Human Infection with Coronavirus Disease 2019 (COVID-19) Surveillance Worksheet

DCIPHER CSV

NAME _____ (last) _____ (first) **ADDRESS (Street and No.)** _____ **PHONE** _____ **Hospital Record No.** _____

This information will not be sent to CDC

REPORTING SOURCE TYPE
☐ physician ☐ PH clinic
☐ nurse ☐ laboratory
☐ hospital ☐ other clinic
☐ other source type _____

NAME _____
ADDRESS _____
ZIP CODE _____
PHONE (__ __ __) __ __ __ __ __ __ __

LOCAL SUBJECT ID _____
SUBJECT ADDRESS STATE res_state _____
SUBJECT ADDRESS COUNTY res_county _____
SUBJECT ADDRESS ZIP CODE _____

CASE INFORMATION

NNDSS ID nndss_id _____ (Local Record/Case ID)
Date of Birth dob __ __ __ __ __ __ (month day year)
Country of Birth _____
Other Birthplace _____

Ethnic Group ethnicity H=Hispanic/Latino N=Not Hispanic/Latino O=Other _____ U=Unknown
Country of Usual Residence _____

Race ☐American Indian/Alaskan Native race_aian ☐Asian race_asian ☐Black/African American race_black ☐Native Hawaiian/Pacific Islander race_nhpi ☐White race_white ☐Not asked ☐ Refused to answer ☐Other race_other; race_spec ☐ Unknown race_unk

Sex M=male F=female U=unknown sex
Age at Case Investigation _____ age
Age Unit* ___ ageunit
Date Reported case_cdcreport_dt __ __ __ __ __ __ __ __ (month day year)

Reporting State _____
Earliest Date Reported to State __ __ __ __ __ __ (month day year)
Date First Reported to PHD __ __ __ __ __ __ (month day year)

Reporting County _____
Earliest Date Reported to County __ __ __ __ __ __ (month day year)
National Reporting Jurisdiction state _____

CDC 2019-nCOV ID cdc_ncov2019_id _____

Date First Positive Specimen (mm/dd/yyyy) pos_spec_dt; pos_spec_unk; pos_spec_na

If probable case, reason for case classification: probable
○ Meets clinical criteria AND epidemiologic evidence with no confirmatory lab testing performed for COVID-19
○ Meets presumptive lab evidence AND either clinical criteria OR epidemiologic evidence
○ Meets vital records criteria with no confirmatory lab testing

Case Investigation Start Date __ __ __ __ __ __ __ __ (month day year)

DGMQID process_dgmqid _____
[If Epi-X notification of travelers checked, DGMQID]

CASE CLASS STATUS current_status
☐ Confirmed ☐ Probable ☐ Unknown ☐ Suspected ☐ Not a case

DETECTION METHOD

☐ Autopsy	☐ Laboratory reported	☐ Unknown process_unk	
☐ Clinical evaluation process_pui	☐ Provider reported	☐ Other (specify below)	
☐ Contact tracing of case process_cont	☐ Routine physical examination	process_other _____	
☐ Epi-X notification of tra process_epix	☐ Routine surveillance process_surv	process_other_spec _____	

HOSPITALIZATION INFORMATION

Illness Onset Date onset_dt; onset_unk __ __ __ __ __ __ (month day year)
Illness End Date symp_res_dt __ __ __ __ __ __ (month day year)
Illness Duration ____
Duration Units* ____

Hospitalized? Y=yes N=no U=unknown ☐ hosp_yn
Hospital Admission Date adm1_dt __ __ __ __ __ __ (month day year)
Hospital Discharge Date dis1_dt __ __ __ __ __ __ (month day year)

Duration of Hospital Stay ☐☐☐ (0 – 998 days; 999=unknown)
Patient admitted to an Intensive Care Unit (ICU)? Y=yes N=no U=unknown ☐ icu_yn

If hospitalized, was a translator/Interpreter required? Y=yes N=no U=unknown ☐ translator_yn
ICU Admission Date icu_adm1_dt __ __ __ __ __ __ (month day year)

If a translator was required, specify the patient's primary language: ☐☐☐ translator_spec
ICU Discharge Date icu_dis1_dt __ __ __ __ __ __ (month day year)

Pregnant at time of event? Y=yes N=no U=unknown ☐ pregnant_yn
If yes, trimester at illness onset: ☐
Number Weeks Gestation ☐☐

Did subject die from illness/complications of illness? death_yn Y=yes N=no U=unknown ☐
Date of Death death_dt; death_unk __ __ __ __ __ __ (day year)

***UNITS** a=year d=day h=hour min=minute mo=month s=second wk=week UNK=unknown

This annotated worksheet is draft as of June 30, 2020 and is provided as a resource representing the data/structure of the Generic V2 HL7 message mapping guide (Generic_V2_0_MMG_F_R5_20171206) and the COVID-19 HL7 message mapping guide (COVID-19_MMG_V1_0_MMG_F20200626).

CLINICAL INFORMATION

INFORMATION SOURCE for CLINICAL DATA ☐ Medical records (collect_medchart) ☐ Patient interview (collect_ptinterview) ☐ Unknown ☐ Other (specify) _____

DATE of DIAGNOSIS __ __ / __ __ / __ __ __ __ (month / day / year)

TESTING REASON ☐ Asymptomatic testing ☐ Contact investigation ☐ Community testing site ☐ Screening ☐ Symptomatic ☐ Other (specify) ☐ Unknown

Symptoms present during course of illness? Y=yes N=no U=unknown ☐ (sympstatus) **Did symptom(s) resolve?** Y=yes N=no U=unknown ☐ (symp_res_yn)

Did the patient have another diagnosis/etiology for their illness? (diagother) Y=yes N=no U=unknown ☐
(if yes, specify) _____

SIGNS and SYMPTOMS

Y	N	U	[Y=yes]	Y	N	U	[N=no]	Y	N	U	[U=unknown]
abdom_yn			Abdominal pain	sfever_yn			Subjective fever	runnose_yn			Runny nose
chestpain_yn			Chest pain	fever_yn			Fever >100.4F (38C)	sthroat_yn			Sore throat
chills_yn			Chills	headache_yn			Headache	nauseavomit_yn			Vomiting
cough_yn			Cough	nauseavomit_yn			Nausea	wheezing_yn			Wheezing
diarrhea_yn			Diarrhea	taste_yn			New olfactory disorder	othersym1_yn			Other (specify) _____
breathing_yn			Difficulty breathing	taste_yn			New taste disorder	othersym1_spec1; othersym1_spec2; othersym1_spec3			
sob_yn			Dyspnea	myalgia_yn			Muscle aches				_____
fatigue_yn			Fatigue	rigors_yn			Rigors				Unknown

CLINICAL FINDINGS

Y	N	U	NA	[Y=yes; N=no; U=unknown]	Y	N	U	NA	[NA=not applicable]
acuterespdistress_yn				Acute respiratory distress syndrome (ARDS)					Other (specify) _____
abxekg_yn				Abnormal EKG	pna_yn				Pneumonia
abxchest_yn				Abnormal chest x-ray					Unknown

TREATMENT TYPE

Y	N	U	[Y=yes; N=no; U=unknown]	DURATION (days)	Y	N	U		DURATION (days)
mechvent_yn			Mechanical ventilation/intubation	mechvent_dur				Other (specify) _____	
ecmo_yn			ECMO					Unknown	

Did patient have underlying medical conditions and/or risk behaviors? Y=yes N=no U=unknown ☐ **Provide response for each below:** (medcond_yn)

Underlying Conditions or Risk Factors [Y=yes; N=no; U=unknown]

	Y	N	U		Y	N	U		Y	N	U		Y	N	U
Autoimmune conditi	autoimm_yn			Current smoker	smoke_curr_yn			Hypertension	hypertension_yn			Psychological/psychiatri	psych_yn		
Cardiovascular disea	cvd_yn			Diabetes mellitus	diabetes_yn			Immunosuppressive condition	immsupp_yn			Severe obesity (BMI=≥4	obesity_yn		
Chronic liver disease	liverdis_yn			Disability†	neuro_yn			Other chronic disea	otherdis_yn; otherdis_spec			Substance abuse	substance_yn		
Chronic lung disease	cld_yn			Former smoker	smoke_former_yn			Other (specify)	othercond_yn; othercond_spec			Unknown			
Chonic renal disease	renaldis_yn			†If disability, type	neuro_spec			‡If mental condition, type	psych_spec						

DEMOGRAPHIC INFORMATION

Tribal affiliation? Y=yes N=no U=unknown ☐ (tribe) **Tribal Name** ☐☐☐☐☐☐ (tribe_name) **Enrolled Tribe Name** ☐☐☐☐☐☐ (tribe_member)

RESIDENCE at ILLNESS ONSET (housing)

☐	Acute care inpatient facility	☐	Homeless shelter	☐	Long term care facility	☐	Other (specify) ___ Housing_spec ___
☐	Apartment	☐	Hotel	☐	Mobile home	☐	Outside
☐	Assisted living facility	☐	House/single family	☐	Motel	☐	Rehabilitation facility
☐	Correctional facility	☐	Group home	☐	Nursing home	☐	Unknown

Was case-patient a healthcare provider (HCP) at time of illness onset? Y=yes (hc_work_yn) N=no U=unknown ☐ **If yes, select from below:**

HCP OCCUPATION TYPE (hc_job)

☐	Environmental services	☐	Nurse
☐	Respiratory therapist	☐	Physician
☐	Other (hc_job_spec)	☐	Unknown

HCP WORKPLACE SETTING (hc_setting)

☐	Assisted living facility	☐	Hospital
☐	Long term care facility	☐	Nursing home
☐	Rehabilitation facility	☐	Unknown
☐	Other (specify) (hc_setting_spec) _____		

EXPOSURE and IMPORTATION INFORMATION

In the 14 days prior to illness onset, did the patient have any of the following exposures: (check all that apply)

Y	N	U	[Y=yes, N=no, U=unknown]	Y	N	U		Y	N	U	
			exp_airport Airport/Airplane				exp_other Other (specify) exp_other_spec ____				exp_othcountry ternational travel
			exp_adultfacility Adult congregate living facility				exp_correctional Correctional facility				exp_school School/university
			exp_school Childcare facility				exp_othstate Domestic travel				
			exp_gathering Community event/mass gathering				exp_unk Unknown exposures in the 14 days prior to illness onset				
			exp_animal Animal (confirmed/suspected COVID-19)				Type animal _ exp_animal_spec _____				
			exp_work Workplace				exp_work_critical Workplace critical infrastructure?				Setting (specif exp_work_critical_spec
			exp_ship Cruise ship or vessel travel as passenger				Name of ship(s) 1) _ exp_ship_spec _____ 2) _____				
			Contact with confirmed/probable COVID-19 case: ○ community ○ healthcare associated ○ household ○ other _____ ○ Unknown exp_community exp_health exp_house								
			If contact with COVID-19 case, was this person a U.S. case? cont_lab_us				Linked Case Number _				Contact_id; cdc_ncovd2019_sourceid_2; cdc_ncovd2019_sourceid_3; cdc_ncovd2019_sourceid_4

TRAVEL HISTORY

	Country	Departure Date (mm/dd/yyyy)	Return Date (mm/dd/yyyy)
International Destinations	exp_othcountry_spec	__ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __
		__ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __
		__ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __
	State	**Departure Date** (mm/dd/yyyy)	**Return Date** (mm/dd/yyyy)
Domestic Destinations	exp_othstate_spec	__ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __
		__ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __
		__ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __

CASE DISEASE IMPORTED CODE

	Indigenous		In state, out of jurisdiction		Out of state
	International		Unknown		Yes, imported, but not able to determine source state/country

Imported Country __ **Imported State** ____ **Imported County** _____ **Imported City** _____

Country of Exposure _____ **State or Province of Exposure** _____

County of Exposure _____ **City of Exposure** _____

Outbreak related? Y=yes N=no U=unknown ☐ outbreak_associated **Outbreak Name** _____ outbreak_name **Transmission Mode** _ _ _ _ _ _ _ _

LABORATORY INFORMATION

Test Type	Test Result	Result Units	Test Result Quantitative	Date Specimen Collected mm dd yyyy	Specimen Type	Performing Laboratory Specimen ID	Performing Laboratory Type
			test_PCR			spec_otherspecimen1id	
			test_serologic			spec_otherspecimen2id	
			test_other; test_other_spec			spec_otherspecimen3id	

TEST RESULT

Q=Equivocal result
E=Indeterminate
N=Negative
NS=No IgG significant rise
X=Not done
OTH=Other (specify)
I=Pending
P=Positive
S=IgG significant rise
UNK=Unknown
U=Unsatisfactory
V=Vaccine type strain
W=Wild type strain

SPECIMEN TYPE

1	Bacterial isolate	9	CSF	17	NP swab	25	Saliva	33	Swab	41	Vesicle fluid
2	Blood	10	Crust	18	NP washing	26	Scab	34	Swab, skin lesion	42	Viral isolate
3	Body fluid	11	DNA	19	Nucleic acid	27	Serum	35	Swab, nasal sinus	43	Other
4	BAL	12	Dried blood	20	Oral fluid	28	Skin lesion	36	Swab, vesicular	44	Unknown
5	Buccal smear	13	Lesion	21	Oral swab	29	Specimen	37	Swab, internal nose		
6	Buccal swab	14	Macular scraping	22	Plasma	30	Lung (BAL wash)	38	Throat swab		
7	Capillary blood	15	Microbial isolate	23	Respiratory	31	Lavage	39	Tissue		
8	Cataract	16	NP aspirate	24	RNA	32	Stool	40	Urine		

PERFORMING LABORATORY TYPE

1=CDC lab 2=commercial lab 3=hospital lab 4=other 5=other clinical lab 6=public health lab 7=unknown 8=VPD testing lab

VACCINATION HISTORY INFORMATION

Vaccinated (has the case-patient ever received a vaccine against this disease) received_vax_yn =yes N=no U=unknown ☐

Number of doses against this disease received prior to illness onset? 0–6 99=unknown ☐☐ (dos num_vax_dose_prior_onset

Date of last vaccine dose against this disease prior to illness onset? __ __ __ __ __ __ __ __ (mm/dd/yyyy) vax_dose_prior_onset_dt

Was the case-patient vaccinated as recommended by the ACIP? Y=yes N=no U=unknown ☐ vax_per_acip_recs_yn

Vaccine Type	Vaccination Date (month day year)	Vaccine Manufacturer	Vaccine Lot No.	National Drug Code	Vaccine Expiration Date (month day year)	Vaccination Record Identifier	Vaccine Event Information Source	Vaccine Dose Number
vaxtype1..4	vaxdate1..4	vaxmfr1..4	vaxlot1..4	vaxndc1..4	vaxexpdt1..4	vaxrecid1..4	vaxinfosrce1..4	vaxdose1..4

Vaccine Type
207=COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose
208=COVID-19, mRNA, LNP-S, PF, 30 mcg/0.3 mL dose
213=SARS-COV-2 (COVID-19) UNSPECIFIED
OTH=other

Vaccine Event Information Codes
00=New immunization record
01=Unspecified source
02=Other provider (historical)
PP=Primary care provider
05=Other registy (historical)
06=Birth certificate (historical)
07=School record (historical)
08=Public agency (historical)
OTH=Other
PHC1435=Patient/parent recall (historical)
PHC1436=Patient/parent written record
PHC1936=Immunization Information System
184225006=Medical record
UNK=Unknown

Vaccine Manufacturer
PFR=Pfizer
MOD=Moderna

Reason Not Vaccinated Per ACIP reason_not_vax_per_acip
1=religious exemption
2=medical contraindication
3=philosophical objection
4=lab evidence of previous disease
5=MD diagnosis of previous disease
6=too young
7=parent/patient refusal
8=other _____
9=unknown
10=parent/patient forgot to vaccinate
11=vaccine record incomplete/unavailable
12=parent/patient report of previous disease
13=parent/patient unaware of recommendation
14=missed opportunity
15=foreign visitor
16=immigrant
☐☐

Vaccine History Comments
vax_history_comment

CASE NOTIFICATION

CONDITION CODE 11065 **Immediate National Notifiable Condition** Y=yes N=no U=unknown ☐

Date of First Verbal Notification to CDC __ __ __ __ __ __ __ __ (month day year)

Date of Electronic Case Notification to CDC __ __ __ __ __ __ __ __ (month day year)

State Case ID _____

Legacy Case ID _____

Date First Electonic Submission hc_setting __ __ __ __ (month day year)

Notification Result Status ○ Final results ○ Correction ○ Cannot obtain

Jurisdiction Code _____

Binational Reporting Criteria _____

MMWR WEEK ☐☐

MMWR YEAR ☐☐☐☐

Current Occupation *(type of work patient does)* _____

Current Occupation Standardized (NIOCCS code)_____

Current Industry *(type of business/industry in which patient works)* _____

Current Industry Standardized (NIOCCS code) _____

Person Reporting to CDC NAME _____ interviewer_fn _____ (first) _____ Interviewer_ln _____ (last)

Person Reporting to CDC Email _____ interviewer_email _____

Person Reporting to CDC Phone Number interviewer_tele _ _ _ _

Comments
final_notes

CLINICAL CASE DEFINITION[§]

Suspect

- Meets supportive laboratory evidence[¶] with no prior history of being a confirmed or probable case.

Probable

- Meets clinical criteria[#] AND epidemiologic linkage[**] with no confirmatory laboratory testing performed for SARS-C0V-2.
- Meets presumptive[††] laboratory evidence.
- Meets vital records[‡‡] criteria with no confirmatory laboratory testing performed for SARS-CoV2.

Confirmed

- Meets confirmatory[§§] laboratory evidence.

[¶]Detection of specific antibody in serum, plasma, or whole blood

Detection of specific antigen by immunocytochemistry in an autopsy specimen

[For suspect cases (positive serology only), jurisdictions may opt to place them in a registry for other epidemiological analyses or investigate to determine probable or confirmed status.]

[#]In the absence of a more likely diagnosis:

- At least <u>two</u> of the following symptoms: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, nausea or vomiting, diarrhea, fatigue, congestion or runny nose

OR

- Any <u>one</u> of the following symptoms: cough, shortness of breath, difficulty breathing

OR

- Severe respiratory illness with at least one of the following:
  - Clinical or radiographic evidence of pneumonia, or new olfactory disorder, new taste disorder
  - Acute respiratory distress syndrome (ARDS).

[**]<u>One</u> or more of the following exposures in the prior 14 days:

- Close contact with a confirmed or probable case of COVID-19 disease;
- Member of a risk cohort as defined by public health authorities during an outbreak.

[Close contact is generally defined as being within 6 feet for at least 15 minutes. However, it depends on the exposure level and setting; for example, in the setting of an aerosol-generating procedure in healthcare settings without proper PPE, this may be defined as any duration. Data are insufficient to precisely define the duration of exposure that constitutes prolonged exposure and thus a close contact.

[††]Detection of SARS CoV-2 by antigen test in a respiratory specimen.

[‡‡]A death certificate that lists COVID-19 disease or SARS-CoV-2 as an underlying cause of death or a significant condition contributing to death.

[§§] Detection of SARS-CoV-2 RNA in a clinical or autopsy specimen using a molecular amplification test

[§]https://cdn.ymaws.com/www.cste.org/resource/resmgr/ps/positionstatement2020/Interim-20-ID-02_COVID-19.pdf