DCIPHER CSV

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

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 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_aian ☐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 pos_spec_dt; pos_spec_unk; pos_spec_na (mm/dd/yyyy)

Previously Infected? prev_infected_yn Y=Yes N=No U=Unknown ☐

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]

Previous State Case ID prev_st_case_num1, prev_st_case_num2

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

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

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)

If hospitalized, was a translator/Interpreter required? Y=yes N=no U=unknown translator_yn

Patient admitted to an Intensive Care Unit (ICU)? Y=yes N=no U=unknown icu_yn

ICU Admission Date icu_adm1_dt ____________ month day year

Was the patient pregnant at the time of event? Y=yes N=no U=unknown ☐ pregnant_yn

ICU Discharge Date icu_dis1_dt ____________ month day year

If yes, trimester at illness onset: ○ 1st ○ 2nd ○ 3rd ○ unk

Weeks Gestation ☐☐

Number Weeks Gestation ☐☐

Did subject die from illness/complications of illness? Y=yes N=no U=unknown ☐ death_yn

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

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 illness? Y=yes N=no U=unknown ☐ (if yes, specify) ____ diagother

SIGNS and SYMPTOMS

Y N U	[Y=yes]	Y N U	[N=no]	Y N U	[U=unknown]
abdom_yn	Abdominal pain	sob_yn	Dyspnea	ppchest_yn	Persistent pressure in chest
mentstat_yn	Altered mental status	fatigue_yn	Fatigue	rigors_yn	Rigors
chestpain_yn	Chest pain	sfever_yn	Subjective fever	runnose_yn	Runny nose
chills_yn	Chills	fever_yn	Fever >100.4F (38C)	sthroat_yn	Sore throat
confusion_yn	New confusion	headache_yn	Headache	nauseavomit_yn	Vomiting
cough_yn	Cough	hypsom_yn	Hypersomnia	wheezing_yn	Wheezing
cyanosis_yn	Cyanosis	nauseavomit_yn	Nausea	othersym1_yn	Other (specify) ____
diarrhea_yn	Diarrhea	taste_yn	New olfactory disorder		
breathing_yn	Difficulty breathing	taste_yn	New taste disorder		othersym1_spec1; othersym1_spec2; othersym1_spec3
drowsy_yn	Drowsy	myalgia_yn	Muscle aches (myalgia)		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
mechvent_yn	Mechanical ventilation/intubation	mechvent_dur		Other (specify) ____	____ days
ecmo_yn	ECMO			Unknown	

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

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

	Y N U		Y N U		Y N U		Y N U
Autoimmune condition	autoimm_yn	Current smoker	smoke_curr__yn	Hypertension	hypertension_yn	Psychological/psychiatric‡	psych_yn
Cardiovascular disease	cvd_yn	Diabetes mellitus	diabetes_yn	Immunosuppressive condition	immsupp_yn	Severe obesity (BMI ≥40)	obesity_yn
Chronic liver disease	liverdis_yn	Disability†	neuro_yn	Other chronic disea[se]	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	
Chronic renal disease	renaldis_yn	†If disability, type	neuro_spec ____			‡If mental condition, type	psych_spec ____

DEMOGRAPHIC INFORMATION

What is the patient's primary language? ☐☐☐

Does this case have any tribal affiliation? Y=yes N=no U=unknown ☐ tribe_yn

If tribal affiliation, which tribe? ☐☐☐☐☐ tribe_name

List enrolled tribe name(s) ☐☐☐☐☐ 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 personnel (HCP) at time of illness onset? Y=yes N=no U=unknown ☐ hc_work_yn **If yes, select from below:**

HCP OCCUPATION TYPE (hc_job)				HCP WORKPLACE SETTING (hc_setting)				
	Environmental services		Other____			Assisted living facility		Hospital
	Respiratory therapist		hc_job_spec			Long term care facility		Nursing home
	Nurse		____			Rehabilitation facility		Unknown
	Physician		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_correctional			Correctional facility	exp_other			Other (specify) exp_other_spec ________
exp_adultfacility			Adult congregate living facility	exp_othstate			Domestic travel				________
exp_school			Childcare facility	exp_othcountry			International travel				________
exp_gathering			Community event/mass gathering	exp_school			School/university	exp_unk			Unknown exposures in the 14 days prior to illness onset
exp_animal			Animal (confirmed/suspected COVID-19)				Type of 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 or crew				Name of ship(s) 1) exp_ship_spec ________				2) ________
			Contact with confirmed/probable COVID-19 case exp_community				☐ healthcare exp_health ☐ household exp_house ☐ unknown				
			If contact with COVID-19 case, was this person a U.S. case? Y=yes N=no U=unknown 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	WGS ID Number	Performing Laboratory Type
			test_PCR				wgs1id, wgs2id	
			test_serologic			spec_otherspecimen1id		
			test_other; test_other_spec			spec_otherspecimen2id		
						spec_otherspecimen3id		

PERFORMING LABORATORY TYPE

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

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		

TEST RESULT

1	Equivocal	6	Other	11	SARS-CoV-2 variant B.1.351 (501Y.V2)	16	Significant rise in IgG
2	Indeterminate	7	Other variant	12	SARS-CoV-2 variant P.1 (501Y.V3)	17	Unknown
3	Negative	8	Pending	13	Deprecated SARS-CoV-2 variant B.1.1.7 (501Y.V1)	18	Unsatisfactory
4	No significant rise in IgG	9	Positive	14	Deprecated SARS-CoV-2 variant B.1.351 (501Y.V2)	19	Vaccine type strain
5	Not done	10	SARS-CoV-2 variant B.1.1.7 (501Y.V1)	15	Deprecated SARS-CoV-2 variant P.1 (501Y.V3)	20	Wildtype strain

VACCINATION HISTORY INFORMATION

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

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 Manuf	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=SARS CoV-2 (COVID-19), mRNA, LNP-S, PF, 100 mcg/0.5 mL dose
208=SARS CoV-2 (COVID-19), mRNA, LNP-S, PF, 30 mcg/0.3 mL dose
210=SARS CoV-2 (COVID-19), vector-nr, rS-ChAdOx1, PF, 0.5 mL dose
211=SARS CoV-2 (COVID-19), Subunit, rS-nanoparticle+Matrix-M1 Adjuvant, PF, 0.5mL dose
212=SARS CoV-2 (COVID-19), vector-nr, rS-Ad26, PF, 0.5 mL dose
213=SARS-COV-2 (COVID-19) UNSPECIFIED
217=COVID-19, mRNA, LNP-S, PF, 30 mcg/0.3 mL dose, tris-sucrose
218=COVID-19, mRNA, LNP-S, PF, 10 mcg/0.2 mL dose, tris-sucrose
219=COVID-19, mRNA, LNP-S, PF, 3 mcg/0.2 mL dose, tris-sucrose
510=SARS-COV-2 (COVID-19) Inactivated Non-US (BIBP, Sinopharm)
511=SARS-COV-2 (COVID-19) Inactivated Non-US (Coronavac, Sinovac)
OTH=other (specify) **UNK**=unknown

Vaccine Event Information Codes

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

Vaccine Manufacturer

ASZ=Astra Zeneca **JSN**=Janssen **MOD**=Moderna **NVX**=Novavax
PFR=Pfizer **SPH**=Sinopharm-Biotech **SNV**=Sinovac

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
17=vaccine not available

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 Electronic Submission ____________ (month day year)

Notification Result Status ☐ Final results ☐ Correction ☐ Cannot obtain

Jurisdiction Code ____________

Binational Reporting Criteria____________

MMWR WEEK ☐☐ mmwr_week

MMWR YEAR ☐☐☐☐ 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.

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

Probable

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

Confirmed

* Meets confirmatory[§§] laboratory evidence.

[¶]Detection of antibody in serum, plasma, or whole blood specific to natural infection with SARS1CoV-2 (antibody to nucleocapsid protein),

OR

Detection of SARS CoV-2 specific antigen by immunocytochemistry in an autopsy specimen.

OR

Detection of SARS-CoV-2 RNA or specific antigen using a test performed without CLIA oversight.

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

- Acute onset or worsening of at least two of the following symptoms:
  - fever (measured or subjective),
  - chills,
  - rigors,
  - myalgia,
  - headache,
  - sore throat,
  - nausea or vomiting,
  - diarrhea,
  - fatigue,
  - congestion or runny nose,

OR

- Acute onset or worsening of any one of the following symptoms or signs:
  - cough,
  - shortness of breath,
  - difficulty breathing,
  - olfactory disorder,
  - taste disorder,
  - confusion or change in mental status,
  - persistent pain or pressure in the chest,
  - pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone,
  - inability to wake or stay awake

OR

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

[**]One or more of the following exposures in the prior 14 days:

- Close contact with a confirmed or probable case of COVID-19 disease;

OR

- Member of an exposed risk cohort as defined by public health authorities during an outbreak or during high community transmission.

[Close contact is generally defined as being within 6 feet for at least 15 minutes (cumulative over a 24 hour period). 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 specific antigen in a post-mortem obtained respiratory swab or clinical specimen using a diagnostic test performed by a CLIA certified provider.

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

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§§ Detection of SARS-CoV-2 RNA in a post-mortem respiratory swab or clinical specimen using a diagnostic molecular amplification test performed by a CLIA certified provider, OR
Detection of SARS-CoV-2 by genomic sequencing.

[*Some genomic sequencing tests that have been authorized for emergency use by the FDA do not require an initial PCR result to be generated. Genomic sequencing results may be all the public health agency receives.*]

§ https://cdn.ymaws.com/www.cste.org/resource/resmgr/ps/ps2021/21-ID-01_COVID-19.pdf