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 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)

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

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

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[vel] 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, 999=unknown ☐☐☐ (days)
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 __ __ ____ (month 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? sympstatus Y=yes N=no U=unknown ☐ **Did symptom(s) resolve?** symp_res_yn Y=yes N=no U=unknown ☐

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 ☐ medcond_yn **Provide response for each below:**

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

Condition	Y N U	Condition	Y N U	Condition	Y N U	Condition	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 hc_work_yn U=unknown ☐ **If yes, select from below:**

HCP OCCUPATION TYPE (hc_job)		HCP WORKPLACE SETTING (hc_setting)	
☐ Environmental services	☐ Nurse	☐ Assisted living facility	☐ Hospital
☐ Respiratory therapist	☐ Physician	☐ Long term care facility	☐ Nursing home
☐ Other hc_job_spec	☐ Unknown	☐ 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			International 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 (specify) 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 exp_community ○ healthcare-associated exp_health ○ household exp_house ○ other ○Unknown								
			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)
PHC1435=Patient/parent recall (historical)
PHC1436=Patient/parent written record
PHC1936=Immunization Information System
184225006=Medical record
OTH=Other
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