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 - <b>Priority 2</b> - High priority data element that will <b>support</b> national surveillance activities. If this data element is not currently collected and available to send, <b>please plan to update jurisdiction's data collection system</b> . 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.

7/2/2021

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 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 Latitude of Animal Collection
Longitude Longitude of animal collection
Address Street Address of animal collection

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

N/A

N/A

TBD

TBD

PHVS\_YesNoUnknown\_CDC

TBD

N/A

PHVS\_YesNoUnknown\_CDC

**TBD** 

N/A

N/A

TBD

PHVS\_YesNoUnknown\_CDC

TBD

TBD

PHVS\_State\_FIPS\_5-2

N/A

N/A

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

TBD

N/A

N/A

N/A

TBD

N/A	
N/A	
PHVS_YesNoUnknown_CDC	
TBD	
IBD	
PHVS_Country_ISO_3166-1	
_	
PHVS_State_FIPS_5-2	
F11V3_3tate_11F3_3-2	
N/A	
N/A	
TBD	
TBD	
TBD	
N/A	
TBD	
N/A	
NI/A	
N/A	
N/A	
N/A	
N/A	
N/A	
TBD	
N/A	
TBD	
TBD	
N/A	
. 9	
TPD	
TBD	
TBD	
TBD	
PHVS_YesNoUnknown_CDC	

CDC Priority (New)

TBD

TBD TBD

TBD

TBD

TBD

TBD

TBD

TBD

TBD

TBD

TBD

TBD

TBD

# 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
State Local Public Health Lab
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

Domestic Travel Destination 2nd Last

DomesticTravelDestination3rdLast

ForeignTravelDestinationLast

ForeignTravelDestination2ndLast

For eign Travel Destination 3 rd Last

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

Immune Suppress Treatment

**ImmuneSuppressCondition** 

ImmuneSuppressDesc

OtherAfebrileCause

ChillsRigors

FatigueMalaise

Ataxia

ParkinsonismCogwheel

SevereShock

SevereHemorrhage

OtherSymptoms

Arthralgia

Arthritis

Conjunctivitis

RetroOrbitalPain

Tourniquet Test Positive

Leukopenia

AbdominalPainTenderness

PersistingVomiting

ExtravascularFluidAccumulation

MucosalBleeding

LiverEnlargement

Increasing Hematocrit Dec PLT

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

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 casepatient 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\_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

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 epilinked 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 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

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

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

Did the subject receive post exposure prophylaxis?

If the case-patient had a known 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?

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\_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\_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

TBD TBD

TBD

TBD

TBD

TBD

TBD

TBD

TBD

TBD

3

3

2

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/SearchHom (Legacy) (New) e.action)

PHVS_YesNo_HL7_2x	Р	
PHVS_YesNo_HL7_2x	Р	
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 CDC Priority following link (https://phinvads.cdc.gov/vads/SearchHome.a ction)	
PHVS_YesNoUnknown_CDC	Р
N/A	P
PHVS_YesNoUnknown_CDC	P
PHVS_YesNoUnknown_CDC	Р
PHVS_YesNoUnknown_CDC	Р
PHVS_LongTermCareFacilityType_C.auris	Р
PHVS_YesNoUnknown_CDC	Р
PHVS_YesNoUnknown_CDC	P
PHVS_Country_ISO_3166-1	Р
PHVS_YesNoUnknown_CDC	Р
PHVS_Country_ISO_3166-1	Р
PHVS_SpecimenCollectionSettingType_C.auris	P

Р

PHVS\_County\_FIPS\_6-4

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

Label/Short Name	Description
------------------	-------------

Smoking status	Current smoker (yes, no, unknown)
	*Hospital/emergency department
Source of data for case ascertainment	*Poison control center * Laboratory report * Death certificate
	*Provider/medical examiner report
Carboxyhemoglobin (COHb) level	Laboratory test result (%)
Intent	*Intentional *Unintentional
Primary Language Marital Status	What is the patient's primary language? 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** an extreme weather event? Identify the extreme weather event(s) Extreme Weather Type occurring when the patient was exposed to carbon monoxide. Immediately before or during the extreme weather event, did patient hear or read about Warning Announcement any warnings on the danger of carbon monoxide poisoning? If patient was physically and temporally associated with a CO-emitting source, specify **Exposure Source** the source. If the exposure source is generator, where was **Generator Location** it placed while it was running? If the exposure source was a generator, how many feet was the generator placed from the **Generator Distance** (house/attached garage/detached garage or other location of event)? Patient was in a location where a carbon Carbon Monoxide Alarm Present monoxide alarm was present. Carbon Monoxide Alarm Sounded The carbon monoxide alarm sounded. Exposure to an elevated level of CO based on a Carbon Monoxide Elevated Exposure dedicated or multi-gas meter/instrument (e.g., fire department measurement)? Air concentration of CO Level in parts per Air Concentration of CO Level (PPM) million (PPM) at exposure site. If air concentration of CO level was taken, Person/Organization Taking CO Reading indicate the person or organization taking the CO reading. What was the date and time, if known, of the Date of Reading CO reading? **Exposure Site Category** Categorize the location of exposure. If a public setting where the exposure occurred, Public Site of Exposure please indicate specific site. If a residential setting where the exposure **Residential Site of Exposure** occurred, please indicate specific site. Patient was present and exposed in the same **Epi-Linked** event as that of a carbon monoxide poisoning Please provide the date and time, if known, of Date and Time of Incident the carbon monoxide incident.

Was the carbon monoxide exposure related to

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

https://phinvads.cdc.gov/vads/ViewValueSet.action?oiP

https://phinvads.cdc.gov/vads/ViewValueSet.action?oi N/A	<u>i</u> .P P
https://phinvads.cdc.gov/vads/ViewValueSet.action? oid=2.16.840.1.114222.4.11.7876 PHVS_Language_ISO_639-2_Alpha3 PHVS_MaritalStatus_HL7_2x	P P P
PHVS_Education_CO	Р
PHVS_YesNoUnknown_CDC	Р
PHVS_PoisonControlCenterRecord_CO	P
PHVS_TreatmentSite_CO	Р
PHVS_YesNoUnknown_CDC	Ρ
PHVS_WorkersCompensationRecord_CO	Ρ
PHVS_YesNoUnknown_CDC	P
PHVS_YesNoUnknown_CDC	Р

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

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

НЕМОТУРЕ

HHSYMP

HOSPYN

**IMMTYPE** 

LIVTYPE

**MALTYPE** 

MISYMP

**OTHCONSP** 

**PATDIE** 

**PEPULCER** 

ALCOHOL

DIABETES

INSULIN

III

**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: crawfish
Raw consumption: other shellfish
Raw consumption: other fish

Raw consumption: oyster Raw consumption: shrimp

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)

## 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 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 (9999999=Unknown)

AGE Estimated Gestational Age in weeks - (e.g.,

"038", "042") (999= Unknown)

AGETYPE Indicates the units (weeks) for the AGE

field.

Race of Mother. **RACE** 

HISPANIC Indicator for Mother's Hispanic ethnicity.

Date of Report to Health Department in YYMMDD format **EVENTDATE** 

**DATETYPE** A code describing the type of date

provided in EVENTDATE.

**CASE STATUS** Recode of Case Classification.

Indicates whether the case was associated **OUTBREAK** 

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. (999999999=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.

CDC 73.126 form Case ID number (9999999=Unknown) ID126

CDC 73.126 Form Version. **VERSION** 

Titer of mother's first non-treponemal test **TITERB** 

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:

RACEUNK Other Race: 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 Priority (https://phinvads.cdc.gov/vads/SearchHome.action (Legacy) (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 9999999) (9999999=Unknown)

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

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

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

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

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

41306

0=weakly reactive 9999=Unknown Note: All entries should be left justified (no preceding or trailing zeroes). Example: If titer is 1:64, enter 64; if titer is 1:1024, enter 1024. 0=weakly reactive 9999=Unknown

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

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

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

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

N = Not an imported case C = Yes, imported from another country S = Yes, imported from another state J = Yes, imported from another county/jurisdiction in the state D = Yes, imported but not able to determine source state and/or country

1 = 1st trimester 2 = 2nd trimester 3 = 3rd trimester 9 = Unknown

U = 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
PHVS_County_FIPS_6-4	0
PHVS_State_FIPS_5-2	0
PHVS_YesNoUnknown_CDC	Р
TTV3_TC3NOOTIKTOWTI_CDC	•
PHVS_Country_ISO_3166-1	P
PHVS_YesNoUnknown_CDC	Р
	•
PHVS_Country_ISO_3166-1	P
PHVS_GeneName_CP-CRE	Р
PHVS_YesNoUnknown_CDC	Р
N/A	Р
.,,.	•
N/A	Р

#### 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 III 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

 ${\sf AgClinicTestType}$ 

AgeMnth

AgeYr

AgSphl

AgSphlTestType

BloodyDiarr

Diarrhea

DtAdmit2

DtDisch2

D (D (00))2

DtEntered

DtRcvd

DtRptComp

DtSpec

DtUSDepart

DtUSReturn

**EforsNum** 

Fever

HospTrans

Immigrate

Interview

LabName

LocalID

OtherCdcTest

OtherClinicTest

OtherClinicTestType

OtherSphlTest

Other Sphl Test Type

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)
Tes No Officiowii (TNO)
Yes No Unknown (YNU)
Tes No Olikilowii (1110)
Other Related Cases
Yes No Indicator (HL7)
Yes No Unknown (YNU)
Tes No Olikilowii (1110)
Travel Purpose
Traverr di pose
Travel Destination Type
State
Country
Travel Mode
Travel Mode
Travel Destination Type
State
Country
Travel Mode
Traver Mode
Travel Destination Type
State
Country
Travel Mode
Travel Mode
Ordered Test
ordered rest
Specimen
Specimen
эрсинен

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)

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 III 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

# 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\_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?

(Poly)neuritis Onset dat 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 III 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

 ${\sf AgClinicTestType}$ 

AgeMnth

AgeYr

AgSphl

AgSphlTestType

BloodyDiarr

Diarrhea

DtAdmit2

DtDisch2

D (D (00))2

DtEntered

DtRcvd

DtRptComp

DtSpec

DtUSDepart

DtUSReturn

**EforsNum** 

Fever

HospTrans

Immigrate

Interview

LabName

LocalID

OtherCdcTest

OtherClinicTest

OtherClinicTestType

OtherSphlTest

Other Sphl Test Type

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)
Tes No Officiowii (TNO)
Yes No Unknown (YNU)
Tes No Olikilowii (1110)
Other Related Cases
Yes No Indicator (HL7)
Yes No Unknown (YNU)
Tes No Olikilowii (1110)
Travel Purpose
Traverr di pose
Travel Destination Type
State
Country
Travel Mode
Travel Mode
Travel Destination Type
State
Country
Travel Mode
Traver Mode
Travel Destination Type
State
Country
Travel Mode
Travel Mode
Ordered Test
ordered rest
Specimen
Specimen
эрсинен

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 PHVS_PregnacyStatus_RIBD	P P
PHVS_FetalOutcome_RIBD N/A	P P
N/A PHVS_WeightUnit_UCUM PHVS_YesNoUnknown_CDC	P P P
PHVS_ContactType_RIBD PHVS_YesNoUnknown_CDC	P P
PHVS_ContactType_RIBD	Р
PHVS_YesNoUnknown_CDC	Р
N/A	P
PHVS_FormStatus_RIBD	Р
PHVS_FormStatus_RIBD N/A	P P
PHVS_FormStatus_RIBD N/A PHVS_AgeUnit_UCUM	P P P
PHVS_FormStatus_RIBD N/A	P P
PHVS_FormStatus_RIBD N/A PHVS_AgeUnit_UCUM PHVS_ResidenceLocation_RIBD	P P P
PHVS_FormStatus_RIBD  N/A  PHVS_AgeUnit_UCUM  PHVS_ResidenceLocation_RIBD  PHVS_YesNoUnknown_CDC	P P P P
PHVS_FormStatus_RIBD N/A PHVS_AgeUnit_UCUM PHVS_ResidenceLocation_RIBD PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC	P P P P P
PHVS_FormStatus_RIBD N/A PHVS_AgeUnit_UCUM PHVS_ResidenceLocation_RIBD PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC  PHVS_YesNoUnknown_CDC N/A PHVS_YesNoUnknown_CDC	P P P P P P
PHVS_FormStatus_RIBD N/A PHVS_AgeUnit_UCUM PHVS_ResidenceLocation_RIBD PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC  PHVS_YesNoUnknown_CDC N/A PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC	P P P P P P P
PHVS_FormStatus_RIBD N/A PHVS_AgeUnit_UCUM PHVS_ResidenceLocation_RIBD PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC N/A PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC N/A	P P P P P P P P P P P P P
PHVS_FormStatus_RIBD N/A PHVS_AgeUnit_UCUM PHVS_ResidenceLocation_RIBD PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC  PHVS_YesNoUnknown_CDC N/A PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC	P P P P P P P
PHVS_FormStatus_RIBD N/A PHVS_AgeUnit_UCUM PHVS_ResidenceLocation_RIBD PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC  PHVS_YesNoUnknown_CDC N/A PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC N/A N/A	P P P P P P P P P P P P P P P P P P P
PHVS_FormStatus_RIBD N/A PHVS_AgeUnit_UCUM PHVS_ResidenceLocation_RIBD PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC  PHVS_YesNoUnknown_CDC N/A PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC N/A PHVS_YesNoUnknown_CDC N/A N/A PHVS_YesNoUnknown_CDC	P P P P P P P P P P P P P P P P P P P
PHVS_FormStatus_RIBD N/A PHVS_AgeUnit_UCUM PHVS_ResidenceLocation_RIBD PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC N/A PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC N/A N/A PHVS_YesNoUnknown_CDC N/A N/A PHVS_YesNoUnknown_CDC	P P P P P P P P P P P P P P P P P P P

PHVS_AgeUnit_UCUM	Р
PHVS_InformationSource_RIBD	Р
PHVS_YesNoUnknown_CDC	Р
PHVS_YesNoUnknown_CDC	Р

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])

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\_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

TBD

TBD

TBD

TBD

TBD

TBD

TBD

TBD

TBD

TBD

TBD

TBD

TBD

TBD

TBD

TBD

TBD

TBD

TBD

TBD

TBD

TBD

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

Diabetes

**Food Handler** 

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 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

Contact Type

Long-Term Hemodialysis Hemodialysis		
Contaminated Stick		
Transfusion before 1992 Transplant before 1992 Clotting Factor before1987 Blood Transfusion		
Blood Transfusion Date		

**Recreational Drug Use** 

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

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

Verified Test Date

Hospitalized

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 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
<b>.</b>
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 associated with an infected food handler.

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

Food item with which the foodborne outbreak is associated.

Subject is associated with a waterborne outbreak.

Subject is associated with an outbreak that does not have an 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?

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\_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

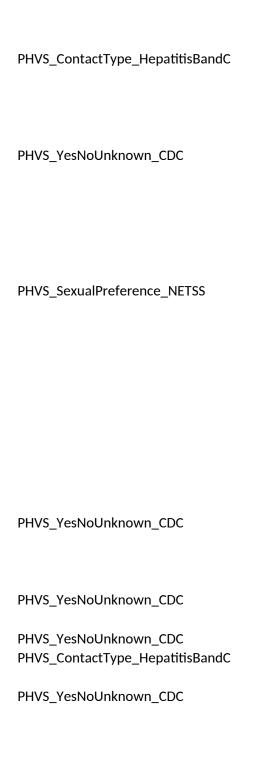
PHVS\_YesNoUnknown\_CDC

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

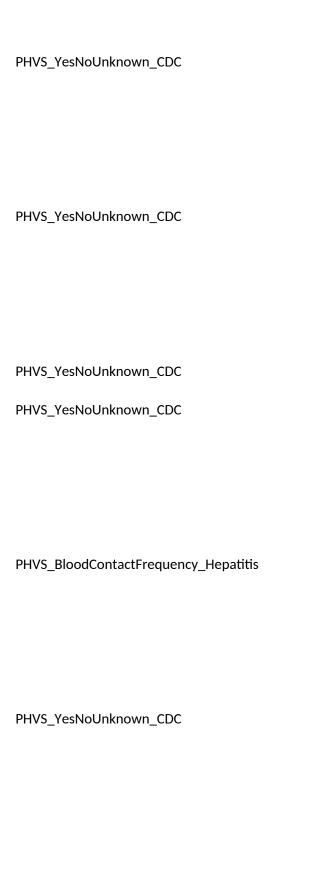


PHVS\_YesNoUnknown\_CDC

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_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	
11110_tab	
N/A P	
N/A P	
N/A P	
PHVS_YesNoUnknown_CDC P	
TBD	
TBD	
TBD	
Yes No Unknown (YNU)https://phinvads.cdc.gov/vads/ViewValueSe	
N/A	
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/ViewValueSe	
TBD	

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

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

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

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.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

N/A

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

1 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

 $\mathsf{HIV}$ 

**STER** 

**IMMOTHER** 

CRE

BUN
WBC
HGB
НСТ
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** 

DPAR BLN

PAR

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 LaboratoryConfirmed 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	Р
PHVS_UnderlyingConditions_RIBD	Р
PHVS_YesNoUnknown_CDC	Р
N/A	Р
PHVS_AgeUnit_UCUM	Р
PHVS_YesNoUnknown_CDC	Р
PHVS_ResidenceLocation_RIBD	Р
PHVS_PregnacyStatus_RIBD	Р

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

### 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 PHVS_AgeUnit_UCUM	P P
N/A	Р
N/A	P
N/A	Р
N/A	Р
PHVS_YesNoUnknown_CDC	Р
N/A	Р
N/A	Р
N/A	Р
PHVS_YesNoUnknown_CDC	Р
PHVS_LegionellaExposure_RIBD	Р
PHVS_YesNoUnknown_CDC	Р
N/A	Р
N/A	Р
PHVS_YesNoUnknown_CDC	Р
PHVS_CruiseLine_RIBD N/A	P P
N/A	Р
PHVS_State_FIPS_5-2	Р
PHVS_Country_ISO_3166-1	Р
N/A	Р
N/A	Р
PHVS_State_FIPS_5-2	Р
PHVS_Country_ISO_3166-1	P
N/A	Р
N/A N/A	P P
PHVS_Country_ISO_3166-1	r P
PHVS_State_FIPS_5-2	Р
N/A	P
N/A	Р
PHVS_YesNoUnknown_CDC	Р
PHVS_UnderlyingConditions_RIBD	Р
PHVS_YesNoUnknown_CDC	Р
PHVS_TiterTestType_RIBD	Р
N/A	Р
N/A	r 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?

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\_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 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

PHVS\_YesNoUnknown\_CDC

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

TBD

CDC Priority (New)

TBD

2

3

3

3

3

# Label/Short Name

Caseld
Cdcld
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

NpListeriallInessMeningo

FebrileGastroenteritisNP

NpListeriallInessBrain

NpListeriallInessRhomb

NpListeriallInessPer

NpListeriallInessPneu

NPListeriallInessWound

**NpListerialIlnessJoint** 

NPListeriallInessBone

OtherIllnessNP

OtherIllnessNPSpec

UnknownNP

**HospitalizedNP** 

AdmitNP

DischargeNP

StillhospitalizedNP

NPHospitalized Listerios is Still Date

OutcomeNP

**NPOutcomeDied** 

NPOutcomeListeriosisDeathCert

NPOutcomeLastAlive

BloodMotherAP

BloodMotherAPDate

BloodMotherAPIDNumber

BloodNeonateAP

Blood Neonate APD ate

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

Stool Mother APLab

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

PrInfant 2 Pregnancy Outcome Other Special Control of the Contro

PrMotherIllnessFever

PrMotherIllnessBacteremia

PrMotherIllnessMeningitis

PrMotherIllnessAmnionitis

PrMotherIllnessFlu

PrMotherIllnessNone

PrMotherIllnessOther

PrMotherIllnessOtherSpecify

PrMotherIInnessUnknown

**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

PrInfant2IIInessPneumonia

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

Venueltalian

**IfEatenOtherDeli** 

DeliSlicedOtherDeli

SpecifyOtherDeli

DetailsOtherDeli

VenueOtherDeli

IfEatenDeliMeat

DeliSlicedDeliMeat

SpecifyDeliMeat

DetailsDeliMeat

VenueDeliMeat

IfEatenSausage

DetailsSausage

VenueSausage

IfEatenCookedChicken

DetailsCookedChicken

VenueCookedChicken

IfEatenCookedMeat

DetailsCookedMeat

VenueCookedMeat

 ${\sf SpecifyCookedMeat}$ 

**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

Detailsseamon

VenueScallion

IfEatenCelery

DetailsCelery

VenueCelery

**IfEatenCarrot** 

DetailsCarrot

VenueCarrot

IfEatenMushroom

DetailsMushroom

Venue Mushroom

**IfEatenPreCutVeg** 

SpecifyPreCutVeg

DetailsPreCutVeg

VenuePreCutVeg

IfEatenBasil

DetailsBasil

VenueBasil

IfEatenCilantro

DetailsCilantro

VenueCilantro

IfEatenParsley

DetailsParsley

VenueParsley

**IfEatenHerbs** 

SpecifyHerbs

DetailsHerbs

VenueHerbs

IfEatenTomato

Details Tomato

VenueTomato

IfEatenRedRound

DetailsRedRound

VenueRedRound

IfEatenRoma

DetailsRoma

VenueRoma

**IfEatenCherryTom** 

DetailsCherryTom

VenueCherryTom

**IfEatenVineTom** 

DetailsVineTom

VenueVineTom

**IfEatenOtherTom** 

SpecifyOtherTom

DetailsOtherTom

VenueOtherTom

IfEatenLettuce

BagLettuce

BagLettuceSpecify

DetailsLettuce

VenueLettuce

**IfEatenIceburg** 

DetailsIceburg

Venuelceburg

**IfEatenRomaine** 

DetailsRomaine

VenueRomaine

IfEatenMesclun

DetailsMesclun

VenueMesclun

**IfEatenRadishLettuce** 

DetailsRadishLettuce

VenueRadishLettuce

IfEatenLeafLettuce

SpecifyLeafLettuce

DetailsLeafLettuce

VenueLeafLettuce

If Eaten Packed Leafy

SpecifyPackedLeafy

DetailsPackedLeafy

VenuePackedLeafy

IfEatenSalad

DetailsSalad

VenueSalad

IfEatenProduce

SpecifyProduce

DetailsProduce

VenueProduce

SproutsOften

Sprouts Deli

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

If Eaten Ricotta

DetailsRicotta

RawMilkRicotta

VenueRicotta

DetailsGourmet

IfEatenGourmet

RawMilkGourmet

VenueGourmet

IfEatenCheeseDeli

DetailsCheeseDeli

RawMilkCheeseDeli

VenueCheeseDeli

IfEatenMiddleEast

DetailsMiddleEast

RawMilkMiddleEast

VenueMiddleEast

**IfEatenMexican** 

DetailsMexican

RawMilkMexican

VenueMexican

IfEatenFresco

DetailsFresco

RawMilkFresco

Kawiviiki i C3C

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

5 1411 611 61

Raw Milk Other Cheese

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

Other Cheese Restaurant

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

VenuelceCreamBars

**IfEatenIceCream** 

DetailsIceCream

VenuelceCream

SoftServelceCream

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

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

DeliCounterHummus

**IfEatenCrab** 

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** 

VenuelceCream2

VenuelceCream3

VenuelceCream4

DetailsIceCream2

DetailsIceCream3

DetailsIceCream4

SourCreamOften

SourCreamDeli

SourCreamGrocery

Sour Cream Other

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

Fruit State Mango

DetailsMango

VenueMango

IfEatenPapaya

FruitStatePapaya

DetailsPapaya

VenuePapaya

**IfEatenAvocado** 

DetailsAvocado

VenueAvocado

FruitStateAvocado

IfEatenFruitSalad

DetailsFruitSalad

VenueFruitSalad

**IfEatenOtherFruit** 

SpecifyOtherFruit

FruitStateOtherFruit

DetailsOtherFruit

VenueOtherFruit

IfEatenSorbet

DetailsSorbet

VenueSorbet

Vendesonse

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

Honey dew Restaurant

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-associate

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. - Unicerative 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 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, or

Name of delicatessen, small local market, other small shop, or farmers markets 2

Street address, city, county, state of delicatessen, small local market, other small shop, or

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,

Name of delicatessen, small local market, other small shop, or farmers markets 4

Street address, city, county, state of delicatessen, small local market, other small shop, or

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, a

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,

Name of delicatessen, small local market, other small shop, or farmers markets 7

Street address, city, county, state of delicatessen, small local market, other small shop, or

Did you eat food purchased from any delicatessens, small local markets, other small shc

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

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

Turkey Breast Restaurant

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

٠, ,

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

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

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

If Eaten Ricotta

DetailsRicotta

RawMilkRicotta

VenueRicotta

DetailsGourmet

IfEatenGourmet

RawMilkGourmet

VenueGourmet

IfEatenCheeseDeli

DetailsCheeseDeli

RawMilkCheeseDeli

VenueCheeseDeli

IfEatenMiddleEast

DetailsMiddleEast

RawMilkMiddleEast

VenueMiddleEast

IfEatenMexican

DetailsMexican

RawMilkMexican

VenueMexican

IfEatenFresco

DetailsFresco

RawMilkFresco

Kawiviiki i C3C

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

5 1411 611 61

Raw Milk Other Cheese

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

VenuelceCreamBars

**IfEatenIceCream** DetailsIceCream VenuelceCream 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** VenuelceCream2 VenuelceCream3 VenuelceCream4 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

Fruit State Mango

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

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 pps, or farmers' markets during the 4 week period?
3, 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 PHVS\_CaseClassStatus\_NND PHVS\_CaseClassStatus\_NND

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

	TBD
	TBD
	TBD
	TBD



Label/Short Name TB State Case Number

City or County Case Number Birth Sex Previously Counted Case Previously Reported State Case Number

Patient Address City
Inside City Limits

**Country of Verified Case** 

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** 



**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

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

Description

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

N/A

reporting area.

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 N/A date when the patient first arrived in the US.

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\_PrimaryReasonForEva

luation 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 MicroscopicExamCult

ureSite\_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 PHVS\_TypeofRadiologyStud each of the main test types (plain chest radiograph, chest CT Scan) and if test y CDC was not done please indicate so. Result of chest diagnostic testing PHVS ResultofRadiologyStu dy 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 N/A occupation. This data element is used to capture the CDC NIOSH standard occupation PHVS Occupation\_CDC\_Cen code based upon the narrative text of a subject's current occupation. sus2010 (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 This data element is used to capture the narrative text of subject's current N/A industry. This data element is used to capture the CDC NIOSH standard industry code PHVS\_Industry\_CDC\_Census based upon the narrative text of a subject's current industry. 2010 (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 Exposed risk factors for the patient - Please provide a response for all risk PHVS\_EpidemiologicalRiskFa factors in the value set with an associated indicator ctors TB Provide a response for each value in the patient epidemiological risk factors PHVS YesNoUnknown CDC value set If patient was a Resident of Correctional Facility at Diagnostic Evaluation, PHVS CorrectionalFacilityTy indicate the type of correctional facility. pe NND If patient was a Resident of Long Term Care Facility at Diagnostic Evaluation, PHVS LongTermCareFacility indicate the type of long term care facility. Type NND What is the patient's current tobacco smoking status? PHVS SmokingStatus CDC Residence or Travel in countries other than the United States, Canada, PHVS\_YesNoUnknown\_CDC 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?

If patient was identified during contact investigation, was the patient PHVS\_YesNoUnknown\_CDC evaluated for TB during the contact investigation? 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 PHVS\_TreatmentAdministra DOT, eDOT, or SAT. tionType\_TB N/A Date treatment stopped 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 PHVS ReasonLTBINotStarte was not started? d\_TB Reason LTBI treatment stopped PHVS\_ReasonLTBITreatmen tStopped\_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 PHVS\_AdverseEventSeverity the severity. \_TB TBD Usual occupation and industry Does case meet binational reporting criteria? PHVS\_YesNoUnknown\_CDC

# CDC Priority

D

Ρ

Р

Р

Р

Р

Р

Р

Р

Р

Р

Р

Р

Р

Р

Р

Р

Р

Р

Р

Р

P P

P

Р

Р

Р

Р

Р

P

Р

Р

Р

P

P

Р

Р

Р

Р

Р

P P

P P

Р

Р

Р

Р

P

P P

#### 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

ISO\_ZINDO

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

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 PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

N/A N/A

PHVS\_ClinicalManifestations\_Lyme

PHVS\_MedicationReceived\_Lyme

## **CDC Priority**

Р

Р

Р

Р

Р

Р

Р

## 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

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\_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 checkbox free text checkbox checkbox checkbox free text checkbox free text checkbox checkbox

checkbox

P P
Р
Р
Р
Р
Р
Р
Р

# 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?

sequenceu.

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

 $PHVS\_TemperatureUnit\_UCUM$ 

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC

PHVS\_LabTestProcedure\_Measles PHVS\_LabTestInterpretation\_VPD

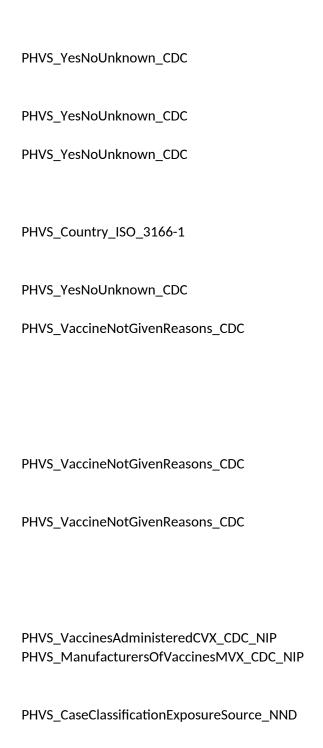
PHVS\_LabTestMethod\_CDC

PHVS\_SpecimenSource\_Measles PHVS\_YesNoUnknown\_CDC

PHVS\_SpecimenSource\_Measles

PHVS\_YesNoUnknown\_CDC

PHVS\_Genotype\_Measles PHVS\_TransmissionSetting\_NND



## 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

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

N/A N/A N/A TBD PHVS\_Country\_ISO\_3166-1 N/A N/A PHVS\_YesNoUnknown\_CDC N/A PHVS\_YesNoUnknown\_CDC N/A TBD PHVS\_YesNoUnknown\_CDC TBD PHVS\_YesNoUnknown\_CDC N/A PHVS\_YesNoUnknown\_CDC PHVS\_State\_FIPS\_5-2 N/A N/A PHVS\_YesNoUnknown\_CDC N/A PHVS\_YesNoUnknown\_CDC N/A TBD PHVS\_YesNoUnknown\_CDC **TBD** PHVS\_YesNoUnknown\_CDC N/A N/A N/A PHVS\_YesNoUnknown\_CDC N/A PHVS\_YesNoUnknown\_CDC N/A **TBD** PHVS\_YesNoUnknown\_CDC **TBD** N/A N/A **TBD** N/A PHVS\_YesNoUnknown\_CDC PHVS\_YesNoUnknown\_CDC PHVS\_YesNoUnknown\_CDC PHVS\_YesNoUnknown\_CDC PHVS\_YesNoUnknown\_CDC PHVS\_YesNoUnknown\_CDC PHVS\_YesNoUnknown\_CDC **TBD** N/A PHVS\_YesNoUnknown\_CDC PHVS\_YesNoUnknown\_CDC N/A 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 TBD TBD N/A	
PHVS_YesNoUnknown_CDC  N/A TBD TBD	
N/A PHVS_YesNoUnknown_CDC N/A	
TBD TBD N/A PHVS_YesNoUnknown_CDC	
N/A TBD TBD N/A	
PHVS_YesNoUnknown_CDC N/A N/A PHVS_State_FIPS_5-2 N/A N/A N/A	
N/A N/A	

TBD		
TBD		
TBD		
N/A N/A		
NI/A		
IN/A		

CDC Priority (New)

2

2

2 2

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

Height

If yes, date of first exposure within the 4 weeks prior

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

Type of complication

indicator

Complications associated with the illness being reported

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 If yes, date of onset of preceding illness

**COVID-like illness** 

Fever Fever ≥ 38.0°C

Date of fever onset

Highest temperature

Number of days febrile

Clinical finding

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 CDC Priority (Legacy) following link (https://phinvads.cdc.gov/vads/SearchHome.action) N/A N/A N/A N/A N/A N/A **TBD TBD** PHVS\_YesNoUnknown\_CDC PHVS\_YesNoUnknown\_CDC TBD PHVS\_YesNoUnknown\_CDC N/A N/A N/A N/A **TBD** PHVS\_YesNoUnknown\_CDC TBD PHVS\_YesNoUnknown\_CDC N/A N/A **TBD** PHVS\_YesNoUnknown\_CDC

N/A

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

# CDC Priority (New)

\_

### 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** 

Identifier

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 Value

VPD Lab Message Observation

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

OTHHOUSE SCHOOLNM POLYVAC **SECCASE** 

**SECCASETY** 

**OTHSECCASE** 

**NMSULFRES** 

**NMRIFARES** 

I WITH AIRL

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 Ease)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
Value

## 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 N/A N/A PHVS_WeightUnit_UCUM PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC	P P P P
NI/Λ	Р
N/A PHVS_FormStatus_RIBD	P P
PHVS_YNRD_CDC	r P
<u>-</u>	•
PHVS_YNRD_CDC	Р
N/A	Р
DUVC UIVCtatus CTD	ь.
PHV3 HIV3tatus 31D	Р
PHVS_HIVStatus_STD PHVS_YesNoUnknown_CDC	P P
PHVS_YesNoUnknown_CDC PHVS_SignsSymptoms_RIBD	P P
PHVS_YesNoUnknown_CDC PHVS_SignsSymptoms_RIBD PHVS_YesNoUnknown_CDC	P P
PHVS_YesNoUnknown_CDC PHVS_SignsSymptoms_RIBD  PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC	P P P
PHVS_YesNoUnknown_CDC PHVS_SignsSymptoms_RIBD  PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC N/A	P P P P
PHVS_YesNoUnknown_CDC PHVS_SignsSymptoms_RIBD  PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC N/A PHVS_AgeUnit_UCUM	P P P
PHVS_YesNoUnknown_CDC PHVS_SignsSymptoms_RIBD  PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC N/A	P P P P
PHVS_YesNoUnknown_CDC PHVS_SignsSymptoms_RIBD  PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC N/A PHVS_AgeUnit_UCUM PHVS_ResidenceLocation_RIBD PHVS_YesNoUnknown_CDC	P P P P P
PHVS_YesNoUnknown_CDC PHVS_SignsSymptoms_RIBD  PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC N/A PHVS_AgeUnit_UCUM PHVS_ResidenceLocation_RIBD PHVS_YesNoUnknown_CDC  PHVS_YesNoUnknown_CDC	P P P P P
PHVS_YesNoUnknown_CDC PHVS_SignsSymptoms_RIBD  PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC N/A PHVS_AgeUnit_UCUM PHVS_ResidenceLocation_RIBD PHVS_YesNoUnknown_CDC  PHVS_YesNoUnknown_CDC  N/A	P P P P P
PHVS_YesNoUnknown_CDC PHVS_SignsSymptoms_RIBD  PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC N/A PHVS_AgeUnit_UCUM PHVS_ResidenceLocation_RIBD PHVS_YesNoUnknown_CDC  PHVS_YesNoUnknown_CDC	P P P P P P
PHVS_YesNoUnknown_CDC PHVS_SignsSymptoms_RIBD  PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC N/A PHVS_AgeUnit_UCUM PHVS_ResidenceLocation_RIBD PHVS_YesNoUnknown_CDC  PHVS_YesNoUnknown_CDC N/A PHVS_YesNoUnknown_CDC	P P P P P P
PHVS_YesNoUnknown_CDC PHVS_SignsSymptoms_RIBD  PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC N/A PHVS_AgeUnit_UCUM PHVS_ResidenceLocation_RIBD PHVS_YesNoUnknown_CDC  PHVS_YesNoUnknown_CDC N/A PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC	P P P P P P

PHVS_YesNoUnknown_CDC	Р
PHVS_YesNoUnknown_CDC	P
N1/A	
N/A	Р
N/A	Р
N/A	Р
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

ID to link all case information on COVID-19 ID

patient

Interviewer Last Name Last name of interviewer Interviewer First Name First name of interviewer

The affiliation or organization of **Interviewer Organization** 

the interviewer.

Interviewer Telephone Telephone number of interviewer

Email of interviewer Interviewer Email

If probable case classification **Probable Classification Reason** status, provide reason for

classification.

Under what process was the case **Process for Case Identification** 

first identified?

If EpiX notification of traveler, **DGMQID** 

provide the DGMQID.

Date of first positive specimen Positive Collection Date

collection.

If hospitalized, was a translator **Hospital Translator** 

required?

If translator required in the **Translator Language** 

hospital, specify which language?

Was patient admitted to an Intensive Care Unit Admittance intensive care unit (ICU)?

If patient was admitted to an ICU, **ICU Admission Date** 

provide the admission date.

If patient was admitted to an ICU, ICU Discharge Date

provide the discharge date.

Select the best description of where the patient lived at the time **Housing Type** 

of illness onset.

Is the patient a health care worker Health Care Worker

in the U.S.?

If patient is a health care worker, Health Care Worker Job Type

select their occupation. If other,

specify in text.

If patient is a health care worker, select their job setting. If other, Health Care Worker Job Setting

specify in text.

In the 14 days prior to illness onset, did the patient have any of Exposure of Interest

the following exposures? Select all

that apply.

If domestic travel outside of state **State of Travel Exposure** of normal residence, specify the

state.

If patient traveled internationally, **Country of Travel Exposure** 

specify country.

If exposed on a cruise ship or vessel, specify the name of the Cruise Ship or Vessel

cruise ship.

If the patient was exposed at their Workplace Critical Infrastructure

workplace, is the workplace critical

infrastructure?

If workplace exposure, specify the workplace setting (e.g., long term Workplace Exposure

healthcare setting, hospital,

grocery store)

If an animal with confirmed or **Animal Case** suspected COVID-19, specify the

animal.

If the patient had contact with a Type of Contact with COVID-19 Case known COVID-19 case, specify the

type of contact.

Contact with U.S. COVID-19 Case Was this person a U.S. case?

If patient had contact with a COVID-19 Case Identifier known COVID-19 case, specify the

COVID-19 ID(s).

Select which mechanisms were

Clinical History Collection Mechanism

used for the collection of the clinical course, symptoms, past medical history and social history.

Symptoms present during course Symptomatic

of illness.

Did the patient's symptoms Symptoms Resolved

resolve?

Indicate the symptoms associated **Clinical Symptoms** 

with this illness.

**Clinical Symptoms Indicator** Indicator for each symptom.

Select the diagnostic tests that Diagnostic

were performed.

Indicator for each diagnostic test Diagnostic Result

result.

Indicate the treatment received. **Treatment** Treatment Indicator Indicator for each treatment.

If patient received mechanical Days of Mechanical Ventilation ventilation intubation, specify the

total days of treatment.

Specify any of the underlying **Underlying Risk Factors** medical conditions and/or risk

behaviors.

Indicator for each medical **Underlying Risk Factors Indicator** condition and risk behaviors.

If other chronic diseases, please Chronic Disease

specify.

If other underlying condition, **Underlying Condition** 

please specify.

If other underlying risk behavior, Risk Behavior

please specify

If disability (neurologic,

neurodevelopmental, intellectual, Disability

physical, vision or hearing impairment, please specify.

If psychological or psychiatric Psychological or Psychiatric Condition condition, please specify.

Does this case have any tribal **Tribe Affiliation** 

affiliation?

If case has tribal affiliation, provide Tribe Name

tribe name.

If case has tribal affiliation, indicate Tribe Enrolled Member

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 If the case-patient was pregnant at

of Illness

time of illness onset, specify the

number of weeks gestation at onset of illness (1-45 weeks).

**Exposure Indicator Exposure indicator** 

Listing of the reason(s) the subject Reason for Testing

was tested for COVID-19

Did the patient have another **Secondary Diagnosis** 

diagnosis/etiology for their illness?

If patient had another

diagnosis/etiology for their illness, Secondary Diagnosis Description specify the diagnosis or etiology

Clinical findings associated with the **Clinical Finding** 

illness being reported

Indicator for associated clinical

Clinical Finding Indicator findings

Did the Subject Ever Receive a Vaccine Did the subject ever receive a Against This Disease vaccine against this disease?

> Number of vaccine doses against this disease prior to illness onset

Date of Last Dose Prior to Illness Date of last vaccine dose against this disease prior to illness onset Onset

Comments about the subject's

**Vaccine History Comments** vaccination history

Date Left For Travel Date left for travel Date of Return from Travel Date of return from travel

Vaccination Doses Prior to Onset

**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 they have any underlying medical conditions and/or risk Did Underlying Condition(s) Exist

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 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			4
			1
TBD			1
TDD			
TBD			1
		-	-

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

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

PHVS_YesNoUnknown_CDC N/A	1
N1/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 labconfirmed 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 as a result of this illness?

What was the specimen type for diagnostic test 1?

Date of collection of specimen for test 1?

What is the test type for diagnostic test 1?

What was the specimen type for diagnostic test 2?

Date of collection of specimen for test 2?

What is the test type for diagnostic test 2?

Indicate when and what type of specimens (including sera) were sent to CDC

In the 10 days prior to illness onset, did the patient travel?

If yes, fill in the arrival and departure dates for all countries visited.

Did the patient have close contact with a person who is a suspected, probable,, or confirmed novel human influenza A case?

Did the patient touch animals or their remains in an area where influenza infection in animals or novel influenza in humans has been suspected or confirmed in the last month?

Was the patient exposed to animal remains in an area where influenza infection in animals or novel influenza in humans has been suspected or confirmed in the last month?

Was the patient exposed to environments contaminated by animal feces in an area where influenza infection in animals or novel influenza in humans has been suspected or confirmed in the last month?

Did the patient consume raw or undercooked animals in an area where influenza infection in animals or novel influenza in humans has been suspected or confirmed in the last month?

Did the patient have any animal contact (specify)?

Did the patient handle samples suspected of containing influenza virus in a laboratory or other setting?

Does the patient work in a healthcare facility or setting?

Did the patient visit or stay in the same household with anyone with pneumonia or severe influenza-like illness?

Did the patient visit or stay in the same household with anyone who died following 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/ Nonsterile 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 multiselect 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 ves. and patient was between 6 months and ≤8 years of age at the time of death.

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

VPD Lab Message Observation Value

Test Type, Other Specimen ID Placer Assigned Identifier

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

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

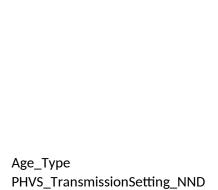
Estimated cough onset date of suspected source of infection

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\_TransmissionSetting\_NND

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC



PHVS\_YesNoUnknown\_CDC

PHVS\_Relationship\_Flu

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.

Did the patient's illness include the symptom of

Fever/sweats/chills fever/sweats/chills?

Did the patient's illness include the symptom of

Confusion/delirium confusion/delirium?

Did the patient's illness include the symptom of

Vomiting/diarrhea/abdominal pain 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?

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

Shortness of breath

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 Did patient have any animal contact in the 2 weeks preceding Animal contact illness? Nature of animal contact in the 2 weeks preceding illness Nature of contact Type of animal contact Was animal domestic or wild Did patient have flea or insect bites in the 2 weeks preceding Flea bite or insect bites illness? Specify wild animal that patient had contact with in the 2 weeks Wild animal preceding illness Specify domestic animal that patient had contact with in the 2 Domestic animal weeks preceding illness Evidence of infected animals or fleas in the likely exposure Evidence of infected animals or fleas location Describe evidnece of Y. pestis infected animals or fleas in likely

Specify infected animals or fleas
Other exposure
Comments

Describe evidince of 7. pestis infected animals of fleas exposure location
Specify any other exposures in the two weeks preceding illness
Additional comments

Evidence of person to person transmission from a known plague patient

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

TBD TBD TBD	P P P
N/A N/A PHVS_YesNoUnknown_CDC	P P
PHVS_YesNoUnknown_CDC	Р
PHVS_YesNoUnknown_CDC	Р
DLIVE Vechial Introduce CDC	P
PHVS_YesNoUnknown_CDC	Р
PHVS_YesNoUnknown_CDC	P -
PHVS_YesNoUnknown_CDC	Р
PHVS_YesNoUnknown_CDC	_
PHVS_YesNoUnknown_CDC	P P
N/A	P P
PHVS_YesNoUnknown_CDC	P P
TBD	P
N/A	P
PHVS_YesNoUnknown_CDC	
	- 13
TTTV3_TestV60TIMITOWIT_6B6	Р
N/A	P P
_	-
N/A	Р
N/A TBD	P P
N/A TBD TBD	P P P
N/A TBD TBD N/A	P P P
N/A TBD TBD N/A TBD	P P P P
N/A TBD TBD N/A TBD TBD TBD	P P P P
N/A TBD TBD N/A TBD TBD TBD TBD PHVS_YesNoUnknown_CDC	P P P P P
N/A TBD TBD N/A TBD TBD TBD TBD PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC	P P P P P
N/A TBD TBD N/A TBD TBD TBD PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC N/A	P P P P P P
N/A TBD TBD N/A TBD TBD TBD PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC N/A N/A	P P P P P P
N/A TBD TBD N/A TBD TBD TBD TBD PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC N/A N/A PHVS_YesNoUnknown_CDC	P P P P P P P
N/A TBD TBD N/A TBD TBD TBD PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC N/A N/A PHVS_YesNoUnknown_CDC N/A	P P P P P P P
N/A TBD TBD N/A TBD TBD TBD PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC N/A N/A PHVS_YesNoUnknown_CDC N/A N/A	P P P P P P P P
N/A TBD TBD N/A TBD TBD TBD PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC N/A N/A PHVS_YesNoUnknown_CDC N/A N/A PHVS_YesNoUnknown_CDC N/A N/A TBD N/A	P P P P P P P P P
N/A TBD TBD N/A TBD TBD TBD PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC N/A N/A PHVS_YesNoUnknown_CDC N/A N/A PHVS_YesNoUnknown_CDC N/A N/A TBD	P P P P P P P P P
N/A TBD TBD N/A TBD TBD TBD PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC N/A N/A PHVS_YesNoUnknown_CDC N/A N/A PHVS_YesNoUnknown_CDC N/A N/A TBD N/A	P P P P P P P P P P P P P P P P P P P

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

## Label/Short Name

Paralysis onset date Clinical course CSF date WBCs RBCs %Lymph %polys Protein Glucose

60-day follow up date

Paralysis site Specific sites 60-day residual **TOPV** immunization history Date of TOPV Lot number IPV-containing vaccine Date 1 IPV Date 2 IPV Date 3 IPV **TOPV** vaccine Date 1 TOPV Date 2 TOPV Date 3 TOPV **BOPV** vaccine Date 1 BOPV Date 2 BOPV Date 3 BOPV MOPV vaccine Date 1 MOPV Date 2 MOPV Date 3 MOPV First injection date Substance Describe First injection site Second injection date Substance Describe Second injection site Third injection date Substance Describe Third injection site Fourth injection date

Substance

Describe

Fourth injection site

Travel to endemic/epidemic area(s)

Exposure location(s) 1

Departure date 1

Return date 1

Exposure to person(s) from or returning to endemic areas

Exposure location(s) 2

Departure date 2

Return date 2

Contact with known case

Contact name

Exposure to case location

Contact date

**OVP** recipient contact

**OVP** recipient contact

**OVP** recipient relation

OVP recipient age

OPV recipient agetype

Date received OVP

**OVP** dose number

**OVP lot number** 

State or local laboratory name

Serum 1

Serum 1 test type

Serum 1 result

Serum 1 date

Serum 2

Serum 2 test type

Serum 2 result

Serum 2 date

Specimen 1 results

Specimen 1 laboratory

Specimen 1 type

Specimen 1 date

Specimen 2 results

Specimen 2 laboratory

Specimen 2 type

Specimen 2 date

CDC serum 1

CDC serum 1 test type

CDC serum 1 result

CDC serum 1 date

CDC serum 2

CDC serum 2 test type

CDC serum 2 result

CDC serum 2 date

CDC specimen 1 type

CDC specimen 1 results

CDC specimen 1 strain results

CDC specimen 1 date received

CDC specimen 1 obtained

CDC specimen 2 type

CDC specimen 2 results

CDC specimen 2 strain results

CDC specimen 2 date received

CDC specimen 2 obtained

**EMG** 

EMG results

EMG date

Nerve conduction

Nerve results

Nerve conduction date

Immune deficiency

Immune deficiency diagnosis

Immune studies

**HIV** status

## Description

Date of onset of paralysis

Clinical course

Date of CSF results

White blood cell test results for cerebral spinal fluid

Red blood cell test results for cerebral spinal fluid

%lymphs test results for CSF

%polys test results for CSF

Protein test results for CSF

Glucose test results for CSF

Date of 60-day follow up

Sites of paralysis

Specific sites of paralysis

60-day paralysis residual

TOPV within 30 days prior to onset of symptoms?

TOPV immunization date

TOPV vaccine lot number

Total doses ever received of IPV-containing vaccine

First IPV vaccine date

Second IPV vaccine date

Third IPV vaccine date

Total doses ever received of TOPV vaccine

First TOPV vaccine date

Second TOPV vaccine date

Third TOPV vaccine date

Total doses ever received of BOPV vaccine

First BOPV vaccine date

Second BOPV vaccine date

Third BOPV vaccine date

Total doses ever received of MOPV vaccine

First MOPV vaccine date

Second MOPV vaccine date

Third MOPV vaccine date

Date of first injection received within 30 days prior to onset of illness

Substance (vaccine, antibiotic, other) of first injection

Description of first injection substance

Site of first injection

Date of second injection received within 30 days prior to onset of illness

Substance (vaccine, antibiotic, other) of second injection

Description of second injection substance

Site of second injection

Date of third injection received within 30 days prior to onset of illness

Substance (vaccine, antibiotic, other) of third injection

Description of third injection substance

Site of third injection

Date of fourth injection received within 30 days prior to onset of illness

Substance (vaccine, antibiotic, other) of fourth injection

Description of fourth injection substance

Site of fourth injection

Did case/household member travel to endemic/epidemic area(s)?

Locations of exposure of case/household member

Date of travel departure

Date of travel return

Was case/household members exposed to persons from or returning to endemic areas?

Locations of exposure to case/household member who traveled/is from endemic area

Date of travel departure of person to whom exposed

Date of travel return of person to whom exposed

Did case/household member have contact with known case?

Name of case contact (last, first)

Location of exposure to case?

Date of contact with known case

Did case have contact with OPV vaccine recipient

If yes, date of contact with household OVP vaccine

Relationship of household OVP vaccine recipient to case

Age of the OVP vaccine recipient

Agetype of the OVP vaccine recipient

Date contact received OVP vaccine

Number of doses of OVP vaccine received by contact

Lot number of OVP vaccine received by contact

Name of state or local laboratory which received serum specimens

Indicate whether P1, P2, or P3

Test type (neut/CSF)

Test result for serum 1

Date drawn/obtained for serum1

Indicate whether P1, P2, or P3

Test type (neut/CSF)

Test result for serum 2

Date drawn/obtained for serum 2

Results of specimen 1 sent for viral isolation

Name of laboratory which received specimens for viral isolation

Type specimen 1 submitted for viral isolation

Date drawn/obtained for specimen 1

Results of specimen 2 sent for viral isolation

Name of laboratory which received specimens for viral isolation

Type specimen 2 submitted for viral isolation

Date drawn/obtained for specimen 2

Indicate whether P1, P2, or P3 (serum sent to CDC lab)

Test type (neut/CSF for serum sent to CDC lab)

Test result for serum 1 (sent to CDC lab)

Date drawn/obtained for serum 1 (sent to CDC)

Indicate whether P1, P2, or P3

Test type (neut/CSF for serum sent to CDC lab))

Test result for serum 2 (sent to CDC lab)

Date drawn/obtained for serum 2 (sent to CDC lab)

Type specimen 1 submitted for viral isolation (to CDC lab)

Results of specimen 1 sent for viral isolation (to CDC lab)

Strain characterization results for specimen 1

Date specimen 1 received by CDC lab

Date specimen 1 obtained for CDC testing

Type specimen 2 submitted for viral isolation (to CDC lab)

Results of specimen 2 sent for viral isolation (to CDC lab)

Strain characterization results for specimen 2

Date specimen 2 received by CDC lab

Date specimen 2 obtained for CDC testing

Was an EMG performed?

What were the results of the EMG?

Indicate date of EMG.

Was a nerve conduction performed?

What were the results of the nerve conduction?

Indicate date of the nerve conduction.

Was an immune deficiency diagnosed prior to OPV exposure?

What was the specific 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

%polys test results for CSF

Protein test results for CSF

Glucose test results for CSF

Date of 60-day follow up

TOPV within 30 days prior to onset of symptoms?

**TOPV** immunization date

**TOPV** vaccine lot number

Total doses ever received of IPV-containing vaccine

First IPV vaccine date

Second IPV vaccine date

Third IPV vaccine date

Total doses ever received of TOPV vaccine

First TOPV vaccine date

Second TOPV vaccine date

Third TOPV vaccine date

Total doses ever received of BOPV vaccine

First BOPV vaccine date

Second BOPV vaccine date

Third BOPV vaccine date

Total doses ever received of MOPV vaccine

First MOPV vaccine date

Second MOPV vaccine date

Third MOPV vaccine date

Date of first injection received within 30 days prior to onset of illness

Substance (vaccine, antibiotic, other) of first injection

Description of first injection substance

Site of first injection

Date of second injection received within 30 days prior to onset of illness

Substance (vaccine, antibiotic, other) of second injection

Description of second injection substance

Site of second injection

Date of third injection received within 30 days prior to onset of illness

Substance (vaccine, antibiotic, other) of third injection

Description of third injection substance

Site of third injection

Date of fourth injection received within 30 days prior to onset of illness

Substance (vaccine, antibiotic, other) of fourth injection

Description of fourth injection substance

Site of fourth injection

Did case/household member travel to endemic/epidemic area(s)?

Locations of exposure of case/household member

Date of travel departure

Date of travel return

Was case/household members exposed to persons from or returning to endemic areas?

Locations of exposure to case/household member who traveled/is from endemic area

Date of travel departure of person to whom exposed

Date of travel return of person to whom exposed

Did case/household member have contact with known case?

Name of case contact (last, first)

Location of exposure to case?

Date of contact with known case

Did case have contact with OPV vaccine recipient

If yes, date of contact with household OVP vaccine

Relationship of household OVP vaccine recipient to case

Age of the OVP vaccine recipient

Agetype of the OVP vaccine recipient

Date contact received OVP vaccine

Number of doses of OVP vaccine received by contact

Lot number of OVP vaccine received by contact

Name of state or local laboratory which received serum specimens

Indicate whether P1, P2, or P3

Test type (neut/CSF)

Test result for serum 1

Date drawn/obtained for serum1

Indicate whether P1, P2, or P3

Test type (neut/CSF)

Test result for serum 2

Date drawn/obtained for serum 2

Results of specimen 1 sent for viral isolation

Name of laboratory which received specimens for viral isolation

Type specimen 1 submitted for viral isolation

Date drawn/obtained for specimen 1

Results of specimen 2 sent for viral isolation

Name of laboratory which received specimens for viral isolation

Type specimen 2 submitted for viral isolation

Date drawn/obtained for specimen 2

Indicate whether P1, P2, or P3 (serum sent to CDC lab)

Test type (neut/CSF for serum sent to CDC lab)

Test result for serum 1 (sent to CDC lab)

Date drawn/obtained for serum 1 (sent to CDC)

Indicate whether P1, P2, or P3

Test type (neut/CSF for serum sent to CDC lab))

Test result for serum 2 (sent to CDC lab)

Date drawn/obtained for serum 2 (sent to CDC lab)

Type specimen 1 submitted for viral isolation (to CDC lab)

Results of specimen 1 sent for viral isolation (to CDC lab)

Strain characterization results for specimen 1

Date specimen 1 received by CDC lab

Date specimen 1 obtained for CDC testing

Type specimen 2 submitted for viral isolation (to CDC lab)

Results of specimen 2 sent for viral isolation (to CDC lab)

Strain characterization results for specimen 2

Date specimen 2 received by CDC lab

Date specimen 2 obtained for CDC testing

Was an EMG performed?

What were the results of the EMG?

Indicate date of EMG.

Was a nerve conduction performed?

What were the results of the nerve conduction?

Indicate date of the nerve conduction.

Was an immune deficiency diagnosed prior to OPV exposure?

What was the specific 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	Р
N/A	Р
N/A	Р
PHVS_YesNoUnknown_CDC	Р
PHVS_YesNoUnknown_CDC	Р
PHVS_YesNoUnknown_CDC	Р
N/A	Р
PHVS_SpecimenSite_RIBD	Р
N/A	Р
N/A	Р
N/A	Р
PHVS_Industry_CDC_Census2010	Р
PHVS_PersonalProtectiveEquipment_RIBD	Р
PHVS_RespiratoryProtectiveEquipment_RIBD	Р
PHVS_YesNoUnknown_CDC	Р
PHVS_GloveMaterial_RIBD	Р
PHVS_ContactType_RIBD	Р
PHVS_BirdType_RIBD	Р
N/A	Р
N/A	Р
N/A	Р
PHVS_AgeUnit_UCUM	Р

### 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 III

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

 $PHVS\_YesNoUnknown\_CDC$ 

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

### 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

Highest Measured Temperature Temperature Units

Did the Subject have a fever?

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 diseasecontaining 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

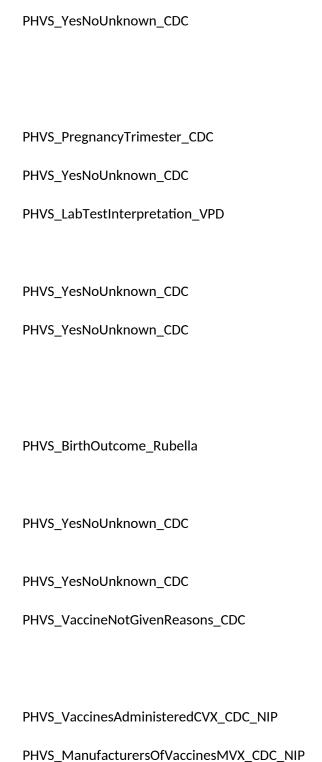
PHVS\_YesNoUnknown\_CDC

PHVS\_Genotype\_Rubella

PHVS\_TransmissionSetting\_NND

PHVS\_YesNoUnknown\_CDC

PHVS\_YesNoUnknown\_CDC



 $PHVS\_CaseClassificationExposureSource\_NND$ 

#### 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 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 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) Date Salmonella first isolated Dtisol 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) Resistant to ampicillin on Ampr 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) Resistant to trimethoprim-**Tmpsmxr** sulfamethoxazole on form 3? (1=Yes 2=No 7=not tested 3=didn't answer 9=unknown) Resistant to fluoroquinolone quinol 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)

Vaccinated within 5 yrs? (1=Yes 2=No 9=unknown

3=didn't answer)

vac5yr

stanvax Standard Killed typhoid shot

(1=Yes 2=No, 9=unknown,

3=didn't answer)

yrstanvx Year standard vaccine

received

Oral Ty 21a or Vivotof four ty21vax

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 or Typhium VI shot vicps

(1=Yes 2=No, 9=unknown,

3=didn't answer)

yrvicps Year VICPS or Typhium VI

shot received

Travel outside of US? (1=Yes outus

2=No 9=unknown 3=didn't

answer)

country1 Country 1 visited Country 2 visited country2

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)

Visiting relatives or friends is

purpose of international

travel(1=Yes 2=No

9=unknown 3=didn't answer)

visitfam

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

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.

Was the patient a health care

health care worker provider?

Was the patient a health care

day care attendee attendee?

Was the patient a day care

day care worker 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/SearchHo me.action)	CDC Priority (Legacy)	CDC Priority (New)
N/A		
	Р	
N/A	P	
N/A	P	
N/A	Р	
N/A		
	D	
N/A	Р	
147.	Р	
N/A	1	
	P	
N/A		
NI/A	Р	
N/A	D	
N/A	Р	
IVA	Р	
N/A	Г	
	Р	
N/A	•	
	Р	
PHVS_YesNoUnknown_CDC		
	P	
	Р	
N/A	P	
PHVS_YesNoUnknown_CDC	-	
- <del>-</del>		

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

PHVS_YesNoUnknown_CDC	
	Р
N/A	•
	Р
PHVS_YesNoUnknown_CDC	
	Р
N/A	
	_
PHVS_YesNoUnknown_CDC	Р
TTTV3_TCSIVOOTIKITOWIT_CDC	
	Р
N/A	
DLIVC Vechellalmenta CDC	Р
PHVS_YesNoUnknown_CDC	
	Р
PHVS_Country_ISO_3166-1	Р
PHVS_Country_ISO_3166-1	Р
PHVS_Country_ISO_3166-1	P
PHVS_Country_ISO_3166-1 PHVS_Country_ISO_3166-1	P P
PHVS_Country_ISO_3166-1	P
PHVS_Country_ISO_3166-1	P
PHVS_Country_ISO_3166-1	Р
N/A	_
PHVS_TravelPurpose_FDD	Р
TTIV5_TTAVEIT dr.pose_rbb	
	Р
PHVS_TravelPurpose_FDD	
	Р
PHVS_TravelPurpose_FDD	•

Р

PHVS_TravelPurpose_FDD	P	
N/A	P P	
PHVS_YesNoUnknown_CDC	Р	
PHVS_YesNoUnknown_CDC N/A N/A	P P	
	P	
PHVS_YesNoUnknown_CDC	Р	
PHVS_YesNoUnknown_CDC	Р	
PHVS_YesNoUnknown_CDC N/A	P	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/SearchH

ome.action)

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 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

III 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

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 of case (1=Recovered

2=Died 3=didn't answer

9=unknown)

Dtisol Date Salmonella first isolated

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 Country 4 visited country4 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)

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

Case traced to typhoid carrier? anycarr

(1=Yes 2=No 9=unknown

3=didn't answer)

Carrier previously known to prevcarr

> 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 N/A used by the jurisdiction is not

30 days. Specify the time interval in days here. Otherwise, leave blank.

Was the patient a health care

provider?

PHVS\_YesNoUnknown\_CDC PHVS\_YesNoUnknown\_CDC

Was the patient a health care day care attendee

attendee?

PHVS\_YesNoUnknown\_CDC

Was the patient a day care day care worker

provider?

State lab ID submitted to PulseNet ID

PulseNet

N/A

Whole Genome Sequencing WGS ID Number

(WGS) ID Number

N/A N/A

**Date Of Arrival To Travel** 

health care worker

Destination

Date of arrival to travel

destination

**Travel State** 

Domestic destination, state(s) trPHVS\_State\_FIPS\_5-2

CDC Priority (Legacy) CDC Priority (New) Р

P

Р

Р

3

1

1

# Label/Short Name

# AgClinic

 ${\sf AgClinicTestType}$ 

AgeMnth

AgeYr

AgSphl

AgSphlTestType

Biold

BloodyDiarr

Diarrhea

DtAdmit2

DtDisch2

**DtEntered** 

DtRcvd

DtRptComp

DtSpec

DtUSDepart

DtUSReturn

**EforsNum** 

Fever

HospTrans

**Immigrate** 

Interview

LabName

LocalID

Other Cdc Test

OtherClinicTest

OtherClinicTestType

Other Sphl Test

OtherSphlTestType

OutbrkType

**PatID** 

PcrCdc

PcrClinic

 ${\sf PcrClinicTestType}$ 

PcrSphl

PersonID

ResultID
RptComp
SalGroup
SentCDC
SeroSite
SLabsID
SpecSite
StLabRcvd
Touris
TravelDest TravelInt
Dom_travel
Doin_traver
Out_freq
Chx_handle
Chicken
Chx_uncook
chy ground
chx_ground
Chx_whole
chx_processed
<del></del>
Chx_outside
Chx_home
Chy frach
Chx_fresh
Chx_frozen Turkey_handle
rui key_nanuie
Turkey
•
Turkey_uncook
Turkey_ground
Turkey_whole
Turkey_processed
Toulous subside
Turkey_outside

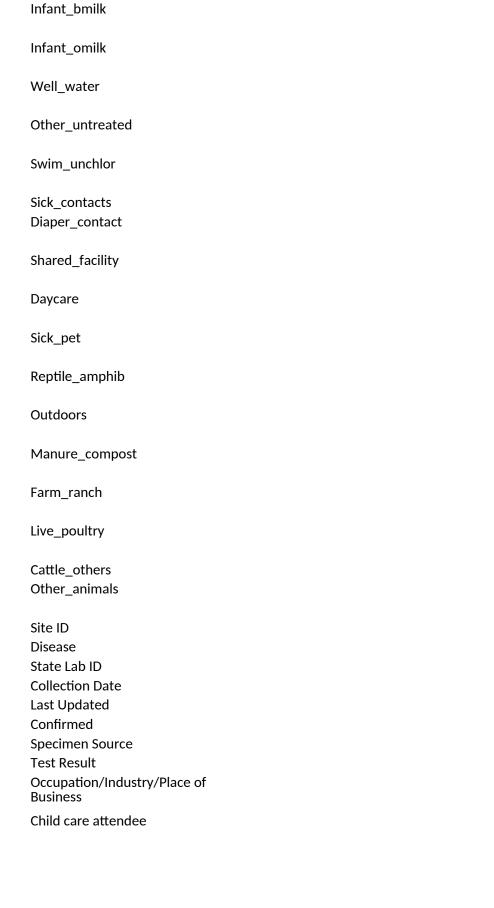


Turkey\_home

Other\_poultry

Beef\_handle





Other\_veggies

Infant\_formula

# 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)

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	Р
N/A <b>N/A</b>	1 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 transmission of SARS cases?

If yes, list travel destinations (departure and arrival dates).

Classification of contact (RUI-2w, RUI-3, probable SARS-CoV, confirmed SARS-CoV).

Nature of contact (same household, coworker, HC environment, other).

Date contact started

Date contact ended

Did the ill contact recently travel to an area with SARS transmission (specify where)?

Contact CDC ID

**Contact State ID** 

If CDC ID or State ID unavailable ((first, middle initial, last)

If recent foreign travel, did the patient 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
List specimen(s) sent to CDC
If 'tissue', specify.
Date specimen 7 sent to CDC
List specimen(s) sent to CDC
List specimen(s) sent to CDC
List specimen(s) 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)

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 lir	ιk
(https://phinvads.cdc.gov/vads/SearchHome.action)	

CDC Priority (Legacy)

N/A	P
PHVS_YesNoUnknown_CDC	P
PHVS_State_FIPS_5-2	Р
PHVS_Country_ISO_3166-1	Р
N/A <b>N/A</b>	
N/A	
PHVS_TravelPurpose_FDD	

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 noninjection 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

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

## $PHVS\_Binational Reporting Criteria\_CDC$

New Value Set PHVS\_Neurological\_involvement\_CDC

New Value Set PHVS\_HIVStatus\_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 3STD-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			
TBD			

TBD

0

CDC Priority (New)

### Label/Short Name

# AgClinic

AgClinicTestType

AgeMnth

AgeYr

AgSphl

AgSphlTestType

Biold

BloodyDiarr

Diarrhea

DtAdmit2

DtDisch2

**DtEntered** 

DtRcvd

DtRptComp

DtSpec

DtUSDepart

DtUSReturn

**EforsNum** 

Fever

HospTrans

HUS

**Immigrate** 

Interview

LabName

LocalID

OtherCdcTest

## OtherClinicTest

OtherClinicTestType

Other Sphl Test

OtherSphlTestType

OutbrkType

PatID

PcrCdc

**PcrClinic** 

 ${\sf PcrClinicTestType}$ 

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 Iocation

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 III 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

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

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

City/municipal; Well; Bottled; Unknown

N/A P

N/A P

N/A PHVS\_TravelPurpose\_FDD

CDC Priority (New)

#### 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:, <a href="mailto:slast"></a>, <a href="mailto:slast">first name</a>, <a href="mailto:slast">first name</a>

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\_State\_FIPS\_5-2

PHVS\_YesNoUnknown\_CDC

N/A	Р
N/A	Р
PHVS_ClinicalManifestation_TBRD	Р
PHVS_YesNoUnknown_CDC	Р
PHVS_YesNoUnknown_CDC	P
PHVS_Complication_TBRD	Р
PHVS_YesNoUnknown_CDC	Р
PHVS_YesNoUnknown_CDC	P -
PHVS_MedicationReceived_TBRD	P
	P
DLIVE Veckled Introven CDC	Р
PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC	P P
PHV3_TeshOOTikiloWil_CDC	г
PHVS_YesNoUnknown_CDC	Р
THYS_TESHOOHMIOWILEDG	•
PHVS_State_FIPS_5-2	Р
PHVS_County_FIPS_6-4	Р
	Р
	_
	Р
	Р
	Р
	P P
PHVS_YesNoUnknown_CDC	Р
PHVS_YesNoUnknown_CDC	P P P
	P P P
PHVS_YesNoUnknown_CDC	P P P
	P P P
PHVS_YesNoUnknown_CDC PHVS_BloodProduct_CDC	P P P P
PHVS_YesNoUnknown_CDC	P P P
PHVS_YesNoUnknown_CDC PHVS_BloodProduct_CDC	P P P P
PHVS_YesNoUnknown_CDC PHVS_BloodProduct_CDC	P P P P
PHVS_YesNoUnknown_CDC PHVS_BloodProduct_CDC	P P P P P
PHVS_YesNoUnknown_CDC PHVS_BloodProduct_CDC PHVS_YesNoUnknown_CDC	P P P P P P
PHVS_YesNoUnknown_CDC PHVS_BloodProduct_CDC  PHVS_YesNoUnknown_CDC  PHVS_YesNoUnknown_CDC  PHVS_YesNoUnknown_CDC	P P P P P P P P P P P P P P P
PHVS_YesNoUnknown_CDC PHVS_BloodProduct_CDC PHVS_YesNoUnknown_CDC  PHVS_YesNoUnknown_CDC	P P P P P P P
PHVS_YesNoUnknown_CDC PHVS_BloodProduct_CDC  PHVS_YesNoUnknown_CDC  PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC	P P P P P P P P P P P P P P P P P P
PHVS_YesNoUnknown_CDC PHVS_BloodProduct_CDC  PHVS_YesNoUnknown_CDC  PHVS_YesNoUnknown_CDC  PHVS_YesNoUnknown_CDC	P P P P P P P P P P P P P P P
PHVS_YesNoUnknown_CDC PHVS_BloodProduct_CDC  PHVS_YesNoUnknown_CDC  PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC  PHVS_YesNoUnknown_CDC  PHVS_YesNoUnknown_CDC	P P P P P P P P P P P P P P P P P
PHVS_YesNoUnknown_CDC PHVS_BloodProduct_CDC  PHVS_YesNoUnknown_CDC  PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC PHVS_YesNoUnknown_CDC	P P P P P P P P P P P P P P P P 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\_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

## **CDC Priority**

Label/Short Name TB State Case Number	Description State case number for the case specific to TB investigations (4 digit report year + 2 letter state + 9 digit alphanumeric number)		Р
City or County Case Number	City or county case number assigned to this case		Р
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_CaseCountSta tus_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	e If the case was previously reported by another country, specify the country.	_	P
Patient Address City	Patient address city	N/A	Р

Is the patient's residence within city limits?

**Inside City Limits** 

PHVS\_YesNoUnkno P wn\_CDC

Census Tract of Case
Patient Residence

Census tract where N/A 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

part of an urban area.

population and housing statistics about a specific

**Detailed Race** 

Provide the detailed race information for the

patient.

Date Arrived in US

If country of birth is N/A NOT United States, regardless of citizenship, indicate the date when the patient first arrived in the US.

**US Born** 

Was the patient eligible for US citizenship at birth?

Primary Guardian(s) Country of Birth

country of the \_CDC
primary guardian(s)
of patient (pediatric
[<15 years old]
cases only)

Remain in US After Report

area, did patient remain in the United States for >= 90 days after report date? PHVS\_Race\_CDC

Ρ

Ρ

PHVS\_YesNoUnkno P wn\_CDC

Indicates the birth PHVS\_BirthCountry P

If not US reporting PHVS\_YesNoUnkno P area, did patient wn\_CDC

**Initial Reason for** Evaluation

What was the initial PHVS\_PrimaryReaso P reason the patient nForEvaluation\_TB

was evaluated for

**Epidemiologic** 

TB?

**Test Type** 

PHVS\_LabTestType\_ P

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.

**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\_LabTestInterp P

retation\_TB

Date/Time of Lab Result Date result sent

N/A from reporting laboratory. Time of result is an optional addition to date.

Specimen Source Site

This indicates the anatomical source xamCultureSite\_TB

of the specimen

tested.

PHVS\_MicroscopicE P

**Specimen Collection** Date/Time

Date of collection N/A of laboratory specimen used for diagnosis of health event reported in this case report. Time of collection is an optional addition to date.

Ρ

Test Result Quantitative Quantitative test result value

N/A

Ρ

**Result Units** 

Units of measure

PHVS\_UnitofMeasur P

for the Quantitative e TB

**Test Result Value** 

Type of Chest Study

Indicate the type of PHVS\_TypeofRadiol P

ogyStudy\_CDC 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.

**Result of Chest Study** 

Result of chest

PHVS ResultofRadio P

diagnostic testing logyStudy\_TB

**Evidence of Cavity** 

Did test show

PHVS YesNoUnkno P

evidence of cavity? wn CDC

Evidence of Miliary TB

Did test show

PHVS YesNoUnkno P

Ρ

evidence of miliary wn CDC

TB?

Date of Chest Study

Date of the chest N/A

diagnostic study

Risk Factors

Patient Epidemiological Exposed risk factors PHVS\_Epidemiologic P

for the patient alRiskFactors\_TB

Please provide a response for all risk factors in the value

set with an associated indicator

**Risk Factors Indicator** 

Patient Epidemiological Provide a response PHVS\_YesNoUnkno P for each value in wn CDC

the patient

epidemiological risk factors value set

Type of Correctional **Facility** 

If patient was a Resident of

PHVS CorrectionalF P acilityType\_NND

PHVS\_LongTermCar P

PHVS\_SmokingStatu P

eFacilityType\_NND

**Correctional Facility** at Diagnostic

Evaluation, indicate

the type of

correctional facility.

Type of Long-Term Care If patient was a

Facility

Resident of Long **Term Care Facility** 

at Diagnostic Evaluation, indicate the type of long term care facility.

**Smoking Status** 

What is the patient's current

tobacco smoking

status?

US for more than 2 months

Patient lived outside of Residence or Travel PHVS\_YesNoUnkno P

s CDC

in countries other wn\_CDC

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.

**Identified During Contact Investigation**  Was the patient identified during the contact investigation around the likely source case?

PHVS YesNoUnkno P wn\_CDC

**Evaluation During** If patient was PHVS\_YesNoUnkno P **Contact Investigation** identified during wn CDC contact investigation, was the patient evaluated for TB during the contact investigation? Linked Case Number State case numbers N/A Ρ epidemiologically linked cases Date Treatment or Date the initial Ρ N/A Therapy Started treatment regimen was started Choose all PHVS\_TreatmentAd P Treatment **Administration Type** ministrationType\_T treatment administration types that apply to the case, such as DOT, eDOT, or SAT. Date Treatment or Date treatment N/A Р Therapy Stopped stopped **Case Verification** PHVS\_CaseVerificati P Indicates case Category verification criteria on\_TB 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

Status at Diagnosis of TB

Was the patient PHVS\_GeneralCondi P alive or dead at the tionStatus\_TB

time of diagnostic evaluation?

Site of Disease What was the site

What was the site PHVS\_AdditionalDis P of the patient's TB easeSite\_TB

disease?

stopped.

Contact Investigation	Was a contact investigation conducted around this case?	PHVS_YesNoUnkno wn_CDC	P
Diagnosis Type	Previous TB or LTBI Diagnosis - Provide only 1 response for LTBI, multiple responses for TB are allowed	PHVS_DiagnosisTyp e_TB	P
History of Previous Illness	Did the subject have a history of TB or LTBI?	<del>-</del>	Р
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_YesNoUnkno wn_CDC	P
Initially Treated with RIPE	Was the patient initially treated with the recommended four-drug therapy (RIPE)?	PHVS_YesNoUnkno wn_CDC	Р
Reason Not Treated with RIPE	If not initially treated with RIPE, why not?	PHVS_ReasonNotTr eatedwithRIPE_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_ReasonThera pyStopped_TB	P
Reason Therapy	Select the reason	PHVS_TherapyExten dedReason_TB	Р
Extended	the therapy extended beyond 12 months.	dedkeason_1b	

**Initial Drug Regimen** Initial drug regimen PHVS\_Medications\_ P

for the patient: Please provide a response for each of the values in the value set using the

associated indicator.

**Initial Drug Regimen** 

Indicator

Indicator response PHVS\_YesNoUnkno P for the initial drug regimen question

wn\_CDC

**Isolate Submitted for** 

Genotyping

Was an isolate submitted for genotyping?

PHVS\_YesNoUnkno P

wn CDC

**Accession Number for** Genotyping

If an isolate was submitted for genotyping to a CDC laboratory

only, list the accession number for genotyping.

N/A

Ρ

Phenotypic Drug Susceptibility Completed

Was PHVS\_YesNoUnkno P

phenotypic/growth wn\_CDC

-based drug susceptibility testing done?

Was

Molecular Drug Susceptibility Completed

PHVS\_YesNoUnkno P

genotypic/molecula wn\_CDC

r drug susceptibility testing done?

**Antimicrobial** Susceptibility Test Type Susceptibility Test

Antimicrobial 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

PHVS\_Susceptibility P TestType TB

**Antimicrobial** Susceptibility Specimen Susceptibility **Collection Date** 

Antimicrobial Specimen Collection Date

is identified.

N/A

Ρ

Ρ

**Antimicrobial** Susceptibility Result Reported Date

Antimicrobial susceptibility result reported date

N/A

**Antimicrobial** Susceptibility Specimen Susceptibility Type

Antimicrobial Specimen Type (e.g. Exudate, Blood, Serum, Urine)

PHVS\_MicroscopicE P xamCultureSite TB

**Antimicrobial** Susceptibility Test Interpretation

Antimicrobial Interpretation (e.g. ve\_TB

PHVS\_Susceptibility P Susceptibility Test TestResultQuantitati

Susceptible, Resistant,

Intermediate, Not

tested)

**Antimicrobial** Susceptibility Test Method

Antimicrobial Susceptibility Test Method (e.g. E-Test, MIC, Disk Diffusion)

PHVS Susceptibility P TestMethod TB

Gene	ہا	مما	4:	"~	
Gene	ĸ	еп	ш	ner	

Gene identifier -PHVS\_GeneName\_T P 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.

Molecular Susceptibility Molecular N/A Ρ **Specimen Collection** Susceptibility Date Specimen **Collection Date** Molecular Susceptibility Molecular Ρ N/A **Date Reported** Susceptibility Date Reported Molecular Susceptibility Molecular PHVS\_MicroscopicE P Specimen Type Susceptibility xamCultureSite\_TB Specimen Type Molecular Susceptibility Molecular PHVS MolecularTes P **Test Result Susceptibility Test** tResults\_TB Result Molecular Susceptibility Molecular N/A Ρ **Nucleic Acid Change** Susceptibility Nucleic Acid Change

Molecular Susceptibility Amino Acid Change	Molecular Susceptibility Amino Acid Change	N/A	Р
Molecular Susceptibility Indel	Molecular Susceptibility Indel	PHVS_MolecularInd el_TB	Ρ
Molecular Susceptibility Test Method	Molecular Susceptibility Test Method	PHVS_MolecularTes tMethods_TB	P
Culture Conversion Documented	Did the patient's sputum become culture negative?	PHVS_YesNoUnkno wn_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_SputumCultur eConversionNotDoc umentedReason_TB	Р
Patient Move During TB Therapy	Did the patient move during therapy?	PHVS_YesNoUnkno wn_CDC	Р
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_MovedWhere DuringTherapy_TB	P
Out of State Move	If moved out of state, then specify the new state jurisdiction.	PHVS_State_FIPS_5- 2	Р
Out of Country Move	If moved out of country, then specify the new country jurisdiction.	PHVS_Country_ISO_ 3166-1	Р

Transnational Referral	If moved out of the	PHVS_YesNoUnkno	Ρ
	US, indicate	wn CDC	

whether a transnational referral was made.

History of Treatment

History of treatment before current episode

PHVS\_YesNoUnkno P wn CDC

with second-line TB drugs for the treatment of TB disease (not LTBI)

**Date MDR Treatment** 

Started

Date MDR TB therapy started for current episode

N/A

Ρ

Drug Used to Treat MDR TB

Drugs ever used for PHVS\_Medications\_ P

MDR TB treatment, TB

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.

Length of Time Drug

Was Administered

Indicate length of time drug was

DrugTaken\_TB taken or if it was

not taken

blank.

Date Injectable **Medication Stopped**  Date injectable medication stopped. If no injectable drugs were used leave N/A

PHVS\_LengthofTime P

Surgery to Treat MDR

TΒ

Surgery to Treat MDR TB

PHVS\_YesNoUnkno P

wn\_CDC

Surgery to Treat MDR TB Date

Surgery to Treat MDR TB Date

N/A

reatment TB

PHVS SideEffectofT P

Ρ

Adverse Event Description

Did patient experience any of effects during treatment that resulted in a permanent

the following side 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.

Adverse Event Indicator Side Effects of

Treatment Indicator

PHVS\_YesNoUnkno P

wn\_CDC

Adverse Event **Manifestation Time**  Did the side effect PHVS\_SideEffectTim P manifest during

treatment or at the end of treatment?

etoOnset\_TB

**Usual Occupation and** 

Industry

Usual occupation and industry

**TBD** 

**Meets Binational** 

**Reporting Criteria** 

Does case meet

PHVS YesNoUnkno P

Ρ

binational reporting wn CDC

criteria?

Patient Treated as MDR Was the Patient

Case

PHVS\_YesNoUnkno P

Treated as an MDR wn\_CDC TB Case (Regardless

of DST Results?

Label/Short Name Description

If patient has any immunocompromising

**Immuncompromised** conditions, specify

Date that the patient was first seen by medical

Date first medical person.

Fever/sweats/chills

Other\_symptoms\_specify

Primary clinical syndrome

Antibiotic

Did the patient's illness include the symptom

of fever/sweats/chills?

Did the patient's illness include the symptom

Did the patient's illness include the symptom

Confusion/delirium of confusion/delirium?

Did the patient's illness include the symptom Vomiting/diarrhea/abdominal pain of vomiting/diarrhea/abdominal pain?

of sore throat?

Sore throat

Did the patient's illness include the symptom Cough

of cough?

Did the patient's illness include the symptom **Chest Pain** 

of chest pain?

Did the patient's illness include the symptom Shortness of breath

of shortness of breath?

Did the patient's illness include other

Other symptoms symptoms of not listed?

Which other symptoms did the patient's illness

include?

Lymphadenopathy Did the patient have lymphadenopathy?

If lymphadenopathy present, provide location

and description. Describe lympadenopathy

Skin lesions Did the patient have skin lesion?

If skin lesion present, provide location and

Describe skin lesions description.

Conjunctivitis Did the patient have conjunctivitis?

Pharyngitis/tonsilitis Did the patient have pharyngitis/tonsilitis?

Chest X-ray Results of chest x-ray

Did patient receive an effective antibiotic for

illness?

Antibiotic start date Date each antibiotic started

Illness outcome Outcome of illness

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 in which F. tularenisis was Specimen source

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

Was this illness epi-linked to any other

Epi-linked to other cases tularemia cases?

Describe epi-linked case Epi-link specify

Was this illness associated with travel? Travel associated

Travel specify Describe travel

Did patient have any animal contact in the 2

Animal contact weeks preceding illness?

Indicate if domestic animal contact occurred and specify domestic animals that patient had Domestic animal contact with in the 2 weeks preceding illness

Was animal domestic or wild Type of animal contact

> Indicate if wild animal contact occurred and specify wild animals that patient had contact with in the 2 weeks preceding illness

Wild animal

Nature of contact Nature of animal contact

Did patient have tick or deerfly bite in the two

weeks preceding illness?

Did patient have contact with or ingestion of Contact with or ingestion of untreated untreated water in the two weeks preceding

water

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

Other exposure

Tick or deerfly bite

Specify environmental aerosol generating

activities

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

N/A	Р
N/A	Р
TBD	Р
TBD	Р
N/A	Р
PHVS_YesNoUnknown_CDC	Р
N/A	Р
PHVS_YesNoUnknown_CDC	Р
N/A	Р
PHVS_YesNoUnknown_CDC	Р
N/A	Р
TBD	Р
N/A	Р
TBD	P
TBD	·
	Р
PHVS_YesNoUnknown_CDC	Р
PHVS_YesNoUnknown_CDC	Р
N/A	Р
N/A	Р
N/A	Р

Value for Code, Search in PHH WIGG using the following lask (finese) pilework code, governor Search Herning (lask (finese), pilework code, governor Search Herning and Full Value on Search Herning (lask (finese), VIII Value of Search (finese), VIII Value Number of lesions in total Number of losions if less than 50
Did the patient receive Varicelos
indicate whether the patient received varicelos and some containing vaccine; a value of Yes or PHVS\_Yeshbülvinown\_CDC
oncatalining vaccine; a value of Yes or PHVS\_Yeshbülvinown\_CDC
oncatalining vaccine; a value of Yes or PHVS\_Yeshbülvinown\_CDC
oncatalining vaccine; a value of Yes or PHVS\_Yeshbülvinown\_CDC containing vaccine

No enables other fields in this section, allowing for answers to their questions.

Reason why patient did not receive

Varicella-containing vaccine

Varicella-containing vaccine

Example of the patient fective vaccine; If none of the specific choices in

the Its apply, choose other. Other reason why patient did not If the value specified in Reason why patient did not receive varicella-containing 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 if the value in Did the patient receive varicella-containing vaccine? is Yes, indicate the first birthday number of doses received on or after the patient's first birthday. Reason patient is -- 6 years old and received mention of an art of this first day but received second of social of the received second of social of the received second of social of the received second of t Other reason p second dose Location First Noted Code:

The value of Code:

The value of Code:

The value value of Code Other Generalized rash location Macules Present

Number of Macules

Papules Present

Number of Papules Vesicles Present If the value specified in Total Number of Lesions is < 50, indicate whether vesicles were PHVS\_YesNoUnknopresent.

If the value specified in Vesicles Present is Yes, indicate how many vesicles were present. Number of Vesicles If the value specified in Versicles Theorem is the, inductor from many resides were present.

Inductor whether the facilities were monthly monitor/imposed.

PMPS\_TAMPOSED CONTROL OF MANY CONTROL OF THE PARTY CONTROL OF Number of Vesicles

Mostly macular/papular

Mostly resicular

Hemorrhagic

Italy

Scalb

Crops/Waves

Did rash crust

Number of Days until lesions
over

Number of Days rash lasted Temperature Units — Temperature Units Patronette Codinics — Temperature Units Patronet Medical Condition or Treatment

If Yes, indicate the medical condition or treatment associated with the patient being immunocompromised immunocompromised indicate whether the patient violate a healthcare provider during the course of this littless. PHMS\_Yed provider during this lines:

If the value geofficial in Did patient visible a healthcare provider during the connect of this lines.

If the value geofficial is Did patient visit is healthcare provider during the connect of this lines. PHYS, Yeaholdskinowe, CDC of patients that were disposed by a healthcare provider during this lines; is 1 MeVS, Yeaholdskinowe, CDC of patients that were disposed by a healthcare provider during this lines; is 6 meV and of the value geofficial in Did patient developed complications (as described).

Skinister fisces infection

If the value geofficial in Did patient developed complications (as described). If the value specified in Did patient develop any complications that were diagnosed by PHVS\_YeaNoUnknown\_CDC a healthcare provider? Is it is, indicate whether there was akin or soft tissue infection. If the value specified in Did patient develop any complications that were diagnosed by PHVS\_YeshoUnknown\_CDC a healthcare provider? is Yes, indicate whether there was cerebellitis/ataxia. Encephalitis If the value specified in Did patient develop any complications that were diagnosed by PHVS\_YesN a healthcare provider? is Yes, indicate whether there was encephalitis. If the value specified in Did patient develop any complications that were diagnosed by PHVS\_YesNoUnknown\_CDC a beathcare provider? Is Yes, indicate whether the patient was diagnosed as being dehiptrated. nerrymaners.

If the value specified in Did patient develop any complications that were diagnosed by PHVS\_YesNoUnknown\_CDC a healthcare provider? is Yes, indicate whether there was hemorrhagic condition. If the value specified in Did patient develop any complications that were diagnosed by PHVS\_YesNe a healthcare provider? is Yes, indicate whether merumonia was a complication. The value in Pressure 2 have, instant warmed prioritions was a compaction.

The value in Pressure 2 have facilitation for imperational loss diagnosed.

PHMS\_Diagnosed Pressure coulding VIZ

The value specified in Dia plasted reviews part completations that were diagnosed by PHMS\_Trichelakinsoum\_CDC

Selectional properties 1. The value of Cause of death death.
If a value of Yes is specified in 16d the puttlend did from this illness or complications

If a value of Yes is specified in 16d the puttlend did from this illness or complications

Indicates whether the potential puttlend of executions of electric control of executions of electric control of elect If a value of this is specified in 20 the patient der from this illusions complications in Confederate when the patient der from this illusions complications.

Agair diagnosis.

Agair diagnosis.

Agair diagnosis.

Agair diagnosis.

PHG\_Agelikit, JCCAM.

PHG\_Agelik Type of case this case is epi-linked I fransmission settling (settling of exposure)
Other transmission settling
Is this case a healthcare worker
Number of weeks gestation
Trimester Trinenter or the patient was prepared using the Blees, Indicate the Blees.

The patient was prepared using the Blees, Indicate the Blees.

Was laberalary storting done for was laberalary storting done for warfacts.

Direct forms of the Blees of the Ble PHVS\_YesNoUnknown\_CDC
PHVS\_YesNoUnknown\_CDC PHVS\_VesNoUnknown\_CDC
PHVS\_LabTestInterpretation\_CDC
PHVS\_VesNoUnknown\_CDC
PHVS\_PCRSpecimenSource\_VZ
PHVS\_LabTestInterpretation\_CDC
PHVS\_VesNoUnknown\_CDC PHVS\_LabTestInterpretation\_CDC PHVS\_YesNoUnknown\_CDC Culture Result

Security Chairs Result

Security Chairs Tested

Security Chairs

Security Chai PHVS\_LabTestMethod\_VZ
PHVS\_LabTestInterpretation\_CDC PHVS\_YesNoUnknown\_CDC PHVS\_YesNoUnknown\_CDC PHVS\_IgMTestType\_VZ PHVS\_LabTestInterpretation\_CDC PHVS\_YesNoUnknown\_CDC PHVS\_IgGTestType\_VZ PHVS\_WholeCellEUSAManufacturer\_VZ PHVS\_gpELISAManufacturer\_VZ Were the specimens sent to the CDC Were the specimens sent to the CDC for genotyping (molecular typing)? for genotyping (molecular typing)? PHVS\_YesNoUnknown\_CDC Date unt be providejie.

More specifies more first from bild.

Stack 1 Fige.

Stack 1 Fige.

The type of vaccine desirabilistent.

The date first from the vaccine desirabilistent.

The date first from the vaccine desirabilistent.

The date first from the vaccine desirabilistent.

The date first from vaccine desirabilistent.

The date first first vaccine desirabilistent.

The date first first vaccine sea desirabilistent.

The date of first product of the control of PHVS\_StrainType\_VZ PHVS\_VaccinesAdministeredCVX\_CDC\_NIP PHVS\_ManufacturesCDVarcinesMVX\_CDC\_NIP Date of last dose prior to illness onset Date of last disease-containing vaccination dose prior to illness onset Vaccination doses prior to onset
Vaccination Record ID
Vaccine Explaination Date
NDE Brand Name/Bar Code
Information
Vaccine dose number
Vaccine Expens 3-4 Number of disease-containing vaccination doses prior to illness onset Vaccination Record ID, from NBS MM Mactine control for disease. Vaccine expiration date

NDC from the vaccine's bar code. With the NDC code, vaccine brain
manufacturer can be obtained.

Indicates the dose number in a series\_x0000D\_ Vaccine Event information source Immunitation Shedule used
Exemption-Virtual Passes
Was the coale before assemble placetal cabbles exempt from the immunitation or refu
Virtual Passes
Was the coale before assemble placetal cabbles
Was the coale before the coale of the

Specialism Geliatron Box 

Specialism Geliatron Box 
Specialism Geliatron Box 
Specialism Geliatron Box 
Specialism Geliatron Box 
Specialism General Box 
Hammedic Test Result 
Hammedic Test Result bein 
Hammedic Geliatron evant of the settilij performed for this case 
Nameric Geliatron Box 
Hammedic Geliatron evant of the Settilij performed for this case 
Nameric Geliatron Box 
Hammedic Geliatron Box 
Hammedic

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** 

НЕМОТУРЕ

HHSYMP

HOSPYN

IMMTYPE

LIVTYPE

MALTYPE

MISYMP

1411211411

**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

Dittevition

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** 

**III 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

Р

N/A

N/A

CDC Priority (New)