code. Search in PHIN VADS using the following link (https://phinvads.cdc.gov/vads/SearchHome.action)	CDC Priority (Legacy)
N/A	
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PHVS_YesNoUnknown_CDC	
PHVS_YesNoUnknown_CDC	
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PHVS_YesNoUnknown_CDC	
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PHVS_YesNoUnknown_CDC	
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PHVS_YesNoUnknown_CDC

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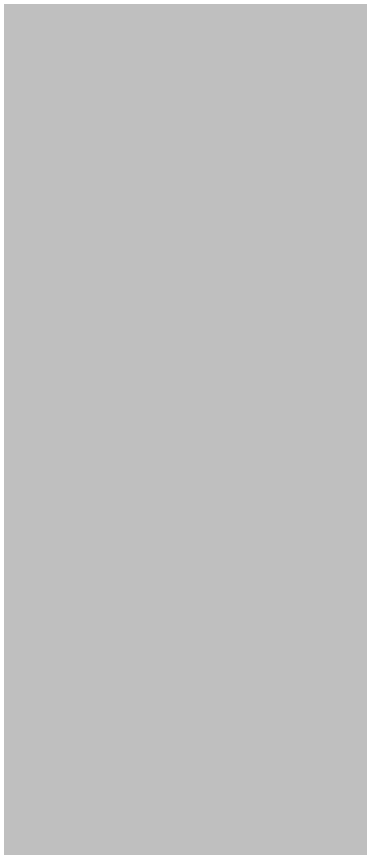

CDC Priority (New)

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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 immunizaton 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 aquired 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)

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

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
Bacterial Infection Syndrome
Gestational Age
Birth Weight
Birth Weight Units
Secondary Case
Recurrent Disease with Same Pathogen

Previous State ID (Recurrent Case)
Case Report Form Status
Had Sex with a Male within the Past 12 Months
Had Sex with a Female within the Past 12 Months
Number of Male Sexual Partners

HIV Status
Homeless
Signs and Symptoms

Signs and Symptoms Indicator
Eculizumab
Illness Onset Age
Illness Onset Age Units
Residence
Epi-Linked to a Laboratory-Confirmed Case
ABCS Case
ABCS State ID
Laboratory Testing Performed
Laboratory Confirmed
Serogroup Method
Test Manufacturer
Lab Accession Number

Susceptibility Test

Did the Subject Ever Receive a Vaccine Against This Disease

Date of Last Dose Prior to Illness Onset

Vaccination Doses Prior to Onset

Vaccine History Comments

Vaccine Name

Age at Vaccination

Age at Vaccination Units

Vaccine History Information Source

Vaccine Information Source

Indicator

Ravulizumab

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 Neiserria 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.
Types of infection caused by organism
If patient <1 month of age, indicate gestational age (in weeks)
If patient <1 month of age, indicate birth weight (grams)
Birth Weight Units
Is this a secondary case?
Does this case have recurrent disease with the same pathogen? (For Streptococcus pneumoniae, the specimen from the current case must have been isolated 8 or more days after any previous case due to the same pathogen. For all other pathogens, the specimen from the current case must have been isolated 30 or more days after any previous case due to the same pathogen.)

StateID of 1st occurrence for this pathogen and person.
Case Report Form Status
Had sex with a male within the past 12 months?

Had sex with a female within the past 12 months?

In the 3 months prior to the onset of symptoms, number of male sex partners the person had?

Documented or self-reported HIV status at the time of event
Was the patient homeless at time of symptom onset?
Indicate what symptoms of interest the patient had during the course of the illness

Indicator for associated sign and symptom
Was the patient taking eculizumab/Soliris at the time of disease onset?
Illness onset age
Illness onset age units
Where was the patient a resident at time of initial culture?
Is this case epi-linked to a laboratory-confirmed case?

ABCs Case?
ABCS State ID
Was laboratory testing done to confirm the diagnosis?
Was the case laboratory confirmed?
Serogroup method
Test Manufacturer
Lab Accession Number (including CDC Lab ID)

Was any susceptibility data available?
Did the subject ever receive a vaccine against this disease?

Date of last vaccine dose against this disease prior to illness onset

Number of vaccine doses against this disease prior to illness onset
Vaccine History Comments
Vaccine Name
The persons age at the time the vaccine was given
The age units of the person at the time the vaccine was given
What sources were used for vaccination history?
Vaccination History Information Source Indicator
Was the patient taking Ravulizumab (Ultomiris) at the time of disease onset?

Value Set Code. Search in PHIN VADS using the following link (https://phinvads.cdc.gov/vads/SearchHome.action)	CDC Priority (Legacy)
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	
TBD	
PHVS_YesNoUnknown_CDC	

PHVS_YesNoUnknown_CDC	
TBD	
PHVS_YesNoUnknown_CDC	
PHVS_YesNoUnknown_CDC	
TBD	
PHVS_InfectionType_RIBD	P
N/A	P
N/A	P
PHVS_WeightUnit_UCUM	P
PHVS_YesNoUnknown_CDC	P
PHVS_YesNoUnknown_CDC	P
N/A	P
PHVS_FormStatus_RIBD	P
PHVS_YNRD_CDC	P
PHVS_YNRD_CDC	P
N/A	P
PHVS_HIVStatus_STD	P
PHVS_YesNoUnknown_CDC	P
PHVS_SignsSymptoms_RIBD	P
PHVS_YesNoUnknown_CDC	P
PHVS_YesNoUnknown_CDC	P
N/A	P
PHVS_AgeUnit_UCUM	P
PHVS_ResidenceLocation_RIBD	P
PHVS_YesNoUnknown_CDC	P
PHVS_YesNoUnknown_CDC	P
N/A	P
PHVS_YesNoUnknown_CDC	P
PHVS_YesNoUnknown_CDC	P
PHVS_SerogroupMethod_RIBD	P
N/A	P
N/A	P

PHVS_YesNoUnknown_CDC	P
PHVS_YesNoUnknown_CDC	P
N/A	P
N/A	P
N/A	P
N/A	P
PHVS_AgeUnit_UCUM	P
PHVS_InformationSource_RIBD	P
PHVS_YesNoUnknown_CDC	P
https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=2.16.840.1.114222.4.11.888	

CDC Priority (New)

Label/Short Name	Description
COVID-19 ID	ID to link all case information on patient
Interviewer Last Name	Last name of interviewer
Interviewer First Name	First name of interviewer
Interviewer Organization	The affiliation or organization of the interviewer.
Interviewer Telephone	Telephone number of interviewer
Interviewer Email	Email of interviewer
Probable Classification Reason	If probable case classification status, provide reason for classification.
Process for Case Identification	Under what process was the case first identified?
DGMQID	If EpiX notification of traveler, provide the DGMQID.
Positive Collection Date	Date of first positive specimen collection.
Hospital Translator	If hospitalized, was a translator required?
Translator Language	If translator required in the hospital, specify which language?
Intensive Care Unit Admittance	Was patient admitted to an intensive care unit (ICU)?
ICU Admission Date	If patient was admitted to an ICU, provide the admission date.
ICU Discharge Date	If patient was admitted to an ICU, provide the discharge date.
Housing Type	Select the best description of where the patient lived at the time of illness onset.
Health Care Worker	Is the patient a health care worker in the U.S.?
Health Care Worker Job Type	If patient is a health care worker, select their occupation. If other, specify in text.
Health Care Worker Job Setting	If patient is a health care worker, select their job setting. If other, specify in text.
Exposure of Interest	In the 14 days prior to illness onset, did the patient have any of the following exposures? Select all that apply.

State of Travel Exposure	If domestic travel outside of state of normal residence, specify the state.
Country of Travel Exposure	If patient traveled internationally, specify country.
Cruise Ship or Vessel	If exposed on a cruise ship or vessel, specify the name of the cruise ship.
Workplace Critical Infrastructure	If the patient was exposed at their workplace, is the workplace critical infrastructure?
Workplace Exposure	If workplace exposure, specify the workplace setting (e.g., long term healthcare setting, hospital, grocery store)
Animal Case	If an animal with confirmed or suspected COVID-19, specify the animal.
Type of Contact with COVID-19 Case	If the patient had contact with a known COVID-19 case, specify the type of contact.
Contact with U.S. COVID-19 Case	Was this person a U.S. case?
COVID-19 Case Identifier	If patient had contact with a known COVID-19 case, specify the COVID-19 ID(s).
Clinical History Collection Mechanism	Select which mechanisms were used for the collection of the clinical course, symptoms, past medical history and social history.
Symptomatic	Symptoms present during course of illness.
Symptoms Resolved	Did the patient’s symptoms resolve?
Clinical Symptoms	Indicate the symptoms associated with this illness.
Clinical Symptoms Indicator	Indicator for each symptom.
Diagnostic	Select the diagnostic tests that were performed.
Diagnostic Result	Indicator for each diagnostic test result.
Treatment	Indicate the treatment received.
Treatment Indicator	Indicator for each treatment.
Days of Mechanical Ventilation	If patient received mechanical ventilation intubation, specify the total days of treatment.

Underlying Risk Factors	Specify any of the underlying medical conditions and/or risk behaviors.
Underlying Risk Factors Indicator	Indicator for each medical condition and risk behaviors.
Chronic Disease	If other chronic diseases, please specify.
Underlying Condition	If other underlying condition, please specify.
Risk Behavior	If other underlying risk behavior, please specify
Disability	If disability (neurologic, neurodevelopmental, intellectual, physical, vision or hearing impairment, please specify.
Psychological or Psychiatric Condition	If psychological or psychiatric condition, please specify.
Tribe Affiliation	Does this case have any tribal affiliation?
Tribe Name	If case has tribal affiliation, provide tribe name.
Tribe Enrolled Member	If case has tribal affiliation, indicate if case is an enrolled member.
Trimester at Onset of Illness	If the case-patient was pregnant at time of illness onset, indicate trimester of gestation at time of disease.
Number of Weeks Gestation at Onset of Illness	If the case-patient was pregnant at time of illness onset, specify the number of weeks gestation at onset of illness (1-45 weeks).
Exposure Indicator	Exposure indicator
Reason for Testing	Listing of the reason(s) the subject was tested for COVID-19
Secondary Diagnosis	Did the patient have another diagnosis/etiology for their illness?
Secondary Diagnosis Description	If patient had another diagnosis/etiology for their illness, specify the diagnosis or etiology
Clinical Finding	Clinical findings associated with the illness being reported
Clinical Finding Indicator	Indicator for associated clinical findings

Did the Subject Ever Receive a Vaccine Against This Disease	Did the subject ever receive a vaccine against this disease?
Vaccination Doses Prior to Onset	Number of vaccine doses against this disease prior to illness onset
Date of Last Dose Prior to Illness Onset	Date of last vaccine dose against this disease prior to illness onset
Vaccine History Comments	Comments about the subject's vaccination history
Date Left For Travel	Date left for travel
Date of Return from Travel	Date of return from travel
Primary Language	What's case's primary language? Please indicate for both hospitalized and not hospitalized cases.
Information Source for Data	Clinical information collected from which source(s)? Check all that apply
Did Underlying Condition(s) Exist	Did they have any underlying medical conditions and/or risk behaviors?

Value Set Code. Search in PHIN VADS using the following link (https://phinvads.cdc.gov/vads/SearchHome.action)	CDC Priority (Legacy)	CDC Priority (New)
N/A		1
N/A		1
N/A		1
N/A		1
N/A		1
N/A		1
TBD		1
TBD		1
N/A		1
N/A		1
PHVS_YesNoUnknown_CDC		1
TBD		1
PHVS_YesNoUnknown_CDC		1
N/A		1
N/A		1
TBD		1
PHVS_YesNoUnknown_CDC		1
TBD		1
TBD		1
TBD		1

N/A		1
N/A		1
N/A		1
PHVS_YesNoUnknown_CDC		1
TBD		1
N/A		1
TBD		1
TBD		1
N/A		1
TBD		1
TBD		1
TBD		1
TBD		1
PHVS_YesNoUnknown_CDC		1
TBD		1
TBD		1
TBD		1
N/A		1
N/A		1

TBD	
	1
PHVS_YesNoUnknown_CDC	1
N/A	1
N/A	1
N/A	1
N/A	
	1
N/A	1
PHVS_YesNoUnknown_CDC	1
N/A	1
PHVS_YesNoUnknown_CDC	1
PHVS_PregnancyTrimester_CDC	
N/A	2
	2
PHVS_YesNoUnknown_CDC	1
TBD	3
PHVS_YesNoUnknown_CDC	
N/A	3
	3
PHVS_ClinicalFinding_COVID-19	1
PHVS_YesNoUnknown_CDC	1

PHVS_YesNoUnknown_CDC		1
N/A		
		1
N/A		
		3
N/A		3
N/A		1
N/A		1
PHVS_Language_ISO_639-2_Alpha3		2
PHVS_DataReportingSource_COVID-19		3
PHVS_YesNoUnknown_CDC		1

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 antivial (specify)
Dateintiated 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 intiated?
What was the date that oseltamivir was discontinued?
What was the dosage of oseltamivir?
What was the date that zanamivir was intiated?
What was the date that zanamivir was discontinued?
What was the dosage of zanamivir?
What was the date that rimantidine was intiated?
What was the date that rimantidine was discontinued?
What was the dosage of rimantidine?
What was the date that amantidine was intiated?
What was the date that amantidine was discontinued?
What was the dosage of amantidine?
What was the date that an other antiviral was intiated?
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 a s 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 thevisit?

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 occurrred 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 positve, 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 exised 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 receive1 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 immunizaton 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
Suspexcted 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)

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

Label/Short Name	Description
Primary plague type	Classification of primary clinical manifestation of infection
Animal Contact	Contact with sick or dead animals
Flea bite	Flea bite
Immuncompromised	If patient has any immunocompromising conditions, specify
Date first medical	Date that the patient was first seen by medical person.
Fever/sweats/chills	Did the patient's illness include the symptom of fever/sweats/chills?
Confusion/delirium	Did the patient's illness include the symptom of confusion/delirium?
Vomiting/diarrhea/abdominal pain	Did the patient's illness include the symptom of vomiting/diarrhea/abdominal pain?
Sore throat	Did the patient's illness include the symptom of sore throat?
Cough	Did the patient's illness include the symptom of cough?
Chest Pain	Did the patient's illness include the symptom of chest pain?
Shortness of breath	Did the patient's illness include the symptom of shortness of breath?
Other_symptoms	Did the patient's illness include other symptoms of not listed?
Other_symptoms_specify	Which other symptoms did the patient's illness include?
Bubo	Did patient have bubo?
Type of Bubo	Specify type of bubo
Location/description Bubo	Describe location and appearance of bubo
Insect bites/skin ulcer	Did patient have any insect bites/skin ulcer
Location/description insect bites/skin ulcer	Describe location and appearance of insect bites/skin ulcer
Chest X-ray	Results of chest x-ray
Antibiotic	Did patient receive an effective antibiotic for illness?
Antibiotic start date	Date each antibiotic started
Illness outcome	Outcome of illness
Primary plague type	Classification of primary clinical manifestation of infection
Secondary pneumonic plague	Did patient have secondary pneumonic plague?
Y. pestis cultured	Was *Y. pestis* cultured?
Specimen source	Source of culture
Date specimen collected	Date specimen was collected
Y. pestis detected	Was *Y. pestis* detected by other tests?
Test performed	Test used to detect *Y. pestis*
Specimen source	Specimen source in which *Y. pestis* was detected
Date specimen collected	Date of specimen collection
Serology	Serology results
First Serum titer	Titer of first serum specimen
Second Serum titer	Titer of second serum specimen
Date first serum drawn	Date first serum drawn
Date second serum drawn	Date second serum drawn

Epi-linked to any other plague cases	Was this illness epi-linked to any other plague cases?
Likely location of exposure	Most likely location of exposure
Animal contact	Did patient have any animal contact in the 2 weeks preceding illness?
Nature of contact	Nature of animal contact in the 2 weeks preceding illness
Type of animal contact	Was animal domestic or wild
Flea bite or insect bites	Did patient have flea or insect bites in the 2 weeks preceding illness?
Wild animal	Specify wild animal that patient had contact with in the 2 weeks preceding illness
Domestic animal	Specify domestic animal that patient had contact with in the 2 weeks preceding illness
Evidence of infected animals or fleas	Evidence of infected animals or fleas in the likely exposure location
Specify infected animals or fleas	Describe evidnece of *Y. pestis* infected animals or fleas in likely exposure location
Other exposure	Specify any other exposures in the two weeks preceding illness
Comments	Additional comments
Person to person transmission	Evidence of person to person transmission from a known plague patient

Value Set Code. Search in PHIN VADS using the following link (https://phinvads.cdc.gov/vads/SearchHome.action)	CDC Priority
TBD	P
TBD	P
TBD	P
N/A	P
N/A	P
PHVS_YesNoUnknown_CDC	P
PHVS_YesNoUnknown_CDC	P
PHVS_YesNoUnknown_CDC	P
PHVS_YesNoUnknown_CDC	P
PHVS_YesNoUnknown_CDC	P
PHVS_YesNoUnknown_CDC	P
PHVS_YesNoUnknown_CDC	P
PHVS_YesNoUnknown_CDC	P
N/A	P
PHVS_YesNoUnknown_CDC	P
TBD	P
N/A	P
PHVS_YesNoUnknown_CDC	P
N/A	P
TBD	P
TBD	P
N/A	P
TBD	P
TBD	P
PHVS_YesNoUnknown_CDC	P
PHVS_YesNoUnknown_CDC	P
N/A	P
N/A	P
PHVS_YesNoUnknown_CDC	P
N/A	P
N/A	P
N/A	P
TBD	P
N/A	P
N/A	P
N/A	P
N/A	P

PHVS_YesNoUnknown_CDC	P
TBD	P
PHVS_YesNoUnknown_CDC	P
TBD	P
TBD	P
PHVS_YesNoUnknown_CDC	P
N/A	P
N/A	P
PHVS_YesNoUnknown_CDC	P
N/A	P
N/A	P
N/A	P
PHVS_YesNoUnknown_CDC	P

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 thespecific diagnosi?s
Indicate any immune studies performed
Wehat 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
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Protein test results for CSF
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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 thespecific diagnosi?s
Indicate any immune studies performed
Wehat 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 - adress
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
Signs and Symptoms

Signs and Symptoms Indicator
Highest Measured Temperature
Temperature Units
Antibiotics given

Treatment Start Date
Treatment End Date
Treatment Duration
Hospital ICU

Laboratory Testing Performed
Laboratory Confirmed
Test Manufacturer
Autopsy Specimen Type
Autopsy Result
Date of Autopsy
Autopsy Laboratory Name
Industry at Date of Onset
Personal Protective Equipment

Respiratory Protective Equipment

Annual Respirator Fit Testing and Training

Glove Material
Contact Type
Bird Type

Bird Species
Number of Birds
Illness Onset Age
Illness Onset Age Units

Description

Check all signs and symptoms listed below (note maximum temperature). Thi 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 revelant information
Indicate what symptoms of interest the patient had during the course of the illness

Indicator for associated sign and symptom
What was the subject's highest measured temperature during this illness?
Units for highest measured temperature
Did the subject take antibiotics as treatment for this illness?

Start date of antibiotic

Stop date of antibiotic

Number of days the patient actually took the antibiotic

During any part of the hospitalization, did the subject stay in an Intensive Care Unit (ICU) or a Critical Care Unit (CCU)?

Was laboratory testing done to confirm the diagnosis?

Was the case laboratory confirmed?

Test Manufacturer

Type of autopsy specimen

Autopsy result

Date of autopsy (date autopsy specimen collected)

Autopsy Laboratory Name

Industry at date of onset

At the time of exposure, which of the following personal protective equipment was used by the patient?

If respiratory protective equipment was used at the time of exposure, specify what kind

Does the patient get annual respirator fit testing and training?

If gloves were used, specify glove material

Indicate which of the following contacts patient had during 5 weeks prior to onset

What type of bird did the patient have contact with during the 5 weeks prior to onset?

Bird species

Approximate number of birds

Illness onset age

Illness onset age units

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

PHVS_SignsSymptoms_RIBD	P
PHVS_YesNoUnknown_CDC	P
N/A	P
PHVS_TemperatureUnit_UCUM	P
PHVS_YesNoUnknown_CDC	P

N/A	P
N/A	P
N/A	P
PHVS_YesNoUnknown_CDC	P
PHVS_YesNoUnknown_CDC	P
PHVS_YesNoUnknown_CDC	P
N/A	P
PHVS_SpecimenSite_RIBD	P
N/A	P
N/A	P
N/A	P
PHVS_Industry_CDC_Census2010	P
PHVS_PersonalProtectiveEquipment_RIBD	P
PHVS_RespiratoryProtectiveEquipment_RIBD	P
PHVS_YesNoUnknown_CDC	P
PHVS_GloveMaterial_RIBD	P
PHVS_ContactType_RIBD	P
PHVS_BirdType_RIBD	P
N/A	P
N/A	P
N/A	P
PHVS_AgeUnit_UCUM	P

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 within 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 coughduring 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, the 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 nother 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
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
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_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

PHVS_YesNoUnknown_CDC

PHVS_YesNoUnknown_CDC

PHVS_YesNoUnknown_CDC

PHVS_YesNoUnknown_CDC
PHVS_YesNoUnknown_CDC

PHVS_YesNoUnknown_CDC

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

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

Part of Outbreak

Date of Return from Travel
Case Patient a Healthcare Worker
Previous case diagnosed by
Vaccination Doses Prior to Onset
Date of Last Dose Prior to Illness Onset
Vaccine History Comments
Age at rash onset
Age units at rash onset
Age units at previous diagnosis
Length of time in U.S.
Length of time in U.S. Units
International Destination(s) of Recent Travel

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

Is this case part of an outbreak of 3 or more

Date of return from most recent travel
Was the case patient a healthcare provider (HCP) at illness onset?
Who diagnosed previous case?
Number of vaccine doses against this disease prior to illness onset
Date of last vaccine dose against this disease prior to illness onset

Comments about the subject's vaccination history
Age at rash onset
Age units at rash onset
Age units at previous diagnosis
Length of time in U.S.
Length of time in U.S. Units
List any international destinations of recent travel.

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	Description
Formtype	Type of form reported on (9=carrier form or known carrier)
CDCNUM	CDC Number
StateEpiNumber	State Epi Number
SLABSID	State Lab Isolate ID Number
SLABSID2	State Lab Isolate ID Number 2, maybe if another entry is associated in NARMS data
SpecNumber	NARMS Isolate Identification Number
SpecNumber2	NARMS Isolate Identification Number- for dulplicate sample from a single patient
SpecNumber3	NARMS Isolate Identification Number- for dulplicate sample from a single patient
Year	Year of report (based on date onset)
Date Entered	Date Form was entered into database
Date Rec CDC	Date Form was received to CDC
Name	First three letters of patient's last name
Foodhand	Work as foodhandler? (1=Yes, 2=No, 9=unknown 3=didn't answer)
Citizen	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
Othcitzn	Other citizenship
Ill	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!

Dtonset	Date of onset of Symptoms
Outcome	Outcome of case (1=Recovered 2=Died 3=didn't answer 9=unknown)
Dtisol	Date Salmonella first isolated
Site	Sites of isolation (1=Blood 2=Stool 3=didn't answer 9=unknown 4=gallbalder 5=other) CAREFUL with this variable - LOTS of dif. codes!
Othsite	Other site of isolation
Serotype	
Sensi	Was sensitivity testing done? (1=Yes 2=No 9=unknown 3=didn't answer)
Ampr	Resistant to ampicillin on form 3? (1=Yes 2=No 7=not tested 3=didn't answer 9=unknown)
Chlorr	Resistant to chloramphenicol on form 3? (1=Yes 2=No 7=not tested 3=didn't answer 9=unknown)
Tmpsmxr	Resistant to trimethoprim-sulfamethoxazole on form 3? (1=Yes 2=No 7=not tested 3=didn't answer 9=unknown)
quinol	Resistant to fluoroquinolone on form 3? (1=Yes 2=No 7=not tested 3=didn't answer 9=unknown)
Ceft	Resistant to ceftriaxone (1=Yes 2=No 9=unknown)
outbreak	Case occur as part of outbreak? (1=Yes 2=No 9=unknown 3=didn't answer)
vac5yr	Vaccinated within 5 yrs? (1=Yes 2=No 9=unknown 3=didn't answer)

stanvax	Standard Killed typhoid shot (1=Yes 2=No, 9=unknown, 3=didn't answer)
yrstanvx	Year standard vaccine received
ty21vax	Oral Ty 21a or Vivotof four pill series (1=Yes 2=No, 9=unknown, 3=didn't answer)
yrty21	Year of Oral Ty 21a or Vivotof four pill series received
vicps	VICPS or Typhium VI shot (1=Yes 2=No, 9=unknown, 3=didn't answer)
yrvicps	Year VICPS or Typhium VI shot received
outus	Travel outside of US? (1=Yes 2=No 9=unknown 3=didn't answer)
country1	Country 1 visited
country2	Country 2 visited
country3	Country 3 visited
country4	Country 4 visited
country1oth	country 1 other
country2oth	country 2 other
country3oth	country 3 other
country4oth	country 4 other
dtentus	Date of most return or entry in the US
business	Business is purpose of international travel(1=Yes 2=No 9=unknown 3=didn't answer)
tourism	Tourism is purpose of international travel(1=Yes 2=No 9=unknown 3=didn't answer)
visitfam	Visiting relatives or friends is purpose of international travel(1=Yes 2=No 9=unknown 3=didn't answer)

immigrat	Immigration to the US is purpose of international travel (1=Yes 2=No 9=unknown 3=didn't answer)
othtrav	Other travel is purpose of international travel(1=Yes 2=No 9=unknown 3=didn't answer)Reason for other travel
travreas	Reason for other travel
anycarr	Case traced to typhoid carrier? (1=Yes 2=No 9=unknown 3=didn't answer)
prevcarr	Carrier previously known to health dept (1=Yes 2=No 9=unknown 3=didn't answer)
comment	Comments
dtform	Date PH Dept completed form
Specify Different Travel Exposure Window	If the travel exposure window used by the jurisdiction is not 30 days. Specify the time interval in days here. Otherwise, leave blank.
health care worker	Was the patient a health care provider?
day care attendee	Was the patient a health care attendee?
day care worker	Was the patient a day care provider?
PulseNet ID	State lab ID submitted to PulseNet
WGS ID Number	Whole Genome Sequencing (WGS) ID Number
Date Of Arrival To Travel Destination	**Date of arrival to travel destination**
Travel State	**Domestic destination, state(s)**

Value Set Code. Search in PHIN VADS using the following link (https://phinvads.cdc.gov/vads/SearchHome.action)	CDC Priority (Legacy)	CDC Priority (New)
N/A		
	P	
N/A	P	
N/A	P	
N/A	P	
N/A		
	P	
N/A		
	P	
N/A		
	P	
N/A		
	P	
N/A		
	P	
N/A		
	P	
N/A		
	P	
PHVS_YesNoUnknown_CDC		
	P	
	P	
N/A	P	
PHVS_YesNoUnknown_CDC		
	P	

N/A	P
PHVS_ConditionStatus_FDD	
	P
N/A	
	P
PHVS_SpecimenCollectionSource_FDD	
	P
N/A	P
N/A	P
PHVS_YesNoUnknown_CDC	
	P
PHVS_YesNoUnknown_CDC	
	P
PHVS_YesNoUnknown_CDC	
	P
PHVS_YesNoUnknown_CDC	
	P
PHVS_YesNoUnknown_CDC	
	P
PHVS_YesNoUnknown_CDC	
	P
PHVS_YesNoUnknown_CDC	
	P
PHVS_YesNoUnknown_CDC	

PHVS_YesNoUnknown_CDC

P

N/A

P

PHVS_YesNoUnknown_CDC

P

N/A

P

PHVS_YesNoUnknown_CDC

P

N/A

P

PHVS_YesNoUnknown_CDC

P

PHVS_Country_ISO_3166-1
PHVS_Country_ISO_3166-1
PHVS_Country_ISO_3166-1
PHVS_Country_ISO_3166-1
PHVS_Country_ISO_3166-1
PHVS_Country_ISO_3166-1
PHVS_Country_ISO_3166-1
PHVS_Country_ISO_3166-1

P
P
P
P
P
P
P
P

N/A

P

PHVS_TravelPurpose_FDD

P

PHVS_TravelPurpose_FDD

P

PHVS_TravelPurpose_FDD

P

PHVS_TravelPurpose_FDD		
PHVS_TravelPurpose_FDD	P	
N/A	P	
PHVS_YesNoUnknown_CDC	P	
PHVS_YesNoUnknown_CDC	P	
N/A	P	
N/A	P	
N/A	P	
PHVS_YesNoUnknown_CDC	P	
PHVS_YesNoUnknown_CDC	P	
PHVS_YesNoUnknown_CDC	P	
N/A		1
N/A		1
N/A		**3**
PHVS_State_FIPS_5-2		**3**

Label/Short Name	Description	Value Set Code. Search in PHIN VADS using the following link (https://phinvads.cdc.gov/vads/SearchHome.action)
Formtype	Type of form reported on (9=carrier form or known carrier)	
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StateEpiNumber	State Epi Number	
SLABSID	State Lab Isolate ID Number	
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SpecNumber	NARMS Isolate Identification Number	
SpecNumber2	NARMS Isolate Identification Number- for dulplicate sample from a single patient	
SpecNumber3	NARMS Isolate Identification Number- for dulplicate sample from a single patient	
Year	Year of report (based on date onset)	
Date Entered	Date Form was entered into database	
Date Rec CDC	Date Form was received to CDC	
State	Reporting State	
Name	First three letters of patient's last name	
DOB	Date of Birth	
Age	Age	
Sex	Sex (1=Male 2=Female)	
Foodhand	Work as foodhandler? (1=Yes, 2=No, 9=unknown 3=didn't answer)	
Citizen	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	
Othcitzn	Other citizenship	

Ill	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!
Dtonset	Date of onset of Symptoms
Hosp	Hospitalized? (1=Yes 2=No, 9=unknown, 3=didn't answer)
Hospdays	Days hospitalized NOTE -- 999= didn't answer in a field like this!
Outcome	Outcome of case (1=Recovered 2=Died 3=didn't answer 9=unknown)
Dtisol	Date Salmonella first isolated
Site	Sites of isolation (1=Blood 2=Stool 3=didn't answer 9=unknown 4=gallbalder 5=other) CAREFUL with this variable - LOTS of dif. codes!
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yrvicps	Year VICPS or Typhium VI shot received
outus	Travel outside of US? (1=Yes 2=No 9=unknown 3=didn't answer)
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country3	Country 3 visited
country4	Country 4 visited
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country2oth	country 2 other
country3oth	country 3 other
country4oth	country 4 other
dtentus	Date of most return or entry in the US
business	Business is purpose of international travel(1=Yes 2=No 9=unknown 3=didn't answer)
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comment	Comments	
dtform	Date PH Dept completed form	
Specify Different Travel Exposure Window	If the travel exposure window used by the jurisdiction is not 30 days. Specify the time interval in days here. Otherwise, leave blank.	N/A
health care worker	Was the patient a health care provider?	PHVS_YesNoUnknown_CDC
day care attendee	Was the patient a health care attendee?	PHVS_YesNoUnknown_CDC
day care worker	Was the patient a day care provider?	PHVS_YesNoUnknown_CDC
PulseNet ID	State lab ID submitted to PulseNet	N/A
WGS ID Number	Whole Genome Sequencing (WGS) ID Number	N/A
Date Of Arrival To Travel Destination	**Date of arrival to travel destination**	**N/A**
Travel State	**Domestic destination, state(s) tr**	**PHVS_State_FIPS_5-2**

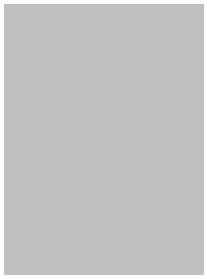
CDC Priority (Legacy)	CDC Priority (New)

P

P

P

P



1

1

3

3

Label/Short Name

AgClinic

AgClinicTestType
AgeMnth
AgeYr
AgSphl

AgSphlTestType
BioId
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
Occupation/Industry/Place of Business
Child care attendee

Long term care facility resident

Contact of a Salmonellosis case

Method(s) of laboratory testing

Name of test

Name of test manufacturer

Probable case from CIDT testing

Probable case from Epi-linkage

Reported symptoms and signs of illness

WGS (Whole-Genome Sequencing) ID

Specify Different Travel Exposure Window

PulseNet ID

Date Of Arrival To Travel Destination

Date Of Departure From Travel Destination

Reason for travel related to current illness

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-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 7 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

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 drank any water from a well?

In the 7 days before illness, would you/your child have swallowed or drank 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

Is patient employed in a high risk occupation (e.g., food handler, healthcare worker, daycare worker)?

Did patient have a high risk exposure related to child care facility?

Did patient have a high risk exposure related to residence in a long term care facility?

Did patient have a high risk exposure related to contact with a Salmonellosis case?

Type of laboratory testing performed

Name of laboratory test performed

Name of test manufacturer

Probable case status confirmed by CIDT testing

Probable case confirmed by Epi-linkage

Symptoms and signs associated with illness

The identifier used in PulseNet for the whole genome sequenced isolate that corresponds to the reported case

If the travel exposure window used by the jurisdiction is different from that stated in the travel exposure questions, specify the time interval in days here. Otherwise, leave blank.

State lab ID submitted to PulseNet

Date of arrival to travel destination

Date of departure from travel destination

Reason for travel related to current illness

Value Set Code. Search in PHIN VADS using the following link (https://phinvads.cdc.gov/vads/SearchHome.action)	CDC Priority (Legacy)	CDC Priority (New)

N/A	P	
N/A		1
N/A		**3**
N/A		**3**
PHVS_TravelPurpose_FDD		**3**

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 yas, date of fever onest

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 trhe 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 transmissionof 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 recive 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 intial 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, broncheoalveolar 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, broncheoalveolar 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, broncheoalveolar 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, broncheoalveolar 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, broncheoalveolar 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, broncheoalveolar 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, broncheoalveolar 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, broncheoalveolar 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
International travel in the 7 days prior to onset
Occupation/Industry/Place of Business
Child care attendee
Long term care facility resident

Contact of a Shigellosis case
Method(s) of laboratory testing
Name of test
Name of test manufacturer
Probable case from CIDT
Probable case from Epi-linkage
Reported symptoms and signs of illness
WGS (Whole-Genome Sequencing) ID
Specify Different Travel Exposure Window

Did The Case Travel Domestically Prior To Illness Onset?
Travel State
International Destination(S) Of Recent Travel
PulseNet ID
Date Of Arrival To Travel Destination

Date Of Departure From Travel Destination
Reason for travel related to current illness

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
Did patient travel internationally within 7 days of illness onset?

Is patient employed in a high risk occupation (e.g., food handler, healthcare worker, daycare worker)?

Did patient have a high risk exposure related to attendance at a child care facility?
Did patient have a high risk exposure related to residence in a long term care facility?

Did patient have a high risk exposure related to contact with a Shigellosis case?
Type of laboratory testing performed
Name of laboratory test performed
Name of test manufacturer
Probable case status confirmed by CIDT (Culture Independent Diagnostic Testing)
Probable case confirmed by Epi-linkage
Symptoms and signs associated with illness

The identifier used in PulseNet for the whole genome sequenced isolate that corresponds to the reported case

If the travel exposure window used by the jurisdiction is different from that stated in the travel exposure questions, specify the time interval in days here. Otherwise, leave blank.

Did the case patient travel domestically within program specific timeframe?

Domestic destination, state(s) traveled to
International destination or countries the patient traveled to

State lab ID submitted to PulseNet
Date of arrival to travel destination

Date of departure from travel destination

Reason for travel related to current illness

Value Set Code. Search in PHIN VADS using the following link (https://phinvads.cdc.gov/vads/SearchHome.action)	CDC Priority (Legacy)
N/A	P
PHVS_YesNoUnknown_CDC	P
PHVS_State_FIPS_5-2	P
PHVS_Country_ISO_3166-1	P
N/A	
N/A	
N/A	
PHVS_TravelPurpose_FDD	

CDC Priority (New)

1

2

2

3

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

Datetype

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)

Transgender

Sexual Orientation

Date Treatment was Prescribed

Date Treatment was Administered

Medication Administered

Medication Administered Dose

Treatment Duration

Type of Complication

Type of Complication Indicator

Treatment Dosage

Treatment Dosage Unit

Treatment Route of Delivery

Treatment Drug Frequency

Treatment Drug Frequency Unit

Treatment Duration Units

Drug Use Route of Delivery

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 indentified 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 investigarion?

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 as transgender (i.e., an individual’s personal sense of being male, female, or transgender).

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).

Date treatment associated with the condition was prescribed

Date treatment associated with the condition was administered

Name of the antibiotic administered

Dose of the antibiotic administered

Prescribed duration of antibiotic

Complications associated with the illness being reported

Indicator for associated complication

Dose of the treatment associated with the condition

Unit of measure for the treatment associated with the condition

Route of delivery of treatment

Frequency of treatment drug

Unit of measure for the frequency of treatment associated with the condition

Unit of measure for the duration of treatment associated with the condition

Route of delivery of drug(s) used

Value Set Code. Search in PHIN VADS using the following link (https://phinvads.cdc.gov/vads/SearchHome.action)	CDC Priority (Legacy)
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 coummunity 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

TBD	O
TBD	O
TBD	O
TBD	O
TBD	O
TBD	O
TBD	O
TBD	O
TBD	O
TBD	O
TBD	O
TBD	O
TBD	O
TBD	O
TBD	O

CDC Priority (New)

Label/Short Name

AgClinic

AgClinicTestType
AgeMnth
AgeYr
AgSphl

AgSphlTestType
BioId
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
Typle 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
Probable – laboratory-diagnosed
Probable – epi-linked
TTP
Ill contact

Gourmet cheese
Specify other leafy greens
Sprouts location
Sprouts brand
Treated recreational water

Untreated recreational water

Treated recreational water location

Untreated recreational water location
Other related diagnosis
Specify other related diagnosis
Shopper card consent
Ground beef at home brand
Steak at home brand
Steak at home frozen
Steak at home fresh
Bison brand
Wild game brand
Dried meat brand
Other dried meat brand
Pork
Pork at home
Pork at home purchase location
Pork at home brand
Pork at home ground
Pork at home whole
Pork at home other form
Specify other form of pork at home
Pork away from home
Pork away from home location
Pork away from home dish
Raw milk location
Raw milk brand
Raw cheese
Raw cheese brand
Raw cheese aged
Gourmet cheese location
Gourmet cheese brand
Raw juice location
Raw juice brand
Other raw dairy product

Specify other raw dairy product
Other raw dairy product location
Other raw dairy product brand
Raw dough
Leafy greens
Leafy greens location
Leafy greens brand
Loose leafy greens
Prepackaged leafy greens
Cabbage
Cabbage location
Cabbage brand

Arugula
Arugula location
Arugula brand
Kale
Kale location
Kale brand
Premade salad
Premade salad location
Premade salad brand
Other prepackaged leafy greens
Other prepackaged leafy greens location
Other prepackaged leafy greens brand
Other leafy greens location
Other leafy greens brand
Herbs
Specify herbs
Herbs location
Herbs brand
Specify petting zoo
Specify type of livestock
Specify fair
Pet
Specify pet
Specify institution
Treated recreational water type
Untreated recreational water type
Occupation
Food allergy
Special diet
Specify Different Exposure Window

Specify Different Travel Exposure Window

WGS ID Number
Reason for travel related to current illness

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-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 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

Ccase-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 clincal 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 expierenced 3 or more loose stools
Patient experienced blood in stool
Is the patient still hospitalizaed
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 beed (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 read
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 dayse 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 dayse before illness onset

Patient visited a county or state fair, 4-H event, or similar even 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

Probable case is laboratory-diagnosed

Probable case is epidemiologically linked

Patient had a diagnosis of TTP (Thrombotic thrombocytopenic purpura)

Patient had close contact with anyone with diarrhea or vomiting in the 7 days prior to illness onset

Patient consumed artisanal or gourmet cheese in the 7 days before illness onset

Specify other leafy greens

Purchase location of sprouts

Brand and variety of sprouts

Visit or swim in any treated recreational water facilities in 7 days prior to illness onset

Visit or swim in any untreated recreational water facilities in 7 days prior to illness onset

Location of treated recreational water facilities

Location of untreated recreational water facilities

Other related diagnosis
Specify other related diagnosis
Consent to retrieve purchases based on shopper card information
Brand and variety of ground beef consumed at home
Brand and variety of steak consumed at home
Steak consumed at home was purchased frozen
Steak consumed at home was purchased fresh
Brand and variety of bison
Brand and variety of wild game
Brand and variety of dried or fermented meat
Brand and variety of other dried or fermented meat
Patient consumed pork in 7 days prior to illness onset
Patient consumed pork at home in 7 days prior to illness onset
Purchase location of pork consumed at home
Brand and variety of pork consumed at home
Pork consumed at home was ground
Pork consumed at home was whole pig
Pork consumed at home was other form
Specify other type of pork consumed at home
Patient consumed pork away from home in 7 days prior to illness onset
Purchase location of pork consumed away from home
Dish in which pork was consumed away from home
Purchase location of raw milk
Brand and variety of raw milk
Purchase location of cheese made from raw milk
Brand and variety of cheese made from raw milk
Cheese made from raw milk was aged for 60 days
Purchase location of artisanal or gourmet cheese
Brand and variety of artisanal or gourmet cheese
Purchase location of unpasteurized juice or cider
Brand and variety of unpasteurized juice or cider
Patient consumed any other unpasteurized dairy product in 7 days prior to illness onset
Specify other unpasteurized dairy product
Purchase location of other unpasteurized dairy product
Brand and variety of other unpasteurized dairy product
Patient ate, tasted, or licked uncooked or unbaked dough or batter
Patient consumed fresh, uncooked leafy greens in 7 days prior to illness onset
Purchase location of fresh, uncooked leafy greens
Brand and variety of fresh, uncooked leafy greens
Patient consumed loose fresh, uncooked leafy greens
Patient consumed prepackaged fresh, uncooked leafy greens
Patient consumed cabbage in 7 days prior to illness onset
Purchase location of cabbage
Brand and variety of cabbage

Patient consumed arugula in 7 days prior to illness onset
Purchase location of arugula
Brand and variety of arugula
Patient consumed kale in 7 days prior to illness onset
Purchase location of kale
Brand and variety of kale
Patient consumed pre-made, single-serving salads in 7 days prior to illness onset
Purchase location of pre-made, single-serving salads
Brand and variety of pre-made, single-serving salads
Patient consumed other pre-packaged leafy greens or salad kits
Purchase location of other pre-packaged leafy greens or salad kits

Brand and variety of other pre-packaged leafy greens or salad kits

Purchase location of other leafy greens
Brand and variety of other leafy greens
Patient consumed fresh herbs in 7 days prior to illness onset
Specify fresh herbs
Purchase location of fresh herbs
Brand and variety of fresh herbs
Specify petting zoo
Specify type of livestock
Specify fair or event with animals
Patient has a pet of their own
Specify pet
Specify institution
Types of treated recreational water facilities
Types of untreated recreational water facilities
Patient's occupation
Does the patient have a food allergy?
Is the patient on a special diet?
If the epidemiologic exposure window used by the jurisdiction is different from that stated in the exposure questions, specify the time interval in days here. Otherwise, leave blank.

If the travel exposure window used by the jurisdiction is different from that stated in the travel exposure questions, specify the time interval in days here. Otherwise, leave blank.

Whole Genome Sequencing (WGS) ID Number
Reason for travel related to current illness

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

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

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
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

N/A	P
N/A	P
N/A **PHVS_TravelPurpose_FDD**	

CDC Priority (New)

1
3

Label/Short Name

Clinically Compatible Illness

History of Tick Bite
Eschar
Immunosuppressive Condition
Adult respiratory distress syndrome

Disseminated Intravascular Coagulation
Meningitis
Encephalitis
Renal Failure
Othere 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

Physician Name

Physician Phone

Clinical Manifestation

Clinical Manifestation Indicator

Experienced Complication

Type of Complication

Patient Immunocompromised

Treatment Drug Indicator

Medication Administered

Date Treatment or Therapy Started

Treatment Duration

Occupation related to exposure

Travel

International Destination(s) of Recent Travel

Travel State

Travel County

Date of Arrival to Travel Destination

Date of Departure from Travel Destination

Tick Bite Location

Tick Bite Date

Blood Transfusion

Blood Transfusion Date

Transfusion Associated

Transfused Product

Organ Transplant

Transplant type

Transplant date

Transplant associated infection

Blood Donor

Blood Donation Date

Blood Donor Implicated During Investigation

Donated Product

Blood bank notified

Co-infection
Co-infection type

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)

Name of subject's clinician/provider of care,Provide the name in the following format:,<last name>, <first name>

Phone number of subject's clinician/provider of care

Clinical manifestation of TBRD

For each clinical manifestation reported, indicate (YNU) whether the subject developed the specified manifestation as a result of the illness.

Did the subject experience any complications due to this episode?

If the subject experienced complications due to this episode, what was the complication?

At the time of diagnosis, was the subject immunocompromised?

Did the subject receive antimicrobial treatment for this infection?

What antibiotic did the patient receive for this episode?

Date the treatment was initiated

Number of days the patient actually took the antibiotic referenced

Is the subject's current occupation related to the exposure?

In the two weeks before symptom onset or diagnosis (use earlier date), did the subject travel out of their county, state, or country of residence?

International destination, countries traveled to

Domestic destination, state(s) traveled to

Intrastate destination, counties traveled to

If the subject traveled, when did they arrive to their travel destination?

If the subject traveled, when did they depart from their travel destination?

If subject noticed tick bite, where did the bite occur (geographic location)?

If subject noticed tick bite, when did the bite occur?

In the year before symptom onset or diagnosis (use earlier date), did the subject receive a blood transfusion?

Date(s) of blood transfusion(s)

Was the subject’s infection transfusion associated?

If a transfused blood product was implicated in an investigation, specify which type(s) of product.

In the year before symptom onset or diagnosis (use earlier date), did the subject receive an organ transplant(s)?

If the subject received an organ transplant, what was the organ?

Date(s) of organ transplant(s)

Was the subject's infection transplant-related?

Did the subject donate blood in the 30 days prior to symptom onset?

Date(s) of blood donation(s)

Was the subject a blood donor identified during a transfusion investigation (i.e., had positive test results and was linked to an infected recipient)?

If a donated blood product was implicated in an investigation, specify which type(s) of product.

Was the blood bank/hospital/transplant service notified?

Was the subject diagnosed with a co-infection?
Specify coinfection

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

N/A	P
N/A	P
PHVS_ClinicalManifestation_TBRD	P
PHVS_YesNoUnknown_CDC	P
PHVS_YesNoUnknown_CDC	P
PHVS_Complication_TBRD	P
PHVS_YesNoUnknown_CDC	P
PHVS_YesNoUnknown_CDC	P
PHVS_MedicationReceived_TBRD	P
	P
	P
PHVS_YesNoUnknown_CDC	P
PHVS_YesNoUnknown_CDC	P
PHVS_YesNoUnknown_CDC	P
PHVS_State_FIPS_5-2	P
PHVS_County_FIPS_6-4	P
	P
	P
	P
	P
PHVS_YesNoUnknown_CDC	P
	P
PHVS_YesNoUnknown_CDC	P
PHVS_BloodProduct_CDC	P
PHVS_YesNoUnknown_CDC	P
	P
	P
PHVS_YesNoUnknown_CDC	P
PHVS_YesNoUnknown_CDC	P
	P
PHVS_YesNoUnknown_CDC	P
PHVS_BloodProduct_CDC	P
PHVS_YesNoUnknown_CDC	O

PHVS_YesNoUnknown_CDC	P
	P

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 toxiod administered

If Yes, tetanus toxiod 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?

Devitalized, 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

Where Meat Tested

Meat Comments

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?

Where was the suspected meat tested?

Use this field, if needed, to communicate anything unusual about the suspect meat, which is not already covered with the other data elements (e.g., additional details about where eaten, if consumed while traveling outside of the U.S., where wild game was hunted, etc.).

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

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

Label/Short Name	Description	Value Set Code. Search in PHIN VADS using the following link (https://phinvads.cdc.gov/vads/SearchHome.action)	CDC Priority
TB State Case Number	State case number for the case specific to TB investigations (4 digit report year + 2 letter state + 9 digit alphanumeric number)	N/A	P
City or County Case Number	City or county case number assigned to this case	N/A	P
Birth Sex	What was the patient's sex at birth?	PHVS_Sex_MFU	P
Previously Counted Case	Has this case already been counted by another reporting area?	PHVS_CaseCountStatus_TB	P
Previously Reported State Case Number	If case previously counted, provide the state case number from the other reporting area.	N/A	P
Country of Verified Case	If the case was previously reported by another country, specify the country.	PHVS_BirthCountry_CDC	P
Patient Address City	Patient address city	N/A	P
Inside City Limits	Is the patient's residence within city limits?	PHVS_YesNoUnknown_CDC	P

Census Tract of Case-Patient Residence	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.	N/A	P
Detailed Race	Provide the detailed race information for the patient.	PHVS_Race_CDC	P
Date Arrived in US	If country of birth is NOT United States, regardless of citizenship, indicate the date when the patient first arrived in the US.	N/A	P
US Born	Was the patient eligible for US citizenship at birth?	PHVS_YesNoUnknown_CDC	P
Primary Guardian(s) Country of Birth	Indicates the birth country of the primary guardian(s) of patient (pediatric [<15 years old] cases only)	PHVS_BirthCountry_CDC	P
Remain in US After Report	If not US reporting area, did patient remain in the United States for >= 90 days after report date?	PHVS_YesNoUnknown_CDC	P

Initial Reason for Evaluation	What was the initial reason the patient was evaluated for TB?	PHVS_PrimaryReasonForEvaluation_TB	P
Test Type	Epidemiologic interpretation of the type of test(s) performed for this case. Please provide a response for each of the main test types (culture, smear, pathology/cytology, NAA, TST, IGRA, HIV, diabetes) If test was not done please indicate so.	PHVS_LabTestType_TB	P
Test Result	Epidemiologic interpretation of the results of the test(s) performed for this case - This is a qualitative test result. (e.g., positive, detected, negative)	PHVS_LabTestInterpretation_TB	P
Date/Time of Lab Result	Date result sent from reporting laboratory. Time of result is an optional addition to date.	N/A	P
Specimen Source Site	This indicates the anatomical source of the specimen tested.	PHVS_MicroscopicExamCultureSite_TB	P

Specimen Collection Date/Time	Date of collection of laboratory specimen used for diagnosis of health event reported in this case report. Time of collection is an optional addition to date.	N/A	P
Test Result Quantitative	Quantitative test result value	N/A	P
Result Units	Units of measure for the Quantitative Test Result Value	PHVS_UnitofMeasure_TB	P
Type of Chest Study	Indicate the type of chest study performed. Please provide a response for each of the main test types (plain chest radiograph, chest CT Scan) and if test was not done please indicate so.	PHVS_TypeofRadiologyStudy_CDC	P
Result of Chest Study	Result of chest diagnostic testing	PHVS_ResultofRadiologyStudy_TB	P
Evidence of Cavity	Did test show evidence of cavity?	PHVS_YesNoUnknown_CDC	P
Evidence of Miliary TB	Did test show evidence of miliary TB?	PHVS_YesNoUnknown_CDC	P
Date of Chest Study	Date of the chest diagnostic study	N/A	P
Patient Epidemiological Risk Factors	Exposed risk factors for the patient - Please provide a response for all risk factors in the value set with an associated indicator	PHVS_EpidemiologicalRiskFactors_TB	P

Patient Epidemiological Risk Factors Indicator	Provide a response for each value in the patient epidemiological risk factors value set	PHVS_YesNoUnknown_CDC	P
Type of Correctional Facility	If patient was a Resident of Correctional Facility at Diagnostic Evaluation, indicate the type of correctional facility.	PHVS_CorrectionalFacilityType_NND	P
Type of Long-Term Care Facility	If patient was a Resident of Long Term Care Facility at Diagnostic Evaluation, indicate the type of long term care facility.	PHVS_LongTermCareFacilityType_NND	P
Smoking Status	What is the patient's current tobacco smoking status?	PHVS_SmokingStatus_CDC	P
Patient lived outside of US for more than 2 months	Residence or Travel in countries other than the United States, Canada, Australia, New Zealand, or countries in northern or western Europe for >60 consecutive days at any point in the patient's lifetime.	PHVS_YesNoUnknown_CDC	P
Identified During Contact Investigation	Was the patient identified during the contact investigation around the likely source case?	PHVS_YesNoUnknown_CDC	P

Evaluation During Contact Investigation	If patient was identified during contact investigation, was the patient evaluated for TB during the contact investigation?	PHVS_YesNoUnknown_CDC	P
Linked Case Number	State case numbers for epidemiologically linked cases	N/A	P
Date Treatment or Therapy Started	Date the initial treatment regimen was started	N/A	P
Treatment Administration Type	Choose all treatment administration types that apply to the case, such as DOT, eDOT, or SAT.	PHVS_TreatmentAdministrationType_TB	P
Date Treatment or Therapy Stopped	Date treatment stopped	N/A	P
Case Verification Category	Indicates case verification criteria result based on factors such as culture results, smear results, major and additional sites of the disease, x-ray results, TST, IDR, reason therapy was stopped.	PHVS_CaseVerification_TB	P
Status at Diagnosis of TB	Was the patient alive or dead at the time of diagnostic evaluation?	PHVS_GeneralConditionStatus_TB	P
Site of Disease	What was the site of the patient's TB disease?	PHVS_AdditionalDiseaseSite_TB	P

Contact Investigation	Was a contact investigation conducted around this case?	PHVS_YesNoUnknown_CDC	P
Diagnosis Type	Previous TB or LTBI Diagnosis - Provide only 1 response for LTBI, multiple responses for TB are allowed	PHVS_DiagnosisType_TB	P
History of Previous Illness	Did the subject have a history of TB or LTBI?	PHVS_YesNoUnknown_CDC	P
Date of Previous Illness	Date of previous diagnosis	N/A	P
Previous State Case Number	Previous TB or LTBI State Case Number	N/A	P
Completed Treatment for Previous Diagnosis	Completed Treatment for Previous Diagnosis	PHVS_YesNoUnknown_CDC	P
Initially Treated with RIPE	Was the patient initially treated with the recommended four-drug therapy (RIPE)?	PHVS_YesNoUnknown_CDC	P
Reason Not Treated with RIPE	If not initially treated with RIPE, why not?	PHVS_ReasonNotTreatedwithRIPE_TB	P
Reason Therapy Stopped	Indicate the primary reason that therapy was stopped or never started; specify this data when the case is closed.	PHVS_ReasonTherapyStopped_TB	P
Reason Therapy Extended	Select the reason the therapy extended beyond 12 months.	PHVS_TherapyExtendedReason_TB	P
Final Disease Outcome	Final TB disease case outcome	PHVS_FinalTreatmentOutcome_TB	P

Initial Drug Regimen	Initial drug regimen for the patient: Please provide a response for each of the values in the value set using the associated indicator.	PHVS_Medications_TB	P
Initial Drug Regimen Indicator	Indicator response for the initial drug regimen question	PHVS_YesNoUnknown_CDC	P
Isolate Submitted for Genotyping	Was an isolate submitted for genotyping?	PHVS_YesNoUnknown_CDC	P
Accession Number for Genotyping	If an isolate was submitted for genotyping to a CDC laboratory only, list the accession number for genotyping.	N/A	P
Phenotypic Drug Susceptibility Completed	Was phenotypic/growth-based drug susceptibility testing done?	PHVS_YesNoUnknown_CDC	P
Molecular Drug Susceptibility Completed	Was genotypic/molecular drug susceptibility testing done?	PHVS_YesNoUnknown_CDC	P

Antimicrobial Susceptibility Test Type	Antimicrobial Susceptibility Test Type of TB drugs. For the initial susceptibility testing please send a response for each values in the value set. Changes in susceptibility should be reported for each individual drug when change is identified.	PHVS_SusceptibilityTestType_TB	P
Antimicrobial Susceptibility Specimen Collection Date	Antimicrobial Susceptibility Specimen Collection Date	N/A	P
Antimicrobial Susceptibility Result Reported Date	Antimicrobial susceptibility result reported date	N/A	P
Antimicrobial Susceptibility Specimen Type	Antimicrobial Susceptibility Specimen Type (e.g. Exudate, Blood, Serum, Urine)	PHVS_MicroscopicExamCultureSite_TB	P
Antimicrobial Susceptibility Test Interpretation	Antimicrobial Susceptibility Test Interpretation (e.g. Susceptible, Resistant, Intermediate, Not tested)	PHVS_SusceptibilityTestResultQuantitative_TB	P
Antimicrobial Susceptibility Test Method	Antimicrobial Susceptibility Test Method (e.g. E-Test, MIC, Disk Diffusion)	PHVS_SusceptibilityTestMethod_TB	P

Gene Identifier	Gene identifier - Please report the full test results for the samples that have unique features, such as specimen type (sputum or another anatomic site), test type (sequencing or non-sequencing) or mutation (detected or not detected). There is no need to report test results that differ only by date or laboratory and where all other aspects are identical in regards to specimen type, test type, and/or the results of mutation.	PHVS_GeneName_TB	P
Molecular Susceptibility Specimen Collection Date	Molecular Susceptibility Specimen Collection Date	N/A	P
Molecular Susceptibility Date Reported	Molecular Susceptibility Date Reported	N/A	P
Molecular Susceptibility Specimen Type	Molecular Susceptibility Specimen Type	PHVS_MicroscopicExamCultureSite_TB	P
Molecular Susceptibility Test Result	Molecular Susceptibility Test Result	PHVS_MolecularTestResults_TB	P
Molecular Susceptibility Nucleic Acid Change	Molecular Susceptibility Nucleic Acid Change	N/A	P

Molecular Susceptibility Amino Acid Change	Molecular Susceptibility Amino Acid Change	N/A	P
Molecular Susceptibility Indel	Molecular Susceptibility Indel	PHVS_MolecularIndel_TB	P
Molecular Susceptibility Test Method	Molecular Susceptibility Test Method	PHVS_MolecularTestMethods_TB	P
Culture Conversion Documented	Did the patient's sputum become culture negative?	PHVS_YesNoUnknown_CDC	P
Date of First Consistently Negative Culture	Date the first consistently negative sputum culture was collected.	N/A	P
Reason for Not Documenting Sputum Culture Conversion	Indicate the one reason for not documenting the sputum culture conversion.	PHVS_SputumCultureConversionNotDocumentedReason_TB	P
Patient Move During TB Therapy	Did the patient move during therapy?	PHVS_YesNoUnknown_CDC	P
Moved to Where	If the patient moved to a different reporting area during TB therapy, select all that apply to where the patient moved.	PHVS_MovedWhereDuringTherapy_TB	P
Out of State Move	If moved out of state, then specify the new state jurisdiction.	PHVS_State_FIPS_5-2	P
Out of Country Move	If moved out of country, then specify the new country jurisdiction.	PHVS_Country_ISO_3166-1	P

Transnational Referral	If moved out of the US, indicate whether a transnational referral was made.	PHVS_YesNoUnknown_CDC	P
History of Treatment	History of treatment before current episode with second-line TB drugs for the treatment of TB disease (not LTBI)	PHVS_YesNoUnknown_CDC	P
Date MDR Treatment Started	Date MDR TB therapy started for current episode	N/A	P
Drug Used to Treat MDR TB	Drugs ever used for MDR TB treatment, from MDR start date: Please provide a response for each medication in the value set with an associated indicator. Medications should be recorded as part of the regimen beginning with the MDR TB therapy start date.	PHVS_Medications_TB	P
Length of Time Drug Was Administered	Indicate length of time drug was taken or if it was not taken	PHVS_LengthofTimeDrugTaken_TB	P
Date Injectable Medication Stopped	Date injectable medication stopped. If no injectable drugs were used leave blank.	N/A	P
Surgery to Treat MDR TB	Surgery to Treat MDR TB	PHVS_YesNoUnknown_CDC	P

Surgery to Treat MDR TB Date	Surgery to Treat MDR TB Date	N/A	P
Adverse Event Description	Did patient experience any of the following side effects during treatment that resulted in a permanent discontinuation of medication or at the end of treatment were there any of the following side effects related to MDR-TB treatment present? Please provide a response for all side effects in the value set with an associated indicator.	PHVS_SideEffectofTreatment_TB	P
Adverse Event Indicator	Side Effects of Treatment Indicator	PHVS_YesNoUnknown_CDC	P
Adverse Event Manifestation Time	Did the side effect manifest during treatment or at the end of treatment?	PHVS_SideEffectTimetoOnset_TB	P
Usual Occupation and Industry	Usual occupation and industry	TBD	P
Meets Binational Reporting Criteria	Does case meet binational reporting criteria?	PHVS_YesNoUnknown_CDC	P
Patient Treated as MDR Case	Was the Patient Treated as an MDR TB Case (Regardless of DST Results?	PHVS_YesNoUnknown_CDC	P

Label/Short Name	Description
Immuncompromised	If patient has any immunocompromising conditions, specify
Date first medical	Date that the patient was first seen by medical person.
Fever/sweats/chills	Did the patient's illness include the symptom of fever/sweats/chills?
Confusion/delirium	Did the patient's illness include the symptom of confusion/delirium?
Vomiting/diarrhea/abdominal pain	Did the patient's illness include the symptom of vomiting/diarrhea/abdominal pain?
Sore throat	Did the patient's illness include the symptom of sore throat?
Cough	Did the patient's illness include the symptom of cough?
Chest Pain	Did the patient's illness include the symptom of chest pain?
Shortness of breath	Did the patient's illness include the symptom of shortness of breath?
Other_symptoms	Did the patient's illness include other symptoms of not listed?
Other_symptoms_specify	Which other symptoms did the patient's illness include?
Lymphadenopathy	Did the patient have lymphadenopathy?
Describe lympadenopathy	If lymphadenopathy present, provide location and description.
Skin lesions	Did the patient have skin lesion?
Describe skin lesions	If skin lesion present, provide location and description.
Conjunctivitis	Did the patient have conjunctivitis?
Pharyngitis/tonsilitis	Did the patient have pharyngitis/tonsilitis?
Chest X-ray	Results of chest x-ray
Antibiotic	Did patient receive an effective antibiotic for illness?
Antibiotic start date	Date each antibiotic started
Illness outcome	Outcome of illness
Primary clinical syndrome	Classification of primary clinical manifestation of infection
F. tularensis cultured	Was *F. tularensis* cultured?
Specimen source	Source of culture
Date specimen collected	Date specimen was collected
F. tularensis detected	Was F. tularensis detected by other tests?
Test performed	Test used to detect *F. tularensis*

Specimen source	Specimen source in which *F. tularenisis* was detected
Date specimen collected	Date of specimen collection
F. tularensis subspecies	Subspecies of *F. tularensis* detected
Serology	Serology results
First Serum titer	Titer results
Second Serum titer	Titer results
Date first serum drawn	Date first serum drawn
Date second serum drawn	Date second serum drawn
Epi-linked to other cases	Was this illness epi-linked to any other tularemia cases?
Epi-link specify	Describe epi-linked case
Travel associated	Was this illness associated with travel?
Travel specify	Describe travel
Animal contact	Did patient have any animal contact in the 2 weeks preceding illness?
Domestic animal	Indicate if domestic animal contact occurred and specify domestic animals that patient had contact with in the 2 weeks preceding illness
Type of animal contact	Was animal domestic or wild
Wild animal	Indicate if wild animal contact occurred and specify wild animals that patient had contact with in the 2 weeks preceding illness
Nature of contact	Nature of animal contact
Tick or deerfly bite	Did patient have tick or deerfly bite in the two weeks preceding illness?
Contact with or ingestion of untreated water	Did patient have contact with or ingestion of untreated water in the two weeks preceding illness?
Environmental aerosol generating activities	Did patient participate in any environmental aerosol generating activities in the two weeks preceding illness
Specify environmental aerosol generating activities	Specify environmental aerosol generating activities
Other exposure	Specify any other exposures in the two weeks preceding illness
Comments	Additional comments

Value Set Code. Search in PHIN VADS using the following link (https://phinvads.cdc.gov/vads/SearchHome.action)	CDC Priority
N/A	P
N/A	P
PHVS_YesNoUnknown_CDC	P
PHVS_YesNoUnknown_CDC	P
PHVS_YesNoUnknown_CDC	P
PHVS_YesNoUnknown_CDC	P
PHVS_YesNoUnknown_CDC	P
PHVS_YesNoUnknown_CDC	P
PHVS_YesNoUnknown_CDC	P
PHVS_YesNoUnknown_CDC	P
N/A	P
PHVS_YesNoUnknown_CDC	P
N/A	P
PHVS_YesNoUnknown_CDC	P
N/A	P
PHVS_YesNoUnknown_CDC	P
PHVS_YesNoUnknown_CDC	P
TBD	P
TBD	P
N/A	P
TBD	P
TBD	P
PHVS_YesNoUnknown_CDC	P
N/A	P
N/A	P
PHVS_YesNoUnknown_CDC	P
N/A	P

N/A	P
N/A	P
TBD	P
TBD	P
N/A	P
N/A	P
N/A	P
N/A	P
PHVS_YesNoUnknown_CDC	P
N/A	P
PHVS_YesNoUnknown_CDC	P
N/A	P
PHVS_YesNoUnknown_CDC	P
N/A	P
TBD	P
N/A	P
TBD	P
TBD	P
PHVS_YesNoUnknown_CDC	P
PHVS_YesNoUnknown_CDC	P
N/A	P
N/A	P
N/A	P

Label/Short Name	Description	Value Set Code. Search in PHIN VADS using the following link (https://phinvads.cdc.gov/vads/SearchHome.action)
Number of lesions in total	Choose the numeric range within which a count of the patient's lesions falls. Note that If "Unknown" is sent, the HL7 Flavor of Null UNK value is sent.	PHVS_NumberOfLesions_VZ
Number of lesions if less than 50	Number of lesions if less than 50	
Did the patient receive Varicella-containing vaccine	Indicate whether the patient received varicella-containing vaccine; a value of Yes or No enables other fields in this section, allowing for answers to their questions.	PHVS_YesNoUnknown_CDC
Reason why patient did not receive Varicella-containing vaccine	If the value in Did the patient receive varicella-containing vaccine? is No, choose the reason why the patient did not receive the vaccine; if none of the specific choices in the list apply, choose Other.	PHVS_VaccineNotGivenReasons_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 (a reason other than those provided in the list).	
Number of doses received on or after first birthday	If the value in Did the patient receive varicella-containing vaccine? is Yes, indicate the number of doses received on or after the patient's first birthday.	
Reason patient is >= 6 years old and received one dose on or after 6th birthday but never received second dose	Reason patient is >= 6 years old and received one dose on or after 6th birthday but never received second dose. Choose from the list the reason the patient never received the second dose; if none of the specific choices in the list apply, choose Other."	PHVS_VaccineNotGivenReasons_CDC
Other reason patient did not receive second dose	If the value specified in Reason patient is >= 6 years old and received one dose on or after 6th birthday but never received second dose is Other, indicate the reason (a reason other than those provided in the list).	
Rash Onset Date	Date on which the physical manifestations of the illness—the rash—appeared	
Rash Location	The distribution of the rash on the body	PHVS_RashDistribution_VZ
Dermatome	If a value of Focal is specified in the Rash Location field, enter the nerve where the rash occurred (lumbar or thoracic, with a number)	
Location First Noted	If a value of Generalized is specified for 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.	PHVS_RashLocationFirstNoted_VZ
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 is 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.	PHVS_YesNoUnknown_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.	PHVS_YesNoUnknown_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.	PHVS_YesNoUnknown_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.	PHVS_YesNoUnknown_CDC
Mostly vesicular	Indicate whether the lesions were mostly vesicular.	PHVS_YesNoUnknown_CDC
Hemorrhagic	Indicate whether the rash was hemorrhagic.	PHVS_YesNoUnknown_CDC
Itchy	Indicate whether the patient complained of itchiness.	PHVS_YesNoUnknown_CDC
Scabs	Indicate whether there were scabs.	PHVS_YesNoUnknown_CDC
Crops/Waves	Indicate whether the lesions appeared in crops or waves.	PHVS_YesNoUnknown_CDC
Did rash crust	Indicate whether the rash crusted.	PHVS_YesNoUnknown_CDC
Number of Days until lesions crusted over	If the value specified in Did the 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 the 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.	PHVS_YesNoUnknown_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).	PHVS_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 (anergic).	PHVS_YesNoUnknown_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.	PHVS_YesNoUnknown_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).	PHVS_YesNoUnknown_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.	PHVS_YesNoUnknown_CDC
Cerebellitis/ ataxia	If the value specified in Did patient develop any complications that were diagnosed by a healthcare provider? is Yes, indicate whether there was cerebellitis/ataxia.	PHVS_YesNoUnknown_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.	PHVS_YesNoUnknown_CDC
Dehydration	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 dehydrated.	PHVS_YesNoUnknown_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.	PHVS_YesNoUnknown_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.	PHVS_YesNoUnknown_CDC
How was pneumonia diagnosed	If the value in Pneumonia? is Yes, indicate how the pneumonia was diagnosed.	PHVS_DiagnosedPneumoniaBy_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 cited here.	PHVS_YesNoUnknown_CDC
Other complication details	If the value specified in Other Complications? is Yes, list the other complication(s)	
Antiviral treatment	Indicate whether the patient was treated with acyclovir, famvir, or any licensed antiviral.	PHVS_YesNoUnknown_CDC
Name of medication	If the value specified in Antiviral? is yes, list the name of the medication.	PHVS_MedicationReceived _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.	PHVS_YesNoUnknown_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.	PHVS_YesNoUnknown_CDC
Age at diagnosis	Age at diagnosis	
Age at diagnosis units	Age at diagnosis units	PHVS_AgeUnit_UCUM
Previous Case Diagnosed by	Indicate who diagnosed the illness; if none of the choices apply choose Other.	PHVS_Diagnosed_By_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).	PHVS_YesNoUnknown_CDC
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.	PHVS_EpilinkedCaseType_VZ
Transmission setting (setting of exposure)	Location where the patient was exposed to the illness; if none of the specific choices in the list apply, choose Other.	PHVS_TransmissionSetting_NND
Other transmission setting	If the value specified in Transmission Setting? is Other, describe the other transmission setting.	
Is this case a healthcare worker	Indicate whether the patient who is the subject of the current case is a healthcare worker.	PHVS_YesNoUnknown_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.	PHVS_PregnancyTrimester_CDC
Was laboratory testing done for varicella?	Was laboratory testing done for varicella?	PHVS_YesNoUnknown_CDC
Direct fluorescent antibody (DFA)?	Was direct fluorescent antibody (DFA) testing performed?	PHVS_YesNoUnknown_CDC
Date of DFA	Date of DFA	
DFA Result	DFA Result	PHVS_LabTestInterpretation_CDC
PCR specimen?	PCR specimen?	PHVS_YesNoUnknown_CDC
Date of PCR specimen	Date of PCR specimen	
Source of PCR specimen	Source of PCR specimen	PHVS_PCRSpecimenSource_VZ
Specify other PCR source	Specify other PCR source	
PCR Result	PCR Result	PHVS_LabTestInterpretation_CDC
Specify other PCR result	Specify other PCR result	
Culture performed?	Culture performed?	PHVS_YesNoUnknown_CDC
Date of Culture Specimen	Date of Culture Specimen	
Culture Result	Culture Result	PHVS_LabTestInterpretation_CDC
Was other laboratory testing done?	Was other laboratory testing done?	PHVS_YesNoUnknown_CDC
Specify Other Test	Specify Other Test	PHVS_LabTestMethod_VZ
Date of Other test	Date of Other test	
Other Lab Test Result	Other Lab Test Result	PHVS_LabTestInterpretation_CDC
Other Test Result Value	Other Test Result Value	
Serology performed?	Serology performed?	PHVS_YesNoUnknown_CDC
IgM performed?	IgM performed?	PHVS_YesNoUnknown_CDC
Type of IgM Test	Type of IgM Test	PHVS_IgMTestType_VZ
Specify Other IgM Test	Specify Other IgM Test	
Date IgM Specimen Taken	Date IgM Specimen Taken	
IgM Test Result	IgM Test Result	PHVS_LabTestInterpretation_CDC
IgM Test Result Value	IgM Test Result Value	
IgG performed?	IgG performed?	PHVS_YesNoUnknown_CDC
Type of IgG Test	Type of IgG Test	PHVS_IgGTestType_VZ
If "Whole Cell ELISA," specify manufacturer	If "Whole Cell ELISA," specify manufacturer	PHVS_WholeCellELISAManufacturer_VZ
If "gp ELISA" specify manufacturer	If "gp ELISA" specify manufacturer	PHVS_gpELISAManufacturer_VZ
Specify Other IgG Test	Specify Other IgG Test	
Date of IgG - Acute	Date of IgG - Acute	
IgG - Acute Result	IgG - Acute Result	PHVS_LabTestInterpretation_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	PHVS_LabTestInterpretation_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)?	PHVS_YesNoUnknown_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?	PHVS_YesNoUnknown_CDC
Strain Type	Strain Type	PHVS_StrainType_VZ
Vaccine Administered	The type of vaccine administered.	PHVS_VaccinesAdministeredCVX_CDC_NIP
Vaccine Manufacturer	Manufacturer of the vaccine.	PHVS_ManufacturersOfVaccinesMVX_CDC_NIP
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 MM	
Vaccinated per ACIP recommendations	Was subject vaccinated as recommended by ACIP?	
Reason not vaccinated per ACIP recommendations	Reason subject not vaccinated as recommended by ACIP	
Reason not vaccinated per ACIP, Other	If other, specify reason not vaccinated per ACIP	
Treatment duration	Number of days antiviral taken	
Specimen Description	Text description of the specimen	
Test Type, other	If other, specify lab test	
Specimen sent to CDC	Was a specimen sent to CDC for testing?	
Type of testing at CDC	What type of testing was done at CDC for this subject?	
Type of testing at CDC, other	If other, specify testing done at CDC	
Date specimen sent to CDC	Date specimen sent to CDC	
Patient Address City	Patient address city, from NBS MM	
Vaccine Administered Product Type, Other	If other, specify type of vaccine administered	
Vaccine Product Manufacturer, Other	If other, specify vaccine manufacturer	
Date of last dose prior to illness onset	Date of last disease-containing vaccination dose prior to illness onset	
Vaccination doses prior to onset	Number of disease-containing vaccination doses prior to illness onset	
Vaccination Record ID	Vaccination Record ID, from NBS MM	
Vaccine Expiration Date	Vaccine expiration date	
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.	
Vaccine dose number	Indicates the dose number in a series_x0000D_	
Vaccine Event information source	Indicates whether the vaccine was administered by the provider organization recording the immunization or obtained from a historical record	
Immunization Schedule used	Identifies the schedule used for immunization evaluation and forecast.	
Exemption/refusal reason	Indicates the reason the patient is either exempt from the immunization or refuses the immunization	
Laboratory Confirmed	Was the case laboratory confirmed?	
Performing Laboratory Type	Performing laboratory type	
Performing Laboratory Type, Other	If other, specify performing laboratory type	
VPD Lab Message Patient Identifier	VPD Lab Message Patient Identifier	
VPD Lab Message Observation Identifier	VPD Lab Message Observation Identifier	
VPD Lab Message Observation Value	VPD Lab Message Observation Value	
Specimen Collection Date	Date of specimen collection	
Specimen Source	The medium from which the specimen originated	
Numeric Test Result	Numeric quantitative result of the test(s) performed for this case	
Numeric Test Result Units	Numeric quantitative result unit of the test(s) performed for this case	
Chest X-ray result	Chest X-ray result	
Was the rash generalized	Was the rash generalized	
Reason for Hospitalization	If the subject was hospitalized because of this event, indicate the reason(s).	

Drag

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
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
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
Specify Different Exposure Window

PulseNet ID
WGS ID Number

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
Symtom: 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-exisiting: Type of hemotological disease
Hour of symptom onset
Hospitalized?
Pre-exisiting: Type of Immunodeficiency
Pre-exisiting: 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, specifiy

If previously treated with Antibiotics, specifiy
If previously treated with chemotherapy, specifiy
If previously treated with immunosuppressants, specifiy
If previously treated with radiotherapy, specifiy
If previously treated with steroids, specifiy
If treated with ulcer meds, specifiy
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 Investigtaion: 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: handing/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?
If the epidemiologic exposure window used by the jurisdiction is different from that stated in the exposure questions, specify the time interval in days here. Otherwise, leave blank.

State lab ID submitted to PulseNet
Whole Genome Sequencing (WGS) ID Number

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

N/A	P
N/A	
N/A	

CDC Priority (New)

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