

Coronavirus Disease 2019 (COVID-19) Surveillance Worksheet

GENERIC MMG

COVID-19_MMG_V1_2_MMG_F_20220930

NAME _____ (last) (first)	ADDRESS (Street and No.) _____	PHONE _____	Hospital Record No. _____
This information will not be sent to CDC			

REPORTING SOURCE TYPE 48766-0 NAME _____ <input type="checkbox"/> physician <input type="checkbox"/> PH clinic ADDRESS _____ <input type="checkbox"/> nurse <input type="checkbox"/> laboratory ZIP CODE 52831-5 _____ <input type="checkbox"/> hospital <input type="checkbox"/> other clinic PHONE (____) _____ <input type="checkbox"/> other source type _____	LOCAL SUBJECT ID PID-3 _____ SUBJECT ADDRESS STATE PID-11.4 _____ SUBJECT ADDRESS COUNTY PID-11.9 _____ SUBJECT ADDRESS ZIP CODE PID-11.5 _____
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CASE INFORMATION

NNDSS ID OBR-3 (Local Record/Case ID)	Date of Birth _____ PID-7 month day year	Country of Birth 78746-5	Other Birthplace 21842-0
Ethnic Group PID-22 H=Hispanic/Latino N=Not Hispanic/Latino O=Other _____ U=Unknown <input type="checkbox"/>		Country of Usual Residence 77983-5	
Race PID-10	American Indian/Alaskan Native	Asian	White
	Black/African American	Native Hawaiian/Pacific Islander	Not asked
			Other 32624-9
Sex M=male F=female U=unknown PID-8	Age at Case 77998-3 Age Unit* _____ OBX-6 for 77998-3	Date Reported _____ 77995-9 month day year	
Reporting State 77966-0	Earliest Date Reported to State _____ 77973-6 month day year	Date First Reported to PHD _____ 77968-6 month day year	
Reporting County 77967-8	Earliest Date Reported to County _____ 77972-8 month day year	National Reporting Jurisdiction _____ 77970-2	
CDC 2019-nCoV ID 94659-0	Date First Positive Specimen 95366-1 _____ (mm/dd/yyyy)	If a probable case, the reason for case classification: 95365-3	
Case Investigation Start Date 77979-3 _____ month day year	CASE CLASS STATUS 77990-0	<input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Unknown <input type="checkbox"/> Suspected <input type="checkbox"/> Not a case	
DGMQID INV1315 <i>[If Epi-X notification of travelers checked, DGMQID]</i>	<input type="radio"/> Meets clinical criteria AND epidemiologic evidence with no confirmatory lab testing performed for COVID-19 <input type="radio"/> Meets presumptive lab evidence AND either clinical criteria OR epidemiologic evidence <input type="radio"/> Meets vital records criteria with no confirmatory lab testing		
DETECTION METHOD INV159	<input type="checkbox"/> Autopsy	<input type="checkbox"/> Laboratory reported	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Clinical evaluation	<input type="checkbox"/> Provider reported	<input type="checkbox"/> Other (specify below) _____
	<input type="checkbox"/> Contact tracing of case patient	<input type="checkbox"/> Routine physical examination	
	<input type="checkbox"/> Epi-X notification of travelers	<input type="checkbox"/> Routine surveillance	Previous State Case ID INV1136

Did case patient previously meet the case definition for probable or confirmed case of SARS-CoV-2? Y=yes 98077-1 U=unknown

HOSPITALIZATION INFORMATION

Illness Onset Date _____ 11368-8 month day year	Illness End Date _____ 77976-9 month day year	Illness Duration _____ 77977-7	Duration Units* _____ OBX-6 for 77977-7
Hospitalized? Y=yes N=no U=unknown <input type="checkbox"/>	Hospital Admission Date _____ 8656-1 month day year	Hospital Discharge Date _____ 8649-6 month day year	
Duration of Hospital Stay 0-998 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 78033-8 999=unknown (days)	Patient admitted to an Intensive Care Unit (ICU)? Y=yes N=no U=unknown <input type="checkbox"/> 309904001		
If hospitalized, was a translator/Interpreter required? Y=yes N=no U=unknown <input type="checkbox"/> 54588-9	ICU Admission Date _____ 95367-9 month day year		
If a translator was required, specify the patient's primary language: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DEM142	ICU Discharge Date _____ 95368-7 month day year		
Pregnant at time of event? Y=yes N=no U=unknown <input type="checkbox"/> 77996-7	If yes, trimester at illness onset: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 81271-9	Number Weeks Gestation <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 81270-1	
Did subject die from illness/complications of illness? 77978-5 Y=yes N=no U=unknown <input type="checkbox"/>			Date of Death _____ PID-29 month day year

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

This annotated worksheet is an NCI draft as of Oct 2022 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_2_MMG_F20220930).

CLINICAL INFORMATION

INFORMATION SOURCE 75521-5 for CLINICAL DATA	<input type="checkbox"/> Medical records <input type="checkbox"/> Patient interview <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify) _____	DATE of DIAGNOSIS 77975-1	_____ month day year
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TESTING REASON 67098-4	Asymptomatic testing	Screening	Unknown
	Contact investigation	Other (specify) _____	
	Community testing site	Symptomatic	

SARS-CoV-2 lineage designation or sublineage: INV1405	DATE FIRST POSITIVE SPECIMEN
If available, WHO Greek alphabet nomenclature is preferred for variants of concern (ex. Omicron A.1)	_____ month day year 95366-1

Symptoms present during course of illness? INV576 Y=yes N=no U=unknown **Did symptom(s) resolve?** Y=yes N=no U=unknown
 95383-6

Did the patient have another diagnosis/etiology for illness? 59455-6 Y=yes N=no U=unknown (if yes, specify) 81885-6 _____

SIGNS and SYMPTOMS 56831-1	Y	N	U	[Y=yes] INV919	Y	N	U	[N=no]	Y	N	U	[U=unknown]
				Abdominal pain				Subjective fever				Rigors
				Chest pain				Fever >100.4F (38C)				Runny nose
				Chills				Headache				Sore throat
				Cough				Inability to stay awake				Vomiting
				Cyanosis				Nausea				Wheezing
				Diarrhea				New confusion				Other (specify) _____
				Difficulty breathing				New olfactory disorder				_____
				Drowsy				New taste disorder				_____
				Dyspnea				Mental status change				Persistent pressure in chest
			F	Fatigue				Muscle aches				Unknown

CLINICAL FINDINGS 75321-0	Y	N	U	NA	[Y=yes; N=no; U=unknown] INV1314	Y	N	U	NA	[NA=not applicable] INV1314
					Acute respiratory distress syndrome (ARDS)					Other (specify) 59455-6 _____
						Abnormal electrocardiogram (EKG)				
					Abnormal chest x-ray					Unknown

TREATMENT TYPE 55753-8	Y	N	U	[Y=yes; N=no; U=unknown]	DURATION (days)	Y	N	U	INV1313	DURATION (days)
				Mechanical ventilation/intubation	67453-1				Other (specify) _____	67453-1
				ECMO					Unknown	

Did the case patient have underlying medical conditions and/or risk behaviors? Y=yes N=no U=unknown INV235

Underlying Conditions or Risk Factors INV1117 [Provide a response for each below: Y=yes; N=no; U=unknown] INV1118

CONDITION/DISORDER	Y/N/U	CONDITION/DISORDER	Y/N/U	CONDITION/DISORDER	Y/N/U	CONDITION/DISORDER	Y/N/U
Attention Deficit Hyperactivity Disorder		Chronic renal disease		Hypertension		Pulmonary embolism	
Autoimmune condition		Congenital heart disease		Idiopathic pulmonary fibrosis		Pulmonary hypertension	
Birth defects disorder		COPD		Immunosuppressive condition		Secondary immune deficiency	
Blood stem cell transplant		Coronary heart disease		Intellectual/developmental disability		Severe obesity (BMI ≥40)	
Bronchiectasis		Current smoker		Interstitial lung disease		Spinal cord injury	
Bronchopulmonary dysplasia		Cystic fibrosis		Former smoker		Stroke	
Cancer		Dementia		Learning disability		Substance abuse	
Cardiomyopathy		Depression		Longterm corticosteroid use		Tuberculosis	
Cardiovascular disease		Diabetes mellitus		Obesity		Unknown	
Cerebral palsy		Disability†		Organ transplant		Other chronic disease (specify)	
Cerebrovascular disease		Down syndrome		Overweight		_____	
Chemotherapy		Emphysema		Pregnanc		Other underlying (specify)	
Chronic bronchitis		Heart failure		Primary immune deficiency		_____	
Chronic liver disease		HIV infection		Psychological/psychiatric‡		_____	
Chronic lung disease		†If disability, type _____			‡If mental condition, type _____		

DEMOGRAPHIC INFORMATION

Tribal affiliation? Y=yes N=no U=unknown **Tribal Name** **Enrolled Tribe Name**
 95369-5 95370-3 67884-7

RESIDENCE at ILLNESS ONSET 75617-1	Acute care inpatient facility	Homeless shelter	Long term care facility	Other (specify) _____
	Apartment	Hotel	Mobile home	Outside (e.g., car, cardboard box, etc.)
	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 onset? Y=yes N=no U=unknown **If yes, select from below:**

HCP OCCUPATION TYPE INV1316	Environmental services	Nurse	HCP WORKPLACE SETTING 95372-9	Assisted living facility	Hospital
	Respiratory therapist	Physician		Long-term care facility	Nursing home
	Other	Unknown		Rehabilitation facility	Unknown
				Other (specify) _____	

EXPOSURE and IMPORTATION INFORMATION

In the 14 days prior to illness onset, did the patient have any of the following exposures: INV1085 (check all that apply)

Y	N	U	[Y=yes, N=no, U=unknown] INV1086	Y	N	U		Y	N	U	
			Airport/Airplane				Other (specify) _____				International travel
			Adult congregate living facility				Correctional facility				School/university
			Childcare facility				Domestic travel				
			Community event/mass gathering				Unknown exposures in the 14 days prior to illness onset				
			Animal (confirmed/suspected COVID-19)				Type animal 95376-0 _____				
			Workplace				Work 95373-7 critical infrastructure?				Setting (specify) 95374-5 _____
			Cruise ship or vessel travel as passenger				Name of ship(s) TRAVEL53 1) _____ 2) _____				
			Contact INV603 confirmed/probable COVID-19 case:				<input type="radio"/> community <input type="radio"/> healthcare associated <input type="radio"/> household <input type="radio"/> other _____ <input type="radio"/> Unknown				
			If contact with COVID-19 case, was this person a U.S. case?				95375-2 _____				Linked Case Number INV1124 _____

TRAVEL HISTORY	International Destinations 82764-2	Country 82764-2	Departure Date 82752-7	Pur Return Date TRAVEL08 (mm/dd/yyyy)
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		-----	-----	-----
	Domestic Destinations 82754-3	State 82754-3	Departure Date 82752-7	Return Date TRAVEL08 (mm/dd/yyyy)
		-----	-----	-----
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CASE DISEASE IMPORTED CODE 77982-7	<input type="checkbox"/> Indigenous	<input type="checkbox"/> In state, out of jurisdiction	<input type="checkbox"/> Unknown
	<input type="checkbox"/> International	<input type="checkbox"/> Out of state	<input type="checkbox"/> Yes, imported, but not able to determine source state/country

Imported Country INV153 **Imported State** INV154 **Imported County** INV156 **Imported City** INV155
Country of Exposure 77984-3 **State or Province of Exposure** 77985-0
County of Exposure 77987-6 **City of Exposure** 77986-8

Outbreak related? Y=yes N=no U=unknown **Outbreak Name** 77981-9 **Transmission Mode** 77989-2
 77980-1

Comments 77999-1

LABORATORY INFORMATION

Test Type	Test Result	Result Units	Test Result Quantitative	Date Specimen Collected	Specimen Type	Performing Laboratory Specimen ID	Performing Laboratory Type
INV290	INV291	LAB115	LAB628	68963-8 mm dd yyyy	31208-2	LAB202	82771-7

PERFORMING LABORATORY TYPE	SPECIMEN TYPE											
	1=CDC lab	1	Bacterial isolate	9	CSF	17	NP swab	25	Saliva	33	Swab	41
2=commercial lab	2	Blood	10	Crust	18	NP washing	26	Scab	34	Swab, skin lesion	42	Viral isolate
3=hospital lab	3	Body fluid	11	DNA	19	Nucleic acid	27	Serum	35	Swab, nasal sinus	43	Other
4=other clinical lab	4	BAL	12	Dried blood	20	Oral fluid	28	Skin lesion	36	Swab, vesicular	44	Unknown
5=public health	5	Buccal smear	13	Lesion	21	Oral swab	29	Specimen	37	Swab, internal		
6=VPD testing lab	6	Buccal swab	14	Macular scraping	22	Plasma	30	Lung (BAL wash)	38	Throat swab		
8=other	7	Capillary blood	15	Microbial isolate	23	Respiratory	31	Lavage	39	Tissue		
9=unknown	8	Cataract	16	NP aspirate	24	RNA	32	Stool	40	Urine		
10828004=Positive	TEST RESULT		255370002=Unsatisfactory			PHC401=No significant rise in IgG			PLR4366=SARS-CoV-2 B.1.1.7 (501Y.V1)			
260385009=Negative	I=Pending		385660001=Not done			PHC402=Significant rise in IgG			PLR4367=SARS-CoV-2 B.1.351 (501Y.V2)			
280414007=equivocal	OTH=Other (specify)		PHC126=Vaccine type strain			467951000124101= SARS CoV-2 B.1.1.7 (501Y.V1)			PLR4368=SARS-CoV-2 P.1 (501Y.V3) Gamma			
	UNK=Unknown		PHC127=Wild type strain			467961000124104= SARS CoV-2 B.1.351 (501Y.V2)			PLR4495=SARS-CoV2 B.1.617.2 (Delta)			
	82334004=Indeterminate		PHC2325=Other variant (specify)			467971000124106= SARS CoV-2 P.1 (501Y.V3)			PLR5346=SARS-CoV-2 B.1.1.529 (Omicron)			

VACCINATION HISTORY INFORMATION

Vaccinated (has the case patient ever received a vaccine against this disease)? VAC126 Y=yes N=no U=unknown

Number of doses against this disease received prior to illness onset? 0-6 99=unknown (doses) 82745-1

Date of last vaccine dose against this disease prior to illness onset? VAC142 _____ (mm/dd/yyyy)

Was the case patient vaccinated as recommended by the ACIP? VAC148 Y=yes N=no U=unknown

Vaccine Type	Vaccination Date	Vaccine Manufacturer	Vaccine Lot No.	National Drug Code	Vaccine Expiration Date	Vaccination Record Identifier	Vaccine Event Information Source	Vaccine Dose Number
30956-7	30952-6 month day year	30957-5	30959-1	VAC153	VAC109 month day year	VAC102	VAC147	30973-2

Vaccine Type	Vaccine Event Information Codes	Vaccine Manufacturer
206=Vaccinia, smallpox monkeypox, live attenuated, PF 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), 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 225=SARS-COV-2 (COVID-19), D614, preSdTM, ASO3 adjuvant, PF,5mcg/0.5mL dose 226=SARS-COV-2 (COVID-19), D614, preSdTM, ASO3 adjuvant, PF,10mcg/0.5mL dose 228=SARS-COV-2 (COVID-19), mRNA, spike protein, LNP, PF, pediatric,25mcg/0.25mL dose 229=SARS-COV-2 (COVID-19), mRNA, spike protein, LNP, PF, booster,50mcg/0.5mL dose 300=SARS-COV-2 (COVID-19), mRNA, spike protein, LNP, PF, booster,30mcg/0.3mL dose 301=SARS-COV-2 (COVID-19), mRNA, spike protein, LNP, PF, booster,10mcg/0.2mL dose 510=SARS-COV-2 (COVID-19), Inactivated Non-US (BIBP, Sinopharm) 511=SARS-COV-2 (COVID-19), Inactivated Non-US (Sinovac, CoronaVacc) 512=SARS COV-2 (COVID-19), VLP, Non-US (Medicago, Covifenz) 513=SARS-COV-2 (COVID-19), PS, Non-US (Anhui, Zhifei Longcom, Zifivax) 514=SARS COV-2 (COVID-19) DNA, Non-US-(Zyudus Cadila, ZyCoV-D) 515=SARS-COV-2 (COVID-19) PS, Non-US (Medigen, MVC-COV1901) 516=SARS-COV-2 (COVID-19), Inactivated Non-US (Minhai Biotechnology Co., KCONVAC) 517=SARS COV-2 (COVID-19), protein subunit, Non-US (Biological E Ltd, Corbevax) OTH=other (specify) UNK=unknown	00=New immunization record 01=Unspecified source (historical) 02=Other provider (historical) 05=Other registry (historical) 06=Birth certificate (historical) 07=School record (historical) 08=Public agency (historical) OTH=Other UNK=Unknown PHC1435=Patient/parent recall (historical) PHC1436=Patient/parent written record PHC1936=Immunization Information System PP=Primary care provider 184225006=Medical record	• ASZ=Astra Zeneca • BN=Bavarian Nordic • JSN=Janssen • MDO=Medicago • MOD=Moderna • NVX=Novavax • PFZ=Pfizer • PMC=Sanofi Pasteur • SNV=Sinovac • SPH=Sinopharm

Reason Not Vaccinated Per ACIP

- | | | | |
|------------------------------------|------------------------------------|--|---|
| 1=religious exemption | 5=MD diagnosis of previous disease | 9=unknown | 13=parent/patient unaware of recommendation |
| 2=medical contraindication | 6=too young | 10=parent/patient forgot to vaccinate | 14=missed opportunity |
| 3=philosophical objection | 7=parent/patient refusal | 11=vaccine record incomplete/unavailable | 15=foreign visitor |
| 4=lab evidence of previous disease | 8=other _____ | 12=parent/patient report of previous disease | 16=immigrant |
| | | | 17=vaccine not available |

Vaccine History Comments **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 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** (first) (last)**Person Reporting to CDC Email** @
Person Reporting to CDC Phone Number (____) _____**CLINICAL CASE DEFINITION[§]****Suspect**

- ♦ Meets supportive laboratory evidence[¶] OR
- ♦ Meets vital records criteria[#] with no confirmatory or presumptive laboratory evidence for SARS-CoV-2

Probable

- ♦ Meets presumptive^{**} laboratory evidence.

Confirmed

- ♦ Meets confirmatory^{**} laboratory evidence.

[¶]Detection of SARS-CoV-2 specific antigen by immunocytochemistry, OR
 Detection of SARS-CoV-2 RNA or specific antigen using a test performed without CLIA oversight.
[For suspect cases, jurisdictions may opt to place them in a registry for other epidemiological analyses or investigate to determine probable or confirmed status. Suspect cases should not be included in case counts]

[#]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.

^{**}Detection of SARS-CoV-2 specific antigen in a clinical or post-mortem specimen using a diagnostic test performed by a CLIA-certified provider.

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