Attachment 10. Justification for the Addition of Disease-Specific Data Elements

208 new data elements that were not included in the previously reviewed ICR or approved through non-substantive change requests were added for 16 conditions: Anthrax, Brucellosis, Campylobacteriosis, Cholera, Cryptosporidiosis, Hansen's Disease, Leptospirosis, Melioidosis, Multisystem Inflammatory Syndrome (MIS) associated with Coronavirus Disease 2019 (COVID-19), 2019 Novel Coronavirus Disease (COVID-19), *S*. Paratyphi Infection, *S*. Typhi Infection, Salmonellosis, Shiga toxin-producing Escherichia Coli (STEC), Shigellosis, and Vibriosis. Names, descriptions, value set codes (the answer list for coded data elements from CDC vocabulary server (PHIN VADS) which can be accessed at http://phinvads.cdc.gov), and justification for the addition of these new data elements are below:

Anthrax: 25 Data Elements	
The impetus/urgency for CDC to add data elements for this condition	- To allow Bacterial Special Pathogens Branch (BSPB) to conduct enhanced domestic surveillance for anthrax due to the potential for *Bacillus anthracis* to be used as a bioweapon, the likelihood for severe illness; and the potential need to distribute antitoxin, other medical supplies, and materiel support from federal assets. - To aid in identifying other individuals who may be at risk of infection and to identify an area of potential exposure, information about route of infection, occupation, sources of exposure, and location of potential exposures is needed. The source and location exposure data elements also will inform if the source is naturally acquired or is a potentially intentional spore release. - Treatment type and hospital testing will guide decisions on whether additional medical countermeasures are needed to be deployed to hospitals and understand severity of disease. - To help with determining specific risk factors for severe illness, which will aid with case triage algorithms to ensure people at greater risk can be seen more rapidly for treatment. - All source and location exposure data elements will only be asked for cases that are naturally acquired (domestically or internationally), and for the first cases during an intentional spore release to identify the exposure area. Once the exposure area is defined, these additional questions will not be asked unless a case does not have any known associations with the known exposure area.

Data Element Name	Data Element Description	Value Set Code	CDC Priority[1]
Route of Infection	Suspected primary route of infection at time of evaluation (select all that apply):	TBD	1

International Destination(s) of Recent Travel	List all international destinations (country) traveled during the 14 days prior to illness onset	PHVS_Country_ISO_3166-1	2
Travel State	List all domestic destinations (state) traveled to during the 14 days prior to illness onset	PHVS_State_FIPS_5-2	2
Public Transportation Route	Specify public transportation route (e.g. name/number)	N/A	3
Date Using Public Transportation	Specify date(s) using public transportation	N/A	3
Exposure Source	Indicate the type of exposure the patient had in the 14 days prior to illness onset.	TBD	1
Type of Animal Exposure	Types of exposure to animal.	TBD	3
Animal Type	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.	TBD	2
Lab Name	If worked in a clinical, microbiological, or animal research laboratory, specify lab.	N/A	2
Contact Type	If linked to confirmed case or contact with similar illness or sign and symptoms, indicate type of contact.	TBD	2
Location 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).	N/A	2

Illicit Drug Specify	If subject had contact with illicit drugs, specify the name or type of the drug.	N/A	2
Location Name	Location name of place or event.	N/A	2
Location Address	Location address of place or event (e.g. country, city, state, county.)	N/A	3
Attendance Date	List all date(s) of event or place attendance.	N/A	2
Locations Routinely Visited	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.	N/A	3
Time of Day	List the time period during the day when the place was visited	TBD	3
Date of last dose	Date last received anthrax vaccine	N/A	2
Post-exposure or Treatment	Indicates if medication received is for post-exposure or anthrax treatment.	TBD	1
Alcohol use frequency	In the past 30 days, how often does the patient take alcoholic drinks?	TBD	3
Alcohol use quantity	On the days when the case patient drank, about how many drinks did the case patient drink on average?	N/A	3
Hospital Procedure	If subject was hospitalized, were any of the following procedures or treatments done?	TBD	3
Diagnostic Test Findings	Results from procedures or treatments done in the hospital.	TBD	3

| Treatment Type | Listing of treatment or medical intervention the subject received for this illness. | TBD | 3 |
| Treatment Type Indicator | Indicate if treatment was administered. | PHVS_YesNoUnknown_CDC | 3 |

Brucellosis: 9 Data Elements	
The impetus/urgency for CDC to add data elements for this condition	- To allow Bacterial Special Pathogens Branch (BSPB) to conduct enhanced domestic surveillance for brucellosis. - Monitoring *Brucella* spp.-related exposures and infections is important, due to the pathogen's select agent status and the potential for the pathogen to cause severe illness. - To allow for appropriate follow-up and monitoring of exposures to *Brucella* spp. in laboratory and occupational settings which can lead to infection. - To help BSPB learn more about risk factors for brucellosis, track cases' treatment to reduce the risk of relapse, identify situations where others may have been exposed (and potentially identify case clusters), and track exposure events to mitigate the risk of developing brucellosis. - To help BSPB update recommendations for case and exposure monitoring, inform outreach activities, and target health communications to populations that are at higher risk of being exposed to *Brucella*.

Data Element Name	Data Element Description	Value Set Code	CDC Priority[1]
Physician Name	Name of the physician or clinician who diagnosed and/or treated the subject	N/A	3
Physician Phone	Phone number of the patient's clinician/provider of care	N/A	3
Treatment Drug Indicator	Were antimicrobials prescribed or administered to the subject for this illness or following an exposure?	PHVS_YesNoUnknown_CDC	2
Antibiotic dose units	Dose units of the antimicrobial prescribed or administered	PHVS_UnitsOfMeasure_CDC	2
Medication Stop Date	What was the date that the case patient stopped taking antimicrobials	N/A	3

International Destination(s) of Recent Travel	List all international destination (country) traveled to during six months before symptom onset or diagnosis	PHVS_Country_ISO_3166-1	1
Travel State	List all domestic destination (state) traveled to during six months before symptom onset or diagnosis.	PHVS_State_FIPS_5-2	2
Travel County	List all intrastate destination (county) traveled to during six months before symptom onset or diagnosis.	PHVS_County_FIPS_6-4	3
Specimen Collected Prior to Therapy	Was the specimen for culture collected prior to antimicrobial therapy?	PHVS_YesNoUnknown_CDC	2

Campylobacteriosis: 1 Data Element			
The impetus/urgency for CDC to add data elements for this condition	• The proposed data elements are necessary to facilitate linking between laboratory data submitted to the CDC (including whole-genome sequencing data) and enhanced case-patient data transmitted per the Foodbore and Diarrheal Diseases Message Mapping Guide (FDD MMG). Routine linking between lab and epi data is fundamental to outbreak response and epidemiologic analysis.		
Data Element Name	**Data Element Description**	**Value Set Code**	**CDC Priority[1]**
PulseNet ID	State lab ID submitted to PulseNet	N/A	1

Cholera: 2 Data Elements			
The impetus/urgency for CDC to add data elements for this condition	• The proposed data elements are necessary to facilitate linking between laboratory data submitted to the CDC (including whole-genome sequencing data) and enhanced case-patient data transmitted per the Foodborne and Diarrheal Diseases Message Mapping Guide (FDD MMG). Routine linking between lab and epi data is fundamental to outbreak response and epidemiologic analysis.		
Data Element Name	**Data Element Description**	**Value Set Code**	**CDC Priority[1]**

PulseNet ID	State lab ID submitted to PulseNet	N/A	1
WGS ID Number	Whole Genome Sequencing (WGS) ID Number	N/A	1

Cryptosporidiosis: 2 Data Elements	
The impetus/urgency for CDC to add data elements for this condition	• The proposed data elements are necessary to facilitate linking between laboratory data submitted to the CDC (including whole-genome sequencing data) and enhanced case-patient data transmitted per the Foodborne and Diarrheal Diseases Message Mapping Guide (FDD MMG). Routine linking between lab and epi data is fundamental to outbreak response and epidemiologic analysis.

Data Element Name	Data Element Description	Value Set Code	CDC Priority[1]
CryptoNet ID	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.	N/A	1
WGS ID Number	Whole Genome Sequencing (WGS) ID Number	N/A	1

Hansen's Disease: 5 Data Elements	
The impetus/urgency for CDC to add data elements for this condition	• To improve CDC's understanding of Hansen's disease epidemiology • To identify challenges to diagnoses • To possibly prevent further transmission and lifelong disability given the increase in disease incidence and lack of information related to type of leprosy, family or household contacts, treatment received, or even history or previous diagnosis that is currently received via current notifications to CDC

Data Element Name	Data Element Description	Value Set Code	CDC Priority[1]
Location of Initial Diagnosis	Indicate the location of the initial diagnosis of Hansen's Disease	PHVS_LocationofInitialDiagnosis_Hansen	3

Medication Stop Date	What was the date that the case patient stopped taking antimicrobials	N/A	2
Post-exposure or Treatment	Indicates if medication received is for post-exposure or Hansen's treatment.	TBD	2
Post-Exposure Prophylaxis Medication	If answer is yes to the previous question regarding household contacts of the patient receiving prophylaxis, please specify PEP	N/A	2
History of Treatment for Latent or Active TB	Does the case patient have a history of being on treatment for latent or active TB?	PHVS_YesNoUnknown_CDC	3

Leptospirosis: 5 Data Elements	
The impetus/urgency for CDC to add data elements for this condition	- To better understand the clinical presentation and severity of leptospirosis cases in the U.S., which will in turn help: evaluate and revise, if necessary, the U.S. case definition for leptospirosis, inform improved identification of leptospirosis cases by clinicians, and help quantify the burden and outcome of leptospirosis cases in the U.S. - To identify adverse effects of leptospirosis in pregnant patients and their fetus/neonate - To identify potential hotspots for leptospirosis exposure/infection by linking exposure types with exposure location - To detect emerging risk factors/risk groups for leptospirosis in the U.S. - To clarify the questions in the case report form and improve the quality and usefulness of the data collected to better inform public health practice - To inform CDC recommendations on leptospirosis case identification and management, control and prevention, and inform local outreach and prevention efforts

Data Element Name	Data Element Description	Value Set Code	CDC Priority[1]
Patient Address City	Patient Address City	N/A	2
Immunocompromised Associated Condition or Treatment	If the patient has an immunosuppressive condition, specify the condition.	N/A	3

Days Missed Due to Illness	Number of days of work or school the patient missed due to this illness?	N/A	3
Container Lid	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?	PHVS_YesNoUnknown_CDC	3
Rodent Location	Where did the subject see rodents or evidence of rodents?	TBD	3

Melioidosis: 103 Data Elements	
The impetus/urgency for CDC to add data elements for this condition	- Although *B. pseudomallei* is a Tier 1 overlap Select Agent, melioidosis is not nationally notifiable. Consequently, CDC receives reports from jurisdictions on a voluntary basis. - The disease is most commonly associated with areas of Southeast Asia and Northern Australia but predicted to have a wider global distribution. Most cases reported in the United States are those who have traveled to endemic areas, but the CDC has recently identified cases of melioidosis from travel within the Americas and in areas outside these historically known endemic regions. - CDC recently identified the first documented transmission of *B. pseudomallei* from a freshwater aquarium to a human. - The proposed additional data elements are necessary to improve understanding of the risk factors for as well as the temporal and geographic occurrence of melioidosis, and aid in facilitating its prevention and control.

Data Element Name	Data Element Description	Value Set Code	CDC Priority[1]
State or Local Public Health Laboratory/LRN POC- Name	Name of the laboratory person who is the lab POC for this investigation	N/A	1
State or Local Public Health Laboratory/LRN POC- Phone number	Phone number of the laboratory person who is the lab POC for this investigation	N/A	1
State or Local Public Health Lab/LRN POC Email Address	Email address of person who is reporting cases to CDC	N/A	1
State or Local Public Health Lab/LRN POC- Affiliation	Affiliated Facility of the state LRN/lab POC	N/A	1

Case origin/type	Is this a human or animal case?	TBD	1
Country of travel destination	Choose a country for each destination	PHVS_Country_ISO_3166-1	2
International Region	Enter region (list multiple if applicable)	N/A	3
Dates of International Travel	Enter dates of travel (multiple if applicable)	N/A	2
Contact with soil or water in International travel destination	Was the subject contact with soil or water during this visit?	PHVS_YesNoUnknown_CDC	2
Specific location of exposure for International Travel	If yes to Question above, indicate specific location of exposure	N/A	3
Other close contacts with same soil/water exposures (International Travel)	If yes to Question above, indicate whether other close contacts also had the same soil/water exposure	PHVS_YesNoUnknown_CDC	3
Number of close contacts (International Travel)	If yes to Question above, list the total number of close contacts	N/A	3
Relationship (International Travel)	If yes to Question above, select relationship to subject (select all that apply)	TBD	3
Significant weather or environmental events during this visit (International Travel)	Were there any significant weather or environmental events during this visit?	PHVS_YesNoUnknown_CDC	2
Specific weather or environmental events (International Travel)	If yes to Question above, select all weather/environmental events	TBD	3
Contact with soil or water in melioidosis-endemic areas	Has subject ever been in contact with soil or water in melioidosis-endemic areas?	PHVS_YesNoUnknown_CDC	2
Contact with soil or water in melioidosis-	If yes, date of contact in YYYYMM format.	N/A	2

endemic areas service Date			
Travel within U.S. but >50 miles from residence	Did the subject travel 50 miles or more outside his or her normal residence but within the U.S. 30 days prior to onset?	PHVS_YesNoUnknown_CDC	2
State	Choose a state each destination	PHVS_State_FIPS_5-2	2
City/town	Please indicate city/town (list multiple if applicable)	N/A	3
Dates of Travel	Enter dates of travel	N/A	2
Contact with soil or water in travel destination	Was the subject contact with soil or water during this visits?	PHVS_YesNoUnknown_CDC	2
Specific location of exposure	If yes to Question above, indicate specific location of exposure	N/A	3
Other close contacts with same soil/water exposures	If yes to Question above, were there other close contacts also had the same soil/water exposure	PHVS_YesNoUnknown_CDC	3
Number of close contacts	If yes to Question above, list the total number of close contacts	N/A	3
Relationship	If yes to Question above, select relationship to subject (select all that apply)	TBD	3
Significant weather or environmental events during this visit	Were there any significant weather or environmental events during this visit?	PHVS_YesNoUnknown_CDC	2
Specific weather or environmental events	If yes to Question above, select all weather/environmental events	TBD	3

Travel (in the last 10 years)	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	PHVS_YesNoUnknown_CDC	2
Country of travel destination (in the last 10 years)	Choose a country for each destination	N/A	2
Region of travel in last 10 years	Enter region (list multiple if applicable)	N/A	2
Dates of Travel (in the last 10 years)	Enter dates of travel	N/A	2
Contact with soil or water in travel destination (in the last 10 years)	Was the subject contact with soil or water during this visit?	PHVS_YesNoUnknown_CDC	2
Specific location of exposure (in the last 10 years)	If yes to Question above, indicate specific location of exposure	N/A	3
Other close contacts with same soil/water exposures (International Travel)	If yes to Question above, indicate whether other close contacts also had the same soil/water exposure	PHVS_YesNoUnknown_CDC	3
Number of close contacts (International Travel)	If yes to Question above list the total number of close contacts	N/A	3
Relationship (International Travel)	If yes to Question above, select relationship to subject (select all that apply)	TBD	3
Significant weather or environmental events during this visit (International Travel)	Were there any significant weather or environmental events during this visit?	PHVS_YesNoUnknown_CDC	2
Specific weather or environmental events (International Travel)	If yes to Question above, select all weather/environmental events	TBD	2

Specify other or abscess for "specimen source"	If abscess or other specimen selected, please specify	N/A	2
Date of LRN confirmation, if applicable	Enter Date of Confirmation by LRN	N/A	3
AST Request	Is the jurisdiction requesting AST on the isolate	TBD	3
Dates of Hospitalization	Give reporting jurisdiction ability to enter multiple hospitalizations if needed	N/A	2
Pneumonia/pleural effusion	Did the subject have pneumonia/pleural effusion	PHVS_YesNoUnknown_CDC	2
Skin/soft tissue infections	Did the subject have skin/soft tissue infection	PHVS_YesNoUnknown_CDC	2
Genitourinary infection	Did the subject have genitourinary infection	PHVS_YesNoUnknown_CDC	2
Neurologic infection	Did the subject have neurologic infection	PHVS_YesNoUnknown_CDC	2
Pericardial effusion	Did the subject have pericardial effusion	PHVS_YesNoUnknown_CDC	2
Bone or joint infection	Did the subject have bone/joint infection	PHVS_YesNoUnknown_CDC	2
Internal abscesses	Did the patient have internal abscesses	PHVS_YesNoUnknown_CDC	2
Select or specify location of abscesses	If yes, for internal abscesses, please select all that apply	TBD	2
Additional notes describing abscesses	If yes for internal abscesses, additional notes (number, location of abscesses)	N/A	2
Septic Shock	Did the subject have septic shock	PHVS_YesNoUnknown_CDC	2
Bacteremia	Did the subject have bacteremia	PHVS_YesNoUnknown_CDC	2
Date antimicrobial Treatment ended	Indicate the date antimicrobial treatment ended	N/A	2

Liver disease	Does subject have liver disease	PHVS_YesNoUnknown_CDC	2
Excess alcohol abuse	Does subject have history chronic alcohol abuse?	PHVS_YesNoUnknown_CDC	2
Chronic granulomatous disease	Does the subject have chronic granulomatous disease?	PHVS_YesNoUnknown_CDC	2
Malignancy	Does the subject have malignancy?	PHVS_YesNoUnknown_CDC	2
Systemic lupus erythematous	Does the subject have systemic lupus erythematous?	PHVS_YesNoUnknown_CDC	2
Prior splenectomy	Does the subject have a history of prior splenectomy	PHVS_YesNoUnknown_CDC	2
Immunosuppressing drugs	Is the subject on any immunosuppressing medication	PHVS_YesNoUnknown_CDC	2
Other immunocompromising condition	Does the patient have any other immunocompromising conditions	PHVS_YesNoUnknown_CDC	2
Patient's Occupation	What is the patient's occupation	N/A	2
Recreational Gardener	Is the patient a recreational gardener?	PHVS_YesNoUnknown_CDC	2
Is this case part of a cluster?	Is this case part of a cluster?	PHVS_YesNoUnknown_CDC	3
Exposure to Iguanas	In the 30 days prior to symptoms onset did the patient own or have direct contact with an iguana?	PHVS_YesNoUnknown_CDC	2
Type of Iguana	Indicate type of iguana if yes to previous question	N/A	2
Type of exposure	Indicate type of exposure if yes to exposure to iguana	TBD	2
If owned, how acquired	If owned an iguana, indicate how case patient acquired	TBD	2
Location of purchase or where acquired	Location of purchase/where acquired (name of river, lake,	N/A	2

	park, or location of pet store, for example)		
Exposure to Pet Fish	In the 30 days prior to symptoms onset did the patient own or have direct contact with pet fish?	PHVS_YesNoUnknown_CDC	2
Type of pet fish	Indicate type of pet fish if yes to previous question	N/A	2
Type of exposure	Indicate type of exposure if yes to exposure to pet fish	TBD	2
If owned, how acquired	If owned a pet fish, indicate how case patient acquired	TBD	2
Location of purchase or where acquired	Location of purchase/where acquired (name of river, lake, park, or location of pet store, for example)	N/A	2
Exposure to Aquatic Plants	In the 30 days prior to symptoms onset did the patient own or have direct contact with aquatic plants?	PHVS_YesNoUnknown_CDC	2
Type of aquatic plant	Indicate type of aquatic plant if yes to previous question	N/A	2
Type of exposure	Indicate type of exposure if yes to exposure to aquatic plants	TBD	2
If owned, how acquired	If owned aquatic plant, indicate how case patient acquired	TBD	2
Location of purchase or where acquired	Location of purchase/where acquired (name of river, lake, park, or location of pet store, for example)	N/A	2
Exposure to Other Animals	In the 30 days prior to symptoms onset did the patient own or have direct contact with other animals	PHVS_YesNoUnknown_CDC	2
Type of "Other Animal"	Indicate type of other animal if yes to previous question	N/A	2

Type of exposure	Indicate type of exposure if yes to exposure to "other animal"	TBD	2
If owned, how acquired	If owned "other animal", indicate how case patient acquired	TBD	2
Location of purchase or where acquired	Location of purchase/where acquired (name of river, lake, park, or location of pet store, for example)	N/A	2
Laboratory exposures identified	Were potential laboratory exposures identified in this investigation	PHVS_YesNoUnknown_CDC	1
Name of Facility (Exposures)	Name of facility/hospital where exposures were identified	N/A	2
City/town (Exposures)	City of facility where exposures were identified	N/A	2
State (Exposures)	State where the facility where the exposures were identified	PHVS_State_FIPS_5-2	2
Number of laboratorians exposed	Total number of laboratory personnel exposures	N/A	1
High Risk	Number of laboratory personnel with high-risk exposures	N/A	2
Low Risk	Number of laboratory personnel with low-risk exposures	N/A	2
Minimal Risk	Number of laboratory personnel with minimal exposures	N/A	2
Date of Exposure	For each laboratory personnel, date of exposures	N/A	2
Risk Factors	Does the laboratory personnel have risk factors for melioidosis	TBD	2
Laboratory Activity	Select activity that resulted in exposure	TBD	2

Risk Category	For each laboratory personnel and each activity, select risk category	TBD	2
Serologic Monitoring	Did the laboratory personnel undergo serologic monitoring	TBD	2
Received post-exposure prophylaxis	Did the laboratory personnel receive post-exposure prophylaxis	TBD	2
Reported Symptoms (lab exposures)	Did the laboratory personnel report symptoms within 21 days of exposure	TBD	2
Onset Date (lab exposure)	If the laboratory personnel reported symptoms, please provide onset date	N/A	2
Describe Symptoms	If the laboratory personnel reported symptoms, describe	N/A	2

Multisystem Inflammatory Syndrome (MIS) associated with Coronavirus Disease 2019 (COVID-19): 44 Data Elements	
The impetus/urgency for CDC to add data elements for this condition	- To allow the CDC COVID-19 response to conduct enhanced domestic surveillance Multisystem inflammatory syndrome in children (MIS-C) which was first identified in April 2020 and was reported out of the UK. This new but severe condition has temporal association with SARS-CoV-2. Due to the urgency in collecting these cases to learn more about this condition a national surveillance system was rapidly developed. - This new syndrome does not have a diagnostic test and relies on the CDC MIS-C case definition for diagnosis. Due to the reliance on the case definition the data elements listed below need to be completed on the case report form to gather the necessary details to decide if a case meets the case definition or not. - Obesity has been shown as a comorbidity for SARS-CoV-2 so we are collecting related data elements, this allows us to learn more about a potential link with obesity and increased risk of MIS-C. - To assist with determination of timeline from COVID-19 to MIS-C to better determine the course of illness. Determination of which children are at risk for MIS-C and those that have MIS-C which specific risk factors lead to severe illness. This will allow for more rapid diagnosis, and treatment of MIS-C.

	• Data elements will allow for better characterization of MIS-C, potentially leading to an update of the case definition and more streamlined diagnosis. • All health departments have set up their reporting databases to align with the requested data elements for streamlined reporting and standardization of reporting.		

Data Element Name	Data Element Description	Value Set Code	CDC Priority[1]
MIS ID	Multisystem inflammatory syndrome identifier.	N/A	1
Health Department ID	Health Department identifier.	N/A	1
NCOV ID	COVID-19 identifier (if available)	N/A	1
Abstractor name	Name of person compiling medical records and/or interviews.	N/A	1
Date of abstraction	Date of abstraction	N/A	1
Temperature if fever	Fever >38.0°C for ≥24 hours, or report of subjective fever lasting ≥24 hours	N/A	1
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),	TBD	1
Signs and symptoms	Evidence of clinically severe illness requiring hospitalization, with multisystem (>2) organ involvement.	TBD	1
Signs and symptoms indicator	Indicator for associated sign and symptom	PHVS_YesNoUnknown_CDC	1

No alternative plausible diagnosis	Is there no alternative plausible diagnosis?	PHVS_YesNoUnknown_CDC	1
SARS-COV-2 test	Positive for current or recent SARS-COV-2 infection (select all applicable tests)	TBD	1
Symptom onset within 4 weeks of exposure	COVID-19 exposure within the 4 weeks prior to the onset of symptoms	PHVS_YesNoUnknown_CDC	1
Date of symptom onset	If yes, date of first exposure within the 4 weeks prior	N/A	1
Height	Height specified in inches	N/A	1
Weight	Weight in pounds	N/A	1
Body Mass Index	Body Mass Index	N/A	1
Patient Epidemiological Risk Factors	Underlying medical conditions or risk behaviors for the case patient.	TBD	1
Patient Epidemiological Risk Factors Indicator	Provide a response for each value in the risk factors value set.	PHVS_YesNoUnknown_CDC	1
Type of complication	Complications associated with the illness being reported	TBD	1
Type of complication indicator	Provide a response for each complication.	PHVS_YesNoUnknown_CDC	1
ICU Admission Date	If admitted to the ICU, ICU admission date	N/A	1
Days in ICU	Number of days in ICU	N/A	1
Patient outcome	Patient outcome	TBD	1
Preceding COVID-like illness	Did the patient have preceding COVID-like illness?	PHVS_YesNoUnknown_CDC	1
Date of onset of preceding COVID-like illness	If yes, date of onset of preceding illness	N/A	1

Fever	Fever ≥ 38.0°C	PHVS_YesNoUnknown_CDC	1
Date of fever onset	Date of fever onset	N/A	1
Highest temperature	Highest temperature ©	N/A	1
Number of days febrile	Number of days febrile	N/A	1
Clinical finding	Clinical finding	TBD	1
Clinical finding indicator	Provide a response for each clinical finding.	PHVS_YesNoUnknown_CDC	1
Treatment Type	Listing of treatment or medical intervention the subject received for this illness	TBD	1
Treatment type indicator	Provide a response for each treatment type.	PHVS_YesNoUnknown_CDC	1
Vasoactive medications	Specify vasoactive medications	TBD	1
Immune modulators	Specify immune modulators treatment	TBD	1
Antiplatelets	Specify antiplatelets treatment	TBD	1
Anticoagulation	Specify anticoagulation treatment	TBD	1
Echocardiogram	Select any echocardiogram that apply.	TBD	1
Max coronary artery Z-score	If coronary artery aneurysms, state max coronary artery Z-score.	N/A	1
Cardiac dysfunction	If cardiac ventricular dysfunction, specify type.	TBD	1
Mitral regurgitation	Specify type of mitral regurgitation.	TBD	1
Date of coronary artery aneurysm	Date of first test showing coronary artery aneurysm or dilatation.	N/A	1

Abdominal imaging type	Type of abdominal imaging (ultrasound, CT)	TBD	1
Chest imaging type	Type of chest imaging (chest x-ray, CT)	TBD	1

2019 Novel Coronavirus Disease (COVID-19): 3 Data Elements	
The impetus/urgency for CDC to add data elements for this condition	Introduction of SARS-CoV-2, the virus that causes 2019 novel coronavirus disease (COVID-19), into the United States has resulted in the need for national notifiable disease surveillance to assist in understanding the transmission and epidemiology of the disease in U.S. jurisdictions. Public health agencies are investigating reported respiratory illnesses and identifying infected people (cases) through laboratory testing. These data elements are necessary: • To provide consistent case identification and classification, measure the potential burden of illness • To characterize the epidemiology of medically attended and moderate to severe COVID-19 in the United States • To detect community transmission • To inform public health response to clusters of illness and efficacy of population-based non-pharmaceutical interventions on the epidemic

Data Element Name	Data Element Description	Value Set Code	CDC Priority (New)
Primary Language	What's case's primary language? Please indicate for both hospitalized and not hospitalized cases.	PHVS_Language_ISO_639-2_Alpha3	2
Information Source for Data	Clinical information collected from which source(s)? Check all that apply	PHVS_DataReportingSource_COVID-19	3
Did Underlying Condition(s) Exist	Did they have any underlying medical conditions and/or risk behaviors?	PHVS_YesNoUnknown_CDC	1

S. Paratyphi Infection: 2 Data Elements	
The impetus/urgency for CDC to add data elements for this condition	• The proposed data elements are necessary to facilitate linking between laboratory data submitted to the CDC (including whole-genome sequencing data) and enhanced case-patient data transmitted per the Foodborne and Diarrheal Diseases Message Mapping Guide (FDD MMG).

		Value Set Code	CDC Priority[1]
	Routine linking between lab and epi data is fundamental to outbreak response and epidemiologic analysis.		
Data Element Name	**Data Element Description**	**Value Set Code**	**CDC Priority[1]**
PulseNet ID	State lab ID submitted to PulseNet	N/A	1
WGS ID Number	Whole Genome Sequencing (WGS) ID Number	N/A	1

S. Typhi Infection: 2 Data Elements	
The impetus/urgency for CDC to add data elements for this condition	• The proposed data elements are necessary to facilitate linking between laboratory data submitted to the CDC (including whole-genome sequencing data) and enhanced case-patient data transmitted per the Foodborne and Diarrheal Diseases Message Mapping Guide (FDD MMG). Routine linking between lab and epi data is fundamental to outbreak response and epidemiologic analysis.

Data Element Name	**Data Element Description**	**Value Set Code**	**CDC Priority[1]**
PulseNet ID	State lab ID submitted to PulseNet	N/A	1
WGS ID Number	Whole Genome Sequencing (WGS) ID Number	N/A	1

Salmonellosis: 1 Data Element	
The impetus/urgency for CDC to add data elements for this condition	• The proposed data elements are necessary to facilitate linking between laboratory data submitted to the CDC (including whole-genome sequencing data) and enhanced case-patient data transmitted per the Foodborne and Diarrheal Diseases Message Mapping Guide (FDD MMG). Routine linking between lab and epi data is fundamental to outbreak response and epidemiologic analysis.

Data Element Name	Data Element Description	Value Set Code	CDC Priority[1]
PulseNet ID	State lab ID submitted to PulseNet	N/A	1

Shiga toxin-producing Escherichia Coli (STEC): 1 Data Element			
The impetus/urgency for CDC to add data elements for this condition	• The proposed data elements are necessary to facilitate linking between laboratory data submitted to the CDC (including whole-genome sequencing data) and enhanced case-patient data transmitted per the Foodborne and Diarrheal Diseases Message Mapping Guide (FDD MMG). Routine linking between lab and epi data is fundamental to outbreak response and epidemiologic analysis.		
Data Element Name	**Data Element Description**	**Value Set Code**	**CDC Priority[1]**
WGS ID Number	Whole Genome Sequencing (WGS) ID Number	N/A	1

Shigellosis: 1 Data Element			
The impetus/urgency for CDC to add data elements for this condition	• The proposed data elements are necessary to facilitate linking between laboratory data submitted to the CDC (including whole-genome sequencing data) and enhanced case-patient data transmitted per the Foodborne and Diarrheal Diseases Message Mapping Guide (FDD MMG). Routine linking between lab and epi data is fundamental to outbreak response and epidemiologic analysis.		
Data Element Name	**Data Element Description**	**Value Set Code**	**CDC Priority[1]**
PulseNet ID	State lab ID submitted to PulseNet	N/A	1
Vibriosis: 2 Data Elements			
The impetus/urgency for CDC to add data elements for this condition	• The proposed data elements are necessary to facilitate linking between laboratory data submitted to the CDC (including whole-genome sequencing data) and enhanced case-patient data transmitted per the Foodborne and Diarrheal Diseases Message Mapping Guide (FDD MMG). Routine linking between lab and epi data is fundamental to outbreak response and epidemiologic analysis.		

Data Element Name	Data Element Description	Value Set Code	CDC Priority[1]
PulseNet ID	State lab ID submitted to PulseNet	N/A	1
WGS ID Number	Whole Genome Sequencing (WGS) ID Number	N/A	1