



MDSS v2.0.0 Data Dictionary for Supplemental Disease Forms

December 2006

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Basic Intake Form

Investigation Information

Question: **Investigation ID** PHIN_code=INV173 Answer_Type=string

Question: **Part of an outbreak** PHIN_code=INV150 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=U

Question: **Outbreak Name** PHIN_code=INV151 Answer_Type=string

Question: **Referral Date** PHIN_code=INV177 Answer_Type=date

Question: **Investigation Status** PHIN_code=INV109 Answer_Type=code

Answer=New CodeValue=NEW

Answer=Active CodeValue=A

Answer=Completed CodeValue=C

Answer=Superseded CodeValue=SP

Answer=Cancelled CodeValue=CAN

Question: **Case Status** PHIN_code=INV163 Answer_Type=code

Answer=Confirmed CodeValue=C

Answer=Not a Case CodeValue=N

Answer=Probable CodeValue=P

Answer=Suspect CodeValue=S

Answer=Unknown CodeValue=U

Question: **Patient Status** PHIN_code=MDCH108 Answer_Type=code

Answer=Inpatient CodeValue=I

Answer=Outpatient CodeValue=O

Answer=Died CodeValue=D

Question: **Patient Status Date** PHIN_code=MDCH002 Answer_Type=date

Question: **Diagnosis Date** PHIN_code=INV136 Answer_Type=date

Question: **Onset Date** PHIN_code=INV137 Answer_Type=date

Patient Information

Question: **Patient ID** PHIN_code=DEM197 Answer_Type=string

Question: **First** PHIN_code=DEM104 Answer_Type=string

Question: **Last** PHIN_code=DEM102 Answer_Type=string

Question: **Middle** PHIN_code=DEM105 Answer_Type=string

Question: **Street Address** PHIN_code=DEM159 Answer_Type=string

Question: **City** PHIN_code=DEM161 Answer_Type=string

Question: **County** PHIN_code=DEM165 Answer_Type=code
(See Appendix A for county code values)

Question: **State** PHIN_code=DEM162 Answer_Type=code
(See Appendix B for state code values)

Question: **Zip** PHIN_code=DEM163 Answer_Type=string

Question: **Home Phone** PHIN_code=DEM177 Answer_Type=phone

Question: **Ext.** PHIN_code=DEM181 Answer_Type=number

Question: **Other Phone** PHIN_code=MDCH019 Answer_Type=phone

Question: **Ext.** PHIN_code=MDCH020 Answer_Type=number

Parent/Guardian Information

Question: **First** PHIN_code=MDCH017 Answer_Type=string

Question: **Last** PHIN_code=MDCH016 Answer_Type=string

Question: **Middle** PHIN_code=MDCH018 Answer_Type=string

Demographic Information

Question: **Sex** PHIN_code=DEM113 Answer_Type=code
 Answer=Male CodeValue=M
 Answer=Female CodeValue=F
 Answer=Unknown CodeValue=U

Question: **Date of Birth** PHIN_code=DEM115 Answer_Type=date

Question: **Age** PHIN_code=MDCH110 Answer_Type=number

Question: **Age Units** PHIN_code=DEM122 Answer_Type=code
 Answer=Days CodeValue=D
 Answer=Months CodeValue=M
 Answer=Years CodeValue=Y

Question: **Race** PHIN_code=DEM152 Answer_Type=code
 Answer=Caucasian CodeValue=2106-3
 Answer=African American CodeValue=2054-5
 Answer=American Indian/Alaska Native CodeValue=1002-5
 Answer=Hawaiian/Pacific Islander CodeValue=2076-8
 Answer=Asian CodeValue=2028-9
 Answer=Unknown CodeValue=U
 Answer=Other (Specify) CodeValue=2131-1 (PHIN_code = DEM152_2131_1_Other)

Question: **Ethnicity** PHIN_code=DEM156 Answer_Type=code
 Answer=Hispanic/Latino CodeValue=2135-2
 Answer=Non-Hispanic/Latino CodeValue=2186-5
 Answer=Unknown CodeValue=U

Question: **Worksites/School** PHIN_code=MDCH003 Answer_Type=string

Question: **Occupations/Grade** PHIN_code=DEM139 Answer_Type=string

Referral Information

Person Providing Referral

Question: **First** PHIN_code=MDCH022 Answer_Type=string

Question: **Last** PHIN_code=MDCH021 Answer_Type=string

Question: **Phone** PHIN_code=MDCH023 Answer_Type=phone

Question: **Ext.** PHIN_code=MDCH024 Answer_Type=number

Question: **Email** PHIN_code=DEM182 Answer_Type=string

Primary Physician

Question: **First** PHIN_code=MDCH026 Answer_Type=string

Question: **Last** PHIN_code=MDCH025 Answer_Type=string

Question: **Phone** PHIN_code=MDCH032 Answer_Type=phone

Question: **Ext.** PHIN_code=MDCH033 Answer_Type=number

Question: **Email** PHIN_code=DEM182a Answer_Type=string

Question: **Street Address** PHIN_code=MDCH027 Answer_Type=string

Question: **City** PHIN_code=MDCH028 Answer_Type=string

Question: **County** PHIN_code=MDCH029 Answer_Type=code
 (See Appendix A for county codes)

Question: **State** PHIN_code=MDCH031 Answer_Type=code
(See Appendix B for state codes)

Question: **Zip** PHIN_code=MDCH030 Answer_Type=string

Other Information

Question: **Local 1** PHIN_code=MDCH_LOCAL1 Answer_Type=string

Question: **Local 2** PHIN_code=MDCH_LOCAL2 Answer_Type=string

Question: **Name of Person interviewed** PHIN_code=MDCH082 Answer_Type=string

Question: **Relationship to patient** PHIN_code=MDCH075 Answer_Type=string

Question: **Date of interview** PHIN_code=MDCH083 Answer_Type=date

Question: **Submitted by:** PHIN_code=MDCH012 Answer_Type=string

Question: **Date** PHIN_code=INV121 Answer_Type=date

Question: **Health Department** PHIN_code=MDCH013 Answer_Type=code
(See Appendix C for Health Department/Jurisdiction codes)

Question: **Phone Number** PHIN_code=MDCH014 Answer_Type=phone

Question: **Ext.** PHIN_code=MDCH015 Answer_Type=number

Question: **Comments or Additional Information** PHIN_code=MDCH011 Answer_Type=text

Gastrointestinal Form

(Includes Amebiasis, Cryptosporidiosis, Listeriosis, Campylobacter, Salmonellosis, Cyclosporiasis, Giardiasis, Shigellosis, Foodborne Botulism, Escherichia coli O157:H7, Shiga toxin producing E. coli (Non O157:H7), Yersinia, Hemolytic Uremic Syndrome, Shiga toxin E. coli Unspecified)

Hospital Information

Question: **Patient Hospitalized** PHIN_code=INV128 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=U

Question: **Hospital** PHIN_code=INV129 Answer_Type=string

Question: **Hospital City** PHIN_code=MDCH144 Answer_Type=string

Question: **Hospital Record No.** PHIN_code=MDCH109 Answer_Type=string

Question: **Admission Date** PHIN_code=INV132 Answer_Type=date

Question: **Discharge Date** PHIN_code=INV133 Answer_Type=date

Question: **Days Hospitalized** PHIN_code=INV134 Answer_Type=number

Question: **Patient Died** PHIN_code=INV171 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Clinical Information

Question: **Date Recovered:** PHIN_code=MDCH121 Answer_Type=date

Question: **Symptoms** PHIN_code=MDCH111 Answer_Type=code
 Answer=No Symptoms CodeValue=NONE
 Answer=Abdominal Pain CodeValue=ABPAIN
 Answer=Body Ache CodeValue=BODYACHE
 Answer=Diarrhea CodeValue=DIARRHEA
 Answer=Diarrhea w/blood CodeValue=DIARRHEA_BLOOD
 Answer=Chills CodeValue=CHILLS
 Answer=Fatigue CodeValue=FATIGUE
 Answer=Headache CodeValue=HEADACHE

Answer=Nausea CodeValue=NAUSEA
 Answer=Vomiting CodeValue=VOMITING

Question: **Fever?** PHIN_code=MDCH100 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes, specify highest fever:** PHIN_code=MDCH101 Answer_Type=number

Question: **Scale** PHIN_code=MDCH102 Answer_Type=code
 Answer=F CodeValue=F
 Answer=C CodeValue=C

Question: **Other Symptoms?** PHIN_code=MDCH089 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes, please specify:** PHIN_code=MDCH099 Answer_Type=string

Laboratory Information

Question: **Specimen Collected** PHIN_code=LAB165 Answer_Type=code
 Answer=Blood CodeValue=BBL
 Answer=Stool CodeValue=STL
 Answer=Urine CodeValue=UR
 Answer=Other CodeValue=OTHER

Question: **Test Result** PHIN_code=LAB102 Answer_Type=string

Question: **Test Name** PHIN_code=LAB101 Answer_Type=string

Question: **Laboratory Name** PHIN_code=MDCH185 Answer_Type=string

Question: **Salmonella serotype:** PHIN_code=BMD131 Answer_Type=code
 *This question exists only on the Salmonella form

Answer=Typhimurium	CodeValue=TY
Answer=Enteritidis	CodeValue=EN
Answer=Newport	CodeValue=NE
Answer=Heidelberg	CodeValue=HE
Answer=Javiana	CodeValue=JA
Answer=Montevideo	CodeValue=MO
Answer=Muenchen	CodeValue=MU
Answer=Oranienburg	CodeValue=OR
Answer=Saintpaul	CodeValue=SA
Answer=Infantis	CodeValue=IN

Answer=Thompson	CodeValue=TH
Answer=Paratyphi B var.L(+)-tartrate+ (Formerly Java)	CodeValue=PA
Answer=Braenderup	CodeValue=BR
Answer=Agona	CodeValue=AG
Answer=Hadar	CodeValue=HA
Answer=Mississippi	CodeValue=MI
Answer=Berta	CodeValue=BE
Answer=I 4,[5],12:i:-	CodeValue=I4
Answer=Typhi	CodeValue=TP
Answer=Poona	CodeValue=PO
Answer=Other, specify:	CodeValue=OT (PHIN_code = BMD131_OT_Other)
Answer=Unknown	CodeValue=U

Epidemiologic Information

Question: **High Risk Potential** PHIN_code=MDCH116 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If Yes,** PHIN_code=MDCH117 Answer_Type=code

Answer=Contact with Confirmed Case	CodeValue=CC
Answer=Contact with Suspected Case	CodeValue=CS
Answer=Daycare Attendee	CodeValue=DCA
Answer=Food Handler	CodeValue=FH
Answer=Direct Patient Care Worker	CodeValue=DPC
Answer=Resident of Institutional Facility	CodeValue=RIF
Answer=Daycare Worker	CodeValue=DCW
Answer=Animal Handler	CodeValue=AH
Answer=Other	CodeValue=OT (PHIN_code = MDCH117_OT_Other)

Question: **Travel (in/out state or international) in the past month?** PHIN_code=MDCH118

Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If Yes, Location/Date:** PHIN_code=MDCH070 Answer_Type=string

Question: **Swimming in the past month?** PHIN_code=MDCH122 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If Yes, Location/Date:** PHIN_code=MDCH114 Answer_Type=string

Question: **Home:** PHIN_code=MDCH120a Answer_Type=code
 Answer=Municipal CodeValue=MUNICIPAL
 Answer=Well CodeValue=WELL
 Answer=Bottled CodeValue=BOTTLED
 Answer=Other CodeValue=OTHER (PHIN_code = MDCH120a_OTHER_Other)

Question: **Work:** PHIN_code=MDCH120b Answer_Type=code
 Answer=Municipal CodeValue=MUNICIPAL
 Answer=Well CodeValue=WELL
 Answer=Bottled CodeValue=BOTTLED
 Answer=Other CodeValue=OTHER (PHIN_code = MDCH120b_OTHER_Other)

Question: **Animal Contacts:** PHIN_code=MDCH119 Answer_Type=text

Contact Information

Question: **Name of Contact** PHIN_code=MDCH073 Answer_Type=string

Question: **Date of Onset** PHIN_code=MDCH077 Answer_Type=date

Question: **Address & Phone** PHIN_code=CTCT_ADDR_PH Answer_Type=string

Question: **Relation** PHIN_code=MDCH075a Answer_Type=string

Question: **Describe HIGH RISK factors** PHIN_code=CTCT_RISK Answer_Type=string

Food Purchased Information

Question: **Date** PHIN_code=MDCH090a Answer_Type=date

Question: **Name** PHIN_code=MDCH113a Answer_Type=string

Question: **Location** PHIN_code=MDCH114a Answer_Type=string

Question: **Food Purchased** PHIN_code=MDCH115a Answer_Type=text

Food Consumed Information

Question: **Date** PHIN_code=MDCH090b Answer_Type=date

Question: **Name** PHIN_code=MDCH113b Answer_Type=string

Question: **Food Consumed** PHIN_code=MDCH115b Answer_Type=text

Question: **Location/Event** PHIN_code=MDCH114b Answer_Type=string

Question: **Day 1/Date** PHIN_code=MDCH091_1 Answer_Type=string

Question: **Meal** PHIN_code=MDCH123 Answer_Type=code

Answer=Breakfast CodeValue=BREAKFAST

Answer=Lunch CodeValue=LUNCH

Answer=Dinner CodeValue=DINNER

Answer=Other/Snacks CodeValue=SNACK

Question: **Food/Beverage Consumed** PHIN_code=MDCH145 Answer_Type=text

Question: **Location** PHIN_code=MDCH124 Answer_Type=string

Question: **Day 2/Date** PHIN_code=MDCH091_2 Answer_Type=string

Question: **Meal** PHIN_code=MDCH123a Answer_Type=code

Answer=Breakfast CodeValue=BREAKFAST

Answer=Lunch CodeValue=LUNCH

Answer=Dinner CodeValue=DINNER

Answer=Other/Snacks CodeValue=SNACK

Question: **Food/Beverage Consumed** PHIN_code=MDCH145a Answer_Type=text

Question: **Location** PHIN_code=MDCH124a Answer_Type=string

Question: **Day 3/Date** PHIN_code=MDCH091_3 Answer_Type=string

Question: **Meal** PHIN_code=MDCH123b Answer_Type=code

Answer=Breakfast CodeValue=BREAKFAST

Answer=Lunch CodeValue=LUNCH

Answer=Dinner CodeValue=DINNER

Answer=Other/Snacks CodeValue=SNACK

Question: **Food/Beverage Consumed** PHIN_code=MDCH145b Answer_Type=text

Question: **Location** PHIN_code=MDCH124b Answer_Type=string

Fungal Disease (includes Blastomycosis, Coccidioid, Cryptococcosis, and Histoplasmosis)

Hospital Information

Question: **Patient Hospitalized** PHIN_code=INV128 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=U

Question: **Hospital** PHIN_code=INV129 Answer_Type=string

Question: **Hospital City** PHIN_code=MDCH144 Answer_Type=string

Question: **Hospital Record No.** PHIN_code=MDCH109 Answer_Type=string

Question: **Admission Date** PHIN_code=INV132 Answer_Type=date

Question: **Discharge Date** PHIN_code=INV133 Answer_Type=date

Question: **Days Hospitalized** PHIN_code=INV134 Answer_Type=number

Question: **Patient Died** PHIN_code=INV171 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Clinical Information

Question: **Date Recovered:** PHIN_code=MDCH121 Answer_Type=date

Question: **Symptoms** PHIN_code=SYMPTOMS Answer_Type=code

Answer=Arthralgias CodeValue=ART

Answer=Fever CodeValue=FEVER

Answer=Chills CodeValue=CHILLS

Answer=Cough CodeValue=COUGH

Answer=Night Sweats CodeValue=NGTSWT

Answer=Rash CodeValue=RASH

Answer=Chest Pain CodeValue=CHSTPN

Answer=Weight Loss CodeValue=WGHTLSS

Answer=Myalgias CodeValue=MYLGS

Answer=Headache CodeValue=HEADACHE

Answer=Shortness of Breath CodeValue=SHRTBRTH

Answer=Other

CodeValue=OTHER (PHIN_code = SYMPTOMS_OTHER_Other)

Question: **History of other Lung diseases?** PHIN_code=MDCH164 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **If yes, please describe** PHIN_code=MDCH190 Answer_Type=stringQuestion: **History of Tuberculosis?** PHIN_code=MDCH165 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **If Yes, please specify (date, treatment, skin test)** PHIN_code=MDCH191 Answer_Type=stringQuestion: **Smoking History (cigarettes, cigars, pipe):** PHIN_code=MDCH166 Answer_Type=stringQuestion: **Clinical Diagnosis Only (not laboratory confirmed)?** PHIN_code=MDCH163

Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Laboratory InformationQuestion: **Was a Chest X-ray performed?** PHIN_code=MDCH192 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **If yes, please specify the date:** PHIN_code=MDCH193 Answer_Type=dateQuestion: **If Yes, findings:** PHIN_code=MDCH194 Answer_Type=stringQuestion: **Was an Other X-ray performed** PHIN_code=MDCH195 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **If Yes, please specify the date:** PHIN_code=MDCH196 Answer_Type=dateQuestion: **If Yes, findings:** PHIN_code=MDCH197 Answer_Type=stringQuestion: **Was a Skin Test performed?** PHIN_code=MDCH198 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **If Yes, please specify the date:** PHIN_code=MDCH199 Answer_Type=date

Question: **If Yes, findings:** PHIN_code=MDCH200 Answer_Type=string

Question: **Culture** PHIN_code=MDCH201 Answer_Type=code

Answer=1	CodeValue=1
Answer=2	CodeValue=2
Answer=3	CodeValue=3

Question: **Specimen Type** PHIN_code=LAB165 Answer_Type=code

Answer=Blood	CodeValue=BBL
Answer=Sputum	CodeValue=SPT
Answer=Ulcer	CodeValue=ULC
Answer=Other	CodeValue=OTH

Question: **Specimen Collection Date** PHIN_code=LAB108 Answer_Type=date

Question: **Results** PHIN_code=LAB102 Answer_Type=string

Question: **Serology?** PHIN_code=MDCH168 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Sera** PHIN_code=MDCH159 Answer_Type=code

Answer=Acute Sera	CodeValue=INITIAL
Answer=Convalescent Sera	CodeValue=CONVAL

Question: **Date** PHIN_code=MDCH160 Answer_Type=date

Question: **Titer** PHIN_code=MDCH161 Answer_Type=string

Question: **Test** PHIN_code=LAB101 Answer_Type=string

Epidemiologic Information

Question: **Did the patient travel (out of state) in the 6 weeks prior to illness onset?**

PHIN_code=MDCH118	Answer_Type=code
Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If Yes, Location:** PHIN_code=MDCH070 Answer_Type=string

Question: **Are there any other household members reported to be ill with similar symptoms?**

PHIN_code=MDCH134	Answer_Type=code
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Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Name of Contact** PHIN_code=MDCH073 Answer_Type=string

Question: **Age** PHIN_code=MDCH372 Answer_Type=number

Question: **Date of Onset** PHIN_code=MDCH077 Answer_Type=date

Question: **Are there any other people with a similar illness known to the patient?**

PHIN_code=MDCH134a Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Name of Contact** PHIN_code=MDCH073a Answer_Type=string

Question: **Age** PHIN_code=MDCH110a Answer_Type=number

Question: **Date of Onset** PHIN_code=MDCH077a Answer_Type=date

Question: **Phone #** PHIN_code=CTCT_PHONE Answer_Type=phone

Question: **Exposure To** PHIN_code=MDCH169 Answer_Type=code

Answer=Barns (with pigeons)	CodeValue=BARN
Answer=Bats	CodeValue=BAT
Answer=Bat Droppings	CodeValue=BATDRP
Answer=Beaver Dams	CodeValue=BVRDM
Answer=Birds	CodeValue=BIRD
Answer=Bird Droppings	CodeValue=BRDDRP
Answer=Chicken Coops	CodeValue=CHKCOOP
Answer=Caves	CodeValue=CAVE
Answer=Other Poultry or Droppings	CodeValue=OTHR

Question: **Exposure** PHIN_code=MDCH087 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Comments** PHIN_code=MDCH081 Answer_Type=string

Invasive Group A Streptococcal Disease (includes Rheumatic Fever and Streptococcal Toxic Shock)

Hospital Information

Question: **Patient Hospitalized** PHIN_code=INV128 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=U

Question: **Hospital** PHIN_code=INV129 Answer_Type=string

Question: **Hospital City** PHIN_code=MDCH144 Answer_Type=string

Question: **Hospital Record No.** PHIN_code=MDCH109 Answer_Type=string

Question: **Admission Date** PHIN_code=INV132 Answer_Type=date

Question: **Admission Diagnosis** PHIN_code=MDCH084 Answer_Type=string

Question: **Discharge Date** PHIN_code=INV133 Answer_Type=date

Question: **Days Hospitalized** PHIN_code=INV134 Answer_Type=number

Question: **Patient Died** PHIN_code=INV171 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Clinical Information

Question: **Disease(s) caused by Group A Strep Infection:** PHIN_code=BMD118 Answer_Type=code

Answer=Sepsis CodeValue=SEPSIS

Answer=Pneumonia CodeValue=PNEU

Answer=Meningitis CodeValue=MENING

Answer=Peritonitis CodeValue=PERITON

Answer=Toxic Shock Syndrome CodeValue=STSS

Answer=Septic arthritis CodeValue=ARTHRIT

Answer=Osteomyelitis CodeValue=OSTEOMYE

Answer=Myositis CodeValue=MYSTS

Answer=Gangrene/necrotizing fasciitis CodeValue=NECRFASC

Answer=Cellulitis/Abscess Site: CodeValue=CELL (PHIN_code = BMD118_CELL_Other)

Answer=Surg. wound infection Site: CodeValue=SRGWND (PHIN_code = BMD118_SRGWND_Other)

Answer=Nonsurg. wound infection Site: CodeValue=NONSRGWND (PHIN_code = BMD118_NONSRGWND_Other)
 Answer=Other (specify) CodeValue=OTHSYN (PHIN_code = BMD118_OTHSYN_Other)

Question: **Date Recovered:** PHIN_code=INV138 Answer_Type=date

Question: **Symptoms** PHIN_code=MDCH111 Answer_Type=code
 Answer=Desquamation CodeValue=DESQ
 Answer=Syncope/Orthostatic sx. CodeValue=SYNC
 Answer=Diarrhea CodeValue=DIARRHEA
 Answer=Vomiting CodeValue=VOMITING
 Answer=Myalgia CodeValue=MYLGA
 Answer=Pharyngitis CodeValue=PHRGTS
 Answer=Injected tongue CodeValue=INJCTDTNG

Question: **Fever?** PHIN_code=MDCH100 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes, highest temperature:** PHIN_code=MDCH101 Answer_Type=string

Question: **Scale** PHIN_code=MDCH102 Answer_Type=code
 Answer=F CodeValue=F
 Answer=C CodeValue=C

Question: **Hypotension?** PHIN_code=MDCH148 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes, lowest systolic:** PHIN_code=MDCH202 Answer_Type=number

Question: **If yes, lowest diastolic:** PHIN_code=MDCH203 Answer_Type=number

Question: **Rash?** PHIN_code=MDCH135 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes, specify:** PHIN_code=MDCH146 Answer_Type=code
 Answer=Generalized CodeValue=G
 Answer=Focal CodeValue=F

Question: **Describe:** PHIN_code=MDCH147 Answer_Type=string

Laboratory Information

Question: **Culture** PHIN_code=MDCH201 Answer_Type=code
Answer=1 CodeValue=1
Answer=2 CodeValue=2
Answer=3 CodeValue=3

Question: **Specimen Type** PHIN_code=LAB165 Answer_Type=code
Answer=Blood CodeValue=BBL
Answer=Sputum CodeValue=SPT
Answer=Other Respiratory Tract CodeValue=ORT
Answer=Wound CodeValue=WND
Answer=CSF CodeValue=CSF
Answer=Joint Fluid CodeValue=JOINT
Answer=Bone CodeValue=BON
Answer=Other CodeValue=OTH

Question: **Date Specimen Collected** PHIN_code=LAB163 Answer_Type=date

Question: **If specimen type is 'Other', please specify:** PHIN_code=MDCH099 Answer_Type=string

Tick-Borne Rickettsial Disease

(includes Ehrlichiosis, Human Granulocytic Ehrlichiosis, Human Monocytic Ehrlichiosis, and Rocky Mountain Spotted Fever)

Hospital Information

Question: **Patient Hospitalized** PHIN_code=INV128 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=U

Question: **Hospital** PHIN_code=INV129 Answer_Type=string

Question: **Hospital City** PHIN_code=MDCH144 Answer_Type=string

Question: **Hospital Record No.** PHIN_code=MDCH109 Answer_Type=string

Question: **Admission Date** PHIN_code=INV132 Answer_Type=date

Question: **Discharge Date** PHIN_code=INV133 Answer_Type=date

Question: **Days Hospitalized** PHIN_code=INV134 Answer_Type=number

Clinical Information

Question: **Was a clinically compatible illness present (fever or rash, plus one or more of the following signs: headache, myalgia, anemia, thrombocytopenia, leukopenia, or elevated hepatic transaminases)** PHIN_code=MDCH134 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **Was an underlying immunosuppressive condition present?** PHIN_code=MDCH251
Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **If yes, specify condition(s):** PHIN_code=MDCH451 Answer_Type=string

Question: **Specify any life-threatening complications in the clinical course of this illness:**
PHIN_code=MDCH467 Answer_Type=code

Answer=Adult respiratory distress syndrome (ARDS)	CodeValue=1
Answer=Disseminated intravascular coagulopathy (DIC)	CodeValue=2
Answer=Meningitis/encephalitis	CodeValue=3
Answer=Renal failure	CodeValue=4
Answer=Other (specify)	CodeValue=8 (PHIN_code = MDCH467_8_Other)
Answer=None	CodeValue=9

Question: **Did the patient die because of this illness?** PHIN_code=MDCH290 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If Yes, date of death:** PHIN_code=INV146 Answer_Type=date

Laboratory Information

Question: **Name of Laboratory:** PHIN_code=MDCH185 Answer_Type=string

Question: **City:** PHIN_code=MDCH509 Answer_Type=string

Question: **State:** PHIN_code=MDCH510 Answer_Type=code
(See Appendix B for state codes)

Question: **Zip:** PHIN_code=MDCH511 Answer_Type=string

Question: **Test Name/Test Method** PHIN_code=LAB101 Answer_Type=string

Question: **Date Specimen Collected** PHIN_code=LAB163 Answer_Type=date

Question: **Titer** PHIN_code=LAB180 Answer_Type=string

Question: **Result** PHIN_code=LAB102 Answer_Type=code

Answer=Positive	CodeValue=1
Answer=Negative	CodeValue=2
Answer=Unknown	CodeValue=9

Question: **If acute/convalescent sera were tested, was there a fourfold change in antibody titer?**

PHIN_code=MDCH157 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Epidemiologic Information

Question: **CDC-ID** PHIN_code=MDCH004 Answer_Type=string

Question: **History of travel outside county of residence within 30 days of onset of symptoms?**

PHIN_code=MDCH284 Answer_Type=code

Answer=Yes

CodeValue=Y

Answer=No

CodeValue=N

Answer=Unknown

CodeValue=UNK

Tularemia / Q Fever

Hospital Information

Question: **Patient Hospitalized** PHIN_code=INV128 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=U

Question: **Hospital** PHIN_code=INV129 Answer_Type=string

Question: **Hospital City** PHIN_code=MDCH144 Answer_Type=string

Question: **Hospital Record No.** PHIN_code=MDCH109 Answer_Type=string

Question: **Admission Date** PHIN_code=INV132 Answer_Type=date

Question: **Discharge Date** PHIN_code=INV133 Answer_Type=date

Question: **Days Hospitalized** PHIN_code=INV134 Answer_Type=number

Question: **Patient Died** PHIN_code=INV171 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Clinical Information

Question: **This Onset was:** PHIN_code=MDCH170 Answer_Type=code
 Answer=Acute CodeValue=ACUTE
 Answer=Insidious CodeValue=Insidious
 Answer=Not Stated CodeValue=NOTSTATED

Question: **Duration of Current Illness (wks.):** PHIN_code=MDCH211 Answer_Type=string

Question: **Is this a recurrence of the illness?** PHIN_code=MDCH172 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes, original Onset Date:** PHIN_code=MDCH173 Answer_Type=date

Question: **Original Onset was:** PHIN_code=MDCH174 Answer_Type=code
 Answer=Acute CodeValue=ACUTE
 Answer=Insidious CodeValue=Insidious

Answer=Not Stated CodeValue=NOTSTATED

Question: **Symptoms** PHIN_code=SYMPTOMS Answer_Type=code

Answer=Fever	CodeValue=FEVER
Answer=Chills	CodeValue=CHILLS
Answer=Cough	CodeValue=COUGH
Answer=Weight Loss	CodeValue=WGTLSS
Answer=Sore Throat	CodeValue=SRETHRT
Answer=Chest Pain	CodeValue=CHSTPN
Answer=Headache	CodeValue=HEADACHE
Answer=Malaise	CodeValue=MLSE
Answer=Anorexia	CodeValue=ANRXIA
Answer=Cutaneous or Mucous Membrane Lesions	CodeValue=MMBRNLSN
Answer=Lymphadenopathy	CodeValue=LYMPH
Answer=Myalgia	CodeValue=MYLGIA
Answer=Arthralgia	CodeValue=ARTRLGA
Answer=Other	CodeValue=OTHER (PHIN_code=SYMPTOMS_OTHER_Other)

Question: **Present?** PHIN_code=MDCH171 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Duration** PHIN_code=MDCH052 Answer_Type=string

Question: **Specify other symptoms if present:** PHIN_code=MDCH212 Answer_Type=string

Laboratory Information

Question: **Date** PHIN_code=LAB108 Answer_Type=date

Question: **Test Name** PHIN_code=LAB101 Answer_Type=string

Question: **Results** PHIN_code=LAB102 Answer_Type=string

Epidemiologic Information

Question: **Residence:** PHIN_code=MDCH184 Answer_Type=code

Answer=Rural	CodeValue=RURAL
Answer=Suburban	CodeValue=SUBURB
Answer=Urban	CodeValue=URBAN

Question: **Probable source of infection:** PHIN_code=MDCH657 Answer_Type=string

Question: **Is case a hunter?** PHIN_code=MDCH175 Answer_Type=code

Answer=Yes	CodeValue=Y
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Answer=No CodeValue=N
Answer=Unknown CodeValue=UNK

Question: **Is case a trapper?** PHIN_code=MDCH176 Answer_Type=code

Answer=Yes CodeValue=Y
Answer=No CodeValue=N
Answer=Unknown CodeValue=UNK

Question: **What animal species did case have contact with during the 2 weeks prior to onset?**

PHIN_code=MDCH119 Answer_Type=text

Question: **Did case see any ticks or have any tick bites within 2 weeks of onset?** PHIN_code=MDCH177

Answer_Type=code

Answer=Yes CodeValue=Y
Answer=No CodeValue=N
Answer=Unknown CodeValue=UNK

Question: **Has case been in contact with any sick animals?** PHIN_code=MDCH134 Answer_Type=code

Answer=Yes CodeValue=Y
Answer=No CodeValue=N
Answer=Unknown CodeValue=UNK

Question: **If yes, list animals:** PHIN_code=MDCH119a Answer_Type=text

Question: **Has case been in contact with any unpasteurized milk?** PHIN_code=MDCH178

Answer_Type=code

Answer=Yes CodeValue=Y
Answer=No CodeValue=N
Answer=Unknown CodeValue=UNK

Question: **Was case present during delivery of baby farm animals?** PHIN_code=MDCH179

Answer_Type=code

Answer=Yes CodeValue=Y
Answer=No CodeValue=N
Answer=Unknown CodeValue=UNK

Question: **If yes, please describe:** PHIN_code=MDCH106 Answer_Type=string

Question: **Inhalation of dust?** PHIN_code=MDCH180 Answer_Type=code

Answer=Yes CodeValue=Y
Answer=No CodeValue=N
Answer=Unknown CodeValue=UNK

Question: **If yes, please describe:** PHIN_code=MDCH181 Answer_Type=string

Question: **Has case ingested any wild animal meat within the 2 weeks prior to onset?**

PHIN_code=MDCG182 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N
Answer=Unknown CodeValue=UNK

Question: **If yes, what species?** PHIN_code=MDCH145 Answer_Type=string

Question: **If yes, how was it prepared?** PHIN_code=MDCH145a Answer_Type=string

Question: **Contact with other sources of possible infection:** PHIN_code=MDCH183 Answer_Type=text

Viral CNS Infection

(includes Aseptic Meningitis, Paralytic Polio, Encephalitis Post Chickenpox, Encephalitis Post Mumps, Encephalitis Post Other, Primary Encephalitis, California Encephalitis, Eastern Equine Encephalitis, St. Louis Encephalitis, West Nile Virus, Western Equine Encephalitis, Yellow Fever, Powassan Encephalitis)

Hospital Information

Question: **Patient Hospitalized** PHIN_code=INV128 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=U

Question: **Hospital** PHIN_code=INV129 Answer_Type=string

Question: **Hospital City** PHIN_code=MDCH144 Answer_Type=string

Question: **Hospital Record No.** PHIN_code=MDCH109 Answer_Type=string

Question: **Admission Date** PHIN_code=INV132 Answer_Type=date

Question: **Discharge Date** PHIN_code=INV133 Answer_Type=date

Question: **Days Hospitalized** PHIN_code=INV134 Answer_Type=number

Question: **Patient Died** PHIN_code=INV171 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Clinical Information

Question: **Clinical Information from Attending Physician:** PHIN_code=MDCH111 Answer_Type=code

Answer=Confusion/memory loss CodeValue=MENTAL

Answer=Upper respiratory symptoms CodeValue=RESPIRATORY

Answer=Headache CodeValue=HEADACHE

Answer=Sensory abnormalities CodeValue=SENSORY

Answer=Rash CodeValue=RASH

Answer=Stiff neck/back CodeValue=STIFFNECK

Answer=Convulsion/tremor CodeValue=CONVULSION

Answer=Herpes sores (within 1 month) CodeValue=HERPES

Answer=Lethargy/somnolence CodeValue=LETHARGY

Answer=Photophobia CodeValue=PHOTOPHOBIA

Answer=Stupor/coma CodeValue=STUPOR

Question: **Fever?** PHIN_code=MDCH100 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes, specify highest temperature:** PHIN_code=MDCH101 Answer_Type=number

Question: **Scale** PHIN_code=MDCH102 Answer_Type=code
 Answer=F CodeValue=F
 Answer=C CodeValue=C

Question: **Muscle weakness/paralysis?** PHIN_code=MDCH088 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes, which muscles?** PHIN_code=MDCH112 Answer_Type=string

Question: **Other Symptoms?** PHIN_code=MDCH089 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes, please specify:** PHIN_code=MDCH099 Answer_Type=string

Question: **Other relevant clinical information:** PHIN_code=MDCH125 Answer_Type=text

Laboratory Information

Question: **Specimen Type** PHIN_code=LAB165 Answer_Type=code
 Answer=Acute Serum CodeValue=SER
 Answer=Convalescent Serum CodeValue=CSER
 Answer=Feces CodeValue=STL
 Answer=CSF CodeValue=CSF

Question: **Date Specimen Obtained** PHIN_code=LAB163 Answer_Type=date

Question: **Test Type** PHIN_code=LAB101 Answer_Type=string

Question: **Test Result** PHIN_code=LAB102 Answer_Type=string

Question: **Lumbar puncture/CSF examination:** PHIN_code=MDCH126 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If No, how was Diagnosis made?** PHIN_code=MDCH132 Answer_Type=string

Question: **CSF white blood count:** PHIN_code=MDCH127 Answer_Type=string

Question: **Differential:** PHIN_code=MDCH128 Answer_Type=string

Question: **Glucose:** PHIN_code=MDCh129 Answer_Type=string

Question: **Protein:** PHIN_code=MDCH130 Answer_Type=string

Question: **Bacterial antigens:** PHIN_code=MDCH131 Answer_Type=string

Epidemiologic Information

Question: **Does the patient know of anyone else with a similar illness?** PHIN_code=MDCH134
Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Was the patient exposed to anyone with a respiratory, gastro-intestinal, or rash illness?**

PHIN_code=MDCH135	Answer_Type=code
Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Name** PHIN_code=MDCH113 Answer_Type=string

Question: **Address** PHIN_code=MDCH186 Answer_Type=string

Question: **Phone #** PHIN_code=MDCH187 Answer_Type=phone

Question: **Was the patient pregnant or nursing?** PHIN_code=MDCH138 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Has the patient received an organ donation/blood transfusion?** PHIN_code=MDCH137

Answer_Type=code	
Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **What was the patient's Occupation during the last month?** PHIN_code=MDCH140

Answer_Type=string

Question: **Was there heavy exposure(s) to biting insects?** PHIN_code=MDCH136 Answer_Type=code

Answer=Yes	CodeValue=Y
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Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **What was the patient doing when they were most likely exposed to mosquito bites?**

PHIN_code=MDCH141 Answer_Type=string

Question: **During the last month, did the patient regularly wear mosquito repellent when outdoors?**

PHIN_code=MDCH142 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Location** PHIN_code=MDCH124a Answer_Type=string

Question: **Date** PHIN_code=MDCH0133a Answer_Type=date

Question: **Comments** PHIN_code=MDCH081 Answer_Type=string

Question: **Did the patient travel outside of Michigan?** PHIN_code=MDCH118 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **To Date** PHIN_code=MDCH0133 Answer_Type=date

Question: **From Date** PHIN_code=MDCH233 Answer_Type=date

Question: **Location** PHIN_code=MDCH124 Answer_Type=string

Question: **Comments** PHIN_code=MDCH200 Answer_Type=string

Question: **Has the patient ever received a vaccination for a flavivirus (Japanese encephalitis or Yellow Fever)?** PHIN_code=MDCH139 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Home Drinking Water:** PHIN_code=WATERSOURCE Answer_Type=code

Answer=Municipal CodeValue=MUNICIPAL
 Answer=Well CodeValue=WELL
 Answer=Bottled CodeValue=BOTTLED
 Answer=Other CodeValue=OTHER (PHIN_code = WATERSOURCE_OTHER_Other)

Question: **Home Sewage System:** PHIN_code=MDCH143 Answer_Type=code

Answer=Septic Tank CodeValue=SEPTIC
 Answer=Municipal CodeValue=MUNICIPAL
 Answer=Other CodeValue=OTHER (PHIN_code = MDCH143_OTHER_Other)

Hepatitis Base Form

(Includes Hepatitis A, Hepatitis B, Perinatal Hepatitis B, Hepatitis B Chronic, Hepatitis C Acute, Hepatitis C Chronic, Hepatitis C Unknown, Hepatitis D, Hepatitis E, Hepatitis Non A Non B, and Hepatitis Unspecified)

Hospital Information

Question: **Patient Hospitalized** PHIN_code=INV128 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=U

Question: **Hospital** PHIN_code=INV129 Answer_Type=string

Question: **Hospital City** PHIN_code=MDCH144 Answer_Type=string

Question: **Hospital Record No.** PHIN_code=MDCH109 Answer_Type=string

Question: **Admission Date** PHIN_code=INV132 Answer_Type=date

Question: **Discharge Date** PHIN_code=INV133 Answer_Type=date

Question: **Days Hospitalized** PHIN_code=INV134 Answer_Type=number

Clinical Information and Patient History

Question: **Place of Birth:** PHIN_code=HEP255 Answer_Type=code

Answer=USA CodeValue=USA

Answer=Other CodeValue=OT (PHIN_code = HEP255_OT_Other)

Question: **Did the patient die from hepatitis?** PHIN_code=INV171 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **If yes, specify the date of death:** PHIN_code=INV146 Answer_Type=date

Question: **Reason for Testing:** PHIN_code=HEP100 Answer_Type=code

Answer=Symptoms of acute hepatitis CodeValue=AHEP

Answer=Evaluation of elevated liver enzymes CodeValue=ENZYME

Answer=Screening of asymptomatic patient with reported risk factors CodeValue=RISK

Answer=Blood / Organ donor screening CodeValue=DNR

Answer=Screening of asymptomatic patient with no risk factors
(e.g., patient requested) CodeValue=NRISK

Answer=Follow-up testing for previous marker of viral hepatitis CodeValue=PVHEP

Answer=Prenatal screening CodeValue=PNS

Answer=Unknown
Answer=Other

CodeValue=UNK
CodeValue=OTH
(PHIN_code = HEP100_OTH_Other)

Question: **Is the patient symptomatic?** PHIN_code=HEP102 Answer_Type=code

Answer=Yes CodeValue=Y
Answer=No CodeValue=N
Answer=Unknown CodeValue=UNK

Question: **Is or was the patient jaundiced?** PHIN_code=HEP104 Answer_Type=code

Answer=Yes CodeValue=Y
Answer=No CodeValue=N
Answer=Unknown CodeValue=UNK

Question: **Is or was the patient pregnant?** PHIN_code=HEP106 Answer_Type=code

Answer=Yes CodeValue=Y
Answer=No CodeValue=N
Answer=Unknown CodeValue=UNK

Question: **If yes, specify the due or delivery date:** PHIN_code=HEP107 Answer_Type=date

Question: **Diagnosis:** PHIN_code=HEP128 Answer_Type=code

Answer=Acute hepatitis A CodeValue=1
Answer=Acute hepatitis B CodeValue=2
Answer=Acute hepatitis C CodeValue=3
Answer=Acute hepatitis E CodeValue=4
Answer=Chronic HBV infection CodeValue=5
Answer=HCV infection (chronic or resolved) CodeValue=6
Answer=Acute non-ABCD hepatitis CodeValue=7
Answer=Perinatal HBV infection CodeValue=8
Answer=Hepatitis Delta (co- or super-infection) CodeValue=9

Diagnostic Tests

Question: **Test Name** PHIN_code=MDCH232 Answer_Type=code

Answer=Total antibody, hepatitis A virus [total anti-HAV] CodeValue=TOTANTIHAV
Answer=IgM antibody to hepatitis A virus [IgM anti-HAV] CodeValue=IGMHAV
Answer=Hepatitis B surface antigen [HBsAg] CodeValue=HBSAG
Answer=Total antibody, hepatitis B core antigen [Total anti-HBc] CodeValue=TOTANTIHBc
Answer=IgM antibody, hepatitis B core antigen [IgM anti-HBc] CodeValue=IGMHBC
Answer=Antibody to hepatitis D virus [anti-HDV] CodeValue=ANTIHDV
Answer=Antibody to hepatitis E virus [anti-HEV] CodeValue=ANTIHEV
Answer=Antibody to hepatitis C virus [anti-HCV] CodeValue=ANTIHCv
Answer=Supplemental anti-HCV assay [e.g., RIBA] CodeValue=SUPANTIHCv
Answer=HCV RNA [e.g., PCR] CodeValue=HCVRNA

Question: **Result** PHIN_code=MDCH242 Answer_Type=code

Answer=Positive CodeValue=P
Answer=Negative CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **anti-HCV signal to cut-off ratio** PHIN_code=HEP116 Answer_Type=string

Liver Enzyme Levels at Time of Diagnosis

Question: **Test Name** PHIN_code=MDCH243 Answer_Type=code

Answer=ALT (SGPT) CodeValue=ALT (SGPT)

Answer=AST (SGOT) CodeValue=AST (SGOT)

Question: **Result** PHIN_code=MDCH244 Answer_Type=string

Question: **Upper Limit Normal** PHIN_code=MDCH245 Answer_Type=string

Question: **Date of Result** PHIN_code=MDCH246 Answer_Type=date

Hepatitis A

Epidemiologic Information

Question: **If this case has a diagnosis of hepatitis A that has not been serologically confirmed, is there an epidemiologic link between this patient and a laboratory-confirmed hepatitis A case?**

PHIN_code=HEP127 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Was the patient a contact of a person with confirmed or suspected hepatitis A virus infection?**

PHIN_code=HEP129 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, was the contact a:** PHIN_code=HEP130 Answer_Type=code

Answer=Household member (non-sexual)	CodeValue=H
Answer=Sex partner	CodeValue=S
Answer=Child cared for by this patient	CodeValue=C
Answer=Babysitter of this patient	CodeValue=B
Answer=Playmate	CodeValue=P
Answer=Other (specify)	CodeValue=O (PHIN_code = HEP130_Other)

Question: **Was the patient a child or employee in a day care center, nursery, or preschool?**

PHIN_code=HEP132 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Was the patient a household contact of a child or employee in a day care center, nursery, or preschool?** PHIN_code=HEP133 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes for either of those, was there an identified hepatitis A case in the child care facility?**

PHIN_code=HEP134 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **How many male sex partners did the patient have** PHIN_code=HEP135 Answer_Type=code

Answer=0	CodeValue=0
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Answer=1	CodeValue=1
Answer=2-5	CodeValue=2
Answer=>5	CodeValue=5
Answer=Unknown	CodeValue=U

Question: **How many female sex partners did the patient have** PHIN_code=HEP136

Answer_Type=code

Answer=0	CodeValue=0
Answer=1	CodeValue=1
Answer=2-5	CodeValue=2
Answer=>5	CodeValue=5
Answer=Unknown	CodeValue=U

Question: **Did the patient inject drugs not prescribed by a doctor** PHIN_code=HEP137

Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Did the patient use street drugs, but not inject** PHIN_code=HEP138 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Is the patient suspected as being part of a common-source outbreak?** PHIN_code=HEP143

Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If Yes, the type of outbreak with which the patient is associated:** PHIN_code=HEP144

Answer_Type=code

Answer=Foodborne - assoc. w/ an infected food handler	CodeValue=FA
Answer=Foodborne - NOT assoc. w/ an infected food handler	CodeValue=FNA
Answer=Source not identified	CodeValue=SNI
Answer=Waterborne	CodeValue=W

Question: **If the outbreak is foodborne and NOT associated with an infected food handler, specify food item:** PHIN_code=MDCH189 Answer_Type=string

Question: **Was the patient employed as a food handler during the two weeks prior to onset of symptoms or while ill?** PHIN_code=HEP146 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Did the patient travel outside of the U.S.A. or Canada in the two to six weeks before symptom onset?** PHIN_code=HEP139 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If Yes, where?** PHIN_code=HEP140 Answer_Type=code
(See Appendix D for Country code values)

Question: **Did anyone in the patient's household travel outside of the U.S.A. or Canada in the three months before symptom onset?** PHIN_code=HEP141 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If Yes, where?** PHIN_code=HEP142 Answer_Type=code
(See Appendix D for Country code values)

Vaccine History

Question: **Has patient ever received the hepatitis A vaccine?** PHIN_code=HEP147 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If Yes, how many doses of hepatitis A vaccine did the patient receive?** PHIN_code=HEP148
Answer_Type=code

Answer=One Dose	CodeValue=1
Answer=Two or More Doses	CodeValue=2

Question: **If Yes, what year was the last dose received?** PHIN_code=HEP149 Answer_Type=string

Question: **Has the patient ever received immune globulin?** PHIN_code=HEP150 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If Yes, when was the last dose received** PHIN_code=HEP151 Answer_Type=string

Acute Hepatitis B

Epidemiologic Information

Question: **Was the patient a contact of a person with confirmed or suspected acute or chronic hepatitis B virus infection?** PHIN_code=HEP152 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, type of contact** PHIN_code=HEP153 Answer_Type=code

Answer=Sexual	CodeValue=S
Answer=Household (Non-sexual)	CodeValue=H
Answer=Other	CodeValue=O (PHIN_code = HEP153_O_Other)

Question: **Did the patient inject drugs not prescribed by a doctor?** PHIN_code=HEP159

Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Did the patient use street drugs, but not inject?** PHIN_code=HEP160 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Did the patient undergo hemodialysis?** PHIN_code=HEP161 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Did the patient have an accidental stick or puncture with a needle or other object contaminated with blood?** PHIN_code=HEP162 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Did the patient receive blood or blood products (transfusion)?** PHIN_code=HEP163

Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, when?** PHIN_code=HEP164 Answer_Type=date

Question: **Did the patient receive any IV infusions and/or injections in the outpatient setting?**

PHIN_code=HEP252 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Did the patient have other exposure to someone else's blood?** PHIN_code=HEP165

Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes, specify:** PHIN_code=HEP166 Answer_Type=string

Question: **Was the patient employed in a medical or dental field involving direct contact with human blood?** PHIN_code=HEP167 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes, frequency of direct blood contact:** PHIN_code=HEP168 Answer_Type=code

Answer=Frequent (several times weekly) CodeValue=F
 Answer=Infrequent CodeValue=I

Question: **Was the patient employed as a public safety worker (fire fighter, law enforcement or correctional officer) having direct contact with human blood?** PHIN_code=HEP169

Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes, frequency of direct blood contact:** PHIN_code=HEP170 Answer_Type=code

Answer=Frequent (several times weekly) CodeValue=F
 Answer=Infrequent CodeValue=I

Question: **Did the patient receive a tattoo?** PHIN_code=HEP171 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes, where was the tattooing performed?** PHIN_code=HEP172 Answer_Type=code

Answer=Commercial parlor/shop CodeValue=CM
 Answer=Correctional facility CodeValue=CR
 Answer=Other (specify) CodeValue=OTH (PHIN_code = HEP172_OTH_Other)

Question: **Did the patient have any part of their body pierced (other than ear)?** PHIN_code=HEP174

Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **If yes, where was the piercing performed?** PHIN_code=HEP175 Answer_Type=code

Answer=Commercial parlor/shop CodeValue=CM

Answer=Correctional facility CodeValue=CR

Answer=Other (specify) CodeValue=OTH (PHIN_code = HEP175_OTH_Other)

Question: **Did the patient have dental work or oral surgery?** PHIN_code=HEP177 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **Did the patient have surgery (other than oral surgery)** PHIN_code=HEP178

Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **Was the patient hospitalized?** PHIN_code=HEP179 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=U

Question: **Was the patient a resident of a long term care facility?** PHIN_code=HEP180

Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **Was the patient incarcerated for longer than 24 hours?** PHIN_code=HEP181

Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **If yes, what type of facility?** PHIN_code=HEP182 Answer_Type=code

Answer=Jail CodeValue=J

Answer=Juvenile facility CodeValue=JF

Answer=Prison CodeValue=P

Question: **During his/her lifetime, was the patient EVER incarcerated for longer than 6 months?**

PHIN_code=HEP183 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **If yes, what year was the most recent incarceration?** PHIN_code=HEP184

Answer_Type=number

Question: **If yes, for how long?** PHIN_code=HEP185 Answer_Type=number

Question: **Was the patient EVER treated for a sexually transmitted disease?** PHIN_code=HEP157
Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, in what year was the most recent treatment?** PHIN_code=HEP158
Answer_Type=number

Question: **In the 6 months prior to symptom onset, how many male sex partners did the patient have?**
PHIN_code=HEP155 Answer_Type=code

Answer=0	CodeValue=0
Answer=1	CodeValue=1
Answer=2-5	CodeValue=2
Answer=>5	CodeValue=5
Answer=Unknown	CodeValue=U

Question: **In the 6 months prior to symptom onset, how many female sex partners did the patient have?**
PHIN_code=HEP156 Answer_Type=code

Answer=0	CodeValue=0
Answer=1	CodeValue=1
Answer=2-5	CodeValue=2
Answer=>5	CodeValue=5
Answer=Unknown	CodeValue=U

Vaccine History

Question: **Did the patient ever receive hepatitis B vaccine?** PHIN_code=HEP187 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, how many shots?** PHIN_code=HEP188 Answer_Type=code

Answer=1	CodeValue=1
Answer=2	CodeValue=2
Answer=3 or more	CodeValue=3+

Question: **In what year was the last shot received?** PHIN_code=HEP189 Answer_Type=number

Question: **Was the patient tested for antibody to HBsAg (anti-HBs) within 1-2 months after the last dose?**
PHIN_code=HEP190 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, was the serum anti-HBs \geq 10mIU/ml (answer 'yes' if the laboratory result was reported as 'positive' or 'reactive')** PHIN_code=HEP191 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Perinatal Hepatitis B

Epidemiologic Information

Question: **Race of Mother:** PHIN_code=HEP239 Answer_Type=code

Answer=Caucasian	CodeValue=2106-3
Answer=African American	CodeValue=2054-5
Answer=American Indian/Alaska Native	CodeValue=1002-5
Answer=Hawaiian/Pacific Islander	CodeValue=2076-8
Answer=Asian	CodeValue=2028-9
Answer=Unknown	CodeValue=U
Answer=Other (Specify)	CodeValue=2131-1 (PHIN_code = HEP239_2131_1_Other)

Question: **Ethnicity of Mother:** PHIN_code=HEP240 Answer_Type=code

Answer=Hispanic/Latino	CodeValue=2135-2
Answer=Non-Hispanic/Latino	CodeValue=2186-5
Answer=Unknown	CodeValue=U

Question: **Was Mother born outside of the United States?** PHIN_code=HEP241 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, what Country?** PHIN_code=HEP242 Answer_Type=code
(See Appendix D for Country codes)

Question: **Was the Mother confirmed HBsAg positive prior to or at time of delivery?**

PHIN_code=HEP243 Answer_Type=code	
Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If no, was the Mother confirmed HBsAg positive after delivery?** PHIN_code=HEP244

Answer_Type=code	
Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Date of HBsAg positive test result:** PHIN_code=HEP245 Answer_Type=date

Question: **How many doses of hepatitis B vaccine did the child receive?** PHIN_code=HEP246

Answer_Type=code	
Answer=Zero	CodeValue=0
Answer=1	CodeValue=1
Answer=2	CodeValue=2
Answer=3 or more	CodeValue=3+

MDSS Data Dictionary

Question: **Dose 1 Date** PHIN_code=HEP247 Answer_Type=date

Question: **Dose 2 Date** PHIN_code=HEP248 Answer_Type=date

Question: **Dose 3 Date** PHIN_code=HEP249 Answer_Type=date

Question: **Did the child receive hepatitis B immune globulin (HBIG)?** PHIN_code=HEP250
Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, on what date did the child receive HBIG?** PHIN_code=HEP251 Answer_Type=date

Hepatitis C Acute

Epidemiologic Information

Question: **Was the patient a contact of a person with confirmed or suspected acute or chronic hepatitis C virus infection?** PHIN_code=HEP192 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, type of contact** PHIN_code=HEP193 Answer_Type=code

Answer=Sexual	CodeValue=S
Answer=Household (Non-sexual)	CodeValue=H
Answer=Other	CodeValue=O

Question: **Did the patient inject drugs not prescribed by a doctor?** PHIN_code=HEP209
Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Did the patient use street drugs, but not inject?** PHIN_code=HEP210 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Did the patient undergo hemodialysis?** PHIN_code=HEP211 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Did the patient have an accidental stick or puncture with a needle or other object contaminated with blood?** PHIN_code=HEP212 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Did the patient receive blood or blood products (transfusion)?** PHIN_code=HEP213
Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, when?** PHIN_code=HEP214 Answer_Type=date

Question: **Did the patient receive any IV infusions and/or injections in the outpatient setting?**

PHIN_code=HEP253 Answer_Type=code

Answer=Yes CodeValue=Y
Answer=No CodeValue=N
Answer=Unknown CodeValue=UNK

Question: **Did the patient have other exposure to someone else's blood?** PHIN_code=HEP215

Answer_Type=code

Answer=Yes CodeValue=Y
Answer=No CodeValue=N
Answer=Unknown CodeValue=UNK

Question: **If yes, specify:** PHIN_code=HEP216 Answer_Type=string

Question: **Was the patient employed in a medical or dental field involving direct contact with human blood?** PHIN_code=HEP199 Answer_Type=code

Answer=Yes CodeValue=Y
Answer=No CodeValue=N
Answer=Unknown CodeValue=UNK

Question: **If yes, frequency of direct blood contact:** PHIN_code=HEP200 Answer_Type=code

Answer=Frequent (several times weekly) CodeValue=F
Answer=Infrequent CodeValue=I

Question: **Was the patient employed as a public safety worker (fire fighter, law enforcement or correctional officer) having direct contact with human blood?** PHIN_code=HEP201

Answer_Type=code

Answer=Yes CodeValue=Y
Answer=No CodeValue=N
Answer=Unknown CodeValue=UNK

Question: **If yes, frequency of direct blood contact:** PHIN_code=HEP202 Answer_Type=code

Answer=Frequent (several times weekly) CodeValue=F
Answer=Infrequent CodeValue=I

Question: **Did the patient receive a tattoo?** PHIN_code=HEP203 Answer_Type=code

Answer=Yes CodeValue=Y
Answer=No CodeValue=N
Answer=Unknown CodeValue=UNK

Question: **If yes, where was the tattooing performed?** PHIN_code=HEP204 Answer_Type=code

Answer=Commercial parlor/shop CodeValue=CM
Answer=Correctional facility CodeValue=CR
Answer=Other (specify) CodeValue=OTH (PHIN_code = HEP204_OTH_Other)

Question: **Did the patient have any part of their body pierced (other than ear)?** PHIN_code=HEP206

Answer_Type=code

Answer=Yes CodeValue=Y

MDSS Data Dictionary

Answer=No CodeValue=N
Answer=Unknown CodeValue=UNK

Question: **If yes, where was the piercing performed?** PHIN_code=HEP207 Answer_Type=code

Answer=Commercial parlor/shop CodeValue=CM
Answer=Correctional facility CodeValue=CR
Answer=Other (specify) CodeValue=OTH (PHIN_code = HEP207_OTH_Other)

Question: **Did the patient have dental work or oral surgery?** PHIN_code=HEP217 Answer_Type=code

Answer=Yes CodeValue=Y
Answer=No CodeValue=N
Answer=Unknown CodeValue=UNK

Question: **Did the patient have surgery (other than oral surgery)** PHIN_code=HEP218

Answer_Type=code

Answer=Yes CodeValue=Y
Answer=No CodeValue=N
Answer=Unknown CodeValue=UNK

Question: **Was the patient hospitalized?** PHIN_code=HEP219 Answer_Type=code

Answer=Yes CodeValue=Y
Answer=No CodeValue=N
Answer=Unknown CodeValue=U

Question: **Was the patient a resident of a long term care facility?** PHIN_code=HEP220

Answer_Type=code

Answer=Yes CodeValue=Y
Answer=No CodeValue=N
Answer=Unknown CodeValue=UNK

Question: **Was the patient incarcerated for longer than 24 hours?** PHIN_code=HEP221

Answer_Type=code

Answer=Yes CodeValue=Y
Answer=No CodeValue=N
Answer=Unknown CodeValue=UNK

Question: **If yes, what type of facility?** PHIN_code=HEP222 Answer_Type=code

Answer=Prison CodeValue=P
Answer=Jail CodeValue=J
Answer=Juvenile facility CodeValue=JF

Question: **During his/her lifetime, was the patient EVER incarcerated for longer than 6 months?**

PHIN_code=HEP223 Answer_Type=code

Answer=Yes CodeValue=Y
Answer=No CodeValue=N
Answer=Unknown CodeValue=UNK

MDSS Data Dictionary

Question: **If yes, what year was the most recent incarceration?** PHIN_code=HEP224
Answer_Type=number

Question: **If yes, for how long?** PHIN_code=HEP225 Answer_Type=number

Question: **Was the patient EVER treated for a sexually transmitted disease?** PHIN_code=HEP197
Answer_Type=code
Answer=Yes CodeValue=Y
Answer=No CodeValue=N
Answer=Unknown CodeValue=UNK

Question: **If yes, in what year was the most recent treatment?** PHIN_code=HEP198
Answer_Type=string

Question: **In the 6 months prior to symptom onset, how many male sex partners did the patient have?**
PHIN_code=HEP195 Answer_Type=code
Answer=0 CodeValue=0
Answer=1 CodeValue=1
Answer=2-5 CodeValue=2
Answer=>5 CodeValue=5
Answer=Unknown CodeValue=U

Question: **In the 6 months prior to symptom onset, how many female sex partners did the patient have?**
PHIN_code=HEP196 Answer_Type=code
Answer=0 CodeValue=0
Answer=1 CodeValue=1
Answer=2-5 CodeValue=2
Answer=>5 CodeValue=5
Answer=Unknown CodeValue=U

Hepatitis C Chronic

Epidemiologic Information

Question: **Did the patient receive a blood transfusion prior to 1992?** PHIN_code=HEP227

Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Did the patient receive an organ transplant prior to 1992?** PHIN_code=HEP228

Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Did the patient receive clotting factor concentrates produced prior to 1987?**

PHIN_code=HEP229 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Was the patient ever on long-term hemodialysis?** PHIN_code=HEP230 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Has the patient ever injected drugs not prescribed by a doctor even if only once or a few times?**

PHIN_code=HEP231 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **How many sex partners has the patient had (approximate lifetime)?** PHIN_code=HEP232

Answer_Type=number

Question: **Was the patient ever incarcerated?** PHIN_code=HEP233 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Was the patient ever treated for a sexually transmitted disease?** PHIN_code=HEP234

Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Was the patient ever a contact of a person who had hepatitis?** PHIN_code=HEP235

Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, type of contact:** PHIN_code=HEP236 Answer_Type=code

Answer=Sexual	CodeValue=S
Answer=Household (Non-sexual)	CodeValue=H
Answer=Other (specify)	CodeValue=O (PHIN_code = HEP236_O_Other)

Question: **Was the patient ever employed in a medical or dental field involving direct contact with human blood?** PHIN_code=HEP238 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Brucellosis

Clinical Information

Question: **This Onset was:** PHIN_code=MDCH170 Answer_Type=code
 Answer=Acute CodeValue=1
 Answer=Insidious CodeValue=2
 Answer=Not Stated CodeValue=9

Question: **Duration of Current Illness (wks.):** PHIN_code=MDCH211 Answer_Type=string

Question: **Is this a recurrence of the illness?** PHIN_code=MDCH172 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If Recurrence, Date of Original Onset :** PHIN_code=MDCH173 Answer_Type=date

Question: **Original Onset was:** PHIN_code=MDCH174 Answer_Type=code
 Answer=Acute CodeValue=1
 Answer=Insidious CodeValue=2
 Answer=Not Stated CodeValue=9

Question: **Symptoms** PHIN_code=SYMPTOMS Answer_Type=code
 Answer=Fever, Intermittent CodeValue=FI
 Answer=Fever, Constant CodeValue=FC
 Answer=Chills CodeValue=C
 Answer=Weight Loss CodeValue=W
 Answer=Sweating CodeValue=S
 Answer=Body Ache CodeValue=B
 Answer=Weakness CodeValue=WK
 Answer=Headache CodeValue=H
 Answer=Malaise CodeValue=M
 Answer=Anorexia CodeValue=AX
 Answer=Abscess (Bone, Joint, Muscle) CodeValue=AB
 Answer=Other CodeValue=O (PHIN_code = SYMPTOMS_O_Other)

Question: **Present?** PHIN_code=MDCH171 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Duration or Severity** PHIN_code=MDCH052 Answer_Type=string

Question: **If Other, specify:** PHIN_code=MDCH212 Answer_Type=string

Question: **Therapy Type** PHIN_code=THERAPY Answer_Type=code
 Answer=Tetracycline CodeValue=T
 Answer=Streptomycin CodeValue=S
 Answer=Sulfonamides CodeValue=SF
 Answer=Bed Rest CodeValue=B
 Answer=Other CodeValue=O (PHIN_code = THERAPY_O_Other)

Question: **Therapy?** PHIN_code=MDCH171a Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Duration** PHIN_code=MDCH052a Answer_Type=string

Question: **Route of Administration** PHIN_code=MDCH515 Answer_Type=string

Question: **If Other, specify:** PHIN_code=MDCH451 Answer_Type=string

Laboratory Information

Question: **Test Name/Test Method** PHIN_code=LAB101 Answer_Type=string

Question: **Date Specimen Collected** PHIN_code=LAB163 Answer_Type=date

Question: **Result** PHIN_code=LAB102 Answer_Type=string

Question: **Laboratory Name** PHIN_code=LAB180 Answer_Type=string

Epidemiologic Information

Question: **Type of Work or Activity at Onset:** PHIN_code=MDCH069 Answer_Type=string

Question: **Animal Contact within 6 Months Prior to Onset:** PHIN_code=MDCH431 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If Yes, specify place and dates:** PHIN_code=MDCH119 Answer_Type=string

Commercial Establishments

Question: **Animal Contact** PHIN_code=MDCH169b Answer_Type=code
 Answer=Cattle (Beef) CodeValue=B
 Answer=Cattle (Dairy) CodeValue=D
 Answer=Swine CodeValue=S
 Answer=Other CodeValue=O (PHIN_code = MDCH169b_O_Other)

Question: **Brucellosis Status** PHIN_code=MDCH171b Answer_Type=code

Answer=Present	CodeValue=1
Answer=Not Present	CodeValue=2
Answer=Under Investigation	CodeValue=3
Answer=Unknown	CodeValue=9

Question: **Abortions Noted** PHIN_code=MDCH313b Answer_Type=string

Question: **If Other, specify:** PHIN_code=MDCH212a Answer_Type=string

Family Owned Animals

Question: **Animal Contact** PHIN_code=MDCH169c Answer_Type=code

Answer=Cattle (Beef)	CodeValue=B
Answer=Cattle (Dairy)	CodeValue=D
Answer=Swine	CodeValue=S
Answer=Other	CodeValue=O (PHIN_code = MDCH169c_O_Other)

Question: **Brucellosis Status** PHIN_code=MDCH171c Answer_Type=code

Answer=Present	CodeValue=1
Answer=Not Present	CodeValue=2
Answer=Under Investigation	CodeValue=3
Answer=Unknown	CodeValue=9

Question: **Abortions Noted** PHIN_code=MDCH313c Answer_Type=string

Question: **If Other, specify:** PHIN_code=MDCH212b Answer_Type=string

Use of Milk or Milk Products

Question: **Type of Product** PHIN_code=PRODUCT Answer_Type=string

Question: **Pasteurized?** PHIN_code=MDCH171d Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Date of Last Consumption Prior to Onset** PHIN_code=MDCH0133 Answer_Type=date

Question: **Source of MILK** PHIN_code=MDCH052c Answer_Type=string

Question: **Exposure to Brucella Vaccine?** PHIN_code=MDCH307 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If Yes, Date and Type of Exposure:** PHIN_code=MDCH487 Answer_Type=string

Question: **County Under Control Program?** PHIN_code=MDCH516 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, indicate:** PHIN_code=MDCH255 Answer_Type=code

Answer=Modified Certified (Bovine)	CodeValue=M
Answer=Certified Free (Bovine)	CodeValue=F
Answer=Validated (Swine)	CodeValue=V

Chlamydia

Referral Information

Question: Information Source:	PHIN_code=INV112	Answer_Type=code
Answer=01	HIV Counseling and Testing Site	CodeValue=01
Answer=02	STD Clinic	CodeValue=02
Answer=03	Drug Treatment Clinic	CodeValue=03
Answer=04	Family Planning/Planned Parenthood	CodeValue=04
Answer=05	Prenatal/Obstetrics	CodeValue=05
Answer=06	Tuberculosis Clinic	CodeValue=06
Answer=07	Other Public Clinic	CodeValue=07
Answer=08	Private Physician/HMO	CodeValue=08
Answer=09	Hospital Inpatient	CodeValue=09
Answer=10	Emergency Room	CodeValue=10
Answer=11	Correctional Facility	CodeValue=11
Answer=12	Laboratory	CodeValue=12
Answer=13	Blood Bank	CodeValue=13
Answer=14	Delivery	CodeValue=14
Answer=15	Prenatal	CodeValue=15
Answer=16	Job Corps	CodeValue=16
Answer=17	School-Based Clinic	CodeValue=17
Answer=18	Mental Health Provider	CodeValue=18
Answer=66	Indian Health Service	CodeValue=66
Answer=77	Military	CodeValue=77
Answer=88	Other	CodeValue=88
Answer=99	Unknown	CodeValue=99

Laboratory Information

Question: **Name of Laboratory:** PHIN_code=MDCH185 Answer_Type=string

Question: **Phone:** PHIN_code=MDCH554 Answer_Type=phone

Question: **Ext.:** PHIN_code=MDCH555 Answer_Type=number

Question: **Street Address:** PHIN_code=MDCH556 Answer_Type=string

Question: **City:** PHIN_code=MDCH509 Answer_Type=string

Question: **County:** PHIN_code=MDCH557 Answer_Type=code
(See Appendix A for County codes)

Question: **State:** PHIN_code=MDCH510 Answer_Type=code
(See Appendix B for State codes)

Question: **Zip:** PHIN_code=MDCH511 Answer_Type=string

Question: **Laboratory Test:** PHIN_code=LAB101 Answer_Type=code
 Answer=Culture CodeValue=01
 Answer=Nucleic Acid Amplification Test (NAAT) CodeValue=03
 Answer=Nucleic Acid Hybridization (DNA or RNA Probe) CodeValue=04
 Answer=Enzyme Immunoassay Test (EIA) CodeValue=05
 Answer=Direct Fluorescent Antibody Test (DFA) CodeValue=06
 Answer=Other (specify): CodeValue=07 (PHIN_code = LAB101_07_Other)
 Answer=Unknown CodeValue=UNK

Specimen Information

Question: **Date Specimen Taken:** PHIN_code=LAB163 Answer_Type=date

Question: **Date of Laboratory Results:** PHIN_code=LAB108 Answer_Type=date

Question: **Site of Specimen:** PHIN_code=LAB166 Answer_Type=code

Answer=Urethra CodeValue=01
 Answer=Cervix CodeValue=02
 Answer=Rectum CodeValue=03
 Answer=Pharynx CodeValue=04
 Answer=Eye CodeValue=05
 Answer=Vagina CodeValue=06
 Answer=Urine CodeValue=07
 Answer=Other (specify): CodeValue=08 (PHIN_code = LAB166_08_Other)
 Answer=Unknown CodeValue=UNK

Provider Name

Question: **First:** PHIN_code=MDCH558 Answer_Type=string

Question: **Last:** PHIN_code=MDCH559 Answer_Type=string

Question: **Phone:** PHIN_code=MDCH560 Answer_Type=phone

Question: **Ext.:** PHIN_code=MDCH561 Answer_Type=number

Question: **Email:** PHIN_code=MDCH562 Answer_Type=string

Question: **Institution Name:** PHIN_code=MDCH563 Answer_Type=string

Question: **Street Address:** PHIN_code=MDCH564 Answer_Type=string

Question: **City:** PHIN_code=MDCH565 Answer_Type=string

Question: **County:** PHIN_code=MDCH566 Answer_Type=code
 (See Appendix A for County codes)

Question: **State:** PHIN_code=MDCH567 Answer_Type=code

(See Appendix B for State codes)

Question: **Zip:** PHIN_code=MDCH568 Answer_Type=string

Treatment Information

Question: **Has patient been treated for THIS infection?** PHIN_code=MDCH277 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes, date of treatment:** PHIN_code=MDCH193 Answer_Type=date

Question: **Specify DRUG/DOSAGE:** PHIN_code=MDCH470 Answer_Type=code
 Answer=1 G Azithromycin CodeValue=AZI
 Answer=100mg Doxycycline 2x/day for 7 days CodeValue=DOX
 Answer=500mg Erythromycin 4x/day for 7 days CodeValue=ER5
 Answer=800 mg Erythromycin 4x/day for 7 days CodeValue=ER8
 Answer=500mg Levofloxacin for 7 days CodeValue=LEV
 Answer=Other (specify): CodeValue=OTH (PHIN_code = MDCH470_OTH_Other)
 Answer=Unknown CodeValue=UNK

Treated by Provider

Question: **First:** PHIN_code=MDCH569 Answer_Type=string

Question: **Last:** PHIN_code=MDCH570 Answer_Type=string

Question: **Phone:** PHIN_code=MDCH571 Answer_Type=phone

Question: **Ext.:** PHIN_code=MDCH572 Answer_Type=number

Question: **Email:** PHIN_code=MDCH573 Answer_Type=string

Question: **Street Address:** PHIN_code=MDCH574 Answer_Type=string

Question: **City:** PHIN_code=MDCH575 Answer_Type=string

Question: **County:** PHIN_code=MDCH576 Answer_Type=code
 (See Appendix A for County codes)

Question: **State:** PHIN_code=MDCH577 Answer_Type=code
 (See Appendix B for State codes)

Question: **Zip:** PHIN_code=MDCH578 Answer_Type=string

Co-Infection Information

Question: **Does This Patient Also Have A Gonorrhea Co-Infection?** PHIN_code=MDCH347

Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, does the gonorrhea case need to be created on MDSS?** PHIN_code=MDCH591

Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N

Question: **Has this patient been treated for THIS infection?** PHIN_code=MDCH086 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, date of treatment:** PHIN_code=MDCH104 Answer_Type=date

Question: **Specify DRUG/DOSAGE:** PHIN_code=MDCH336 Answer_Type=code

Answer=400mg Cefixime	CodeValue=400CEF
Answer=125mg IM Ceftriaxone	CodeValue=125CEF
Answer=250mg IM Ceftriaxone	CodeValue=250CEF
Answer=500mg Ciprofloxacin	CodeValue=500CIP
Answer=250mg Levofloxacin	CodeValue=250LEV
Answer=2g IM Spectinomycin	CodeValue=2SPE
Answer=Other (specify):	CodeValue=OTH (PHIN_code = MDCH336_OTH_Other)
Answer=Unknown	CodeValue=UNK

Treated by Provider

Question: **First:** PHIN_code=MDCH579 Answer_Type=string

Question: **Last:** PHIN_code=MDCH580 Answer_Type=string

Question: **Phone:** PHIN_code=MDCH581 Answer_Type=phone

Question: **Ext.:** PHIN_code=MDCH582 Answer_Type=number

Question: **Email:** PHIN_code=MDCH583 Answer_Type=string

Question: **Street Address:** PHIN_code=MDCH584 Answer_Type=string

Question: **City:** PHIN_code=MDCH585 Answer_Type=string

Question: **County:** PHIN_code=MDCH586 Answer_Type=code
(See Appendix A for County codes)

Question: **State:** PHIN_code=MDCH587 Answer_Type=code

(See Appendix B for State codes)

Question: **Zip:** PHIN_code=MDCH588 Answer_Type=string

Cholera and Other Vibrio Illness

Hospital Information

Question: **Patient Hospitalized** PHIN_code=INV128 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=U

Question: **Hospital** PHIN_code=INV129 Answer_Type=string

Question: **Hospital City** PHIN_code=MDCH144 Answer_Type=string

Question: **Hospital Record No.** PHIN_code=MDCH109 Answer_Type=string

Question: **Admission Date** PHIN_code=INV132 Answer_Type=date

Question: **Discharge Date** PHIN_code=INV133 Answer_Type=date

Question: **Days Hospitalized** PHIN_code=INV134 Answer_Type=number

Question: **Patient Died** PHIN_code=INV171 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes, date of death:** PHIN_code=INV146 Answer_Type=date

Clinical Information

Question: **Time of onset of first symptoms:** PHIN_code=MDCH447 Answer_Type=string

Question: **AM or PM** PHIN_code=MDCH521 Answer_Type=code
 Answer=AM CodeValue=1
 Answer=PM CodeValue=2

Question: **Total duration of illness (days):** PHIN_code=MDCH052 Answer_Type=number

Question: **Fever?** PHIN_code=MDCH100 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes, specify highest temperature:** PHIN_code=MDCH101 Answer_Type=number

Question: **Scale** PHIN_code=MDCH102 Answer_Type=code

Answer=F CodeValue=F
 Answer=C CodeValue=C

Question: **Signs and Symptoms** PHIN_code=SYMPTOMS Answer_Type=code

Answer=Nausea CodeValue=1
 Answer=Vomiting CodeValue=2
 Answer=Diarrhea (max. no. stools/24 hours): CodeValue=3 (PHIN_code = SYMPTOMS_3_Other)
 Answer=Visible blood in stools CodeValue=4
 Answer=Abdominal cramps CodeValue=5
 Answer=Cellulitis (site): CodeValue=8 (PHIN_code = SYMPTOMS_8_Other)
 Answer=Headache CodeValue=6
 Answer=Muscle pain CodeValue=7
 Answer=Bullae (site): CodeValue=9 (PHIN_code = SYMPTOMS_9_Other)
 Answer=Shock (systolic BP <90) CodeValue=10
 Answer=Other (specify): CodeValue=11 (PHIN_code = SYMPTOMS_11_Other)

Question: **Any sequelae (e.g., amputation, skin graft)** PHIN_code=MDCH450 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes, please describe:** PHIN_code=MDCH181 Answer_Type=string

Question: **Did the patient take an antibiotic as treatment for this illness?** PHIN_code=MDCH088

Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Name(s) of Antibiotic(s)** PHIN_code=MDCH107 Answer_Type=string

Question: **Date Began** PHIN_code=MDCH112 Answer_Type=date

Question: **Date Ended** PHIN_code=MDCH105 Answer_Type=date

Question: **Pre-existing conditions?** PHIN_code=MDCH358 Answer_Type=code

Answer=Alcoholism CodeValue=1
 Answer=Heart failure CodeValue=7
 Answer=Liver disease (type): CodeValue=10 (PHIN_code = MDCH358_10_Other)
 Answer=Diabetes CodeValue=2
 Answer=Gastric surgery (type): CodeValue=5 (PHIN_code = MDCH358_5_Other)
 Answer=Malignancy (type): CodeValue=11 (PHIN_code = MDCH358_11_Other)
 Answer=Diabetes on insulin CodeValue=3
 Answer=Hematologic disease (type): CodeValue=8 (PHIN_code = MDCH358_8_Other)
 Answer=Renal disease (type): CodeValue=12 (PHIN_code = MDCH358_12_Other)
 Answer=Peptic ulcer CodeValue=4
 Answer=Immunodeficiency (type): CodeValue=9 (PHIN_code = MDCH358_9_Other)
 Answer=Other (specify): CodeValue=13 (PHIN_code = MDCH358_13_Other)

Answer=Heart disease CodeValue=6

Question: **Treatment Type** PHIN_code=MDCH191 Answer_Type=code
 Answer=Antibiotics CodeValue=1
 Answer=Chemotherapy CodeValue=2
 Answer=Radiotherapy CodeValue=3
 Answer=Systemic steroids CodeValue=4
 Answer=Immunosuppressants CodeValue=5
 Answer=Antacids CodeValue=6
 Answer=H2-Blocker or other ulcer medication
 (e.g., Tagamet, Zantac, Omeprazole) CodeValue=7

Question: **Received** PHIN_code=MDCH171 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Specify Treatment and Dates** PHIN_code=MDCH113 Answer_Type=string

Laboratory Information

Question: **Species** PHIN_code=LAB101 Answer_Type=code
 Answer=V. alginolyticus CodeValue=1
 Answer=V. cholerae O1 CodeValue=2
 Answer=V. cholerae O139 CodeValue=3
 Answer=V. cholerae non-O1, non-O139 CodeValue=4
 Answer=V. cincinnatiensis CodeValue=5
 Answer=V. damsela CodeValue=6
 Answer=V. fluvialis CodeValue=7
 Answer=V. furnissii CodeValue=8
 Answer=V. hollisae CodeValue=9
 Answer=V. metschnikovii CodeValue=10
 Answer=V. mimicus CodeValue=11
 Answer=V. parahaemolyticus CodeValue=12
 Answer=V. vulnificus CodeValue=13
 Answer=Vibrio species (not ident.) CodeValue=14
 Answer=Other CodeValue=15 (PHIN_code = LAB101_15_Other)

Question: **Stool Specimen** PHIN_code=LAB165a Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Blood Specimen** PHIN_code=LAB165b Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Wound Specimen** PHIN_code=LAB165c Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Other Specimen** PHIN_code=LAB165 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Specimen Collection Date** PHIN_code=LAB163 Answer_Type=date

Question: **Wound or Other** PHIN_code=LAB166 Answer_Type=string

Question: **If Other, specify species:** PHIN_code=MDCH099 Answer_Type=string

Question: **Were other organisms isolated from the same specimen that yielded Vibrio?**
 PHIN_code=MDCH_LAB01 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes, specify organism(s):** PHIN_code=MDCH106 Answer_Type=string

Question: **Was the identification of the species of Vibrio (e.g., vulnificus, fluvialis) confirmed at the State Public Health Laboratory?** PHIN_code=MDCH163 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Serotype:** PHIN_code=MDCH048 Answer_Type=code
 Answer=Inaba CodeValue=1
 Answer=Ogawa CodeValue=2
 Answer=Hikojima CodeValue=3
 Answer=Not Done CodeValue=4
 Answer=Unknown CodeValue=9

Question: **Biotype:** PHIN_code=MDCH271 Answer_Type=code
 Answer=El Tor CodeValue=1
 Answer=Classical CodeValue=2
 Answer=Not Done CodeValue=3
 Answer=Unknown CodeValue=9

Question: **Toxigenic?** PHIN_code=MDCH272 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes, toxin positive by:** PHIN_code=MDCH275 Answer_Type=code
 Answer=ELISA CodeValue=1
 Answer=Latex agglutination CodeValue=2
 Answer=Other (specify): CodeValue=3 (PHIN_code = MDCH275_3_Other)

Epidemiologic Information

Question: **FDA No.:** PHIN_code=MDCH205 Answer_Type=string

Question: **Did the patient travel outside his/her home state in the 7 days before illness began?**

PHIN_code=MDCH118 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **City/State/Country** PHIN_code=MDCH114 Answer_Type=string

Question: **Date Entered** PHIN_code=MDCH233 Answer_Type=date

Question: **Date Left** PHIN_code=MDCH246 Answer_Type=date

Question: **Type of Seafood** PHIN_code=MDCH189 Answer_Type=code

Answer=Clams CodeValue=1
 Answer=Crab CodeValue=2
 Answer=Lobster CodeValue=3
 Answer=Mussels CodeValue=4
 Answer=Oysters CodeValue=5
 Answer=Shrimp CodeValue=6
 Answer=Crawfish CodeValue=7
 Answer=Other shellfish CodeValue=8
 Answer=Fish CodeValue=9

Question: **Consumed?** PHIN_code=MDCH086 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Date Consumed** PHIN_code=MDCH145 Answer_Type=date

Question: **Any eaten raw?** PHIN_code=MDCH178 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If other shellfish, specify:** PHIN_code=MDCH115 Answer_Type=string

Question: **If fish, specify:** PHIN_code=MDCH212 Answer_Type=string

Question: **Type of Exposure** PHIN_code=MDCH120 Answer_Type=code

Answer=Fresh/Salt/Brackish body of water	CodeValue=1
Answer=Drippings from raw or live seafood	CodeValue=2
Answer=Other marine/freshwater life	CodeValue=3

Question: **Exposed?** PHIN_code=MDCH169 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Exposure Date** PHIN_code=MDCH193 Answer_Type=date

Question: **Time** PHIN_code=MDCH447a Answer_Type=string

Question: **AM/PM** PHIN_code=MDCH521a Answer_Type=code

Answer=AM	CodeValue=1
Answer=PM	CodeValue=2

Question: **Exposure Location** PHIN_code=MDCH399 Answer_Type=string

Question: **If yes to any of the above, specify:** PHIN_code=MDCH117 Answer_Type=code

Answer=Handling/cleaning seafood	CodeValue=1
Answer=Swimming/diving/wading	CodeValue=2
Answer=Walking on beach/shore/fell on rocks/shells	CodeValue=3
Answer=Boating/skiing/surfing	CodeValue=4
Answer=Construction/repairs	CodeValue=5
Answer=Bitten/stung	CodeValue=6
Answer=Other (specify):	CodeValue=7 (PHIN_code = MDCH117_7_Other)

Question: **If skin was exposed to water, indicate type:** PHIN_code=MDCH090 Answer_Type=code

Answer=Salt	CodeValue=1
Answer=Fresh	CodeValue=2
Answer=Brackish	CodeValue=3
Answer=Other (specify):	CodeValue=4 (PHIN_code = MDCH090_4_Other)
Answer=Unknown	CodeValue=9

Question: **If skin was exposed, did the patient sustain a wound during this exposure, or have a pre-existing wound?** PHIN_code=MDCH087 Answer_Type=code

Answer=Yes, sustained a wound	CodeValue=1
Answer=Yes, had a pre-existing wound	CodeValue=2
Answer=Yes, uncertain if wound new or old	CodeValue=3
Answer=No	CodeValue=4
Answer=Unknown	CodeValue=9

Question: **If yes, describe how wound occurred and site on body:** PHIN_code=MDCH270

Answer_Type=string

Question: **If the patient was infected with V. cholerae O1 or O139, to which of the following risks was the patient exposed in the 4 DAYS before illness began:** PHIN_code=MDCH103

Answer_Type=code

Answer=Raw seafood	CodeValue=1
Answer=Cooked seafood	CodeValue=2
Answer=Foreign travel	CodeValue=3
Answer=Other person(s) with cholera or cholera-like illness	CodeValue=4
Answer=Street-vended food	CodeValue=5
Answer=Other (specify):	CodeValue=6 (PHIN_code = MDCH103_6_Other)

Question: **If the patient traveled to foreign countries, had the patient been educated in cholera-prevention measures before traveling?** PHIN_code=MDCH284 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, specify source(s) of information received:** PHIN_code=MDCH252 Answer_Type=code

Answer=Pre-travel clinic	CodeValue=1
Answer=Airport (departure gate)	CodeValue=2
Answer=Newspaper	CodeValue=3
Answer=Friends	CodeValue=4
Answer=Private physician	CodeValue=5
Answer=Health department	CodeValue=6
Answer=Travel agency	CodeValue=7
Answer=CDC travelers' hotline	CodeValue=8
Answer=Other (specify):	CodeValue=9 (PHIN_code = MDCH252_9_Other)

Question: **If the patient traveled to foreign countries, what was the patient's reason for travel?**

PHIN_code=MDCH255 Answer_Type=code

Answer=To visit relatives/friends	CodeValue=1
Answer=Business	CodeValue=2
Answer=Tourism	CodeValue=3
Answer=Military	CodeValue=4
Answer=Other (specify):	CodeValue=5 (PHIN_code = MDCH255_5_Other)
Answer=Unknown	CodeValue=9

Question: **Has the patient ever received a cholera vaccine?** PHIN_code=MDCH307 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, specify type most recently received:** PHIN_code=MDCH494 Answer_Type=code

Answer=Oral	CodeValue=1
Answer=Parenteral	CodeValue=2
Answer=Unknown	CodeValue=9

Question: **If yes, specify the most recent date:** PHIN_code=MDCH550 Answer_Type=date

Seafood Investigation Information

Question: **Type of seafood (e.g., clams):** PHIN_code=MDCH333 Answer_Type=string

Question: **Amount consumed:** PHIN_code=MDCH523 Answer_Type=string

Question: **Date consumed:** PHIN_code=MDCH104 Answer_Type=date

Question: **Time consumed:** PHIN_code=MDCH522 Answer_Type=string

Question: **AM or PM** PHIN_code=MDCH521b Answer_Type=code

Answer=AM CodeValue=1

Answer=PM CodeValue=2

Question: **If the patient ate multiple seafoods in the 7 days before onset of illness, note why this seafood was investigated (e.g., consumed raw, implicated in outbreak investigation).**

PHIN_code=MDCH539 Answer_Type=string

Question: **How was this fish or seafood prepared?** PHIN_code=MDCH524 Answer_Type=code

Answer=Raw CodeValue=1

Answer=Baked CodeValue=2

Answer=Boiled CodeValue=3

Answer=Broiled CodeValue=4

Answer=Fried CodeValue=5

Answer=Steamed CodeValue=6

Answer=Other (specify): CodeValue=7 (PHIN_code = MDCH524_7_Other)

Answer=Unknown CodeValue=9

Question: **Was seafood imported from another country?** PHIN_code=MDCH349 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **If yes, specify exporting country, if known:** PHIN_code=MDCH520 Answer_Type=code

(See Appendix D for Country codes)

Question: **Where was this seafood obtained?** PHIN_code=MDCH123 Answer_Type=code

Answer=Oyster bar or restaurant CodeValue=1

Answer=Truck or roadside vendor CodeValue=2

Answer=Food store CodeValue=3

Answer=Seafood market CodeValue=4

Answer=Other (specify): CodeValue=8 (PHIN_code = MDCH123_8_Other)

Answer=Unknown CodeValue=9

Question: **Name of restaurant, oyster bar, or food store (include address and telephone number):**

PHIN_code=MDCH525 Answer_Type=text

Question: **If oysters, clams, or mussels were eaten, how were they distributed to the retail outlet?**

PHIN_code=MDCH526 Answer_Type=code
 Answer=Shellstock (sold in the shell) CodeValue=1
 Answer=Shucked CodeValue=2
 Answer=Other (specify): CodeValue=8 (PHIN_code = MDCH526_8_Other)
 Answer=Unknown CodeValue=9

Question: **Date restaurant or food outlet received seafood:** PHIN_code=MDCH421 Answer_Type=date

Question: **Was the restaurant or food outlet inspected as part of this investigation?**

PHIN_code=MDCH527 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Are shipping tags available from the suspect lot?** PHIN_code=MDCH528 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Shippers who handled suspected seafood:** PHIN_code=MDCH529 Answer_Type=string

Question: **Was this fish or shellfish harvested by the patient or a friend of the patient?**

PHIN_code=MDCH531 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Source(s) of seafood:** PHIN_code=MDCH530 Answer_Type=text

Question: **Harvest Site** PHIN_code=MDCH532 Answer_Type=string

Question: **Harvest Date** PHIN_code=MDCH533 Answer_Type=date

Question: **Status** PHIN_code=MDCH534 Answer_Type=code

Answer=Approved CodeValue=1
 Answer=Prohibited CodeValue=2
 Answer=Conditional CodeValue=3
 Answer=Other CodeValue=8

Question: **Specify Status** PHIN_code=MDCH535 Answer_Type=string

Question: **Maximum ambient temp.** PHIN_code=mdch536 Answer_Type=string

Question: **Scale** PHIN_code=mdch537 Answer_Type=code

Answer=F CodeValue=1
 Answer=C CodeValue=2

Question: **Date Measured** PHIN_code=MDCH302 Answer_Type=date

Question: **Surface water temp.** PHIN_code=mdch536a Answer_Type=string

Question: **Scale** PHIN_code=mdch537a Answer_Type=code

Answer=F CodeValue=1

Answer=C CodeValue=2

Question: **Date Measured** PHIN_code=MDCH302a Answer_Type=date

Question: **Salinity (ppt)** PHIN_code=mdch536b Answer_Type=string

Question: **Date Measured** PHIN_code=MDCH302b Answer_Type=date

Question: **Total rainfall (inches in prev. 5 days)** PHIN_code=mdch536c Answer_Type=string

Question: **Date Measured** PHIN_code=MDCH302c Answer_Type=date

Question: **Fecal coliform count** PHIN_code=MDCH536d Answer_Type=string

Question: **Date Measured** PHIN_code=MDCH302d Answer_Type=date

Question: **Was there evidence of improper storage, cross-contamination, or holding temperature at any point?** PHIN_code=MDCH538 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **If yes, specify deficiencies:** PHIN_code=MDCH451 Answer_Type=text

Congenital Rubella Syndrome

Hospital Information

Question: **Patient Hospitalized** PHIN_code=INV128 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=U

Question: **Hospital** PHIN_code=INV129 Answer_Type=string

Question: **Hospital City** PHIN_code=MDCH144 Answer_Type=string

Question: **Hospital Record No.** PHIN_code=MDCH109 Answer_Type=string

Question: **Admission Date** PHIN_code=INV132 Answer_Type=date

Question: **Discharge Date** PHIN_code=INV133 Answer_Type=date

Question: **Days Hospitalized** PHIN_code=INV134 Answer_Type=number

Clinical Information

Question: **Imported?** PHIN_code=INV152 Answer_Type=code
 Answer=Indigenous CodeValue=IND
 Answer=International CodeValue=INT
 Answer=Out of state CodeValue=OOS
 Answer=Unknown CodeValue=UNK

Question: **Date of last evaluation of infant** PHIN_code=CRS002 Answer_Type=date

Question: **Age congenital rubella syndrome diagnosed:** PHIN_code=CRS011 Answer_Type=number

Question: **Age units** PHIN_code=CRS011a Answer_Type=code
 Answer=Days CodeValue=D
 Answer=Months CodeValue=M
 Answer=Years CodeValue=Y

Question: **Birth weight** PHIN_code=CRS013 Answer_Type=number

Question: **Birth weight units** PHIN_code=CRS014 Answer_Type=code
 Answer=grams CodeValue=G
 Answer=oz. CodeValue=OZ

Question: **Gestational age (in weeks)** PHIN_code=CRS010 Answer_Type=string

Question: **Stillbirth?** PHIN_code=MDCH324 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Clinical Characteristics** PHIN_code=SYMPTOMS Answer_Type=code

Answer=Cataracts	CodeValue=CATARACTS
Answer=Hearing Loss	CodeValue=HEARING
Answer=Mental Retardation	CodeValue=RETARDATION
Answer=Meningoencephalitis	CodeValue=MENING
Answer=Microcephaly	CodeValue=MICROCEP
Answer=Purpura	CodeValue=PURPURA
Answer=Enlarged Spleen	CodeValue=SLEEN
Answer=Enlarged Liver	CodeValue=LIVER
Answer=Long Bone Radiolucencies	CodeValue=LONG BONE
Answer=Congenital Glaucoma	CodeValue=CONG GLAU
Answer=Pigmentary Retinopathy	CodeValue=RETINOPATHY
Answer=Neonatal Jaundice	CodeValue=JAUNDICE
Answer=Low Platelets	CodeValue=LOWPLSTELETS
Answer=Dermal Erythroipoiesis	CodeValue=ERYTHROPOIESIS
Answer=Congenital Heart Disease	CodeValue=CONG HEART
Answer=Patent Ductus Arteriosus	CodeValue=DUCTUS
Answer=Peripheral Pulmonic Stenosis	CodeValue=PULMONIC STEN
Answer=Congenital Heart Disease, Type Unknown	CodeValue=UNK
Answer=Other Congenital Heart Disease	CodeValue=OTHER

(PHIN_code = SYMPTOMS_OTHER_Other)

Question: **Present?** PHIN_code=MDCH171 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If other congenital heart disease, please specify:** PHIN_code=CRS021 Answer_Type=string

Question: **Other abnormalities?** PHIN_code=CRS042 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, specify:** PHIN_code=CRS043 Answer_Type=string

Question: **Did child die?** PHIN_code=INV171 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, date of death:** PHIN_code=INV146 Answer_Type=date

Question: **If child died, was autopsy performed?** PHIN_code=CRS007 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Final anatomical diagnosis:** PHIN_code=CRS008 Answer_Type=string

Question: **Primary cause of death (from death certificate):** PHIN_code=CRS005 Answer_Type=string

Question: **Secondary cause of death (from death certificate):** PHIN_code=CRS006 Answer_Type=string

Maternal History

Question: **Mother's name:** PHIN_code=MDCH326 Answer_Type=string

Question: **Age at delivery:** PHIN_code=CRS081 Answer_Type=number

Question: **Occupation at time of conception:** PHIN_code=CRS082 Answer_Type=string

Question: **Did mother attend family planning clinic prior to conception?** PHIN_code=CRS087
Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Number of previous live births:** PHIN_code=CRS159 Answer_Type=number

Question: **Number of previous pregnancies:** PHIN_code=CRS158 Answer_Type=number

Question: **Prenatal care for this pregnancy:** PHIN_code=CRS088 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, date of 1st visit:** PHIN_code=CRS089 Answer_Type=date

Question: **Was prenatal care obtained in:** PHIN_code=CRS090 Answer_Type=code

Answer=Public sector	CodeValue=PUBL
Answer=Private sector	CodeValue=PRIV
Answer=Unknown	CodeValue=UNK

Question: **Rubella-like illness during pregnancy:** PHIN_code=CRS091 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, month of pregnancy:** PHIN_code=CRS092 Answer_Type=string

Question: **Was rubella diagnosed by a physician at time of illness?** PHIN_code=CRS093

Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If not MD, by whom?** PHIN_code=CRS094 Answer_Type=string

Question: **Was rubella serologically confirmed at time of illness?** PHIN_code=CRS095

Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Location of exposure:** PHIN_code=MDCH328 Answer_Type=code

Answer=Within United States	CodeValue=InUS
Answer=Outside United States	CodeValue=OutsideUS
Answer=Unknown	CodeValue=UNK

Question: **If exposure location known, specify country/city/county:** PHIN_code=MDCH330

Answer_Type=string

Question: **If location of exposure is unknown, did mother travel outside the United States during the 1st trimester of pregnancy?** PHIN_code=CRS100 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, specify country (if known, specify city/county):** PHIN_code=CRS164

Answer_Type=string

Question: **Date of travel:** PHIN_code=CRS101 Answer_Type=date

Question: **Was the mother directly exposed to a known rubella case?** PHIN_code=CRS105

Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If mother directly exposed to a confirmed rubella case, specify the relationship**

PHIN_code=CRS106 Answer_Type=code

Answer=Brother	CodeValue=B
Answer=Daycare	CodeValue=D
Answer=Father	CodeValue=FA
Answer=Friend	CodeValue=FR
Answer=Grandparent	CodeValue=G
Answer=Other (specify)	CodeValue=OTH (PHIN_code = CRS106_OTH_Other)
Answer=Mother	CodeValue=M

Answer=Neighbor	CodeValue=N
Answer=Spouse	CodeValue=P
Answer=Sister	CodeValue=S
Answer=Unknown	CodeValue=U

Question: **Date of exposure:** PHIN_code=CRS107 Answer_Type=date

Question: **Number of other children < 18 yrs. living in household during this pregnancy:**
PHIN_code=CRS084 Answer_Type=number

Question: **Were any of the children immunized with Rubella vaccine?** PHIN_code=CRS085
Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Rash:** PHIN_code=CRS022 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, date of onset:** PHIN_code=CRS022a Answer_Type=date

Question: **Fever:** PHIN_code=CRS024 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Lymphadenopathy:** PHIN_code=CRS028 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Arthralgia/Arthritis:** PHIN_code=CRS027 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Other (specify)** PHIN_code=CRS152 Answer_Type=string

Question: **Mother immunized with rubella vaccine?** PHIN_code=CRS147 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, date vaccinated:** PHIN_code=CRS148 Answer_Type=date

Question: **If yes, source of information:** PHIN_code=CRS149 Answer_Type=code

Answer=Physician	CodeValue=PHYS
Answer=School	CodeValue=SCH
Answer=Mother Only	CodeValue=MOM
Answer=Other (specify)	CodeValue=OTH (PHIN_code = CRS149_OTH_Other)

Question: **Source of vaccine:** PHIN_code=CRS151 Answer_Type=code

Answer=Public sector	CodeValue=PUBL
Answer=Private sector	CodeValue=PRIV
Answer=Unknown	CodeValue=UNK

Question: **Did the mother have serological testing for rubella immunity prior to exposure?**

PHIN_code=CRS161 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, date:** PHIN_code=MDCH331 Answer_Type=date

Question: **Interpretation of test results:** PHIN_code=MDCH332 Answer_Type=code

Answer=Susceptible	CodeValue=SUS
Answer=Immune	CodeValue=I
Answer=Unknown	CodeValue=UNK

Laboratory Information

Mother's Specimen Information

Question: **Specimen Type** PHIN_code=MDCH333 Answer_Type=string

Question: **Date Specimen Collected** PHIN_code=MDCH193 Answer_Type=date

Question: **Laboratory Name** PHIN_code=MDCH270 Answer_Type=string

Question: **Test Name / Test Method** PHIN_code=MDCH232 Answer_Type=string

Question: **Test Results** PHIN_code=MDCH305 Answer_Type=string

Infant's Specimen Information

Question: **Specimen Type** PHIN_code=MDCH334 Answer_Type=string

Question: **Date Specimen Collected** PHIN_code=MDCH199 Answer_Type=date

Question: **Laboratory Name** PHIN_code=MDCH185 Answer_Type=string

Question: **Test Name / Test Method** PHIN_code=MDCH306 Answer_Type=string

Question: **Test Results** PHIN_code=MDCH242 Answer_Type=string

Dengue

Hospital Information

Question: **Patient Hospitalized** PHIN_code=INV128 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=U

Question: **Hospital** PHIN_code=INV129 Answer_Type=string

Question: **Hospital City** PHIN_code=MDCH144 Answer_Type=string

Question: **Hospital Record No.** PHIN_code=MDCH109 Answer_Type=string

Question: **Admission Date** PHIN_code=INV132 Answer_Type=date

Question: **Discharge Date** PHIN_code=INV133 Answer_Type=date

Question: **Days Hospitalized** PHIN_code=INV134 Answer_Type=number

Question: **Patient Died** PHIN_code=INV171 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Clinical Information

Question: **Symptoms** PHIN_code=SYMPTOMS Answer_Type=code

Answer=Fever CodeValue=F

Answer=Headache CodeValue=H

Answer=Eye Pain CodeValue=E

Answer=Body Pain CodeValue=B

Answer=Joint Pain CodeValue=JP

Answer=Rash CodeValue=R

Answer=Nausea or vomiting CodeValue=N

Answer=Diarrhea CodeValue=D

Answer=Chills CodeValue=C

Answer=Cough CodeValue=CO

Answer=Petechiaie CodeValue=P

Answer=Purpura/Ecchymoses CodeValue=PE

Answer=Hematemesis CodeValue=HE

Answer=Melena CodeValue=M

Answer=Epistaxis CodeValue=EP

Answer=Bleeding gums CodeValue=G

Answer=Hematuria CodeValue=HN

Answer=Vaginal bleeding CodeValue=V

Answer=Nasal congestion	CodeValue=NC
Answer=Sore throat	CodeValue=S
Answer=Jaundice	CodeValue=J

Question: **Tourniquet Test:** PHIN_code=MDCH191 Answer_Type=string

Question: **Blood Pressure:** PHIN_code=MDCH389 Answer_Type=string

Question: **Immunizations:** PHIN_code=MDCH355 Answer_Type=code

Answer=Yellow Fever	CodeValue=Y
Answer=Other	CodeValue=O
Answer=Unknown	CodeValue=UNK

Question: **Pregnant?** PHIN_code=MDCH249 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If Yes, month of pregnancy:** PHIN_code=MDCH468 Answer_Type=number

Laboratory Information

Question: **Specimen Type** PHIN_code=LAB165 Answer_Type=string

Question: **Date Specimen Collected** PHIN_code=LAB163 Answer_Type=date

Question: **Test Name/Test Method** PHIN_code=LAB101 Answer_Type=string

Question: **Test Result** PHIN_code=LAB102 Answer_Type=string

Question: **WBC:** PHIN_code=MDCH408 Answer_Type=string

Question: **Hct:** PHIN_code=MDCH409 Answer_Type=string

Question: **Hb:** PHIN_code=MDCH410 Answer_Type=string

Question: **Platelets:** PHIN_code=MDCH411 Answer_Type=string

Question: **If Other lab results, specify name and result:** PHIN_code=MDCH412 Answer_Type=string

Epidemiologic Information

Question: **Place of Birth:** PHIN_code=MDCH373 Answer_Type=string

Question: **Has the patient had dengue before (with fever, body pains, and rash)?** PHIN_code=MDCH134

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **If Yes, when (month/year)?** PHIN_code=MDCH141 Answer_Type=string

Question: **How long has the patient lived in this location?** PHIN_code=MDCH114 Answer_Type=string

Question: **During the 10 days before onset of illness, did the patient travel to other locations?**

PHIN_code=MDCH118 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **If Yes, where did the patient travel?** PHIN_code=MDCH070 Answer_Type=string

Diphtheria

Hospital Information

Question: **Hospital** PHIN_code=INV129 Answer_Type=string

Question: **Hospital City** PHIN_code=MDCH144 Answer_Type=string

Question: **Hospital Record No.** PHIN_code=MDCH109 Answer_Type=string

Question: **Admission Date** PHIN_code=INV132 Answer_Type=date

Question: **Discharge Date** PHIN_code=INV133 Answer_Type=date

Question: **Days Hospitalized** PHIN_code=INV134 Answer_Type=number

Question: **Patient Died** PHIN_code=INV171 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Clinical Information

Question: **Outcome** PHIN_code=MDCH290 Answer_Type=code

Answer=Recovered, No Residual	CodeValue=N
Answer=Recovered, Residual	CodeValue=R
Answer=Died	CodeValue=D
Answer=Unknown	CodeValue=U

Question: **Pregnant?** PHIN_code=MDCH249 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Symptoms** PHIN_code=MDCH111 Answer_Type=code

Answer=Sore Throat	CodeValue=SRETHRT
Answer=Difficulty swallowing	CodeValue=DIFSWALLOW
Answer=Change in voice	CodeValue=CHGVOICE
Answer=Shortness of breath	CodeValue=SHRTBRTH
Answer=Weakness	CodeValue=WEAKNESS
Answer=Fatigue	CodeValue=FATIGUE
Answer=Stridor	CodeValue=STRIDOR
Answer=Wheezing	CodeValue=WHEEZE
Answer=Palatal weakness	CodeValue=PALATALWK
Answer=Tachycardia	CodeValue=TACHYCAR
Answer=EKG abnormalities	CodeValue=EKGAB

Answer=Other (specify) CodeValue=OTHER (PHIN_code = MDCH111_OTHER_Other)

Question: **Fever?** PHIN_code=MDCH100 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes, specify highest temperature:** PHIN_code=MDCH101 Answer_Type=number

Question: **Scale** PHIN_code=MDCH102 Answer_Type=code

Answer=F CodeValue=F
 Answer=C CodeValue=C

Question: **Membrane present?** PHIN_code=MDCH251 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes, Sites:** PHIN_code=MDCH252 Answer_Type=code

Answer=Tonsils CodeValue=Tonsils
 Answer=Soft Palate CodeValue=Soft Palate
 Answer=Hard Palate CodeValue=Hard Palate
 Answer=Larynx CodeValue=Larynx
 Answer=Nares CodeValue=Nares
 Answer=Nasopharynx CodeValue=Nasopharynx
 Answer=Conjunctiva CodeValue=Conjunctiva
 Answer=Skin CodeValue=Skin

Question: **Soft tissue swelling (Around membrane)** PHIN_code=MDCH253 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Neck edema?** PHIN_code=MDCH254 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes:** PHIN_code=MDCH255 Answer_Type=code

Answer=Bilateral CodeValue=B
 Answer=Left side only CodeValue=L
 Answer=Right side only CodeValue=R

Question: **If yes, Extent:** PHIN_code=MDCH256 Answer_Type=code

Answer=Submandibular only CodeValue=S
 Answer=Midway to clavicle CodeValue=M
 Answer=To clavicle CodeValue=C
 Answer=Below clavicle CodeValue=B

Question: **Complications?** PHIN_code=MDCH257 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Airway obstruction?** PHIN_code=MDCH258 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes, date of onset:** PHIN_code=MDCH259 Answer_Type=date

Question: **Intubation required?** PHIN_code=MDCH260 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Myocarditis?** PHIN_code=MDCH261 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes, date of onset:** PHIN_code=MDCH262 Answer_Type=date

Question: **(Poly)neuritis?** PHIN_code=MDCH263 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes, date of onset:** PHIN_code=MDCH264 Answer_Type=date

Question: **Other complications?** PHIN_code=MDCH265 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes, describe:** PHIN_code=MDCH266 Answer_Type=string

Question: **Final Diagnosis:** PHIN_code=MDCH289 Answer_Type=string

Question: **How was the final diagnosis confirmed?** PHIN_code=MDCH316 Answer_Type=string

Question: **Description of Clinical Picture:** PHIN_code=MDCH250 Answer_Type=text

Laboratory Information

Question: **Specimen for diphtheria culture obtained?** PHIN_code=MDCH267 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, date specimen obtained:** PHIN_code=MDCH268 Answer_Type=date

Question: **Culture result:** PHIN_code=MDCH269 Answer_Type=code

Answer=Positive	CodeValue=P
Answer=Negative	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Specify lab performing culture:** PHIN_code=MDCH270 Answer_Type=string

Question: **If culture positive, biotype:** PHIN_code=MDCH271 Answer_Type=code

Answer=Mitis	CodeValue=M
Answer=Gravis	CodeValue=G
Answer=Intermedius	CodeValue=I
Answer=Belfanti	CodeValue=B

Question: **If culture positive, results of toxigenicity testing:** PHIN_code=MDCH272 Answer_Type=code

Answer=Not Done	CodeValue=ND
Answer=Positive	CodeValue=P
Answer=Negative	CodeValue=N
Answer=Unknown	CodeValue=U

Question: **Specimen sent to CDC Diphtheria Lab for confirmation/molecular typing?**
PHIN_code=MDCH273 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Will be sent	CodeValue=W
Answer=Unknown	CodeValue=UNK

Question: **Type of specimen:** PHIN_code=MDCH274 Answer_Type=code

Answer=Clinical swab	CodeValue=Clinical swab
Answer=Piece of membrane	CodeValue=Piece of membrane
Answer=C. diphtheria isolate	CodeValue=Cdiphtheria isolate

Question: **Serum specimen for Diphtheria Antitoxin Antibodies obtained?** PHIN_code=MDCH275
Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **PCR Result:** PHIN_code=MDCH276 Answer_Type=code

Answer=Not Done	CodeValue=ND
Answer=Positive	CodeValue=P
Answer=Negative	CodeValue=N
Answer=Unknown	CodeValue=UNK

Treatment Information

Question: **Treated with Antibiotics as an Outpatient?** PHIN_code=MDCH277 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, date initiated:** PHIN_code=MDCH278 Answer_Type=date

Question: **Duration of therapy in days:** PHIN_code=MDCH280 Answer_Type=number

Question: **Antibiotic:** PHIN_code=MDCH279 Answer_Type=code

Answer=Erythromycin (incl. pediazole, ilosone)	CodeValue=1
Answer=Penicillin (Bicillin, Pfizerpen-AS, Wycillin)	CodeValue=7
Answer=Amoxicillin	CodeValue=5
Answer=Ampicillin	CodeValue=8
Answer=Augmentin	CodeValue=10
Answer=Ceclor	CodeValue=11
Answer=Cefixime	CodeValue=12
Answer=Clarithromycin/azithromycin	CodeValue=3
Answer=Cotrimoxazole (bactrim/septra)	CodeValue=2
Answer=Tetracycline/Doxycycline	CodeValue=4
Answer=Unknown	CodeValue=9
Answer=Other (specify)	CodeValue=6 (PHIN_code = MDCH279_6_Other)

Question: **Treated with Antibiotics in the Hospital?** PHIN_code=MDCH277a Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, date initiated:** PHIN_code=MDCH278a Answer_Type=date

Question: **Duration of therapy in days:** PHIN_code=MDCH280a Answer_Type=number

Question: **Antibiotic:** PHIN_code=MDCH279a Answer_Type=code

Answer=Erythromycin (incl. pediazole, ilosone)	CodeValue=1
Answer=Penicillin (Bicillin, Pfizerpen-AS, Wycillin)	CodeValue=7
Answer=Amoxicillin	CodeValue=5
Answer=Ampicillin	CodeValue=8
Answer=Augmentin	CodeValue=10
Answer=Ceclor	CodeValue=11
Answer=Cefixime	CodeValue=12
Answer=Clarithromycin/azithromycin	CodeValue=3
Answer=Cotrimoxazole (bactrim/septra)	CodeValue=2
Answer=Tetracycline/Doxycycline	CodeValue=4
Answer=Unknown	CodeValue=9
Answer=Other (specify)	CodeValue=6 (PHIN_code = MDCH279a_6_Other)

Question: **Were Antibiotics given in the 24 hours before culture?** PHIN_code=MDCH314
 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Amount of DAT administered:** PHIN_code=MDCH315 Answer_Type=number

Vaccine Information

Question: **Childhood primary series?** PHIN_code=MDCH317 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If < 18 years old, number of doses:** PHIN_code=MDCH318 Answer_Type=number

Question: **Boosters as adult?** PHIN_code=MDCH319 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Vaccination Date (mm/dd/yyyy)** PHIN_code=VAC103 Answer_Type=date

Question: **Vaccine Type** PHIN_code=VAC101 Answer_Type=code

Answer=DTP Whole Cell	CodeValue=W
Answer=DTaP	CodeValue=A
Answer=DTaP-Hib	CodeValue=H
Answer=DT or Td	CodeValue=D
Answer=DTP-Hib	CodeValue=T
Answer=Other	CodeValue=O
Answer=Unknown	CodeValue=U

Question: **Vaccine Manufacturer** PHIN_code=VAC107 Answer_Type=string

Question: **Lot Number** PHIN_code=VAC108 Answer_Type=string

Exposure Information

Question: **Country of Residence** PHIN_code=MDCH281 Answer_Type=code

Answer=US	CodeValue=1
Answer=Other	CodeValue=2

Question: **If other, date of U.S. arrival** PHIN_code=MDCH283 Answer_Type=date

Question: **If other, country name:** PHIN_code=MDCH282 Answer_Type=code
 (See Appendix D for Country codes)

Question: **History of International Travel (2 weeks prior to onset)** PHIN_code=MDCH284
 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, list country(s) visited and dates of travel** PHIN_code=MDCH285 Answer_Type=text

Question: **History of Interstate Travel (2 weeks prior to onset)** PHIN_code=MDCH284a
 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, list state(s) visited and dates of travel** PHIN_code=MDCH285a Answer_Type=text

Question: **Known Exposure to Diphtheria Case or Carrier?** PHIN_code=MDCH286 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Known Exposure to International Travelers?** PHIN_code=MDCH287 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Known Exposure to Immigrants?** PHIN_code=MDCH288 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Contact Information

Question: **Name** PHIN_code=CTCT_NAME Answer_Type=string

Question: **Age** PHIN_code=CTCT_AGE Answer_Type=number

Question: **Relation** PHIN_code=CTCT_RELATION Answer_Type=string

Question: **Doses of Vaccine** PHIN_code=CTCT_NBR Answer_Type=code

Answer=Zero	CodeValue=0
Answer=<3	CodeValue=L
Answer=>3	CodeValue=G
Answer=Unknown	CodeValue=U

Question: **Last Dose** PHIN_code=CTCT_LAST Answer_Type=code

Answer=<5 yrs	CodeValue=L
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Answer=>5 yrs	CodeValue=G
Answer=Unknown	CodeValue=U

Question: **Culture** PHIN_code=CTCT_NP Answer_Type=code

Answer=NP	CodeValue=NP
Answer=Throat	CodeValue=TH
Answer=Both	CodeValue=B
Answer=None	CodeValue=N

Question: **Culture Date** PHIN_code=CTCT_DATE Answer_Type=date

Question: **Results** PHIN_code=CTCT_RSLT Answer_Type=code

Answer=Positive	CodeValue=P
Answer=Negative	CodeValue=N
Answer=Unknown	CodeValue=U

Question: **Antibiotic** PHIN_code=CTCT_ANTIBIOTIC Answer_Type=code

Answer=1 (Erythromycin (incl. Pediazole, ilosone))	CodeValue=1
Answer=2 (Penicillin (Bicillin, Pfizerpen-AS, Wycillin))	CodeValue=2
Answer=3 (Amoxicillin/Ampicillin/Augmentin/Ceclor/Cefixime)	CodeValue=3
Answer=4 (Clarithromycin/azithromycin)	CodeValue=4
Answer=5 (Cotrimoxazole(bactrim/sepra))	CodeValue=5
Answer=6 (Tetracycline/Doxycycline)	CodeValue=6
Answer=7 (Other)	CodeValue=7
Answer=9 (Unknown)	CodeValue=9

Gonorrhea

Referral Information

Question: **Information Source:** PHIN_code=INV112 Answer_Type=code

Answer=01 HIV Counseling and Testing Site	CodeValue=01
Answer=02 STD Clinic	CodeValue=02
Answer=03 Drug Treatment Clinic	CodeValue=03
Answer=04 Family Planning/Planned Parenthood	CodeValue=04
Answer=05 Prenatal/Obstetrics	CodeValue=05
Answer=06 Tuberculosis Clinic	CodeValue=06
Answer=07 Other Public Clinic	CodeValue=07
Answer=08 Private Physician/HMO	CodeValue=08
Answer=09 Hospital Inpatient	CodeValue=09
Answer=10 Emergency Room	CodeValue=10
Answer=11 Correctional Facility	CodeValue=11
Answer=12 Laboratory	CodeValue=12
Answer=13 Blood Bank	CodeValue=13
Answer=14 Delivery	CodeValue=14
Answer=15 Prenatal	CodeValue=15
Answer=16 Job Corps	CodeValue=16
Answer=17 School-Based Clinic	CodeValue=17
Answer=18 Mental Health Provider	CodeValue=18
Answer=66 Indian Health Service	CodeValue=66
Answer=77 Military	CodeValue=77
Answer=88 Other	CodeValue=88
Answer=99 Unknown	CodeValue=99

Laboratory Information

Question: **Name of Laboratory:** PHIN_code=MDCH185 Answer_Type=string

Question: **Phone:** PHIN_code=MDCH554 Answer_Type=phone

Question: **Ext.:** PHIN_code=MDCH555 Answer_Type=number

Question: **Street Address:** PHIN_code=MDCH556 Answer_Type=string

Question: **City:** PHIN_code=MDCH509 Answer_Type=string

Question: **County:** PHIN_code=MDCH557 Answer_Type=code
(See Appendix A for County codes)

Question: **State:** PHIN_code=MDCH510 Answer_Type=code
(See Appendix B for State codes)

Question: **Zip:** PHIN_code=MDCH511 Answer_Type=string

Question: **Laboratory Test:** PHIN_code=LAB101 Answer_Type=code

Answer=Culture	CodeValue=01
Answer=Nucleic Acid Amplification Test (NAAT)	CodeValue=03
Answer=Nucleic Acid Hybridization (DNA or RNA Probe)	CodeValue=04
Answer=Enzyme Immunoassay Test (EIA)	CodeValue=05
Answer=Direct Fluorescent Antibody Test (DFA)	CodeValue=06
Answer=Other (specify):	CodeValue=07 (PHIN_code = LAB101_07_Other)
Answer=Unknown	CodeValue=UNK

Specimen Information

Question: **Date Specimen Taken:** PHIN_code=LAB163 Answer_Type=date

Question: **Date of Laboratory Results:** PHIN_code=LAB108 Answer_Type=date

Question: **Site of Specimen:** PHIN_code=LAB166 Answer_Type=code

Answer=Urethra	CodeValue=01
Answer=Cervix	CodeValue=02
Answer=Rectum	CodeValue=03
Answer=Pharynx	CodeValue=04
Answer=Eye	CodeValue=05
Answer=Vagina	CodeValue=06
Answer=Urine	CodeValue=07
Answer=Other (specify):	CodeValue=08 (PHIN_code = LAB166_08_Other)
Answer=Unknown	CodeValue=UNK

Provider Name

Question: **First:** PHIN_code=MDCH558 Answer_Type=string

Question: **Last:** PHIN_code=MDCH559 Answer_Type=string

Question: **Phone:** PHIN_code=MDCH560 Answer_Type=phone

Question: **Ext.:** PHIN_code=MDCH561 Answer_Type=number

Question: **Email:** PHIN_code=MDCH562 Answer_Type=string

Question: **Institution Name:** PHIN_code=MDCH563 Answer_Type=string

Question: **Street Address:** PHIN_code=MDCH564 Answer_Type=string

Question: **City:** PHIN_code=MDCH565 Answer_Type=string

Question: **County:** PHIN_code=MDCH566 Answer_Type=code
(See Appendix A for County codes)

Question: **State:** PHIN_code=MDCH567 Answer_Type=code
(See Appendix B for State codes)

Question: **Zip:** PHIN_code=MDCH568 Answer_Type=string

Treatment Information

Question: **Has patient been treated for THIS infection?** PHIN_code=MDCH277 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes, date of treatment:** PHIN_code=MDCH193 Answer_Type=date

Question: **Specify DRUG/DOSAGE:** PHIN_code=MDCH336 Answer_Type=code
 Answer=400mg Cefixime CodeValue=400CEF
 Answer=125mg IM Ceftriaxone CodeValue=125CEF
 Answer=250mg IM Ceftriaxone CodeValue=250CEF
 Answer=500mg Ciprofloxacin CodeValue=500CIP
 Answer=250mg Levofloxacin CodeValue=250LEV
 Answer=2g IM Spectinomycin CodeValue=2SPE
 Answer=Other (specify): CodeValue=OTH (PHIN_code = MDCH336_OTH_Other)
 Answer=Unknown CodeValue=UNK

Treated by Provider

Question: **First:** PHIN_code=MDCH569 Answer_Type=string

Question: **Last:** PHIN_code=MDCH570 Answer_Type=string

Question: **Phone:** PHIN_code=MDCH571 Answer_Type=phone

Question: **Ext.:** PHIN_code=MDCH572 Answer_Type=number

Question: **Email:** PHIN_code=MDCH573 Answer_Type=string

Question: **Street Address:** PHIN_code=MDCH574 Answer_Type=string

Question: **City:** PHIN_code=MDCH575 Answer_Type=string

Question: **County:** PHIN_code=MDCH576 Answer_Type=code
(See Appendix A for County codes)

Question: **State:** PHIN_code=MDCH577 Answer_Type=code
(See Appendix B for State codes)

Question: **Zip:** PHIN_code=MDCH578 Answer_Type=string

Co-Infection Information

Question: **Does This Patient Also Have A Chlamydia Co-Infection?** PHIN_code=MDCH347

Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, does the chlamydia case need to be created on MDSS?** PHIN_code=MDCH590

Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N

Question: **Has this patient been treated for THIS infection?** PHIN_code=MDCH086 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, date of treatment:** PHIN_code=MDCH104 Answer_Type=date

Question: **Specify DRUG/DOSAGE:** PHIN_code=MDCH470 Answer_Type=code

Answer=1 G Azithromycin	CodeValue=AZI
Answer=100mg Doxycycline 2x/day for 7 days	CodeValue=DOX
Answer=500mg Erythromycin 4x/day for 7 days	CodeValue=ER5
Answer=800 mg Erythromycin 4x/day for 7 days	CodeValue=ER8
Answer=500mg Levofloxacin for 7 days	CodeValue=LEV
Answer=Other (specify):	CodeValue=OTH (PHIN_code = MDCH470_OTH_Other)
Answer=Unknown	CodeValue=UNK

Treated by Provider

Question: **First:** PHIN_code=MDCH579 Answer_Type=string

Question: **Last:** PHIN_code=MDCH580 Answer_Type=string

Question: **Phone:** PHIN_code=MDCH581 Answer_Type=phone

Question: **Ext.:** PHIN_code=MDCH582 Answer_Type=number

Question: **Email:** PHIN_code=MDCH583 Answer_Type=string

Question: **Street Address:** PHIN_code=MDCH584 Answer_Type=string

Question: **City:** PHIN_code=MDCH585 Answer_Type=string

Question: **County:** PHIN_code=MDCH586 Answer_Type=code
(See Appendix A for County codes)

Question: **State:** PHIN_code=MDCH587 Answer_Type=code
(See Appendix B for State codes)

Question: **Zip:** PHIN_code=MDCH588 Answer_Type=string

Guillain-Barre Syndrome

Hospital Information

Question: **Patient Hospitalized** PHIN_code=INV128 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=U

Question: **Hospital** PHIN_code=INV129 Answer_Type=string

Question: **Hospital City** PHIN_code=MDCH144 Answer_Type=string

Question: **Hospital Record No.** PHIN_code=MDCH109 Answer_Type=string

Question: **Admission Date** PHIN_code=INV132 Answer_Type=date

Question: **Discharge Date** PHIN_code=INV133 Answer_Type=date

Question: **Days Hospitalized** PHIN_code=INV134 Answer_Type=number

Question: **Patient Died** PHIN_code=INV171 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Clinical Information

Question: **Acute illness within 8 weeks prior to onset of neurologic symptoms of GBS?**
 PHIN_code=MDCH381 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes, date of onset of acute illness:** PHIN_code=MDCH382 Answer_Type=date

Question: **Fever?** PHIN_code=MDCH100 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes, specify highest temperature:** PHIN_code=MDCH101 Answer_Type=number

Question: **Scale** PHIN_code=MDCH102 Answer_Type=code
 Answer=F CodeValue=F
 Answer=C CodeValue=C

Question: **Respiratory illness (Cough, rhinitis, sore throat, etc.)** PHIN_code=MDCH383

Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **GI illness (Vomiting, nausea, diarrhea, abdominal pain, etc.)** PHIN_code=MDCH384

Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Did the patient have GBS previously?** PHIN_code=MDCH385 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Has the patient had any surgery (including dental surgery but not routine dental work) within 8 weeks prior to onset of neurologic symptoms of GBS?** PHIN_code=MDCH386

Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Did the patient have a swine flu shot during the National Campaign during the fall/winter of 1976?** PHIN_code=MDCH387 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Vaccine Information

Question: **Immunized within 8 weeks prior to onset of neurologic symptoms (Influenza, measles, mumps, rubella, rabies, smallpox, tetanus, polio, other)?** PHIN_code=MDCH380 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Vaccination Date** PHIN_code=VAC103 Answer_Type=date

Question: **Vaccine Type** PHIN_code=VAC101 Answer_Type=string

Question: **Vaccine Manufacturer** PHIN_code=VAC107 Answer_Type=string

Question: **Lot Number** PHIN_code=VAC108 Answer_Type=string

Hantavirus Syndrome

(Includes Hantavirus Pulmonary and Hantavirus Other)

Hospital Information

Question: **Patient Hospitalized** PHIN_code=INV128 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=U

Question: **Number of times hospitalized since onset of illness:** PHIN_code=MDCH495

Answer_Type=number

Question: **Outcome of illness:** PHIN_code=MDCH290 Answer_Type=code

Answer=Alive CodeValue=1

Answer=Died CodeValue=2

Answer=Unknown CodeValue=9

Question: **If deceased, date of death:** PHIN_code=INV146 Answer_Type=date

Question: **Was an autopsy performed?** PHIN_code=MDCH519 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **If Yes, was exam compatible with non-cardiogenic pulmonary edema?** PHIN_code=MDCH254

Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **Are tissue specimens (fresh-frozen or paraffin blocks) available for testing?**

PHIN_code=MDCH253 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

First Hospitalization

Question: **Hospital** PHIN_code=INV129 Answer_Type=string

Question: **Hospital City** PHIN_code=MDCH144 Answer_Type=string

Question: **Hospital Record No.** PHIN_code=MDCH109 Answer_Type=string

Question: **Admission Date** PHIN_code=INV132 Answer_Type=date

Question: **Discharge Date** PHIN_code=INV133 Answer_Type=date

Question: **Days Hospitalized** PHIN_code=INV134 Answer_Type=number

Second Hospitalization

Question: **Hospital** PHIN_code=INV129a Answer_Type=string

Question: **Hospital City** PHIN_code=MDCH144a Answer_Type=string

Question: **Hospital Record No.** PHIN_code=MDCH109a Answer_Type=string

Question: **Admission Date** PHIN_code=INV132a Answer_Type=date

Question: **Discharge Date** PHIN_code=INV133a Answer_Type=date

Question: **Days Hospitalized** PHIN_code=INV134a Answer_Type=number

Clinical Information

Question: **Fever?** PHIN_code=MDCH100 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, specify highest temperature:** PHIN_code=MDCH101 Answer_Type=number

Question: **Scale** PHIN_code=MDCH102 Answer_Type=code

Answer=F	CodeValue=F
Answer=C	CodeValue=C

Question: **Thrombocytopenia (platelets less than or equal to 150,000 mm³)** PHIN_code=RUB020

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Lowest platelet count:** PHIN_code=MDCH496 Answer_Type=number

Question: **Elevated Hematocrit (Hct)** PHIN_code=MDCH395 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Highest Hct:** PHIN_code=MDCH308 Answer_Type=number

Question: **Elevated creatinine** PHIN_code=MDCH513 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Highest creatinine:** PHIN_code=MDCH318 Answer_Type=number

Question: **WBC:** PHIN_code=MDCH408 Answer_Type=string

Question: **Total Neutrophils (%)** PHIN_code=MDCH409 Answer_Type=string

Question: **Banded Neutrophils (%)** PHIN_code=MDCH410 Answer_Type=string

Question: **Lymphocytes (%)** PHIN_code=MDCH411 Answer_Type=string

Question: **CXR with unexplained bilateral interstitial infiltrates or suggestive of ARDS?**

PHIN_code=MDCH261 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **If yes, date:** PHIN_code=MDCH193 Answer_Type=date

Question: **Respiratory compromise requiring supplemental oxygen?** PHIN_code=MDCH383

Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **Oxygen saturation <90% at any time?** PHIN_code=MDCH037 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **Was the patient intubated?** PHIN_code=MDCH260 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **If yes, specify the date:** PHIN_code=MDCH550 Answer_Type=date

Question: **Has the patient received ribavirin?** PHIN_code=MDCH355 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **History of any relevant underlying medical conditions (i.e. COPD, malignancy, immunosuppression, diabetes)?** PHIN_code=MDCH359 Answer_Type=string

Question: **Other possible explanations for acute illness (i.e. sepsis, burns, trauma)?**

PHIN_code=MDCH363 Answer_Type=string

Laboratory Information

Question: **Is serum/blood specimen available for testing for hantavirus infection?**

PHIN_code=MDCH275 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Has a specimen been tested for hantavirus infection at another laboratory?**

PHIN_code=MDCH416 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If Yes, where?** PHIN_code=MDCH185 Answer_Type=string

Question: **Type of specimen?** PHIN_code=LAB165 Answer_Type=string

Question: **Results (i.e. titer, OD):** PHIN_code=LAB102 Answer_Type=string

Epidemiologic Information

Question: **History of any rodent exposure in 6 weeks prior to onset of illness?** PHIN_code=MDCH434

Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, date of contact:** PHIN_code=MDCH552 Answer_Type=date

Question: **Type of rodent:** PHIN_code=MDCH445 Answer_Type=code

Answer=Mouse	CodeValue=1
Answer=Rat	CodeValue=2
Answer=Other (specify)	CodeValue=3 (PHIN_code = MDCH445_3_Other)
Answer=Unknown	CodeValue=9

Question: **Place of contact (town, county, state):** PHIN_code=MDCH124 Answer_Type=string

Infant Botulism

Hospital Information

Question: **Patient Hospitalized** PHIN_code=INV128 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=U

Question: **Hospital** PHIN_code=INV129 Answer_Type=string

Question: **Hospital City** PHIN_code=MDCH144 Answer_Type=string

Question: **Hospital Record No.** PHIN_code=MDCH109 Answer_Type=string

Question: **Admission Date** PHIN_code=INV132 Answer_Type=date

Question: **Discharge Date** PHIN_code=INV133 Answer_Type=date

Question: **Days Hospitalized** PHIN_code=INV134 Answer_Type=number

Question: **Patient Outcome:** PHIN_code=MDCH290 Answer_Type=code

Answer=Improving CodeValue=1

Answer=Recovered CodeValue=2

Answer=Died CodeValue=3

Answer=Unknown CodeValue=9

Question: **If patient died, date of death:** PHIN_code=INV146 Answer_Type=date

Parental Information

Question: **Mother's Age:** PHIN_code=MDCH372 Answer_Type=number

Question: **Mother's Occupation:** PHIN_code=MDCH140 Answer_Type=string

Question: **Mother's Education:** PHIN_code=MDCH541 Answer_Type=code

Answer=Some grade school CodeValue=1

Answer=Grade school graduate CodeValue=2

Answer=Some high school CodeValue=3

Answer=High school graduate CodeValue=4

Answer=Jr. college/Trade school graduate CodeValue=5

Answer=College graduate CodeValue=6

Answer=Higher CodeValue=7

Answer=Unknown CodeValue=9

Question: **Father's Age:** PHIN_code=MDCH372a Answer_Type=number

Question: **Father's Occupation:** PHIN_code=MDCH140a Answer_Type=string

Question: **Father's Education:** PHIN_code=MDCH541a Answer_Type=code

Answer=Some grade school	CodeValue=1
Answer=Grade school graduate	CodeValue=2
Answer=Some high school	CodeValue=3
Answer=High school graduate	CodeValue=4
Answer=Jr. college/Trade school graduate	CodeValue=5
Answer=College graduate	CodeValue=6
Answer=Higher	CodeValue=7
Answer=Unknown	CodeValue=9

Maternal and Perinatal History

Question: **Number of pregnancies:** PHIN_code=MDCH138 Answer_Type=number

Question: **Number of live births:** PHIN_code=CRS159 Answer_Type=number

Question: **Type of delivery:** PHIN_code=MDCH179 Answer_Type=code

Answer=Vaginal	CodeValue=1
Answer=C-section	CodeValue=2
Answer=Unknown	CodeValue=9

Question: **Complications:** PHIN_code=MDCH257 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If complications, please describe:** PHIN_code=MDCH181 Answer_Type=text

Question: **Was infant premature?** PHIN_code=MDCH542 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, gestational age:** PHIN_code=BMD114 Answer_Type=number

Question: **Birth weight** PHIN_code=CRS013 Answer_Type=number

Question: **Birth weight units** PHIN_code=CRS014 Answer_Type=code

Answer=grams	CodeValue=G
Answer=oz.	CodeValue=OZ

Dietary History

Question: **Was the infant ever breast fed?** PHIN_code=MDCH543 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **If yes, for how many weeks?** PHIN_code=MDCH544 Answer_Type=number

Question: **Was infant ever formula fed?** PHIN_code=MDCH545 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **Was infant primarily:** PHIN_code=MDCH494 Answer_Type=code

Answer=Breast fed CodeValue=1

Answer=Formula fed CodeValue=2

Answer=Both, approximately equally CodeValue=3

Answer=Unknown CodeValue=9

Question: **Food/Liquid** PHIN_code=MDCH502 Answer_Type=code

Answer=Formula CodeValue=1

Answer=Cow's milk (pasteurized) CodeValue=2

Answer=Unpasteurized (raw milk) CodeValue=3

Answer=Fruit juices CodeValue=4

Answer=Cereal CodeValue=5

Answer=Bread CodeValue=6

Answer=Syrup/water CodeValue=7

Answer=Honey/water CodeValue=8

Answer=Sugar/water CodeValue=9

Answer=Tea/water CodeValue=10

Answer=Fruits, cooked CodeValue=11

Answer=Fruits, raw CodeValue=12

Answer=Vegetables, cooked CodeValue=13

Answer=Vegetables, raw CodeValue=14

Answer=Home-canned foods CodeValue=15

Answer=Baby food (jars) CodeValue=16

Answer=Other CodeValue=17

Question: **Frequency:** PHIN_code=MDCH546 Answer_Type=code

Answer=Never CodeValue=1

Answer=Once or a few times CodeValue=2

Answer=Many times CodeValue=3

Answer=Daily or most days CodeValue=4

Answer=Unknown CodeValue=9

Question: **Principal Type or Brand** PHIN_code=MDCH505 Answer_Type=string

Question: **If Other, specify:** PHIN_code=MDCH306 Answer_Type=string

Question: **Did infant use a pacifier?** PHIN_code=MDCH449 Answer_Type=code

Answer=Often CodeValue=1

Answer=Sometimes CodeValue=2

Answer=Rarely CodeValue=3
 Answer=No CodeValue=4

Question: **If yes, was it ever dipped in:** PHIN_code=MDCH267 Answer_Type=code

Answer=Syrup CodeValue=1
 Answer=Honey CodeValue=2
 Answer=Other CodeValue=3 (PHIN_code = MDCH67_3_Other)
 Answer=Nothing CodeValue=4

Infant's Prior Medical History

Question: **Were infant's usual bowel movements:** PHIN_code=MDCH547 Answer_Type=code

Answer=Two or more per day CodeValue=1
 Answer=One per day CodeValue=2
 Answer=Every other day CodeValue=3
 Answer=Less than every other day CodeValue=4
 Answer=Unknown CodeValue=9

Question: **Illness** PHIN_code=MDCH111 Answer_Type=code

Answer=Fever (> 101 degrees F) CodeValue=1
 Answer=Cold(s) CodeValue=2
 Answer=Constipation CodeValue=3
 Answer=Diarrhea CodeValue=4
 Answer=Other CodeValue=5

Question: **Present** PHIN_code=MDCH171 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Age** PHIN_code=MDCH357 Answer_Type=number

Question: **If Other illness, specify:** PHIN_code=MDCH106 Answer_Type=string

Question: **Did the infant receive antibiotics prior to the onset of infant botulism?** PHIN_code=MDCH277

Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Age** PHIN_code=MDCH367 Answer_Type=number

Question: **Reason** PHIN_code=MDCH056 Answer_Type=string

Question: **Drug Name** PHIN_code=MDCH470 Answer_Type=string

Question: **Route of Administration** PHIN_code=MDCH515 Answer_Type=code

Answer=Oral CodeValue=1

Answer=Parenteral	CodeValue=2
Answer=Both	CodeValue=3
Answer=Unknown	CodeValue=9

Question: **Duration** PHIN_code=MDCH280 Answer_Type=number

Environmental History

Question: **Was there any construction, excessive dust, or environmental change around home from birth of infant until onset of present illness (infant botulism)?** PHIN_code=MDCH180

Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, describe:** PHIN_code=MDCH107 Answer_Type=string

Question: **Were the parent(s) involved in gardening or yard work from birth of infant until onset of present illness?** PHIN_code=MDCH548 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, describe:** PHIN_code=MDCH191 Answer_Type=string

Question: **Did the infant remain away from home for more than 1 week prior to onset of present illness?**

PHIN_code=MDCH118 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, describe:** PHIN_code=MDCH193 Answer_Type=string

Symptoms of Present Illness

Question: **Date mother first noted infant was ill:** PHIN_code=MDCH077 Answer_Type=date

Question: **Date of initial visit to a physician:** PHIN_code=MDCH051 Answer_Type=date

Question: **First symptom:** PHIN_code=MDCH099 Answer_Type=string

Question: **Second symptom:** PHIN_code=MDCH099a Answer_Type=string

Question: **Symptoms noted before patient was hospitalized:** PHIN_code=MDCH111a

Answer_Type=code

Answer=Constipation	CodeValue=1
Answer=Poor feeding	CodeValue=2
Answer=Altered cry	CodeValue=3

Answer=Irritable	CodeValue=4
Answer=Poor head control	CodeValue=5
Answer=General weakness	CodeValue=6
Answer=Difficulty breathing	CodeValue=7
Answer=Fever	CodeValue=8
Answer=Other	CodeValue=9 (PHIN_code = MDCH111a_9_Other)

Question: **Date constipation first noted:** PHIN_code=MDCH104 Answer_Type=date

Question: **How many bowel movements were occurring?** PHIN_code=MDCH549 Answer_Type=code

Answer=Two or more a day	CodeValue=1
Answer=One per day	CodeValue=2
Answer=One every other day	CodeValue=3
Answer=Two-three times per week	CodeValue=4
Answer=One per week	CodeValue=5
Answer=Less than one per week	CodeValue=6
Answer=Other (specify):	CodeValue=7 (PHIN_code = MDCH549_7_Other)
Answer=Unknown	CodeValue=9

Physical Findings

Question: **Symptoms and Physical Findings observed at any time during illness:** PHIN_code=MDCH454

Answer_Type=code	
Answer=Loss of facial expression	CodeValue=1
Answer=Ptoisis	CodeValue=2
Answer=Extraocular muscle palsies	CodeValue=3
Answer=Pupils dilated	CodeValue=4
Answer=Pupils constricted	CodeValue=5
Answer=Sluggish pupil reactivity	CodeValue=6
Answer=Trouble swallowing	CodeValue=7
Answer=Constipation	CodeValue=8
Answer=Diarrhea	CodeValue=9
Answer=Altered cry	CodeValue=10
Answer=Weak sucking	CodeValue=11
Answer=Muscle weakness/Poor head control	CodeValue=12
Answer=Muscle weakness/Upper extremities	CodeValue=13
Answer=Muscle weakness/Lower extremities	CodeValue=14
Answer=Muscle weakness/"Floppy"	CodeValue=15
Answer=Knee deep tendon reflex absent	CodeValue=16
Answer=Knee deep tendon reflex depressed	CodeValue=17
Answer=Somnolent	CodeValue=18
Answer=Irritable	CodeValue=19
Answer=Fever	CodeValue=20
Answer=Dehydration	CodeValue=21
Answer=Respiratory difficulty	CodeValue=22
Answer=Respiratory arrest	CodeValue=23
Answer=Pneumonia	CodeValue=24
Answer=Other (specify):	CodeValue=25 (PHIN_code = MDCH454_25_Other)

Treatment

Question: **Respiratory assistance needed:** PHIN_code=MDCH383 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, number of days:** PHIN_code=MDCH196 Answer_Type=number

Question: **If yes, specify:** PHIN_code=MDCH189 Answer_Type=code

Answer=Oxygen only	CodeValue=1
Answer=Intubation	CodeValue=2
Answer=Tracheostomy	CodeValue=3
Answer=Ventilator	CodeValue=4
Answer=Unknown	CodeValue=9

Question: **Infant feeding tube needed?** PHIN_code=MDCH165 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, number of days:** PHIN_code=MDCH052 Answer_Type=number

Question: **Drug Name** PHIN_code=MDCH470a Answer_Type=string

Question: **Route of Administration** PHIN_code=MDCH515a Answer_Type=code

Answer=Oral	CodeValue=1
Answer=Parenteral	CodeValue=2
Answer=Unknown	CodeValue=9

Question: **Dose** PHIN_code=MDCH367a Answer_Type=string

Question: **Duration** PHIN_code=MDCH280a Answer_Type=number

Question: **Date Started** PHIN_code=MDCH056a Answer_Type=date

Question: **Was antitoxin given?** PHIN_code=MDCH275 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, route of administration:** PHIN_code=MDCH515b Answer_Type=code

Answer=I.V.	CodeValue=1
Answer=I.M.	CodeValue=2
Answer=Both	CodeValue=3
Answer=Unknown	CodeValue=9

Question: **If yes, how many total ccs were administered?** PHIN_code=MDCH429 Answer_Type=number

Question: **Other specific therapeutic medication(s) given:** PHIN_code=MDCH330 Answer_Type=string

Diagnostic Information

Question: **Was a lumbar puncture done?** PHIN_code=MDCH126 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, date:** PHIN_code=MDCH199 Answer_Type=date

Question: **If yes, was it normal?** PHIN_code=MDCH245 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Spinal fluid protein:** PHIN_code=MDCH130 Answer_Type=number

Question: **Total number of white cells:** PHIN_code=MDCH408 Answer_Type=number

Question: **Was a Tensilon test done?** PHIN_code=MDCH304 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, date:** PHIN_code=MDCH206 Answer_Type=date

Question: **If yes, results:** PHIN_code=MDCH269 Answer_Type=code

Answer=Positive	CodeValue=1
Answer=Negative	CodeValue=2
Answer=Equivocal	CodeValue=3
Answer=Unknown	CodeValue=9

Question: **Was an EMG (electromyography) done?** PHIN_code=MDCH300 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, date:** PHIN_code=MDCH246 Answer_Type=date

Question: **If yes, was it interpreted as compatible or diagnostic of botulism?** PHIN_code=MDCH163

Answer_Type=code

Answer=Yes	CodeValue=1
Answer=No	CodeValue=2
Answer=Not sure	CodeValue=3
Answer=Unknown	CodeValue=9

Question: **If yes, was BSAP noted?** PHIN_code=MDCH361 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Laboratory Information

Question: **Serum sample for toxin:** PHIN_code=MDCH274 Answer_Type=code
 Answer=Type A CodeValue=1
 Answer=Type B CodeValue=2
 Answer=Type E CodeValue=3
 Answer=Negative CodeValue=4
 Answer=Not Done CodeValue=5
 Answer=Toxic but not typed CodeValue=6

Question: **Stool sample:** PHIN_code=MDCH274a Answer_Type=code
 Answer=Type A CodeValue=1
 Answer=Type B CodeValue=2
 Answer=Type E CodeValue=3
 Answer=Negative CodeValue=4
 Answer=Not Done CodeValue=5

Question: **Date Specimen Collected** PHIN_code=LAB163 Answer_Type=date

Question: **Infant's Age** PHIN_code=LAB180 Answer_Type=number

Question: **Direct Toxin Assay** PHIN_code=LAB101 Answer_Type=code
 Answer=Type Specific Toxic CodeValue=1
 Answer=Non-Specific Toxic CodeValue=2
 Answer=Non Toxic CodeValue=3
 Answer=Unknown CodeValue=9

Question: **Enrichment Culture** PHIN_code=LAB165 Answer_Type=code
 Answer=Type Specific Toxic CodeValue=1
 Answer=Non-Specific Toxic CodeValue=2
 Answer=Non Toxic CodeValue=3
 Answer=Unknown CodeValue=9

Question: **Organism Isolated** PHIN_code=LAB102 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Date of first negative follow-up specimen:** PHIN_code=MDCH302 Answer_Type=date

Question: **Were food, medications, or environmental samples tested?** PHIN_code=MDCH158
 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, list:** PHIN_code=MDCH266 Answer_Type=text

Question: **If yes, were samples positive for:** PHIN_code=MDCH205 Answer_Type=code

Answer=Preformed toxin	CodeValue=1
Answer=C. botulinum	CodeValue=2
Answer=Both	CodeValue=3
Answer=Neither	CodeValue=4

Question: **If any samples were positive for toxin or organisms, describe:** PHIN_code=MDCH285
Answer_Type=text

Influenza

Hospital Information

Question: **Patient Hospitalized** PHIN_code=INV128 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=U

Question: **Hospital Name and City** PHIN_code=INV129 Answer_Type=string

Question: **Hospital Record No.** PHIN_code=INV130 Answer_Type=string

Question: **Admission Date** PHIN_code=INV132 Answer_Type=date

Question: **Discharge Date** PHIN_code=INV133 Answer_Type=date

Question: **Days Hospitalized** PHIN_code=INV134 Answer_Type=number

Question: **Patient Died** PHIN_code=INV171 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Is/was the patient isolated in the hospital?** PHIN_code=MDCH593 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Hospital/ER Name and Location** PHIN_code=MDCH594 Answer_Type=string

Question: **Admission Date** PHIN_code=MDCH595 Answer_Type=date

Question: **Discharge Date** PHIN_code=MDCH596 Answer_Type=date

Question: **Reason for Visit** PHIN_code=MDCH597 Answer_Type=string

Clinical Information

Question: **Fever** PHIN_code=MDCH100 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Sore Throat** PHIN_code=MDCH598 Answer_Type=code
 Answer=Yes CodeValue=Y

Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Cough** PHIN_code=MDCH400 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Headache/Myalgia** PHIN_code=MDCH517 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Runny nose/Congestion** PHIN_code=MDCH599 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Encephalopathy/Encephalitis** PHIN_code=MDCH295 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Chest X-ray or CAT scan for Pneumonia** PHIN_code=PRT011 Answer_Type=code

Answer=Positive CodeValue=P
 Answer=Negative CodeValue=N
 Answer=Not Done CodeValue=ND
 Answer=Unknown CodeValue=UNK

Question: **Other clinical signs** PHIN_code=MDCH600 Answer_Type=text

Epidemiologic Information

Question: **Epi-linked to a suspected or confirmed influenza case?** PHIN_code=MDCH618

Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **In the 7 days prior to illness onset, did the patient travel out of state?** PHIN_code=MDCH619

Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes, list travel location(s) and dates** PHIN_code=MDCH620 Answer_Type=text

Question: **Is this case a suspect or confirmed influenza pediatric death?** PHIN_code=MDCH621

Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Is this a case of suspect or confirmed influenza-associated encephalitis?**

PHIN_code=MDCH622 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Does the patient have any of the following risk factors for severe disease?**

PHIN_code=MDCH623 Answer_Type=code

Answer=Asthma/reactive airway disease	CodeValue=AST
Answer=Cardiac disease	CodeValue=CARD
Answer=Chronic lung disease	CodeValue=LUNG
Answer=Diabetes mellitus	CodeValue=DIAB
Answer=Metabolic disorder	CodeValue=MET
Answer=Immunosuppressive condition (specify)	CodeValue=IMM (PHIN_code = MDCH623_IMM_SPEC)
Answer=Pregnant	CodeValue=PREG
Answer=Renal disease	CodeValue=REN
Answer=Other (specify)	CodeValue=OTH (PHIN_code = MDCH623_OTH_SPEC)

Question: **Was the patient receiving any of the following medications when the influenza illness started?**

PHIN_code=MDCH624 Answer_Type=code

Answer=Aspirin or aspirin-containing products	CodeValue=1
Answer=Chemotherapy	CodeValue=2
Answer=Radiation therapy	CodeValue=3
Answer=Systemic steroids (not inhaled)	CodeValue=4
Answer=Other immunosuppressive medications (specify)	CodeValue=5 (PHIN_code = MDCH624_OTH_SPEC)
Answer=Unknown	CodeValue=6

Treatment Information

Question: **Were antiviral medications given?** PHIN_code=MDCH277 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Antiviral received** PHIN_code=MDCH601 Answer_Type=code

Answer=Oseltamivir (Tamiflu)	CodeValue=1
Answer=Zanamavir (Relenza)	CodeValue=2
Answer=Amantadine	CodeValue=3
Answer=Rimantadine	CodeValue=4

Question: **Date first started antiviral treatment** PHIN_code=MDCH602 Answer_Type=date

Question: **Number of Days Antiviral Taken** PHIN_code=MDCH603 Answer_Type=number

Question: **Is the patient on a ventilator?** PHIN_code=MDCH604 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Vaccine Information

Question: **Vaccinated against influenza during current flu season?** PHIN_code=MDCH614

Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Vaccination Date, if known (Dose 1):** PHIN_code=MDCH616 Answer_Type=date

Question: **Vaccination Date, if known (Dose 2):** PHIN_code=MDCH617 Answer_Type=date

Question: **If vaccinated, specify influenza vaccine received:** PHIN_code=MDCH615 Answer_Type=code

Answer=Trivalent inactivated influenza vaccine (TIV), injected	CodeValue=TIV
Answer=Live-attenuated influenza vaccine (LAIV), nasal spray	CodeValue=LAIV
Answer=Monovalent inactivated influenza vaccine, injected	CodeValue=MIIV
Answer=Monovalent LAIV, intranasal spray	CodeValue=MLAIV
Answer=Unknown	CodeValue=UNK

Laboratory Information

Question: **Was laboratory testing for influenza done?** PHIN_code=MDCH_LAB01 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Influenza Test Type** PHIN_code=MDCH607 Answer_Type=code

Answer=Rapid Test	CodeValue=RAP
Answer=Viral Culture	CodeValue=CULT
Answer=Direct Fluorescent Antibody	CodeValue=DFA
Answer=Indirect Fluorescent Antibody	CodeValue=IFA
Answer=Enzyme Immunoassay	CodeValue=EIA
Answer=Reverse transcriptase-PCR	CodeValue=RTPCR
Answer=Immunohistochemistry	CodeValue=IHC

Question: **Result** PHIN_code=MDCH608 Answer_Type=code

Answer=Influenza A +	CodeValue=A
Answer=Influenza B +	CodeValue=B
Answer=Positive but type unknown	CodeValue=P
Answer=Negative	CodeValue=N
Answer=Pending	CodeValue=PEND

Answer=Indeterminate CodeValue=I
 Answer=Unknown CodeValue=U

Question: **Specimen Source** PHIN_code=MDCH611 Answer_Type=code
 Answer=NP swab CodeValue=NP
 Answer=NP Aspirate CodeValue=ASP
 Answer=OP swab CodeValue=OP
 Answer=BAL CodeValue=BAL
 Answer=Tissue CodeValue=TIS
 Answer=Other CodeValue=OTH

Question: **Specimen Collection Date** PHIN_code=MDCH613 Answer_Type=date

Question: **Specify Commercial Rapid Diagnostic Test Name** PHIN_code=MDCH610 Answer_Type=string

Question: **Specify Other Source/Tissue Specimen Source** PHIN_code=MDCH612 Answer_Type=string

Question: **Name(s) and location(s) of the laboratory that performed testing** PHIN_code=MDCH653
 Answer_Type=string

Question: **Subtype/Strain** PHIN_code=MDCH644 Answer_Type=string

Question: **Specimen used for subtyping** PHIN_code=MDCH645 Answer_Type=string

Question: **Was testing for any other respiratory diseases performed?** PHIN_code=MDCH605
 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes, list tests and results** PHIN_code=MDCH606 Answer_Type=text

Contact Information

Question: **Name of Contact** PHIN_code=CTCT_NAME Answer_Type=string

Question: **Age** PHIN_code=CTCT_AGE Answer_Type=string

Question: **Onset Date** PHIN_code=CTCT_ONSET Answer_Type=date

Question: **Relation** PHIN_code=CTCT_RELATION Answer_Type=string

Question: **Flu vaccine past 12 months?** PHIN_code=CTCT_VAC Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Contact Information** PHIN_code=CTCT_PHONE Answer_Type=string

Influenza, Novel

Hospital Information

Question: **Patient Hospitalized** PHIN_code=INV128 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=U

Question: **Hospital Name and City** PHIN_code=INV129 Answer_Type=string

Question: **Hospital Record No.** PHIN_code=INV130 Answer_Type=string

Question: **Admission Date** PHIN_code=INV132 Answer_Type=date

Question: **Discharge Date** PHIN_code=INV133 Answer_Type=date

Question: **Days Hospitalized** PHIN_code=INV134 Answer_Type=number

Question: **Patient Died** PHIN_code=INV171 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **Hospital/ER Name and Location** PHIN_code=MDCH594 Answer_Type=string

Question: **Admission Date** PHIN_code=MDCH595 Answer_Type=date

Question: **Discharge Date** PHIN_code=MDCH596 Answer_Type=date

Question: **Reason for Visit** PHIN_code=MDCH597 Answer_Type=string

Isolation Information

Question: **Is/was the patient isolated?** PHIN_code=MDCH593 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **Hospital isolation start date** PHIN_code=MDCH626 Answer_Type=date

Question: **Hospital isolation end date** PHIN_code=MDCH627 Answer_Type=date

Question: **If isolated outside of the hospital, specify isolation location** PHIN_code=MDCH639
Answer_Type=string

Question: **Non-hospital isolation start date** PHIN_code=MDCH640 Answer_Type=date

Question: **Non-hospital isolation end date** PHIN_code=MDCH641 Answer_Type=date

Clinical Information

Question: **Fever (Temp > 100.4 F)** PHIN_code=MDCH100 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Sore Throat** PHIN_code=MDCH598 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Cough** PHIN_code=MDCH400 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Headache/Myalgia** PHIN_code=MDCH517 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Runny nose/Congestion** PHIN_code=MDCH599 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Shortness of Breath** PHIN_code=MDCH628 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Conjunctivitis** PHIN_code=MDCH629 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Dehydration** PHIN_code=MDCH630 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Diarrhea** PHIN_code=MDCH631 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **Encephalopathy/Encephalitis** PHIN_code=MDCH295 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **Chest X-ray or CAT scan for Pneumonia/Pulmonary Infiltrates** PHIN_code=PRT011

Answer_Type=code

Answer=Positive CodeValue=P

Answer=Negative CodeValue=N

Answer=Not Done CodeValue=ND

Answer=Unknown CodeValue=UNK

Question: **Multi-organ dysfunction syndrome (MODS)** PHIN_code=MDCH632 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **Acute Respiratory Distress Syndrome (ARDS)** PHIN_code=MDCH652 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **Other clinical signs** PHIN_code=MDCH600 Answer_Type=text

Treatment Information

Question: **Was patient receiving antiviral medications for prophylaxis prior to illness onset?**

PHIN_code=MDCH634 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **If yes, antiviral received** PHIN_code=MDCH635 Answer_Type=code

Answer=Oseltamivir (Tamiflu) CodeValue=1

Answer=Zanamavir (Relenza) CodeValue=2

Answer=Amantadine CodeValue=3

Answer=Rimantadine CodeValue=4

Question: **Date first started antiviral prophylaxis** PHIN_code=MDCH636 Answer_Type=date

Question: **Number of antiviral doses taken for prophylaxis** PHIN_code=MDCH637

Answer_Type=number

Question: **Has the patient received antiviral medications for treatment?** PHIN_code=MDCH277

Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes, antiviral received** PHIN_code=MDCH601 Answer_Type=code
 Answer=Oseltamivir (Tamiflu) CodeValue=1
 Answer=Zanamavir (Relenza) CodeValue=2
 Answer=Amantadine CodeValue=3
 Answer=Rimantadine CodeValue=4

Question: **Date first started antiviral treatment** PHIN_code=MDCH602 Answer_Type=date

Question: **Number of antiviral doses taken for treatment** PHIN_code=MDCH633 Answer_Type=number

Question: **Is the patient on a ventilator?** PHIN_code=MDCH604 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Vaccine Information

Question: **Vaccinated against influenza during current flu season?** PHIN_code=MDCH614
 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Vaccination Date, if known (Dose 1):** PHIN_code=MDCH616 Answer_Type=date

Question: **Vaccination Date, if known (Dose 2):** PHIN_code=MDCH617 Answer_Type=date

Question: **If vaccinated, specify influenza vaccine received:** PHIN_code=MDCH615 Answer_Type=code
 Answer=Trivalent inactivated influenza vaccine (TIV), injected CodeValue=TIV
 Answer=Live-attenuated influenza vaccine (LAIV), nasal spray CodeValue=LAIV
 Answer=Monovalent inactivated influenza vaccine, injected CodeValue=MIIV
 Answer=Monovalent LAIV, intranasal spray CodeValue=MLAIV
 Answer=Unknown CodeValue=UNK

Laboratory Information

Question: **Was laboratory testing for influenza done?** PHIN_code=MDCH_LAB01 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Were samples sent to the CDC?** PHIN_code=MDCH643 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Influenza Test Type** PHIN_code=MDCH607 Answer_Type=code

Answer=Rapid Test	CodeValue=RAP
Answer=Viral Culture	CodeValue=CULT
Answer=Direct Fluorescent Antibody	CodeValue=DFA
Answer=Indirect Fluorescent Antibody	CodeValue=IFA
Answer=Enzyme Immunoassay	CodeValue=EIA
Answer=Reverse transcriptase-PCR	CodeValue=RTPCR
Answer=Immunohistochemistry	CodeValue=IHC

Question: **Result** PHIN_code=MDCH608 Answer_Type=code

Answer=Influenza A +	CodeValue=A
Answer=Influenza B +	CodeValue=B
Answer=Positive but type unknown	CodeValue=P
Answer=Negative	CodeValue=N
Answer=Pending	CodeValue=PEND
Answer=Indeterminate	CodeValue=I
Answer=Unknown	CodeValue=U

Question: **Specimen Source** PHIN_code=MDCH611 Answer_Type=code

Answer=NP swab	CodeValue=NP
Answer=NP Aspirate	CodeValue=ASP
Answer=OP swab	CodeValue=OP
Answer=BAL	CodeValue=BAL
Answer=Tissue	CodeValue=TIS
Answer=Other	CodeValue=OTH

Question: **Specimen Collection Date** PHIN_code=MDCH613 Answer_Type=date

Question: **Specify Commercial Rapid Diagnostic Test Name** PHIN_code=MDCH610

Answer_Type=string

Question: **Specify Other Source/Tissue Specimen Source** PHIN_code=MDCH612 Answer_Type=string

Question: **Name(s) and location(s) of the laboratory that performed the testing** PHIN_code=MDCH653

Answer_Type=string

Question: **Subtype/Strain** PHIN_code=MDCH644 Answer_Type=string

Question: **Specimen used for subtyping** PHIN_code=MDCH645 Answer_Type=string

Question: **Was testing for any other respiratory diseases performed?** PHIN_code=MDCH605

Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, list tests and results** PHIN_code=MDCH606 Answer_Type=text

Travel Information

Question: **In the 10 days prior to illness onset, did the patient travel out of state?** PHIN_code=MDCH619
Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Specify travel location(s) and dates:** PHIN_code=MDCH620 Answer_Type=string

Question: **Did the patient travel during illness or 24 hours prior to onset?** PHIN_code=MDCH650
Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, transport type:** PHIN_code=MDCH654 Answer_Type=code

Answer=Airline company and flight	CodeValue=AIR (PHIN_code = MDCH654_FLIGHT)
Answer=Other	CodeValue=OTH (PHIN_code = MDCH654_OTH)

Question: **If yes, specify departure date and city, arrival date and city:** PHIN_code=MDCH651
Answer_Type=text

Epidemiologic Information

Question: **Epi-linked to a suspected or confirmed novel influenza case?** PHIN_code=MDCH618
Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Does the patient have any of the following risk factors for severe disease?**

PHIN_code=MDCH623 Answer_Type=code

Answer=Asthma/reactive airway disease	CodeValue=AST
Answer=Cardiac disease	CodeValue=CARD
Answer=Chronic lung disease	CodeValue=LUNG
Answer=Diabetes mellitus	CodeValue=DIAB
Answer=Metabolic disorder	CodeValue=MET
Answer=Immunosuppressive condition (specify)	CodeValue=IMM (PHIN_code = MDCH623_IMM_SPEC)
Answer=Pregnant	CodeValue=PREG
Answer=Renal disease	CodeValue=REN
Answer=Other (specify)	CodeValue=OTH (PHIN_code = MDCH623_OTH_SPEC)

Question: **Was the patient receiving any of the following medications when the influenza illness started?**

PHIN_code=MDCH624 Answer_Type=code

Answer=Aspirin or aspirin-containing products	CodeValue=1
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Answer=Chemotherapy	CodeValue=2
Answer=Radiation therapy	CodeValue=3
Answer=Systemic steroids (not inhaled)	CodeValue=4
Answer=Other immunosuppressive medications (specify)	CodeValue=5 (PHIN_code = MDCH624_OTH_SPEC)
Answer=Unknown	CodeValue=6

Question: **Does the patient work in a biological laboratory with human and/or animal specimens?**

PHIN_code=MDCH646 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Does the patient live or work on a farm?** PHIN_code=MDCH647 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **In the 10 days prior to illness onset, did the patient:** Answer_Type=code

Answer=Have any direct physical contact with live domestic poultry including chickens, ducks, geese, and turkeys or their feces

CodeValue=POUL

Answer=Have direct physical contact (i.e. touching) with horses

CodeValue=HORSE

Answer=Have direct physical contact (i.e. touching) with pigs/swine

CodeValue=PIG

Answer=Have direct physical contact (i.e. touching) with dogs/canines

CodeValue=DOG

Answer=Have direct physical contact (i.e. touching) with other live domestic animals

CodeValue=OTH

Answer=Have direct physical contact (i.e. touching) with wild waterfowl (e.g. ducks, geese, herons, other) or their feces

CodeValue=H2OFOWL

Answer=Touch any recently butchered poultry or incompletely cooked poultry products (NOT including commercial products bought within the U.S.)

CodeValue=TOUCHPOUL

Answer=Visit or stay in the same household with anyone with pneumonia or severe flu-like illness (If yes, fill out contact information in next section)

CodeValue=CNTCTRESP

Answer=Visit or stay in the same household with anyone with suspected or known novel influenza (If yes, fill out contact information in next section)

CodeValue=CNTCTSUSP

Question: (See Above) PHIN_code=MDCH655 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If the patient had direct contact with other domestic animals, please specify the type of animal:**

PHIN_code=MDCH648 Answer_Type=string

Question: **If the patient had direct contact with waterfowl, please indicate the geographic location:**

PHIN_code=MDCH649 Answer_Type=string

Contact Information

Question: **Name of Contact** PHIN_code=CTCT_NAME Answer_Type=string

Question: **Age** PHIN_code=CTCT_AGE Answer_Type=string

Question: **Relation** PHIN_code=CTCT_RELATION Answer_Type=string

Question: **Flu-like symptoms?** PHIN_code=CTCT_CASE Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **Quarantined?** PHIN_code=CTCT_QUAR Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **Symptom Onset Date** PHIN_code=CTCT_ONSET Answer_Type=date

Question: **Flu vaccine past 12 months?** PHIN_code=CTCT_VAC Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **Phone Number** PHIN_code=CTCT_PHONE Answer_Type=string

Kawasaki

Hospital Information

Question: **Patient Hospitalized** PHIN_code=INV128 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=U

Question: **Hospital** PHIN_code=INV129 Answer_Type=string

Question: **Hospital City** PHIN_code=MDCH144 Answer_Type=string

Question: **Hospital Record No.** PHIN_code=MDCH109 Answer_Type=string

Question: **Admission Date** PHIN_code=INV132 Answer_Type=date

Question: **Discharge Date** PHIN_code=INV133 Answer_Type=date

Question: **Days Hospitalized** PHIN_code=INV134 Answer_Type=number

Question: **Patient Died** PHIN_code=INV171 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Clinical Information

Question: **Does the patient have any known sequelae?** PHIN_code=MDCH450 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **If yes, specify:** PHIN_code=MDCH451 Answer_Type=string

Question: **Does the patient have recurrent Kawasaki syndrome?** PHIN_code=MDCH452

Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **If yes, list onset date of prior Kawasaki syndrome episode:** PHIN_code=MDCH453

Answer_Type=date

Question: **Symptoms:** PHIN_code=MDCH454 Answer_Type=code

Answer=Bilateral conjunctival injection CodeValue=1

Answer=Oral mucosal changes CodeValue=2

Answer=Peripheral extremity changes	CodeValue=3
Answer=Cervical lymphadenopathy (>= 1.5 cm diameter)	CodeValue=LYMPH
Answer=Rash	CodeValue=RASH
Answer=Fever >= 5 days	CodeValue=F

Question: **If fever, number of days febrile:** PHIN_code=MDCH101 Answer_Type=number

Question: **Test Name** PHIN_code=MDCH455 Answer_Type=code

Answer=EKG	CodeValue=1
Answer=Echo	CodeValue=2
Answer=Angiogram	CodeValue=3

Question: **Results** PHIN_code=MDCH456 Answer_Type=code

Answer=Not done	CodeValue=1
Answer=Normal results	CodeValue=2
Answer=Aneurysms	CodeValue=3
Answer=Other abnormalities	CodeValue=4
Answer=Unknown results	CodeValue=5

Question: **Date of Test** PHIN_code=MDCH457 Answer_Type=date

Question: **Cardiac complications:** PHIN_code=MDCH458 Answer_Type=code

Answer=Aneurysms (coronary artery)	CodeValue=1
Answer=Aneurysms (other, specify)	CodeValue=2 (PHIN_code = MDCH458_2_Other)
Answer=Aortic regurgitation	CodeValue=3
Answer=Arrhythmias	CodeValue=4
Answer=Congestive heart failure	CodeValue=5
Answer=Coronary artery dilatation	CodeValue=6
Answer=Mitral regurgitation	CodeValue=7
Answer=Myocardial infarction	CodeValue=8
Answer=Myocardial ischemia	CodeValue=9
Answer=Myocarditis	CodeValue=10
Answer=Pericarditis or pericardial effusion	CodeValue=11
Answer=Other (specify)	CodeValue=12 (PHIN_code = MDCH458_12_Other)

Question: **Noncardiac complications:** PHIN_code=MDCH459 Answer_Type=code

Answer=Arthralgia	CodeValue=1
Answer=Arthritis	CodeValue=2
Answer=Aseptic meningitis	CodeValue=3
Answer=Gall bladder hydrops	CodeValue=4
Answer=Hearing loss	CodeValue=5
Answer=Hepatitis or hepatomegaly	CodeValue=6
Answer=Iritis or uveitis	CodeValue=7
Answer=Meatitis or sterile pyuria	CodeValue=8
Answer=Myalgia or myositis	CodeValue=9
Answer=Other (specify)	CodeValue=10 (PHIN_code = MDCH459_10_Other)

Treatment Information

Question: **Was intravenous gamma globulin given?** PHIN_code=MDCH460 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, was it started before the fifth day of illness while the patient was still febrile?**

PHIN_code=MDCH461 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Legionellosis

Hospital Information

Question: **Patient Hospitalized** PHIN_code=INV128 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=U

Question: **Hospital** PHIN_code=INV129 Answer_Type=string

Question: **Hospital City** PHIN_code=MDCH144 Answer_Type=string

Question: **Hospital Record No.** PHIN_code=MDCH109 Answer_Type=string

Question: **Admission Date** PHIN_code=INV132 Answer_Type=date

Question: **Discharge Date** PHIN_code=INV133 Answer_Type=date

Question: **Days Hospitalized** PHIN_code=INV134 Answer_Type=number

Question: **Patient Died** PHIN_code=INV171 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Clinical Information

Question: **CDC Case No.** PHIN_code=MDCH004 Answer_Type=string

Question: **Diagnosis:** PHIN_code=MDCH084 Answer_Type=code

Answer=Legionnaires' Disease (Pneumonia, X-ray diagnosed) CodeValue=LEGION

Answer=Pontiac Fever (Fever, myalgia without pneumonia) CodeValue=PONTIAC

Answer=Unknown CodeValue=UNKNOWN

Answer=Other CodeValue=OTHER

(PHIN_code = MDCH084_OTHER_Other)

Epidemiologic Information

Question: **Did the patient travel or stay overnight somewhere other than the usual residence?**

PHIN_code=MDCH118 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **City** PHIN_code=MDCH114 Answer_Type=string

Question: **Lodging** PHIN_code=MDCH149 Answer_Type=string

Question: **Did the patient have dental work?** PHIN_code=MDCH150 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes, name of the dental office:** PHIN_code=MDCH153 Answer_Type=string

Question: **Did the patient visit a hospital as an outpatient?** PHIN_code=MDCH151 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes, name of the hospital:** PHIN_code=MDCH154 Answer_Type=string

Question: **Did the patient work in a hospital?** PHIN_code=MDCH152 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes, name of the hospital:** PHIN_code=MDCH155 Answer_Type=string

Question: **Was case hospital related (nosocomial)?** PHIN_code=MDCH156 Answer_Type=code

Answer=Not nosocomial: No inpatient or outpatient hospital
 visits in the 10 days prior to onset of symptoms CodeValue=NOT
 Answer=Definitely nosocomial: Patient hospitalized continuously
 for 10 or more days before onset of legionella infection CodeValue=DEFINATE
 Answer=Possible nosocomial: Patient hospitalized 2 - 9 days
 before onset of legionella infection CodeValue=POSSIBLE
 Answer=Unknown CodeValue=UNK
 Answer=Other CodeValue=OTHER
 (PHIN_code = MDCH156_OTHER_Other)

Laboratory Information

Question: **Culture positive?** PHIN_code=MDCH205 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Not Done CodeValue=ND

Question: **If yes, date specimen was collected:** PHIN_code=MDCH206 Answer_Type=date

Question: **Site:** PHIN_code=MDCH207 Answer_Type=code

Answer=Lung biopsy CodeValue=TLNG
 Answer=Respiratory secretions CodeValue=RES
 Answer=Pleural fluid CodeValue=PLR
 Answer=Blood CodeValue=BBL
 Answer=Other CodeValue=OTHER (PHIN_code = MDCH207_OTHER_Other)

Question: **Species:** PHIN_code=MDCH208 Answer_Type=string

Question: **Serogroup:** PHIN_code=MDCH209 Answer_Type=string

Question: **DFA positive?** PHIN_code=MDCH205b Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Not Done	CodeValue=ND

Question: **If yes, date specimen was collected:** PHIN_code=MDCH206b Answer_Type=date

Question: **Site:** PHIN_code=MDCH207b Answer_Type=code

Answer=Lung biopsy	CodeValue=TLNG
Answer=Respiratory secretions	CodeValue=RES
Answer=Pleural fluid	CodeValue=PLR
Answer=Blood	CodeValue=BBL
Answer=Other	CodeValue=OTHER (PHIN_code = MDCH207b_OTHER_Other)

Question: **Species:** PHIN_code=MDCH208b Answer_Type=string

Question: **Serogroup:** PHIN_code=MDCH209b Answer_Type=string

Question: **Urine Antigen Positive?** PHIN_code=MDCH210 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Not Done	CodeValue=ND

Question: **If yes, date specimen was collected:** PHIN_code=MDCH206c Answer_Type=date

Question: **Sera** PHIN_code=MDCH159 Answer_Type=code

Answer=Initial (acute)	CodeValue=INITIAL
Answer=Convalescent	CodeValue=CONVAL

Question: **Titer** PHIN_code=MDCH204 Answer_Type=string

Question: **Specimen Collection Date** PHIN_code=MDCH160 Answer_Type=date

Question: **Species (used in assay)** PHIN_code=MDCH161 Answer_Type=string

Question: **Serogroup (used in assay)** PHIN_code=MDCH162 Answer_Type=string

Question: **Was there a fourfold rise in antibody titer?** PHIN_code=MDCH157 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Leprosy

Clinical Information

Question: **Type of Leprosy:** PHIN_code=MDCH364 Answer_Type=code

Answer=Lepromatous	CodeValue=1
Answer=Dimorphous/Borderline	CodeValue=2
Answer=Tuberculoid	CodeValue=3
Answer=Indeterminate	CodeValue=4

Question: **Was a biopsy performed?** PHIN_code=MDCH518 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, date:** PHIN_code=MDCH173 Answer_Type=date

Question: **Acid fast stain of smear or section?** PHIN_code=MDCH422 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Bacilli seen on smear or section?** PHIN_code=MDCH416 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Dapsone?** PHIN_code=MDCH277 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Rifampin?** PHIN_code=MDCH279 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Other drugs?** PHIN_code=MDCH314 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If Other, specify:** PHIN_code=MDCH485 Answer_Type=string

Epidemiologic Information

Question: **CDC Case Number:** PHIN_code=MDCH004 Answer_Type=string

Question: **Place of Birth:** PHIN_code=MDCH373 Answer_Type=string

Question: **Has the patient ever lived outside the U.S. (including military service outside the U.S.)?**

PHIN_code=MDCH329 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **Date Entered U.S.** PHIN_code=MDCH193 Answer_Type=string

Residence Information

Question: **City** PHIN_code=MDCH330 Answer_Type=string

Question: **County** PHIN_code=MDCH487 Answer_Type=string

Question: **State** PHIN_code=MDCH213 Answer_Type=string

Question: **Country** PHIN_code=MDCH520 Answer_Type=string

Question: **From Date** PHIN_code=MDCH233 Answer_Type=string

Question: **To Date** PHIN_code=MDCH246 Answer_Type=string

Question: **Has the patient ever touched armadillos?** PHIN_code=MDCH179 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **Have any household contacts of patient been examined?** PHIN_code=MDCH134

Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **If yes, were additional cases found?** PHIN_code=MDCH286 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **Have the household members been started on prophylaxis?** PHIN_code=MDCH158

Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

List all known or suspected patients with leprosy who have had contact with the patient

Question: **Name** PHIN_code=MDCH073 Answer_Type=string

Question: **Age** PHIN_code=MDCH060 Answer_Type=number

Question: **Sex** PHIN_code=MDCH085 Answer_Type=code

Answer=Female	CodeValue=F
Answer=Male	CodeValue=M
Answer=Unknown	CodeValue=U

Question: **Relation** PHIN_code=MDCH075a Answer_Type=string

Question: **Full Address** PHIN_code=CTCT_ADDR Answer_Type=string

Question: **From Date** PHIN_code=MDCH091_1 Answer_Type=string

Question: **To Date** PHIN_code=MDCH091_2 Answer_Type=string

Question: **Lived with Patient** PHIN_code=MDCH086 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Reported to CDC** PHIN_code=MDCH087 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

List all living members who have had a month or more of household contact with the patient

Question: **Name** PHIN_code=MDCH073a Answer_Type=string

Question: **Age** PHIN_code=MDCH060a Answer_Type=string

Question: **Sex** PHIN_code=MDCH085a Answer_Type=code

Answer=Female	CodeValue=F
Answer=Male	CodeValue=M
Answer=Unknown	CodeValue=U

Question: **Known/Suspect Case** PHIN_code=MDCH273 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=U

Question: **Reported to CDC** PHIN_code=MDCH087a Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=U

Question: **Relation** PHIN_code=MDCH075b Answer_Type=string

Question: **Full Address** PHIN_code=CTCT_ADDRa Answer_Type=string

Question: **Date Entered US** PHIN_code=MDCH193a Answer_Type=date

Question: **Contact Dates** PHIN_code=MDCH186 Answer_Type=string

Leptospirosis

Hospital Information

Question: **Patient Hospitalized** PHIN_code=INV128 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=U

Question: **Hospital** PHIN_code=INV129 Answer_Type=string

Question: **Hospital City** PHIN_code=MDCH144 Answer_Type=string

Question: **Hospital Record No.** PHIN_code=MDCH109 Answer_Type=string

Question: **Admission Date** PHIN_code=INV132 Answer_Type=date

Question: **Discharge Date** PHIN_code=INV133 Answer_Type=date

Question: **Days Hospitalized** PHIN_code=INV134 Answer_Type=number

Question: **Patient Died** PHIN_code=INV171 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **If yes, date of death:** PHIN_code=INV146 Answer_Type=date

Question: **If yes, was an autopsy performed?** PHIN_code=MDCH519 Answer_Type=code

Answer=Yes CodeValue=1

Answer=No CodeValue=2

Answer=Unknown CodeValue=9

Clinical Information

Question: **Initial clinical impression:** PHIN_code=MDCH163 Answer_Type=code

Answer=Leptospirosis CodeValue=1

Answer=Unknown CodeValue=9

Answer=Other (specify): CodeValue=2 (PHIN_code = MDCH163_2_Other)

Question: **Presumptive serotype:** PHIN_code=MDCH048 Answer_Type=string

Question: **Signs and Symptoms:** PHIN_code=MDCH172 Answer_Type=code

Answer=Anuria or oliguria CodeValue=1

Answer=Elevated BUN (over 20 mg.%) CodeValue=2

Answer=Hematuria CodeValue=3

Answer=Albuminuria (over "2+") CodeValue=4

Answer=Jaundice	CodeValue=5
Answer=Stiff neck	CodeValue=6
Answer=Elevated CSF protein (over 50 mg.%)	CodeValue=7
Answer=Elevated CSF cell count (over 5 cells per ml)	CodeValue=8
Answer=Other (specify):	CodeValue=9 (PHIN_code = MDCH172_9_Other)

Epidemiologic Information

Question: **Recent contact with animals?** PHIN_code=MDCH178 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, specify:** PHIN_code=MDCH196 Answer_Type=code

Answer=Rodents	CodeValue=1
Answer=Dogs	CodeValue=2
Answer=Cattle	CodeValue=3
Answer=Swine	CodeValue=4
Answer=Wild animals	CodeValue=5
Answer=Other (specify):	CodeValue=6 (PHIN_code = MDCH196_6_Other)

Question: **Recent history of contact with potentially contaminated water (i.e., sewage, streams, ponds, floods, etc.)?** PHIN_code=MDCH120 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, specify:** PHIN_code=MDCH099 Answer_Type=text

Laboratory Information

Question: **Name of Laboratory:** PHIN_code=MDCH480 Answer_Type=string

Question: **Location:** PHIN_code=MDCH509 Answer_Type=string

Serology

Question: **Serology?** PHIN_code=MDCH_LAB01 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Test Name** PHIN_code=LAB101 Answer_Type=string

Question: **Antigens Used** PHIN_code=MDCH131 Answer_Type=string

Question: **Date 1** PHIN_code=LAB108a Answer_Type=date

Question: **Result 1** PHIN_code=LAB102a Answer_Type=string

Question: **Date 2** PHIN_code=LAB108b Answer_Type=date

Question: **Result 2** PHIN_code=lab102b Answer_Type=string

Question: **Date 3** PHIN_code=lab108c Answer_Type=date

Question: **Result 3** PHIN_code=lab102c Answer_Type=string

Culture

Question: **Material cultured:** PHIN_code=MDCH046 Answer_Type=string

Question: **Date:** PHIN_code=MDCH0133 Answer_Type=date

Question: **Animals inoculated:** PHIN_code=MDCH119 Answer_Type=string

Question: **Results:** PHIN_code=MDCH045 Answer_Type=string

Direct Examination

Question: **Material examined:** PHIN_code=MDCH126 Answer_Type=string

Question: **Darkfield?** PHIN_code=MDCH513 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, results:** PHIN_code=MDCH204 Answer_Type=string

Question: **Fluorescent antibody?** PHIN_code=MDCH157 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, results:** PHIN_code=MDCH112 Answer_Type=string

Question: **Histopathology?** PHIN_code=MDCH462 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, results:** PHIN_code=MDCH153 Answer_Type=string

Lyme Disease

Clinical Information

Question: **Clinical Characteristics** PHIN_code=SYMPTOMS Answer_Type=code
 Answer=Erythema migrans (physician diagnosed EM
 at least 5 cm or about 2 inches in diameter) CodeValue=ERYTHEMA
 Answer=Arthritis characterized by brief attacks
 of joint swelling CodeValue=ARTHRITIS
 Answer=Bell's palsy or other cranial neuritis CodeValue=BELLSPALSY
 Answer=Radiculoneuropathy CodeValue=RADICULONEUROPATHY
 Answer=Lymphocytic meningitis CodeValue=LYMPHOCYTIC
 Answer=Encephalitis/Encephalomyelitis CodeValue=ENCEPHALITIS
 Answer=CSF tested for antibodies to B. burgdorferi CodeValue=CSF
 Answer=Antibody to B. burgdorferi higher in
 CSF than serum CodeValue=BBURGDORFERI
 Answer=2nd or 3rd degree atrioventricular block CodeValue=ATRIOVENTRICULAR

Question: **Present?** PHIN_code=MDCH171 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Other Clinical Information:** PHIN_code=MDCH486 Answer_Type=text

Question: **Was the patient hospitalized for the current episode?** PHIN_code=INV128
 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=U

Question: **Name of antibiotic(s) used during this episode?** PHIN_code=MDCH485 Answer_Type=string

Question: **Number of Days used?** PHIN_code=MDCH105 Answer_Type=number

Question: **Was the patient pregnant at the time of illness?** PHIN_code=MDCH249 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Where was the patient most likely exposed?

Question: **County:** PHIN_code=MDCH487 Answer_Type=code
 (See Appendix A for County codes)

Question: **State:** PHIN_code=MDCH488 Answer_Type=code
 (See Appendix B for State codes)

Laboratory Information

Question: **Test Name/Test Method** PHIN_code=LAB101 Answer_Type=code
Answer=Culture CodeValue=Culture
Answer=EIA CodeValue=EIA
Answer=IFA CodeValue=IFA
Answer=Western Blot IgM CodeValue=IGM
Answer=Western Blot IgG CodeValue=IGG
Answer=C6 peptide CodeValue=C6
Answer=Other CodeValue=OTHER

Question: **Test Result** PHIN_code=LAB102 Answer_Type=code
Answer=Positive CodeValue=P
Answer=Negative CodeValue=N
Answer=Equivocal CodeValue=E
Answer=Not Done CodeValue=ND
Answer=Unknown CodeValue=UNK

Question: **If Other, please specify:** PHIN_code=MDCH451 Answer_Type=string

Malaria

Hospital Information

Question: **Patient Hospitalized** PHIN_code=INV128 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=U

Question: **Hospital** PHIN_code=INV129 Answer_Type=string

Question: **Hospital City** PHIN_code=MDCH144 Answer_Type=string

Question: **Hospital Record No.** PHIN_code=MDCH109 Answer_Type=string

Question: **Admission Date** PHIN_code=INV132 Answer_Type=date

Question: **Discharge Date** PHIN_code=INV133 Answer_Type=date

Question: **Days Hospitalized** PHIN_code=INV134 Answer_Type=number

Question: **Patient Died** PHIN_code=INV171 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **If yes, date of death** PHIN_code=INV146 Answer_Type=date

Clinical Information

Question: **History of malaria in last 12 months (prior to this report)?** PHIN_code=MDCH462

Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **If yes, species:** PHIN_code=MDCH463 Answer_Type=code

Answer=Vivax CodeValue=1

Answer=Falciparum CodeValue=2

Answer=Malariae CodeValue=3

Answer=Ovale CodeValue=4

Answer=Not determined CodeValue=5

Question: **Date of previous illness:** PHIN_code=MDCH464 Answer_Type=date

Question: **Clinical complications for this attack:** PHIN_code=MDCH467 Answer_Type=code

Answer=cerebral malaria CodeValue=1

Answer=renal failure	CodeValue=2
Answer=ARDS	CodeValue=3
Answer=anemia (Hb<11, Hct<33)	CodeValue=4
Answer=none	CodeValue=5
Answer=other (specify)	CodeValue=6 (PHIN_code = MDCH467_6_Other)

Question: **Blood transfusion/transplant within last 12 months?** PHIN_code=MDCH465

Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, date:** PHIN_code=MDCH466 Answer_Type=date

Question: **Is patient pregnant?** PHIN_code=MDCH468 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Treatment/Prophylaxis

Question: **Was malaria chemoprophylaxis taken?** PHIN_code=MDCH469 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, which drugs were taken?** PHIN_code=MDCH470 Answer_Type=code

Answer=chloroquine	CodeValue=1
Answer=mefloquine	CodeValue=6
Answer=doxycycline	CodeValue=2
Answer=primaquine	CodeValue=3
Answer=Malarone	CodeValue=10
Answer=other (specify)	CodeValue=12 (PHIN_code = MDCH470_12_Other)

Question: **Were all pills taken as prescribed?** PHIN_code=MDCH471 Answer_Type=code

Answer=Yes, missed no doses	CodeValue=5
Answer=No, missed one to a few doses	CodeValue=6
Answer=No, missed more than a few but < half of the doses	CodeValue=8
Answer=No, missed half or more of the doses	CodeValue=9
Answer=No, missed doses but not sure how many	CodeValue=10
Answer=Don't know	CodeValue=11

Question: **If doses were missed, what was the reason?** PHIN_code=MDCH472 Answer_Type=code

Answer=Forgot	CodeValue=1
Answer=Didn't think needed	CodeValue=2
Answer=Had a side effect (specify)	CodeValue=3 (PHIN_code = MDCH472_3_Other)
Answer=Was advised by others to stop	CodeValue=4
Answer=Prematurely stopped taking once home	CodeValue=5

Answer=Other (specify)

CodeValue=6 (PHIN_code = MDCH472_6_Other)

Question: **Therapy for this attack:** PHIN_code=MDCH473 Answer_Type=code

Answer=chloroquine	CodeValue=1
Answer=primaquine	CodeValue=3
Answer=tetracycline/doxycycline	CodeValue=4
Answer=quinine/quinidine	CodeValue=5
Answer=mefloquine	CodeValue=6
Answer=pyrimethamine-sulfadoxine	CodeValue=7
Answer=exchange	CodeValue=8
Answer=transfusion	CodeValue=9
Answer=Malarone	CodeValue=10
Answer=unknown	CodeValue=11
Answer=other (specify)	CodeValue=12 (PHIN_code = MDCH473_12_Other)

Laboratory InformationQuestion: **Lab results:** PHIN_code=MDCH478 Answer_Type=code

Answer=Smear positive	CodeValue=1
Answer=Smear negative	CodeValue=2
Answer=No smear taken	CodeValue=3

Question: **Species:** PHIN_code=MDCH479 Answer_Type=code

Answer=Vivax	CodeValue=1
Answer=Falciparum	CodeValue=2
Answer=Malariae	CodeValue=3
Answer=Ovale	CodeValue=4
Answer=Not determined	CodeValue=5

Question: **Laboratory name:** PHIN_code=MDCH480 Answer_Type=stringQuestion: **Telephone number:** PHIN_code=MDCH481 Answer_Type=phoneQuestion: **Specimens being sent to CDC?** PHIN_code=MDCH482 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes:** PHIN_code=MDCH483 Answer_Type=code

Answer=Smears	CodeValue=1
Answer=Whole blood	CodeValue=2
Answer=Other (specify)	CodeValue=3 (PHIN_code = MDCH483_3_Other)

Epidemiologic InformationQuestion: **Has the patient traveled or lived outside the USA during the past 4 years?**

PHIN_code=MDCH474	Answer_Type=code
Answer=Yes	CodeValue=Y

Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **To Date** PHIN_code=MDCH0133 Answer_Type=date

Question: **From Date** PHIN_code=MDCH233 Answer_Type=date

Question: **Location** PHIN_code=MDCH124 Answer_Type=code
(See Appendix C for Country codes)

Question: **Comments** PHIN_code=MDCH200 Answer_Type=string

Question: **Did patient reside in U.S. prior to most recent travel?** PHIN_code=MDCH476
Answer_Type=code

Answer=Yes, for =>12 months	CodeValue=1
Answer=Yes, for <12 months	CodeValue=2
Answer=No, (specify country)	CodeValue=3 (PHIN_code = MDCH476_3_Other)
Answer=Unknown	CodeValue=4

Question: **Principal reason for travel from/to U.S. for most recent trip:** PHIN_code=MDCH477
Answer_Type=code

Answer=tourism	CodeValue=1
Answer=military	CodeValue=2
Answer=business	CodeValue=3
Answer=Peace Corps	CodeValue=4
Answer=visiting friends/relatives	CodeValue=5
Answer=airline/ship crew	CodeValue=6
Answer=missionary or dependent	CodeValue=7
Answer=refugee/immigrant	CodeValue=8
Answer=student/teacher	CodeValue=9
Answer=other (specify)	CodeValue=10 (PHIN_code = MDCH477_10_Other)

Measles

Hospital Information

Question: **Patient Hospitalized** PHIN_code=INV128 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=U

Question: **Hospital** PHIN_code=INV129 Answer_Type=string

Question: **Hospital City** PHIN_code=MDCH144 Answer_Type=string

Question: **Hospital Record No.** PHIN_code=MDCH109 Answer_Type=string

Question: **Admission Date** PHIN_code=INV132 Answer_Type=date

Question: **Discharge Date** PHIN_code=INV133 Answer_Type=date

Question: **Days Hospitalized** PHIN_code=INV134 Answer_Type=number

Question: **Patient Died** PHIN_code=INV171 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Clinical Information

Question: **Any Rash?** PHIN_code=MEA001 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **If yes, Rash Onset Date** PHIN_code=MEA002 Answer_Type=date

Question: **If yes, Rash Duration** PHIN_code=MEA003 Answer_Type=number

Question: **If yes, Rash Generalized** PHIN_code=MEA004 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **Fever?** PHIN_code=MEA005 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **If yes, specify highest temperature:** PHIN_code=MEA006 Answer_Type=number

Question: **Scale** PHIN_code=MEA007 Answer_Type=code

Answer=F CodeValue=F
Answer=C CodeValue=C

Question: **Cough?** PHIN_code=MEA008 Answer_Type=code

Answer=Yes CodeValue=Y
Answer=No CodeValue=N
Answer=Unknown CodeValue=UNK

Question: **Coryza?** PHIN_code=MEA010 Answer_Type=code

Answer=Yes CodeValue=Y
Answer=No CodeValue=N
Answer=Unknown CodeValue=UNK

Question: **Conjunctivitis?** PHIN_code=MEA012 Answer_Type=code

Answer=Yes CodeValue=Y
Answer=No CodeValue=N
Answer=Unknown CodeValue=UNK

Question: **Otitis?** PHIN_code=MEA013 Answer_Type=code

Answer=Yes CodeValue=Y
Answer=No CodeValue=N
Answer=Unknown CodeValue=UNK

Question: **Diarrhea?** PHIN_code=MEA014 Answer_Type=code

Answer=Yes CodeValue=Y
Answer=No CodeValue=N
Answer=Unknown CodeValue=UNK

Question: **Pneumonia?** PHIN_code=MEA015 Answer_Type=code

Answer=Yes CodeValue=Y
Answer=No CodeValue=N
Answer=Unknown CodeValue=UNK

Question: **Encephalitis?** PHIN_code=MEA016 Answer_Type=code

Answer=Yes CodeValue=Y
Answer=No CodeValue=N
Answer=Unknown CodeValue=UNK

Question: **Thrombocytopenia?** PHIN_code=MEA017 Answer_Type=code

Answer=Yes CodeValue=Y
Answer=No CodeValue=N
Answer=Unknown CodeValue=UNK

Question: **Other Complications?** PHIN_code=MEA018 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, please specify:** PHIN_code=MEA019 Answer_Type=string

Laboratory Information

Question: **Was laboratory testing for Measles done?** PHIN_code=MEA027 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Was an IgM test done?** PHIN_code=MEA073 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, date the IgM specimen was taken** PHIN_code=MEA028 Answer_Type=date

Question: **If yes, result of the IgM test** PHIN_code=MEA029 Answer_Type=code

Answer=Positive	CodeValue=P
Answer=Negative	CodeValue=N
Answer=Indeterminate	CodeValue=I
Answer=Pending	CodeValue=E
Answer=Unknown	CodeValue=U

Question: **Was IgG Acute/Convalescent testing done** PHIN_code=MEA074 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, date the IgG acute specimen was taken** PHIN_code=MEA030 Answer_Type=date

Question: **If yes, date the IgG convalescent specimen was taken** PHIN_code=MEA031

Answer_Type=date

Question: **If yes, result** PHIN_code=MEA032 Answer_Type=code

Answer=Significant rise in IgG	CodeValue=P
Answer=No significant rise in IgG	CodeValue=N
Answer=Indeterminate	CodeValue=I
Answer=Pending	CodeValue=E
Answer=Unknown	CodeValue=U

Question: **Was other laboratory testing done?** PHIN_code=MEA033 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, other lab result** PHIN_code=MEA036 Answer_Type=code
 Answer=Positive CodeValue=P
 Answer=Negative CodeValue=N
 Answer=Indeterminate CodeValue=I
 Answer=Pending CodeValue=E
 Answer=Unknown CodeValue=U

Question: **If yes, specify the other lab method:** PHIN_code=MEA034 Answer_Type=text

Vaccine Information

Question: **Vaccinated (Received measles containing vaccine)** PHIN_code=MEA039 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Vaccination Date** PHIN_code=VAC103 Answer_Type=date

Question: **Vaccine Type** PHIN_code=VAC101 Answer_Type=code
 Answer=MMR CodeValue=A
 Answer=Measles CodeValue=B
 Answer=Other CodeValue=O
 Answer=Unknown CodeValue=U

Question: **Vaccine Manufacturer** PHIN_code=VAC107 Answer_Type=string

Question: **Lot Number** PHIN_code=VAC108 Answer_Type=string

Question: **Number of doses received BEFORE 1st birthday** PHIN_code=MEA042
 Answer_Type=number

Question: **Number doses received ON or AFTER 1st birthday** PHIN_code=MEA043
 Answer_Type=number

Question: **If vaccinated BEFORE 1st birthday, but no doses given ON or AFTER 1st birthday, what was the reason?** PHIN_code=MEA044 Answer_Type=code
 Answer=Religious exemption CodeValue=RLGN
 Answer=Medical Contraindication CodeValue=MED
 Answer=Philosophical objection CodeValue=OBJ
 Answer=Lab evidence of previous disease CodeValue=LAB
 Answer=MD diagnosis of previous disease CodeValue=MDDX
 Answer=Under age for vaccination CodeValue=AGE
 Answer=Parental refusal CodeValue=REFUSE
 Answer=Unknown CodeValue=U
 Answer=Other (specify) CodeValue=OTH (PHIN_code = MEA044_OTH_Other)

Question: **If received one dose after 1st birthday, but never received 2nd dose after 1st birthday, what was the reason?** PHIN_code=MEA045 Answer_Type=code

Answer=Religious exemption	CodeValue=RLGN
Answer=Medical Contraindication	CodeValue=MED
Answer=Philosophical objection	CodeValue=OBJ
Answer=Lab evidence of previous disease	CodeValue=LAB
Answer=MD diagnosis of previous disease	CodeValue=MDDX
Answer=Under age for vaccination	CodeValue=AGE
Answer=Parental refusal	CodeValue=REFUSE
Answer=Unknown	CodeValue=U
Answer=Other (specify)	CodeValue=OTH (PHIN_code = MEA045_OTH_Other)

Question: If not vaccinated, what was the reason?	PHIN_code=MEA040	Answer_Type=code
Answer=Religious exemption	CodeValue=RLGN	
Answer=Medical Contraindication	CodeValue=MED	
Answer=Philosophical objection	CodeValue=OBJ	
Answer=Lab evidence of previous disease	CodeValue=LAB	
Answer=MD diagnosis of previous disease	CodeValue=MDDX	
Answer=Under age for vaccination	CodeValue=AGE	
Answer=Parental refusal	CodeValue=REFUSE	
Answer=Unknown	CodeValue=U	
Answer=Other (specify)	CodeValue=OTH (PHIN_code = MEA040_OTH_Other)	

Epidemiologic Information

Question: Imported?	PHIN_code=INV152	Answer_Type=code
Answer=Indigenous	CodeValue=1	
Answer=International	CodeValue=2	
Answer=Out of State	CodeValue=3	
Answer=Unknown	CodeValue=9	

Question: Epi Linked to another Confirmed or Probable case?	PHIN_code=MEA067
Answer_Type=code	
Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: Traceable within 2 generations to an international import?	PHIN_code=MEA068
Answer_Type=code	
Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: Transmission Setting (Where did this case acquire measles)	PHIN_code=MEA057
Answer_Type=code	
Answer=Daycare	CodeValue=DayCare
Answer=School	CodeValue=SCH
Answer=Doctor's Office	CodeValue=DrOffice
Answer=Hospital Ward	CodeValue=WARD

Answer=Hospital ER	CodeValue=ER
Answer=Hospital outpatient clinic	CodeValue=OPCLN
Answer=Home	CodeValue=HOME
Answer=Work	CodeValue=WORK
Answer=Unknown	CodeValue=UNK
Answer=College	CodeValue=COLLEGE
Answer=Military	CodeValue=MILITARY
Answer=Correctional Facility	CodeValue=CORRFAC
Answer=Place of Worship	CodeValue=CHURCH
Answer=Community	CodeValue=COMMUNITY
Answer=International Travel	CodeValue=TRAVEL
Answer=Other (specify)	CodeValue=OTH (PHIN_code = MEA057_OTH_Other)

Question: **Were the Age and Setting verified (Is age appropriate for setting, i.e. a person aged 49 years and in day care, etc.)** PHIN_code=MEA059 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Source of Exposure for current case (Enter State ID if source was an In-state case; enter Country if source was out of US; enter State if source was out-of-state)**

PHIN_code=MDCH213 Answer_Type=string

Activity History

Question: **Day -18** PHIN_code=MDCH214 Answer_Type=string

Question: **Day -17** PHIN_code=MDCH215 Answer_Type=string

Question: **Day -16** PHIN_code=MDCH216 Answer_Type=string

Question: **Day -15** PHIN_code=MDCH217 Answer_Type=string

Question: **Day -14** PHIN_code=MDCH218 Answer_Type=string

Question: **Day -13** PHIN_code=MDCH219 Answer_Type=string

Question: **Day -12** PHIN_code=MDCH220 Answer_Type=string

Question: **Day -11** PHIN_code=MDCH221 Answer_Type=string

Question: **Day -10** PHIN_code=MDCH222 Answer_Type=string

Question: **Day -9** PHIN_code=MDCH223 Answer_Type=string

Question: **Day -8** PHIN_code=MDCH224 Answer_Type=string

Question: **Day -7** PHIN_code=MDCH225 Answer_Type=string

Question: **Day -6** PHIN_code=MDCH226 Answer_Type=string

Question: **Day -5** PHIN_code=MDCH227 Answer_Type=string

Question: **Day -4** PHIN_code=MDCH228 Answer_Type=string

Question: **Day -3** PHIN_code=MDCH229 Answer_Type=string

Question: **Day -2** PHIN_code=MDCH230 Answer_Type=string

Question: **Day -1** PHIN_code=MDCH231 Answer_Type=string

Question: **RASH ONSET (Day 0)** PHIN_code=MDCH234 Answer_Type=string

Question: **Day 1** PHIN_code=MDCH235 Answer_Type=string

Question: **Day 2** PHIN_code=MDCH236 Answer_Type=string

Question: **Day 3** PHIN_code=MDCH237 Answer_Type=string

Question: **Day 4** PHIN_code=MDCH238 Answer_Type=string

Question: **Day 5** PHIN_code=MDCH239 Answer_Type=string

Question: **Day 6** PHIN_code=MDCH240 Answer_Type=string

Question: **Day 7** PHIN_code=MDCH241 Answer_Type=string

Bacterial Meningitis and Bacteremia

Hospital Information

Question: **Patient Hospitalized** PHIN_code=INV128 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=U

Question: **Hospital** PHIN_code=INV129 Answer_Type=string

Question: **Hospital City** PHIN_code=MDCH144 Answer_Type=string

Question: **Hospital Record No.** PHIN_code=MDCH109 Answer_Type=string

Question: **Admission Date** PHIN_code=INV132 Answer_Type=date

Question: **Discharge Date** PHIN_code=INV133 Answer_Type=date

Question: **Days Hospitalized** PHIN_code=INV134 Answer_Type=number

Question: **Patient Died** PHIN_code=INV171 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Infection Information

Question: **CDC ID** PHIN_code=MDCH004 Answer_Type=string

Question: **If <6 years of age is the patient in daycare (Daycare is defined as a supervised group of 2 or more unrelated children for >4 hours/week)** PHIN_code=BMD105 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **Date First Positive Culture Obtained: (Date Specimen Drawn)** PHIN_code=BMD124
Answer_Type=date

Question: **Type of Infection Caused by Organism:** PHIN_code=BMD118 Answer_Type=code

Answer=Primary Bacteremia CodeValue=BACTEREM

Answer=Meningitis CodeValue=MENING

Answer=Otitis media CodeValue=OTITIS

Answer=Pneumonia CodeValue=PNEU

Answer=Cellulitis CodeValue=CELL

Answer=Epiglottitis CodeValue=EPIGLOT

Answer=Peritonitis CodeValue=PERITON

Answer=Pericarditis	CodeValue=PERICARD
Answer=Septic arthritis	CodeValue=ARTHRI
Answer=Conjunctivitis	CodeValue=CONJ
Answer=Other (Specify)	CodeValue=OTHSYN (PHIN_code = BMD118_OTHSYN_Other)

Question: **Bacterial Species Isolated From Any Normally Sterile Site (?Report ONLY CSF Isolates for Pneumococcus or Other Bacterial Species)** PHIN_code=BMD120 Answer_Type=code

Answer=Neisseria meningitidis	CodeValue=10150
Answer=Haemophilus influenzae	CodeValue=10590
Answer=Group B streptococcus	CodeValue=11715
Answer>Listeria monocytogenes	CodeValue=00001
Answer=Streptococcus pneumoniae? (pneumococcus)	CodeValue=11717
Answer=Other Bacterial Species? (Specify: include mycobacteria, fungi)	CodeValue=00002 (PHIN_code = BMD120_00002_Other)

Question: **Specimen From Which Organism Isolated:** PHIN_code=BMD122 Answer_Type=code

Answer=Blood	CodeValue=BLOOD
Answer=CSF	CodeValue=CSF
Answer=Pleural Fluid	CodeValue=PLEURAL
Answer=Peritoneal fluid	CodeValue=PERINEAL
Answer=Pericardial Fluid	CodeValue=PERICRD
Answer=Joint	CodeValue=JOINT
Answer=Placenta	CodeValue=PLACENTA
Answer=Other Normally Sterile Site (Specify)	CodeValue=OTH (PHIN_code = BMD122_OTH_Other)

Haemophilus influenzae

Question: **Did patient receive Haemophilus b vaccine?** PHIN_code=BMD132 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Dose** PHIN_code=MDCH006 Answer_Type=code

Answer=1	CodeValue=1
Answer=2	CodeValue=2
Answer=3	CodeValue=3
Answer=4	CodeValue=4

Question: **Date Given** PHIN_code=VAC103 Answer_Type=date

Question: **Vaccine Name/Manufacturer** PHIN_code=VAC101 Answer_Type=code

Answer=HibTITER, TETRAMUNE	CodeValue=HbOC
Answer=PedvaxHIB, COMVAX	CodeValue=PRP-OMP
Answer=ProHIBit	CodeValue=PRP-D
Answer=ActHIB, TriHIBit, OmniHIB	CodeValue=PRP-T

Question: **Other Vaccine Name/Manufacturer** PHIN_code=VAC107 Answer_Type=string

Question: **Vaccine Lot Number** PHIN_code=VAC108 Answer_Type=string

Question: **What was the serotype?** PHIN_code=BMD131 Answer_Type=code
 Answer=Type b CodeValue=b
 Answer=Not Typable CodeValue=NOTYPE
 Answer=Not tested or Unknown CodeValue=UNK
 Answer=Other (Specify) CodeValue=non-b (PHIN_code = BMD131_non_b_Other)

Question: **If H. influenzae was isolated from blood or CSF, was it resistant to Ampicillin?**
 PHIN_code=MDCH008_AMP Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Not Tested or Unknown CodeValue=UNK

Question: **If H. influenzae was isolated from blood or CSF, was it resistant to Chloramphenicol?**
 PHIN_code=MDCH008_CLOR Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Not Tested or Unknown CodeValue=UNK

Question: **If H. influenzae was isolated from blood or CSF, was it resistant to Rifampin?**
 PHIN_code=MDCH008_RIFA Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Not Tested or Unknown CodeValue=UNK

Neisseria meningitidis

Question: **What was the serogroup?** PHIN_code=BMD133 Answer_Type=code
 Answer=Group A CodeValue=GRPA
 Answer=Group B CodeValue=GRPB
 Answer=Group C CodeValue=GRPC
 Answer=Group Y CodeValue=GRPY
 Answer=Group W135 CodeValue=GRPW135
 Answer=Not groupable CodeValue=NOGRP
 Answer=Unknown CodeValue=U
 Answer=Other (Specify) CodeValue=OTH (PHIN_code = BMD133_OTH_Other)

Question: **If N. meningitidis was isolated from blood or CSF, was it resistant to Sulfa?**
 PHIN_code=BMD275 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Not Tested or Unknown CodeValue=UNK

Question: **If N. meningitidis was isolated from blood or CSF, was it resistant to Rifampin?**
 PHIN_code=BMD274 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Not Tested or Unknown CodeValue=UNK

Clinical Information

Question: **Symptoms** PHIN_code=MDCH111 Answer_Type=code
 Answer=Confusion/memory loss CodeValue=MENTAL
 Answer=Upper respiratory CodeValue=RESPIRATORY
 Answer=Headache CodeValue=HEADACHE
 Answer=Sensory abnormalities CodeValue=SENSORY
 Answer=Rash CodeValue=RASH
 Answer=Stiff neck/back CodeValue=STIFFNECK
 Answer=Convulsion/tremor CodeValue=CONVULSION
 Answer=Lethargy/somnolence CodeValue=LETHARGY
 Answer=Stupor/coma CodeValue=STUPOR

Question: **Fever?** PHIN_code=MDCH100 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes, specify highest fever:** PHIN_code=MDCH101 Answer_Type=number

Question: **Scale** PHIN_code=MDCH102 Answer_Type=code
 Answer=F CodeValue=F
 Answer=C CodeValue=C

Question: **Muscle weakness/paralysis?** PHIN_code=MDCH088 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes, which muscles?** PHIN_code=MDCH112 Answer_Type=string

Question: **Other Symptoms?** PHIN_code=MDCH089 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes, please specify:** PHIN_code=MDCH099 Answer_Type=string

Contact Information

Question: **List group functions, travel history, etc., during the week prior to onset:**
 PHIN_code=MDCH484 Answer_Type=text

Household contacts

Question: **Name of Contact** PHIN_code=MDCH073a Answer_Type=string

Question: **Age** PHIN_code=MDCH060a Answer_Type=number

Question: **Sex** PHIN_code=MDCH085a Answer_Type=code

Answer=Female	CodeValue=F
Answer=Male	CodeValue=M
Answer=Unknown	CodeValue=U

Question: **Relation** PHIN_code=MDCH075a Answer_Type=string

Question: **Prophylaxis Recommended** PHIN_code=MDCH086a Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Prophylaxis Given** PHIN_code=MDCH087a Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Other close or intimate contacts

Question: **Name of Contact** PHIN_code=MDCH073b Answer_Type=string

Question: **Age** PHIN_code=MDCH060b Answer_Type=number

Question: **Sex** PHIN_code=MDCH085b Answer_Type=code

Answer=Female	CodeValue=F
Answer=Male	CodeValue=M
Answer=Unknown	CodeValue=U

Question: **Relation** PHIN_code=MDCH075b Answer_Type=string

Question: **Prophylaxis Recommended** PHIN_code=MDCH086b Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Prophylaxis Given** PHIN_code=MDCH087b Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Mumps

Hospital Information

Question: **Patient Hospitalized** PHIN_code=INV128 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=U

Question: **Hospital** PHIN_code=INV129 Answer_Type=string

Question: **Hospital City** PHIN_code=MDCH144 Answer_Type=string

Question: **Hospital Record No.** PHIN_code=MDCH109 Answer_Type=string

Question: **Admission Date** PHIN_code=INV132 Answer_Type=date

Question: **Discharge Date** PHIN_code=INV133 Answer_Type=date

Question: **Days Hospitalized** PHIN_code=INV134 Answer_Type=number

Question: **Patient Died** PHIN_code=INV171 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Clinical Information

Question: **Parotitis?** PHIN_code=MDCH291 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **Meningitis?** PHIN_code=MDCH292 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **Deafness?** PHIN_code=MDCH293 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **Orchitis?** PHIN_code=MDCH294 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **Encephalitis?** PHIN_code=MDCH295 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Other Complications?** PHIN_code=MDCH265 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes, please specify:** PHIN_code=MDCH266 Answer_Type=string

Question: **Notes:** PHIN_code=MDCH250 Answer_Type=text

Laboratory Information

Question: **Was laboratory testing for Mumps done?** PHIN_code=MDCH296 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Was an IgM test done?** PHIN_code=MDCH297 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes, date the IgM specimen was taken** PHIN_code=MDCH298 Answer_Type=date

Question: **If yes, result of the IgM test** PHIN_code=MDCH299 Answer_Type=code
 Answer=Positive CodeValue=P
 Answer=Negative CodeValue=N
 Answer=Indeterminate CodeValue=I
 Answer=Pending CodeValue=PEND
 Answer=Unknown CodeValue=U

Question: **Was IgG Acute/Convalescent testing done** PHIN_code=MDCH300 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes, date the IgG acute specimen was taken** PHIN_code=MDCH301 Answer_Type=date

Question: **If yes, date the IgG convalescent specimen was taken** PHIN_code=MDCH302
 Answer_Type=date

Question: **If yes, result** PHIN_code=MDCH303 Answer_Type=code
 Answer=Significant rise in IgG CodeValue=SR
 Answer=No significant rise in IgG CodeValue=NR

Answer=Indeterminate	CodeValue=I
Answer=Pending	CodeValue=PND
Answer=Unknown	CodeValue=U

Question: **Was other laboratory testing done?** PHIN_code=MDCH304 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, other lab result** PHIN_code=MDCH305 Answer_Type=code

Answer=Positive	CodeValue=P
Answer=Negative	CodeValue=N
Answer=Indeterminate	CodeValue=I
Answer=Pending	CodeValue=PEND
Answer=Unknown	CodeValue=U

Question: **If yes, specify the other lab method:** PHIN_code=MDCH306 Answer_Type=text

Vaccine Information

Question: **Vaccinated (Received mumps containing vaccine)** PHIN_code=MDCH307

Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Vaccination Date** PHIN_code=VAC103 Answer_Type=date

Question: **Vaccine Type** PHIN_code=VAC101 Answer_Type=code

Answer=MMR	CodeValue=A
Answer=Mumps	CodeValue=B
Answer=Other	CodeValue=O
Answer=Unknown	CodeValue=U

Question: **Vaccine Manufacturer** PHIN_code=VAC107 Answer_Type=string

Question: **Lot Number** PHIN_code=VAC108 Answer_Type=string

Question: **Number doses received ON or AFTER 1st birthday** PHIN_code=MDCH308

Answer_Type=number

Question: **If not vaccinated, what was the reason?** PHIN_code=MDCH309 Answer_Type=code

Answer=Religious exemption	CodeValue=RLGN
Answer=Medical Contraindication	CodeValue=MED
Answer=Philosophical objection	CodeValue=OBJ
Answer=Lab evidence of previous disease	CodeValue=LAB
Answer=MD diagnosis of previous disease	CodeValue=MDDX
Answer=Under age for vaccination	CodeValue=AGE
Answer=Parental refusal	CodeValue=REFUSE

Answer=Unknown
 Answer=Other (specify)

CodeValue=U
 CodeValue=OTH (PHIN_code = MDCH309_OTH_Other)

Epidemiologic Information

Question: **Imported?** PHIN_code=INV152 Answer_Type=code

Answer=Indigenous CodeValue=1
 Answer=International CodeValue=2
 Answer=Out of State CodeValue=3
 Answer=Unknown CodeValue=9

Question: **Epi Linked to another Confirmed or Probable case?** PHIN_code=MDCH313

Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Transmission Setting (Where did this case acquire mumps)** PHIN_code=MDCH310

Answer_Type=code

Answer=Daycare CodeValue=DayCare
 Answer=School CodeValue=SCH
 Answer=Doctor's Office CodeValue=DrOffice
 Answer=Hospital Ward CodeValue=WARD
 Answer=Hospital ER CodeValue=ER
 Answer=Hospital outpatient clinic CodeValue=OPCLN
 Answer=Home CodeValue=HOME
 Answer=Work CodeValue=WORK
 Answer=Unknown CodeValue=UNK
 Answer=College CodeValue=COLLEGE
 Answer=Military CodeValue=MILITARY
 Answer=Correctional Facility CodeValue=CORRFAC
 Answer=Place of Worship CodeValue=CHURCH
 Answer=Community CodeValue=COMMUNITY
 Answer=International Travel CodeValue=TRAVEL
 Answer=Other (specify) CodeValue=OTH (PHIN_code = MDCH310_OTH_Other)

Question: **Were the Age and Setting verified (Is age appropriate for setting, i.e. a person aged 49 years and in day care, etc.)** PHIN_code=MDCH312 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Source of Exposure for current case (Enter State ID if source was an In-state case; enter Country if source was out of US; enter State if source was out-of-state)**

PHIN_code=MDCH213 Answer_Type=string

Pertussis

Hospital Information

Question: **Patient Hospitalized** PHIN_code=INV128 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=U

Question: **Hospital** PHIN_code=INV129 Answer_Type=string

Question: **Hospital City** PHIN_code=MDCH144 Answer_Type=string

Question: **Hospital Record No.** PHIN_code=MDCH109 Answer_Type=string

Question: **Admission Date** PHIN_code=INV132 Answer_Type=date

Question: **Discharge Date** PHIN_code=INV133 Answer_Type=date

Question: **Days Hospitalized** PHIN_code=INV134 Answer_Type=number

Question: **Patient Died** PHIN_code=INV171 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Clinical Information

Question: **Any Cough?** PHIN_code=PRT001 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **Cough Onset Date** PHIN_code=PRT002 Answer_Type=date

Question: **Paroxysmal Cough?** PHIN_code=PRT003 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **Whoop?** PHIN_code=PRT004 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **Posttussive Vomiting?** PHIN_code=PRT005 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **Apnea?** PHIN_code=PRT006 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **Final Interview Date** PHIN_code=PRT007 Answer_Type=date

Question: **Cough at Final Interview?** PHIN_code=PRT008 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **Duration of Cough at Final Interview (Days)** PHIN_code=PRT009 Answer_Type=number

Question: **Chest X-ray for Pneumonia** PHIN_code=PRT011 Answer_Type=code

Answer=Positive CodeValue=P

Answer=Negative CodeValue=N

Answer=Not Done CodeValue=ND

Answer=Unknown CodeValue=UNK

Question: **Seizures Due to Pertussis** PHIN_code=PRT012 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **Acute Encephalopathy Due to Pertussis** PHIN_code=PRT013 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Treatment Information

Question: **Were Antibiotics Given?** PHIN_code=PRT020 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **First Antibiotic Received** PHIN_code=PRT021 Answer_Type=code

Answer=Erythromycin (incl. pediazole, ilosone) CodeValue=1

Answer=Cotrimoxazole (bactrim/septra) CodeValue=2

Answer=Clarithromycin/azithromycin CodeValue=3

Answer=Tetracycline/Doxycycline CodeValue=4

Answer=Amoxicillin CodeValue=5

Answer=Penicillin CodeValue=7

Answer=Ampicillin CodeValue=8

Answer=Augmentin CodeValue=10

Answer=Ceclor	CodeValue=11
Answer=Cefixime	CodeValue=12
Answer=Unknown	CodeValue=9
Answer=Other	CodeValue=6 (PHIN_code = PRT021_6_Other)

Question: **Date Started First Antibiotic** PHIN_code=PRT023 Answer_Type=date

Question: **Number of Days First Antibiotic Actually Taken** PHIN_code=PRT024 Answer_Type=number

Question: **Second Antibiotic Received** PHIN_code=MDCH103 Answer_Type=code

Answer=Erythromycin (incl. pediazole, ilosone)	CodeValue=1
Answer=Cotrimoxazole (bactrim/septra)	CodeValue=2
Answer=Clarithromycin/azithromycin	CodeValue=3
Answer=Tetracycline/Doxycycline	CodeValue=4
Answer=Amoxicillin	CodeValue=5
Answer=Penicillin	CodeValue=7
Answer=Ampicillin	CodeValue=8
Answer=Augmentin	CodeValue=10
Answer=Ceclor	CodeValue=11
Answer=Cefixime	CodeValue=12
Answer=Unknown	CodeValue=9
Answer=Other	CodeValue=6 (PHIN_code = MDCH103_6_Other)

Question: **Date Started Second Antibiotic** PHIN_code=MDCH104 Answer_Type=date

Question: **Number of Days Second Antibiotic Actually Taken** PHIN_code=MDCH105
Answer_Type=number

Laboratory Information

Question: **Was Laboratory Testing for Pertussis Done?** PHIN_code=PRT029 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Test Name** PHIN_code=MDCH232 Answer_Type=code

Answer=Culture	CodeValue=Culture
Answer=DFA	CodeValue=DFA
Answer=Serology 1	CodeValue=Serology 1
Answer=Serology 2	CodeValue=Serology 2
Answer=PCR	CodeValue=PCR

Question: **Testing performed?** PHIN_code=MDCH297 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Result** PHIN_code=MDCH242 Answer_Type=code

Answer=Positive	CodeValue=P
Answer=Pending	CodeValue=E
Answer=Unknown	CodeValue=U
Answer=Negative	CodeValue=N
Answer=Indeterminate	CodeValue=I
Answer=Parapertussis	CodeValue=S

Question: **Date Specimen Taken** PHIN_code=MDCH206 Answer_Type=date

Question: **If paired sera were tested, was there a significant rise (four-fold or greater) in antibody titer to Bordetella pertussis?** PHIN_code=MDCH158 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Not Tested or Unknown	CodeValue=UNK

Vaccine Information

Question: **Vaccinated (Received any doses of diphtheria, tetanus, and/or pertussis containing vaccines)** PHIN_code=PRT044 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Vaccination Date** PHIN_code=VAC103 Answer_Type=date

Question: **Vaccine Type?** PHIN_code=VAC101 Answer_Type=code

Answer=DTP Whole Cell	CodeValue=W
Answer=DTaP	CodeValue=A
Answer=DTaP-Hib	CodeValue=H
Answer=DT or Td	CodeValue=D
Answer=DTP-Hib	CodeValue=T
Answer=Pertussis Only	CodeValue=P
Answer=Other	CodeValue=O
Answer=Unknown	CodeValue=U

Question: **Vaccine Manufacturer** PHIN_code=VAC107 Answer_Type=string

Question: **Lot Number** PHIN_code=VAC108 Answer_Type=string

Question: **Date of Last Pertussis-Containing Vaccine Prior to Illness Onset** PHIN_code=PRT045
Answer_Type=date

Question: **Number of Doses of Pertussis-Containing Vaccine Prior to Illness Onset** PHIN_code=PRT046
Answer_Type=code

Answer=Zero	CodeValue=0
Answer=One	CodeValue=1
Answer=Two	CodeValue=2
Answer=Three	CodeValue=3

Answer=Four	CodeValue=4
Answer=Five	CodeValue=5
Answer=Six	CodeValue=6
Answer=Unknown	CodeValue=U

Question: **Reason Not Vaccinated With 3 or More Doses of Pertussis Vaccine** PHIN_code=PRT047

Answer_Type=code

Answer=Religious exemption	CodeValue=RLGN
Answer=Medical Contraindication	CodeValue=MED
Answer=Philosophical Exemption	CodeValue=OBJ
Answer=Previous Pertussis Confirmed by Culture or MD	CodeValue=MDDX
Answer=Parental refusal	CodeValue=REFUSE
Answer=Age Less Than 7 Months	CodeValue=AGE
Answer=Unknown	CodeValue=U
Answer=Other	CodeValue=OTH

(PHIN_code = PRT047_OTH_Other)

Epidemiologic Information

Question: **Imported?** PHIN_code=INV152 Answer_Type=code

Answer=Indigenous	CodeValue=1
Answer=International	CodeValue=2
Answer=Out of State	CodeValue=3
Answer=Unknown	CodeValue=9

Question: **Epi Linked to Another Culture Confirmed Case?** PHIN_code=PRT060 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Age of the person from whom the case contracted Pertussis** PHIN_code=PRT074

Answer_Type=string

Question: **Age Type** PHIN_code=PRT075 Answer_Type=code

Answer=Days	CodeValue=D
Answer=Months	CodeValue=M
Answer=Years	CodeValue=Y

Question: **Transmission Setting (Where did this case acquire pertussis)?** PHIN_code=PRT065

Answer_Type=code

Answer=Church	CodeValue=CHURCH
Answer=College	CodeValue=COLLEGE
Answer=Community	CodeValue=COMM
Answer=Correctional Facility	CodeValue=CORRFAC
Answer=Daycare	CodeValue=DayCare
Answer=Doctor's Office	CodeValue=DrOffice
Answer=Home	CodeValue=HOME
Answer=Hospital ER	CodeValue=ER
Answer=Hospital Outpatient Clinic	CodeValue=OPCLN

Answer=Hospital Ward	CodeValue=WARD
Answer=International Travel	CodeValue=TRAVEL
Answer=Military	CodeValue=MILITARY
Answer=School	CodeValue=SCH
Answer=Unknown	CodeValue=UNK
Answer=Work	CodeValue=WORK
Answer=Other	CodeValue=OTH (PHIN_code = PRT065_OTH_Other)

Question: **Specify Transmission Setting (name of school, daycare, etc.)** PHIN_code=MDCH107
 Answer_Type=text

Question: **Setting (Outside Household) of Further Documented Spread** PHIN_code=PRT068
 Answer_Type=code

Answer=Church	CodeValue=CHURCH
Answer=College	CodeValue=COLLEGE
Answer=Community	CodeValue=COMMUNITY
Answer=Correctional Facility	CodeValue=CORRFAC
Answer=Daycare	CodeValue=DayCare
Answer=Doctor's Office	CodeValue=DrOffice
Answer=Hospital ER	CodeValue=ER
Answer=Hospital Outpatient Clinic	CodeValue=OPCLN
Answer=Hospital Ward	CodeValue=WARD
Answer=International Travel	CodeValue=TRAVEL
Answer=Military	CodeValue=MILITARY
Answer=More Than 1 Setting Outside Household	CodeValue=OUT
Answer=No Documented Spread Outside Household	CodeValue=NONE
Answer=School	CodeValue=SCH
Answer=Unknown	CodeValue=UNK
Answer=Work	CodeValue=WORK
Answer=Other	CodeValue=OTH (PHIN_code = PRT068_OTH_Other)

Question: **Specify Setting (Outside Household) of Further Documented Spread (name of school, daycare, etc.)** PHIN_code=MDCH106 Answer_Type=text

Question: **Number of Contacts in Any Setting Recommended Antibiotics** PHIN_code=PRT080
 Answer_Type=number

Contact Information

Question: **Name of Contact** PHIN_code=CTCT_NAME Answer_Type=string

Question: **Birthdate** PHIN_code=CTCT_DOB Answer_Type=date

Question: **Relation** PHIN_code=CTCT_RELATION Answer_Type=string

Question: **Is it a Case?** PHIN_code=CTCT_CASE Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **Case ID #** PHIN_code=CTCT_CASEID Answer_Type=string

Question: **Cough Onset Date** PHIN_code=CTCT_COUGH Answer_Type=date

Question: **# of PCVs** PHIN_code=CTCT_PCVS Answer_Type=string

Question: **Date of Last PCV** PHIN_code=CTCT_DATE Answer_Type=date

Question: **Parent's Name & Phone #** PHIN_code=CTCT_PARENT Answer_Type=string

Plague

Hospital Information

Question: **Patient Hospitalized** PHIN_code=INV128 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=U

Question: **Hospital** PHIN_code=INV129 Answer_Type=string

Question: **Hospital City** PHIN_code=MDCH144 Answer_Type=string

Question: **Hospital Record No.** PHIN_code=MDCH109 Answer_Type=string

Question: **Admission Date** PHIN_code=INV132 Answer_Type=date

Question: **Discharge Date** PHIN_code=INV133 Answer_Type=date

Question: **Days Hospitalized** PHIN_code=INV134 Answer_Type=number

Question: **Patient Died** PHIN_code=INV171 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Clinical Information

Question: **Fever?** PHIN_code=MDCH100 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **If yes, specify highest temperature:** PHIN_code=MDCH101 Answer_Type=number

Question: **Scale** PHIN_code=MDCH102 Answer_Type=code

Answer=F CodeValue=F

Answer=C CodeValue=C

Question: **Respiration:** PHIN_code=MDCH388 Answer_Type=string

Question: **Blood Pressure:** PHIN_code=MDCH389 Answer_Type=string

Question: **Pulse:** PHIN_code=MDCH390 Answer_Type=string

Question: **Date vital signs obtained:** PHIN_code=MDCH391 Answer_Type=date

Question: **Bubo(es)?** PHIN_code=MDCH392 Answer_Type=code

Answer=Inguinal	CodeValue=1
Answer=Femoral	CodeValue=2
Answer=Cervical	CodeValue=4
Answer=Axillary right	CodeValue=5
Answer=Axillary left	CodeValue=6
Answer=Other (specify)	CodeValue=3 (PHIN_code = MDCH392_3_Other)

Question: **Size of Bubo(es) in cm:** PHIN_code=MDCH393 Answer_Type=number

Question: **Tender?** PHIN_code=MDCH394 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Erythema?** PHIN_code=MDCH395 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Skin ulcer?** PHIN_code=MDCH396 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, location:** PHIN_code=MDCH397 Answer_Type=string

Question: **Insect bite(s)?** PHIN_code=MDCH398 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, location:** PHIN_code=MDCH399 Answer_Type=string

Question: **Cough?** PHIN_code=MDCH400 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, date of onset:** PHIN_code=MDCH401 Answer_Type=date

Question: **If yes, cough productive?** PHIN_code=MDCH402 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Isolation Precautions:** PHIN_code=MDCH430 Answer_Type=code

Answer=Droplet	CodeValue=1
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Answer=Standard only	CodeValue=2
Answer=Other (specify)	CodeValue=3 (PHIN_code = MDCH430_3_Other)
Answer=Unknown	CodeValue=4

Question: **Other symptoms:** PHIN_code=MDCH403 Answer_Type=text

Question: **Current condition and prognosis:** PHIN_code=MDCH404 Answer_Type=text

Question: **If patient died, was an autopsy performed?** PHIN_code=MDCH519 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Laboratory Information

Question: **Chest X-ray?** PHIN_code=MDCH405 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Pneumonia?** PHIN_code=MDCH406 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Date laboratory specimen collected:** PHIN_code=MDCH407 Answer_Type=date

Question: **WBC count:** PHIN_code=MDCH408 Answer_Type=string

Question: **Bands:** PHIN_code=MDCH409 Answer_Type=string

Question: **Polys:** PHIN_code=MDCH410 Answer_Type=string

Question: **Lymph:** PHIN_code=MDCH411 Answer_Type=string

Question: **Mono:** PHIN_code=MDCH412 Answer_Type=string

Question: **Eos:** PHIN_code=MDCH413 Answer_Type=string

Question: **Bas:** PHIN_code=MDCH414 Answer_Type=string

Question: **Left shift?** PHIN_code=MDCH415 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Bacteria on blood smear?** PHIN_code=MDCH416 Answer_Type=code

Answer=Yes	CodeValue=Y
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Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Blood cultures taken?** PHIN_code=MDCH417 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes, how many:** PHIN_code=MDCH418 Answer_Type=number

Question: **If yes, results:** PHIN_code=MDCH419 Answer_Type=string

Question: **Microbiology** PHIN_code=MDCH420 Answer_Type=code

Answer=Bubo aspirate CodeValue=1
 Answer=Sputum CodeValue=2

Question: **Date** PHIN_code=MDCH421 Answer_Type=date

Question: **Gram stain** PHIN_code=MDCH422 Answer_Type=code

Answer=Positive CodeValue=P
 Answer=Negative CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Wayson stain (or Wright's, Giemsa)** PHIN_code=MDCH423 Answer_Type=code

Answer=Positive CodeValue=P
 Answer=Negative CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **FA (Plague)** PHIN_code=MDCH424 Answer_Type=code

Answer=Positive CodeValue=P
 Answer=Negative CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Culture** PHIN_code=MDCH425 Answer_Type=code

Answer=Positive CodeValue=P
 Answer=Negative CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Serology?** PHIN_code=MDCH168 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Sera** PHIN_code=MDCH159 Answer_Type=code

Answer=Acute Sera CodeValue=INITIAL
 Answer=Convalescent Sera CodeValue=CONVAL

Question: **Date Serum Drawn** PHIN_code=MDCH160 Answer_Type=date

Question: **Results** PHIN_code=LAB101 Answer_Type=string

Question: **Antibiotic** PHIN_code=MDCH426 Answer_Type=string

Question: **Date Started** PHIN_code=MDCH427 Answer_Type=date

Question: **Date Stopped** PHIN_code=MDCH428 Answer_Type=date

Question: **Dosage & Schedule** PHIN_code=MDCH429 Answer_Type=string

Epidemiologic Information

Question: **Did patient handle sick or dead rodents, rabbits or other animals?** PHIN_code=MDCH431
Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, where?** PHIN_code=MDCH432 Answer_Type=string

Question: **Did patient recall flea or other insect bites?** PHIN_code=MDCH433 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Did patient have contact with human plague patient?** PHIN_code=MDCH434

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Did patient have wild animal contact, including hunting?** PHIN_code=MDCH435

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Did patient have contacts or relatives who died in past week?** PHIN_code=MDCH436

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Does the patient have pets?** PHIN_code=MDCH437 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, kind and number:** PHIN_code=MDCH438 Answer_Type=text

Question: **Have the patient's pets been ill?** PHIN_code=MDCH439 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, describe:** PHIN_code=MDCH440 Answer_Type=string

Question: **Are the patient's pets free roaming?** PHIN_code=MDCH441 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Patient's whereabouts during 10 days before onset (dates)(Include all outdoor activity):**

PHIN_code=MDCH442 Answer_Type=text

Question: **Were other persons ill after the same exposure?** PHIN_code=MDCH443 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, names and whereabouts:** PHIN_code=MDCH444 Answer_Type=text

Community contacts during illness

Question: **Type of Contact** PHIN_code=MDCH445 Answer_Type=code

Answer=Family and household	CodeValue=1
Answer=Work or school	CodeValue=2
Answer=Friends/Acquaintances	CodeValue=3
Answer=Hospital	CodeValue=4

Question: **Name** PHIN_code=MDCH446 Answer_Type=string

Question: **Location and Time (Setting and Circumstances)** PHIN_code=MDCH447 Answer_Type=string

Question: **Date(s)** PHIN_code=MDCH448 Answer_Type=string

Psittacosis

Clinical Information

Question: **Brief clinical description: (Symptoms and signs, maximum temperature, etc.)**

PHIN_code=MDCH099 Answer_Type=text

Question: **Specific therapy: (Specify products and dosage)** PHIN_code=MDCH106 Answer_Type=string

Question: **Outcome:** PHIN_code=MDCH290 Answer_Type=code

Answer=Recovered CodeValue=R

Answer=Died CodeValue=D

Answer=Unknown CodeValue=U

Question: **If the patient died, date of death:** PHIN_code=INV146 Answer_Type=date

Laboratory Information

Question: **Test Name/Test Method** PHIN_code=LAB101 Answer_Type=code

Answer=Complement fixation CodeValue=CF

Answer=Acute stage (titer) CodeValue=AS

Answer=Early convalescence (titer) CodeValue=EC

Answer=Late convalescence (titer) CodeValue=LC

Answer=Virus isolation CodeValue=VI

Question: **Date Specimen Collected** PHIN_code=LAB163 Answer_Type=date

Question: **Test Result** PHIN_code=LAB102 Answer_Type=string

Question: **Name of Laboratory** PHIN_code=MDCH480 Answer_Type=string

Question: **If Complement fixation, specify antigen:** PHIN_code=MDCH191 Answer_Type=string

Question: **If Virus isolation, specify specimen:** PHIN_code=MDCH212 Answer_Type=string

Question: **Chest X-rays done?** PHIN_code=MDCH405 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **If Yes, date:** PHIN_code=MDCH407 Answer_Type=date

Question: **If Yes, results:** PHIN_code=MDCH045 Answer_Type=string

Epidemiologic Information

Question: **Occupation at date of onset:** PHIN_code=MDCH140 Answer_Type=string

Question: **Specific duties:** PHIN_code=MDCH270 Answer_Type=string

Question: **Indicate which of the following contacts the patient had during the 5 weeks prior to onset:**

PHIN_code=MDCH119 Answer_Type=code

Answer=Birds	CodeValue=B
Answer=Human case of Psittacosis (specify)	CodeValue=H (PHIN_code = MDCH119_H_Other)
Answer=Other (specify)	CodeValue=O (PHIN_code = MDCH119_O_Other)
Answer=No known exposure	CodeValue=N

If exposure to birds, complete the following table

Question: **Type of Bird** PHIN_code=MDCH073 Answer_Type=code

Answer=Psittacines	CodeValue=PS
Answer=Pigeons	CodeValue=PG
Answer=Domestic fowl	CodeValue=DF
Answer=Other birds	CodeValue=OB

Question: **Species** PHIN_code=MDCH060 Answer_Type=string

Question: **Approximate number** PHIN_code=MDCH085 Answer_Type=number

Question: **Were birds healthy?** PHIN_code=MDCH086 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If birds were not healthy, please elaborate:** PHIN_code=MDCH181 Answer_Type=string

Indicate where the exposure occurred

Question: **Type of Establishment** PHIN_code=MDCH359 Answer_Type=code

Answer=Private home	CodeValue=1
Answer=Private aviary	CodeValue=2
Answer=Commercial aviary	CodeValue=3
Answer=Pet shop	CodeValue=4
Answer=Bird loft	CodeValue=5
Answer=Poultry establishment	CodeValue=6
Answer=Other	CodeValue=7
Answer=Unknown	CodeValue=9

Question: **Owner** PHIN_code=MDCH113 Answer_Type=string

Question: **Address** PHIN_code=MDCH186 Answer_Type=string

Question: **Exposure To** PHIN_code=MDCH141 Answer_Type=string

Question: **Exposure Setting** PHIN_code=MDCH169 Answer_Type=code

Answer=Indoors	CodeValue=I
Answer=Outdoors	CodeValue=O

Question: **Date of Exposure** PHIN_code=MDCH0133 Answer_Type=date

Question: **If Other, specify:** PHIN_code=MDCH330 Answer_Type=string

Laboratory Testing of Source

Question: **Test Name/Test Method** PHIN_code=LAB101s Answer_Type=code
Answer=Virus isolates CodeValue=SVI
Answer=Serologic test CodeValue=SST

Question: **Species Tested** PHIN_code=LAB165s Answer_Type=string

Question: **Number of Specimens** PHIN_code=LAB166s Answer_Type=number

Question: **Date Collected** PHIN_code=LAB163s Answer_Type=date

Question: **Owner of Specimens** PHIN_code=LAB102s Answer_Type=string

Question: **Results** PHIN_code=LAB108s Answer_Type=string

Question: **Name of Laboratory** PHIN_code=LAB180s Answer_Type=string

Question: **List the address of every known place where the birds were harbored, including approximate dates.** PHIN_code=MDCH359a Answer_Type=text

Question: **Other cases of human respiratory illness observed in connection with this possible source (include name, age, and address):** PHIN_code=MDCH183 Answer_Type=text

Rabies

Epidemiologic Information

Question: **County where exposure occurred:** PHIN_code=MDCH487 Answer_Type=code
(See Appendix A for County codes)

Exposed person(s)

Question: **Name of Exposed Person** PHIN_code=MDCH073 Answer_Type=string

Question: **Sex** PHIN_code=MDCH085 Answer_Type=code

Answer=Female	CodeValue=F
Answer=Male	CodeValue=M
Answer=Unknown	CodeValue=U

Question: **Age** PHIN_code=MDCH060 Answer_Type=number

Question: **Street Address** PHIN_code=CTCT_ADDR Answer_Type=string

Question: **City** PHIN_code=MDCH509 Answer_Type=string

Question: **State** PHIN_code=MDCH488 Answer_Type=string

Question: **Zip Code** PHIN_code=MDCH511 Answer_Type=string

Question: **Phone** PHIN_code=CTCT_PHONE Answer_Type=phone

Question: **Exposure Date** PHIN_code=MDCH213 Answer_Type=date

Question: **Anatomic Site** PHIN_code=MDCH340 Answer_Type=string

Exposed animal(s)

Question: **Type of Animal** PHIN_code=MDCH445 Answer_Type=code

Answer=Dog	CodeValue=1
Answer=Cat	CodeValue=2
Answer=Bat	CodeValue=3
Answer=Other	CodeValue=8

Question: **Vaccinated?** PHIN_code=MDCH307 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Vaccine Expiration Date** PHIN_code=MDCH309 Answer_Type=date

Question: **Owner Name** PHIN_code=CTCT_NAME Answer_Type=string

Question: **Street Address** PHIN_code=CTCT_ADDRa Answer_Type=string

Question: **City** PHIN_code=MDCH509a Answer_Type=string

Question: **County** PHIN_code=MDCH487a Answer_Type=string

Question: **State** PHIN_code=MDCH488a Answer_Type=string

Question: **Zip Code** PHIN_code=MDCH511a Answer_Type=string

Question: **Phone** PHIN_code=CTCT_PHONEa Answer_Type=phone

Question: **If other animal type, specify:** PHIN_code=MDCH099 Answer_Type=string

Reye Syndrome

Hospital Information

Question: **Patient Hospitalized** PHIN_code=INV128 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=U

Question: **Outcome of illness:** PHIN_code=MDCH290 Answer_Type=code

Answer=Prognosis unclear at present	CodeValue=1
Answer=Suffered mild neurological residual	CodeValue=3
Answer=Patient died	CodeValue=5
Answer=Patient recovered	CodeValue=2
Answer=Suffered severe neurological residual	CodeValue=4
Answer=Unknown	CodeValue=6

Question: **If died, date of death:** PHIN_code=INV146 Answer_Type=date

Question: **If died, is there autopsy confirmation of the diagnosis?** PHIN_code=MDCH519

Answer_Type=code	
Answer=Yes, autopsy confirmed diagnosis	CodeValue=1
Answer=No, autopsy did not confirm diagnosis	CodeValue=0
Answer=Not Done	CodeValue=3
Answer=Unknown	CodeValue=9

First Hospitalization

Question: **Hospital** PHIN_code=INV129 Answer_Type=string

Question: **Hospital City** PHIN_code=MDCH144 Answer_Type=string

Question: **Hospital Record No.** PHIN_code=MDCH109 Answer_Type=string

Question: **Admission Date** PHIN_code=INV132 Answer_Type=date

Question: **Discharge Date** PHIN_code=INV133 Answer_Type=date

Question: **Days Hospitalized** PHIN_code=INV134 Answer_Type=number

Second Hospitalization

Question: **Hospital** PHIN_code=INV129a Answer_Type=string

Question: **Hospital City** PHIN_code=MDCH144a Answer_Type=string

Question: **Hospital Record No.** PHIN_code=MDCH109a Answer_Type=string

Question: **Admission Date** PHIN_code=INV132a Answer_Type=date

Question: **Discharge Date** PHIN_code=INV133a Answer_Type=date

Question: **Days Hospitalized** PHIN_code=INV134a Answer_Type=number

Clinical Information

Question: **During the 3 weeks before onset of Reye Syndrome, was there an antecedent illness?**

PHIN_code=MDCH538 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, date of onset of antecedent illness:** PHIN_code=MDCH112 Answer_Type=date

Question: **If there was an antecedent illness, was there:** PHIN_code=MDCH156 Answer_Type=code

Answer=Diarrhea	CodeValue=1
Answer=Respiratory symptoms	CodeValue=2
Answer=Fever	CodeValue=3
Answer=Chickenpox	CodeValue=4
Answer=Other rash	CodeValue=5

Question: **Was there vomiting at any time?** PHIN_code=MDCH036 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If there was vomiting at any time, was the vomiting part of the:** PHIN_code=MDCH117

Answer_Type=code

Answer=Antecedent illness	CodeValue=1
Answer=Reye Syndrome	CodeValue=2
Answer=Antecedent illness & Reye Syndrome	CodeValue=3
Answer=Unknown	CodeValue=9

Question: **Indicate the best description of the patient's condition at admission to the hospital (or at diagnosis, if patient was not hospitalized) where the major part of therapy was performed.**

PHIN_code=MDCH358 Answer_Type=code

Answer=Alert wakefulness	CodeValue=0
Answer=Difficult to arouse, lethargic, sleepy	CodeValue=1
Answer=Delirious, combative, purposeful or semi-purposeful motor responses	CodeValue=2
Answer=Unarousable, predominantly flexor motor responses, decorticate	CodeValue=3
Answer=Unarousable, predominately extensor motor responses, decerebrate	CodeValue=4
Answer=Unarousable, flaccid paralysis, areflexia pupils unresponsive	CodeValue=5
Answer=Curarized or equivalent, therefore could not classify	CodeValue=6
Answer=Condition Unknown	CodeValue=9

Question: **Indicate the best description of the patient's condition during the most severe phase of the illness:** PHIN_code=MDCH358a Answer_Type=code

Answer=Alert wakefulness	CodeValue=0
Answer=Difficult to arouse, lethargic, sleepy	CodeValue=1
Answer=Delirious, combative, purposeful or semi-purposeful motor responses	CodeValue=2
Answer=Unarousable, predominantly flexor motor responses, decorticate	CodeValue=3
Answer=Unarousable, predominately extensor motor responses, decerebrate	CodeValue=4
Answer=Unarousable, flaccid paralysis, areflexia pupils unresponsive	CodeValue=5
Answer=Curarized or equivalent, therefore could not classify	CodeValue=6
Answer=Condition Unknown	CodeValue=9

Question: **Was the patient vaccinated during month preceding onset of Reye Syndrome?**

PHIN_code=MDCH307 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Vaccine** PHIN_code=VAC101 Answer_Type=string

Question: **Date Received** PHIN_code=MDCH054 Answer_Type=date

Question: **Did the patient ever have a previous case of physician-diagnosed Reye Syndrome?**

PHIN_code=MDCH385 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Has Reye Syndrome ever been diagnosed in a sibling or blood relative?**

PHIN_code=MDCH134 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Laboratory Information

Question: **Did the patient have a recent viral or bacterial infection (associated with Reye Syndrome) documented by a laboratory test?** PHIN_code=MDCH_LAB01 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Infection** PHIN_code=LAB102 Answer_Type=code

Answer=Flu A	CodeValue=1
Answer=Flu B	CodeValue=2
Answer=Other	CodeValue=3

Question: **Documented** PHIN_code=LAB165 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Test Name/Test Method** PHIN_code=LAB101 Answer_Type=code
 Answer=Culture CodeValue=1
 Answer=Serology CodeValue=2
 Answer=Other CodeValue=3
 Answer=Unknown CodeValue=9

Question: **If Other infection, specify:** PHIN_code=MDCH099 Answer_Type=string

Question: **If Other test, specify:** PHIN_code=MDCH106 Answer_Type=string

Question: **Was there a three-fold or greater elevation in the normal laboratory value of either the serum SGOT, SGPT, or NH3?** PHIN_code=MDCH157 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Highest SGOT:** PHIN_code=HEP121 Answer_Type=number

Question: **Highest SGPT:** PHIN_code=HEP122 Answer_Type=number

Question: **Highest NH3:** PHIN_code=HEP123 Answer_Type=number

Question: **Lowest serum glucose value:** PHIN_code=HEP124 Answer_Type=number

Question: **Highest CPK:** PHIN_code=MDCH497 Answer_Type=number

Question: **Was the patient's cerebrospinal (CSF) cell count normal?** PHIN_code=MDCH126
 Answer_Type=code
 Answer=Yes CodeValue=1
 Answer=No CodeValue=0
 Answer=Not Done CodeValue=3
 Answer=Unknown CodeValue=9

Question: **Total WBC:** PHIN_code=MDCH408 Answer_Type=number

Question: **RBC:** PHIN_code=MDCH409 Answer_Type=number

Question: **Lymph:** PHIN_code=MDCH411 Answer_Type=number

Question: **Poly:** PHIN_code=MDCH410 Answer_Type=number

Question: **Protein:** PHIN_code=MDCH130 Answer_Type=number

Question: **Glucose:** PHIN_code=MDCh129 Answer_Type=number

Question: **Was blood for a salicylate level obtained within 48 hours of admission to the hospital?**
 PHIN_code=MDCH188 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, was salicylate detectable?** PHIN_code=MDCH189 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, how many mg%?** PHIN_code=MDCH203 Answer_Type=number

Question: **Was blood for an acetaminophen level obtained within 48 hours of admission to the hospital?**

PHIN_code=MDCH188a Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, was acetaminophen detectable?** PHIN_code=MDCH189a Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, how many micrograms/ml?** PHIN_code=MDCH203a Answer_Type=number

Question: **Total Bilirubin:** PHIN_code=MDCH538a Answer_Type=number

Question: **Is there biopsy confirmation of the diagnosis?** PHIN_code=MDCH518 Answer_Type=code

Answer=Yes	CodeValue=1
Answer=No	CodeValue=0
Answer=Not Done	CodeValue=3
Answer=Unknown	CodeValue=9

Epidemiologic Information

Question: **Did the patient take any medications (nonprescription or prescribed) during the 3 weeks prior to the onset of Reye Syndrome (defined as vomiting or mental status changes)?**

PHIN_code=MDCH182 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, please list all of these medications (include brand names, if possible):**

PHIN_code=MDCH285 Answer_Type=text

Question: **How was the medication history obtained?** PHIN_code=MDCH164 Answer_Type=code

Answer=Chart review	CodeValue=1
Answer=Interviewed patient's physician	CodeValue=2
Answer=Interviewed patient's parent	CodeValue=3

Answer=Other (specify):

CodeValue=4 (PHIN_code = MDCH164_4_Other)

Question: **If obtained only by chart review, which did the medication history specifically indicate?**

PHIN_code=MDCH120 Answer_Type=code

Answer=Patient took acetaminophen during the 3 weeks CodeValue=1

Answer=Patient took salicylate during the 3 weeks CodeValue=4

Answer=Patient did not take acetaminophen during the 3 weeks CodeValue=2

Answer=Patient did not take salicylate during the 3 weeks CodeValue=5

Answer=No information regarding acetaminophen ingestion CodeValue=3

Answer=No information regarding salicylate ingestion CodeValue=6

Question: **Does the patient have a disease which requires the patient to take salicylate-containing medications regularly?** PHIN_code=MDCH061 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **If yes, what is the disease?** PHIN_code=MDCH252 Answer_Type=code

Answer=Juvenile Rheumatoid Arthritis CodeValue=1

Answer=Other (specify): CodeValue=2 (PHIN_code = MDCH252_2_Other)

Question: **Is the patient one of identical twins?** PHIN_code=MDCH540 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Rubella

Hospital Information

Question: **Patient Hospitalized** PHIN_code=INV128 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=U

Question: **Hospital** PHIN_code=INV129 Answer_Type=string

Question: **Hospital City** PHIN_code=MDCH144 Answer_Type=string

Question: **Hospital Record No.** PHIN_code=MDCH109 Answer_Type=string

Question: **Admission Date** PHIN_code=INV132 Answer_Type=date

Question: **Discharge Date** PHIN_code=INV133 Answer_Type=date

Question: **Days Hospitalized** PHIN_code=INV134 Answer_Type=number

Question: **Patient Died** PHIN_code=INV171 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Clinical Information

Symptoms

Question: **Any Rash?** PHIN_code=RUB003 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **If yes, Rash Onset Date** PHIN_code=RUB004 Answer_Type=date

Question: **If yes, Rash Duration** PHIN_code=RUB005 Answer_Type=number

Question: **Fever?** PHIN_code=RUB006 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **If yes, specify highest temperature:** PHIN_code=RUB007 Answer_Type=number

Question: **Scale** PHIN_code=RUB008 Answer_Type=code

Answer=F CodeValue=F

Answer=C CodeValue=C

Question: **Arthralgia/Arthritis?** PHIN_code=RUB009 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Lymphadenopathy?** PHIN_code=RUB010 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Conjunctivitis?** PHIN_code=RUB011 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Complications

Question: **Encephalitis?** PHIN_code=RUB019 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Arthralgia/arthritis?** PHIN_code=RUB147 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Thrombocytopenia?** PHIN_code=RUB020 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Other Complications?** PHIN_code=RUB021 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes, please specify:** PHIN_code=RUB022 Answer_Type=string

Laboratory Information

Question: **Was laboratory testing for Rubella done?** PHIN_code=RUB033 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Was an IgM test done?** PHIN_code=RUB034 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, date the IgM specimen was taken** PHIN_code=RUB035 Answer_Type=date

Question: **If yes, result of the IgM test** PHIN_code=RUB036 Answer_Type=code

Answer=Positive	CodeValue=P
Answer=Negative	CodeValue=N
Answer=Indeterminate	CodeValue=I
Answer=Pending	CodeValue=PEND
Answer=Unknown	CodeValue=U

Question: **Was IgG Acute/Convalescent testing done** PHIN_code=RUB044 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, date the IgG acute specimen was taken** PHIN_code=RUB045 Answer_Type=date

Question: **If yes, date the IgG convalescent specimen was taken** PHIN_code=RUB046

Answer_Type=date

Question: **If yes, result** PHIN_code=RUB048 Answer_Type=code

Answer=Significant rise in IgG	CodeValue=SR
Answer=No significant rise in IgG	CodeValue=NR
Answer=Indeterminate	CodeValue=I
Answer=Pending	CodeValue=PND
Answer=Unknown	CodeValue=U

Question: **Was other laboratory testing done?** PHIN_code=RUB088 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, other lab result** PHIN_code=MEA036 Answer_Type=code

Answer=Positive	CodeValue=P
Answer=Negative	CodeValue=N
Answer=Indeterminate	CodeValue=I
Answer=Pending	CodeValue=PEND
Answer=Unknown	CodeValue=U

Question: **If yes, specify the other lab method:** PHIN_code=RUB089 Answer_Type=text

Vaccine Information

Question: **Vaccinated (Received rubella containing vaccine)** PHIN_code=RUB093 Answer_Type=code

Answer=Yes	CodeValue=Y
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Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Vaccination Date** PHIN_code=VAC103 Answer_Type=date

Question: **Vaccine Type** PHIN_code=VAC101 Answer_Type=code
 Answer=MMR CodeValue=A
 Answer=Rubella CodeValue=B
 Answer=Other CodeValue=O
 Answer=Unknown CodeValue=U

Question: **Vaccine Manufacturer** PHIN_code=VAC107 Answer_Type=string

Question: **Lot Number** PHIN_code=VAC108 Answer_Type=string

Question: **Number doses received ON or AFTER 1st birthday** PHIN_code=RUB096
 Answer_Type=number

Question: **If not vaccinated, what was the reason?** PHIN_code=RUB094 Answer_Type=code
 Answer=Religious exemption CodeValue=RLGN
 Answer=Medical Contraindication CodeValue=MED
 Answer=Philosophical objection CodeValue=OBJ
 Answer=Lab evidence of previous disease CodeValue=LAB
 Answer=MD diagnosis of previous disease CodeValue=MDDX
 Answer=Under age for vaccination CodeValue=AGE
 Answer=Parental refusal CodeValue=REFUSE
 Answer=Unknown CodeValue=U
 Answer=Other (specify) CodeValue=OTH (PHIN_code = RUB094_OTH_Other)

Epidemiologic Information

Question: **Country of Birth** PHIN_code=MDCH520 Answer_Type=code
 (See Appendix D for Country codes)

Question: **Imported?** PHIN_code=INV152 Answer_Type=code
 Answer=Indigenous CodeValue=1
 Answer=International CodeValue=2
 Answer=Out of State CodeValue=3
 Answer=Unknown CodeValue=9

Question: **Epi Linked to another Confirmed or Probable case?** PHIN_code=RUB112
 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Transmission Setting (Where did this case acquire rubella)** PHIN_code=RUB108
 Answer_Type=code

Answer=Daycare	CodeValue=DayCare
Answer=School	CodeValue=SCH
Answer=Doctor's Office	CodeValue=DrOffice
Answer=Hospital Ward	CodeValue=WARD
Answer=Hospital ER	CodeValue=ER
Answer=Hospital outpatient clinic	CodeValue=OPCLN
Answer=Home	CodeValue=HOME
Answer=Work	CodeValue=WORK
Answer=Unknown	CodeValue=UNK
Answer=College	CodeValue=COLLEGE
Answer=Military	CodeValue=MILITARY
Answer=Correctional Facility	CodeValue=CORRFAC
Answer=Place of Worship	CodeValue=CHURCH
Answer=Community	CodeValue=COMMUNITY
Answer=International Travel	CodeValue=TRAVEL
Answer=Other (specify)	CodeValue=OTH (PHIN_code = RUB108_OTH_Other)

Question: **Were the Age and Setting verified (Is age appropriate for setting, i.e. a person aged 49 years and in day care, etc.)** PHIN_code=MDCH311 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Source of Exposure for current case (Enter State ID if source was an In-state case; enter Country if source was out of US; enter State if source was out-of-state)**
PHIN_code=MDCH213 Answer_Type=string

Pregnancy Information

Question: **Was the case pregnant?** PHIN_code=RUB117 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, number of weeks gestation at onset of illness** PHIN_code=RUB120
Answer_Type=number

Question: **OR, gestation trimester at onset of illness:** PHIN_code=RUB121 Answer_Type=code

Answer=First	CodeValue=1
Answer=Second	CodeValue=2
Answer=Third	CodeValue=3
Answer=Unknown	CodeValue=U

Question: **Is there documentation of previous rubella immunity testing?** PHIN_code=RUB122
Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, result:** PHIN_code=RUB123 Answer_Type=code
 Answer=Positive CodeValue=P
 Answer=Negative CodeValue=N
 Answer=Indeterminate CodeValue=I
 Answer=Pending CodeValue=PEND
 Answer=Not Done CodeValue=ND
 Answer=Unknown CodeValue=U

Question: **If yes, year of test:** PHIN_code=RUB124 Answer_Type=number

Question: **OR, age of patient at time of test (in years):** PHIN_code=RUB125 Answer_Type=number

Question: **Did the patient have rubella disease prior to this pregnancy?** PHIN_code=RUB126
 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Was previous rubella serologically confirmed?** PHIN_code=RUB127 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If yes, year of disease:** PHIN_code=RUB128 Answer_Type=number

Question: **OR, age of patient at time of disease (in years):** PHIN_code=RUB129 Answer_Type=number

Exposure Information

Question: **21 Days** PHIN_code=MDCH320 Answer_Type=date

Question: **14 Days** PHIN_code=MDCH321 Answer_Type=date

Question: **7 Days** PHIN_code=MDCH322 Answer_Type=date

Question: **Rash onset date** PHIN_code=MDCH234 Answer_Type=date

Question: **7 Days After Onset** PHIN_code=MDCH323 Answer_Type=date

Contact Information

Question: **Name** PHIN_code=CTCT_NAME Answer_Type=string

Question: **Address** PHIN_code=CTCT_ADDR Answer_Type=string

Question: **Phone** PHIN_code=CTCT_PHONE Answer_Type=phone

Question: **Documented prior Rubella Immunization:** PHIN_code=CTCT_CASE Answer_Type=code
Answer=Yes CodeValue=Y
Answer=No CodeValue=N
Answer=Unknown CodeValue=UNK

Question: **If yes, date** PHIN_code=CTCT_DATE Answer_Type=date

Question: **Documented Rubella Seropositivity before or within 7 days after first Exposed**
PHIN_code=CTCT_EXPOSED Answer_Type=code
Answer=Yes CodeValue=Y
Answer=No CodeValue=N
Answer=Unknown CodeValue=UNK

Question: **If No or Unknown, action taken - Rubella Serology, etc.** PHIN_code=CTCT_ACTION
Answer_Type=string

Group contacts

Question: **Name of Group/Site** PHIN_code=CTCT_GROUP Answer_Type=string

Question: **Address/Phone** PHIN_code=CTCT_ADDR_PH Answer_Type=string

Question: **Notes** PHIN_code=CTCT_NOTES Answer_Type=string

Syphilis

Investigation Information

Question: Syphilis Stage:	PHIN_code=INV169	Answer_Type=code
Answer=710 (Primary)		CodeValue=6004
Answer=720 (Secondary)		CodeValue=6010
Answer=730 (Early Latent)		CodeValue=6006
Answer=740 (Latent of Unknown Duration)		CodeValue=6007
Answer=745 (Late Latent)		CodeValue=6008
Answer=750 (Late with Manifestations)		CodeValue=6009
Answer=790 (Congenital)		CodeValue=6005

Referral Information

Question: Information Source:	PHIN_code=INV112	Answer_Type=code
Answer=01 HIV Counseling and Testing Site		CodeValue=01
Answer=02 STD Clinic		CodeValue=02
Answer=03 Drug Treatment Clinic		CodeValue=03
Answer=04 Family Planning/Planned Parenthood		CodeValue=04
Answer=05 Prenatal/Obstetrics		CodeValue=05
Answer=06 Tuberculosis Clinic		CodeValue=06
Answer=07 Other Public Clinic		CodeValue=07
Answer=08 Private Physician/HMO		CodeValue=08
Answer=09 Hospital Inpatient		CodeValue=09
Answer=10 Emergency Room		CodeValue=10
Answer=11 Correctional Facility		CodeValue=11
Answer=12 Laboratory		CodeValue=12
Answer=13 Blood Bank		CodeValue=13
Answer=14 Delivery		CodeValue=14
Answer=15 Prenatal		CodeValue=15
Answer=16 Job Corps		CodeValue=16
Answer=17 School-Based Clinic		CodeValue=17
Answer=18 Mental Health Provider		CodeValue=18
Answer=66 Indian Health Service		CodeValue=66
Answer=77 Military		CodeValue=77
Answer=88 Other		CodeValue=88
Answer=99 Unknown		CodeValue=99

Laboratory Information

Question: **Name of Laboratory:** PHIN_code=MDCH185 Answer_Type=string

Question: **Phone:** PHIN_code=MDCH554 Answer_Type=phone

Question: **Ext.:** PHIN_code=MDCH555 Answer_Type=number

Question: **Street Address:** PHIN_code=MDCH556 Answer_Type=string

Question: **City:** PHIN_code=MDCH509 Answer_Type=string

Question: **County:** PHIN_code=MDCH557 Answer_Type=code
(See Appendix A for County codes)

Question: **State:** PHIN_code=MDCH510 Answer_Type=code
(See Appendix B for State codes)

Question: **Zip:** PHIN_code=MDCH511 Answer_Type=string

Question: **Laboratory Test:** PHIN_code=LAB101 Answer_Type=code

Answer=USR	CodeValue=USR
Answer=VDRL	CodeValue=VDRL
Answer=RPR	CodeValue=RPR
Answer=FTA	CodeValue=FTA
Answer=TPPA	CodeValue=TPPA
Answer=PKTP	CodeValue=PKTP
Answer=DFA	CodeValue=DFA
Answer=Darkfield	CodeValue=DKF
Answer=Other (specify):	CodeValue=OTH (PHIN_code = LAB101_OTH_Other)
Answer=Unknown	CodeValue=UNK

Specimen Information

Question: **Date Specimen Taken:** PHIN_code=LAB163 Answer_Type=date

Question: **Date of Laboratory Results:** PHIN_code=LAB108 Answer_Type=date

Question: **Site of Specimen:** PHIN_code=LAB166 Answer_Type=code

Answer=Lesion	CodeValue=09
Answer=CSF	CodeValue=10
Answer=Blood	CodeValue=11
Answer=Other (specify):	CodeValue=08 (PHIN_code = LAB166_08_Other)
Answer=Unknown	CodeValue=UNK

Provider Name

Question: **First:** PHIN_code=MDCH558 Answer_Type=string

Question: **Last:** PHIN_code=MDCH559 Answer_Type=string

Question: **Phone:** PHIN_code=MDCH560 Answer_Type=phone

Question: **Ext.:** PHIN_code=MDCH561 Answer_Type=number

Question: **Email:** PHIN_code=MDCH562 Answer_Type=string

Question: **Institution Name:** PHIN_code=MDCH563 Answer_Type=string

Question: **Street Address:** PHIN_code=MDCH564 Answer_Type=string

Question: **City:** PHIN_code=MDCH565 Answer_Type=string

Question: **County:** PHIN_code=MDCH566 Answer_Type=code
(See Appendix A for County codes)

Question: **State:** PHIN_code=MDCH567 Answer_Type=code
(See Appendix B for State codes)

Question: **Zip:** PHIN_code=MDCH568 Answer_Type=string

Treatment Information

Question: **Has patient been treated for THIS infection?** PHIN_code=MDCH277 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, date of treatment:** PHIN_code=MDCH193 Answer_Type=date

Question: **Specify DRUG/DOSAGE:** PHIN_code=MDCH470 Answer_Type=code

Answer=2.4 mil units IM Benzathine Penicillin G X 1	CodeValue=BENXI
Answer=2.4 mil units IM Benzathine Penicillin G X 3	CodeValue=BENX3
Answer=100mg Doxycycline 2x/day X 14 days	CodeValue=DOX14
Answer=500mg Tetracycline 4x/day X 14 days	CodeValue=TET14
Answer=100mg Doxycycline 2x/day X 28 days	CodeValue=DOX28
Answer=500mg Tetracycline 4x/day X 28 days	CodeValue=TET28
Answer=Other (specify):	CodeValue=OTH (PHIN_code = MDCH470_OTH_Other)
Answer=Unknown	CodeValue=UNK

Treated by Provider

Question: **First:** PHIN_code=MDCH569 Answer_Type=string

Question: **Last:** PHIN_code=MDCH570 Answer_Type=string

Question: **Phone:** PHIN_code=MDCH571 Answer_Type=phone

Question: **Ext.:** PHIN_code=MDCH572 Answer_Type=number

Question: **Email:** PHIN_code=MDCH573 Answer_Type=string

Question: **Street Address:** PHIN_code=MDCH574 Answer_Type=string

Question: **City:** PHIN_code=MDCH575 Answer_Type=string

Question: **County:** PHIN_code=MDCH576 Answer_Type=code
(See Appendix A for County codes)

Question: **State:** PHIN_code=MDCH577 Answer_Type=code
(See Appendix B for State codes)

Question: **Zip:** PHIN_code=MDCH578 Answer_Type=string

Tetanus

Hospital Information

Question: **Patient Hospitalized** PHIN_code=INV128 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=U

Question: **Hospital** PHIN_code=INV129 Answer_Type=string

Question: **Hospital City** PHIN_code=MDCH144 Answer_Type=string

Question: **Hospital Record No.** PHIN_code=MDCH109 Answer_Type=string

Question: **Admission Date** PHIN_code=INV132 Answer_Type=date

Question: **Discharge Date** PHIN_code=INV133 Answer_Type=date

Question: **Days Hospitalized** PHIN_code=INV134 Answer_Type=number

Epidemiologic Information

Question: **Imported?** PHIN_code=INV152 Answer_Type=code

Answer=Indigenous CodeValue=1

Answer=International CodeValue=2

Answer=Out of State CodeValue=3

Answer=Unknown CodeValue=9

Question: **History of military service (active or reserve)?** PHIN_code=MDCH371 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **Year of entry into military service:** PHIN_code=MDCH327 Answer_Type=number

Question: **Tetanus toxoid (TT) history prior to tetanus disease (exclude doses received since acute injury):**

PHIN_code=MDCH336 Answer_Type=code

Answer=Never CodeValue=0

Answer=1 dose CodeValue=1

Answer=2 doses CodeValue=2

Answer=3 doses CodeValue=3

Answer=4+ doses CodeValue=4

Answer=Unknown CodeValue=U

Question: **Years since last dose:** PHIN_code=MDCH337 Answer_Type=number

Question: **Acute wound identified?** PHIN_code=MDCH338 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, date wound occurred:** PHIN_code=MDCH339 Answer_Type=date

Question: **If yes, principal anatomic site:** PHIN_code=MDCH340 Answer_Type=code

Answer=Head	CodeValue=1
Answer=Trunk	CodeValue=2
Answer=Upper extremity	CodeValue=3
Answer=Lower extremity	CodeValue=4
Answer=Unspecified	CodeValue=5

Question: **Work related?** PHIN_code=MDCH341 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Environment:** PHIN_code=MDCH342 Answer_Type=code

Answer=Home	CodeValue=1
Answer=Other indoors	CodeValue=2
Answer=Farm/Yard	CodeValue=3
Answer=Automobile	CodeValue=4
Answer=Other outdoors	CodeValue=5
Answer=Unknown	CodeValue=6

Question: **Circumstances:** PHIN_code=MDCH343 Answer_Type=text

Question: **Principal wound type:** PHIN_code=MDCH344 Answer_Type=code

Answer=Puncture	CodeValue=1
Answer=Stellate laceration	CodeValue=2
Answer=Linear laceration	CodeValue=3
Answer=Crush	CodeValue=4
Answer=Abrasion	CodeValue=5
Answer=Avulsion	CodeValue=6
Answer=Burn	CodeValue=7
Answer=Frost bite	CodeValue=8
Answer=Compound fracture	CodeValue=9
Answer=Surgery	CodeValue=11
Answer=Animal bite	CodeValue=12
Answer=Insect bite/sting	CodeValue=13
Answer=Dental	CodeValue=14
Answer=Tissue necrosis	CodeValue=15
Answer=Unknown	CodeValue=16
Answer=Other (e.g. with cancer) specify	CodeValue=10 (PHIN_code = MDCH344_10_Other)

Question: **Wound contaminated?** PHIN_code=MDCH345 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Depth of wound:** PHIN_code=MDCH346 Answer_Type=code

Answer=1cm. or less	CodeValue=1
Answer=More than 1cm.	CodeValue=2
Answer=Unknown	CodeValue=3

Question: **Signs of infection?** PHIN_code=MDCH656 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Devitalized, ischemic or denervated tissue present?** PHIN_code=MDCH348

Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Type of tetanus disease:** PHIN_code=MDCH364 Answer_Type=code

Answer=Generalized	CodeValue=1
Answer=Localized	CodeValue=2
Answer=Cephalic	CodeValue=3
Answer=Unknown	CodeValue=4

Question: **TIG therapy given?** PHIN_code=MDCH365 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, how soon after illness onset?** PHIN_code=MDCH366 Answer_Type=code

Answer=< 6 Hours	CodeValue=1
Answer=7-23 Hours	CodeValue=2
Answer=1-4 Days	CodeValue=3
Answer=5-9 Days	CodeValue=4
Answer=10-14 Days	CodeValue=5
Answer=15+ Days	CodeValue=6
Answer=Unknown	CodeValue=9

Question: **If yes, dosage (units):** PHIN_code=MDCH367 Answer_Type=number

Question: **Days in ICU:** PHIN_code=MDCH368 Answer_Type=number

Question: **Days received mechanical ventilation:** PHIN_code=MDCH369 Answer_Type=number

Question: **Outcome one month after onset?** PHIN_code=MDCH370 Answer_Type=code

Answer=Recovered	CodeValue=R
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Answer=Convalescing	CodeValue=C
Answer=Died	CodeValue=D

Question: **If died, date expired:** PHIN_code=INV146 Answer_Type=date

Question: **Was medical care obtained for this acute injury?** PHIN_code=MDCH350 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Tetanus toxoid (TT) or Td administered before tetanus onset?** PHIN_code=MDCH351

Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, TT or Td given how soon after injury?** PHIN_code=MDCH352 Answer_Type=code

Answer=< 6 Hours	CodeValue=1
Answer=7-23 Hours	CodeValue=2
Answer=1-4 Days	CodeValue=3
Answer=5-9 Days	CodeValue=4
Answer=10-14 Days	CodeValue=5
Answer=15+ Days	CodeValue=6
Answer=Unknown	CodeValue=9

Question: **Wound debrided before Tetanus onset?** PHIN_code=MDCH353 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, debrided how soon after injury?** PHIN_code=MDCH354 Answer_Type=code

Answer=< 6 Hours	CodeValue=1
Answer=7-23 Hours	CodeValue=2
Answer=1-4 Days	CodeValue=3
Answer=5-9 Days	CodeValue=4
Answer=10-14 Days	CodeValue=5
Answer=15+ Days	CodeValue=6
Answer=Unknown	CodeValue=9

Question: **Tetanus Immune Globulin (TIG) Prophylaxis received before Tetanus onset?**

PHIN_code=MDCH355 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, TIG given how soon after injury?** PHIN_code=MDCH356 Answer_Type=code

Answer=< 6 Hours	CodeValue=1
Answer=7-23 Hours	CodeValue=2

Answer=1-4 Days	CodeValue=3
Answer=5-9 Days	CodeValue=4
Answer=10-14 Days	CodeValue=5
Answer=15+ Days	CodeValue=6
Answer=Unknown	CodeValue=9

Question: **If yes, dosage (units):** PHIN_code=MDCH357 Answer_Type=number

Question: **Associated condition (if no Acute injury):** PHIN_code=MDCH358 Answer_Type=code

Answer=Abscess	CodeValue=1
Answer=Ulcer	CodeValue=2
Answer=Blister	CodeValue=3
Answer=Gangrene	CodeValue=4
Answer=Cellulitis	CodeValue=5
Answer=Other infection	CodeValue=6
Answer=Cancer	CodeValue=7
Answer=Gingivitis	CodeValue=8
Answer=None	CodeValue=88
Answer=Unknown	CodeValue=99

Question: **Describe associated condition:** PHIN_code=MDCH359 Answer_Type=text

Question: **Diabetes?** PHIN_code=MDCH360 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, insulin dependent?** PHIN_code=MDCH361 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Parenteral drug abuse?** PHIN_code=MDCH362 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, describe condition:** PHIN_code=MDCH363 Answer_Type=text

Neonatal (< 28 days old)

Question: **Mother's age in years:** PHIN_code=MDCH372 Answer_Type=number

Question: **Mother's birthdate:** PHIN_code=MDCH373 Answer_Type=date

Question: **Date of Mother's arrival in U.S.:** PHIN_code=MDCH374 Answer_Type=date

Question: **Mother's tetanus toxoid (TT) history PRIOR to child's disease (known doses only):**

PHIN_code=MDCH375 Answer_Type=code

Answer=Never	CodeValue=0
Answer=1 dose	CodeValue=1
Answer=2 doses	CodeValue=2
Answer=3 doses	CodeValue=3
Answer=4+ doses	CodeValue=4
Answer=Unknown	CodeValue=U

Question: **Years since Mother's last dose:** PHIN_code=MDCH376 Answer_Type=number

Question: **Child's birthplace:** PHIN_code=MDCH377 Answer_Type=code

Answer=Hospital	CodeValue=1
Answer=Home	CodeValue=2
Answer=Unknown	CodeValue=9
Answer=Other	CodeValue=3 (PHIN_code = MDCH377_3_Other)

Question: **Birth attendant(s):** PHIN_code=MDCH378 Answer_Type=code

Answer=Physician	CodeValue=1
Answer=Nurse	CodeValue=2
Answer=Licensed midwife	CodeValue=3
Answer=Unlicensed midwife	CodeValue=4
Answer=Unknown	CodeValue=9
Answer=Other	CodeValue=5 (PHIN_code = MDCH378_5_Other)

Question: **Other birth attendant(s) (if not previously listed):** PHIN_code=MDCH379 Answer_Type=text

Trichinosis

Clinical Information

Question: **Outcome:** PHIN_code=MDCH290 Answer_Type=code

Answer=Recovered	CodeValue=1
Answer=Died	CodeValue=2
Answer=Unknown	CodeValue=9

Question: **If the patient died, date of death:** PHIN_code=INV146 Answer_Type=date

Question: **Eosinophilia** PHIN_code=MDCH380 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If Yes, specify absolute number or percent:** PHIN_code=MDCH099 Answer_Type=string

Question: **Fever?** PHIN_code=MDCH100 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, specify highest fever:** PHIN_code=MDCH101 Answer_Type=number

Question: **Scale** PHIN_code=MDCH102 Answer_Type=code

Answer=F	CodeValue=F
Answer=C	CodeValue=C

Question: **Periorbital edema?** PHIN_code=MDCH254 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Myalgia?** PHIN_code=MDCH517 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Laboratory Information

Question: **Muscle biopsy?** PHIN_code=MDCH518 Answer_Type=code

Answer=Positive	CodeValue=1
Answer=Negative	CodeValue=2
Answer=Not Done	CodeValue=3
Answer=Unknown	CodeValue=9

Question: **Serologic Findings:** PHIN_code=MDCH168 Answer_Type=code
 Answer=Positive CodeValue=1
 Answer=Negative CodeValue=2
 Answer=Not Done CodeValue=3
 Answer=Unknown CodeValue=9

Question: **Date Specimen Collected:** PHIN_code=LAB163 Answer_Type=date

Question: **Test Type:** PHIN_code=LAB101 Answer_Type=string

Question: **Test Result:** PHIN_code=LAB102 Answer_Type=string

Epidemiologic Information

Question: **CDC-ID** PHIN_code=MDCH004 Answer_Type=string

Question: **Suspect Food:** PHIN_code=MDCG182 Answer_Type=code
 Answer=Pork CodeValue=1
 Answer=Non-Pork CodeValue=2
 Answer=Unknown CodeValue=9

Question: **If Pork, specify:** PHIN_code=MDCH117 Answer_Type=code
 Answer=Wild boar (any cut) CodeValue=1
 Answer=Sausage CodeValue=2
 Answer=Chops CodeValue=3
 Answer=Roast CodeValue=4
 Answer=Ham CodeValue=5
 Answer=Bacon CodeValue=6
 Answer=Other (specify) CodeValue=7 (PHIN_code = MDCH117_7_Other)
 Answer=Not specified CodeValue=9

Question: **If Non-Pork, specify:** PHIN_code=MDCH117a Answer_Type=code
 Answer=Bear meat CodeValue=1
 Answer=Other wild animal CodeValue=2
 Answer=Hamburger (ground meat) CodeValue=3
 Answer=Other (specify) CodeValue=7 (PHIN_code = MDCH117a_7_Other)
 Answer=Not specified CodeValue=9

Question: **Date suspect food consumed:** PHIN_code=MDCH0133 Answer_Type=date

Question: **Larvae in suspect food?** PHIN_code=MDCH145 Answer_Type=code
 Answer=Not examined CodeValue=1
 Answer=Present CodeValue=2
 Answer=Absent CodeValue=3
 Answer=Unknown CodeValue=9

Question: **Where suspect food was obtained:** PHIN_code=MDCH115 Answer_Type=code
 Answer=Supermarket/Grocery Store CodeValue=1

Answer=Butcher Shop	CodeValue=2
Answer=Restaurant or other public eating establishment	CodeValue=3
Answer=Direct from farm	CodeValue=4
Answer=Hunted or trapped	CodeValue=5
Answer=Other (specify)	CodeValue=6 (PHIN_code = MDCH115_6_Other)
Answer=Unknown	CodeValue=9

Question: **Further processing** PHIN_code=MDCH116 Answer_Type=code

Answer=No further processing	CodeValue=1
Answer=Ground	CodeValue=2
Answer=Smoked	CodeValue=3
Answer=Dried jerky	CodeValue=4
Answer=Marinated	CodeValue=5
Answer=Other (specify)	CodeValue=6 (PHIN_code = MDCH116_6_Other)
Answer=Unknown	CodeValue=9

Question: **Method of cooking** PHIN_code=MDCH306 Answer_Type=code

Answer=Uncooked	CodeValue=1
Answer=Fried	CodeValue=2
Answer=Open-fire roasting	CodeValue=3
Answer=Other cooking method (specify)	CodeValue=4 (PHIN_code = MDCH306_4_Other)
Answer=Unknown	CodeValue=9

Question: **Are there related cases?** PHIN_code=MDCH313 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Typhoid Fever

Hospital Information

Question: **Patient Hospitalized** PHIN_code=INV128 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=U

Question: **Hospital** PHIN_code=INV129 Answer_Type=string

Question: **Hospital City** PHIN_code=MDCH144 Answer_Type=string

Question: **Hospital Record No.** PHIN_code=MDCH109 Answer_Type=string

Question: **Admission Date** PHIN_code=INV132 Answer_Type=date

Question: **Discharge Date** PHIN_code=INV133 Answer_Type=date

Question: **Days Hospitalized** PHIN_code=INV134 Answer_Type=number

Question: **Patient Died** PHIN_code=INV171 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Laboratory Information

Question: **Date Salmonella typhi first isolated:** PHIN_code=MDCH508 Answer_Type=date

Question: **Site(s) of isolation:** PHIN_code=MDCH207 Answer_Type=code

Answer=Blood CodeValue=1

Answer=Stool CodeValue=2

Answer=Gall bladder CodeValue=3

Answer=Other (specify): CodeValue=8 (PHIN_code = MDCH207_8_Other)

Question: **Was antibiotic sensitivity testing performed on this (these) isolate(s) at the laboratory?**

PHIN_code=MDCH277 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **Antibiotic** PHIN_code=MDCH103 Answer_Type=code

Answer=Ampicillin CodeValue=A

Answer=Chloramphenicol CodeValue=C

Answer=Trimethoprim-sulfamethoxazole CodeValue=T

Answer=Fluoroquinolones (e.g., Ciprofloxacin) CodeValue=F

Question: **Resistant?** PHIN_code=MDCH171 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Epidemiologic Information

Question: **Did the patient have symptoms of Typhoid Fever (fever, abdominal pain, headache, etc.)**
 PHIN_code=HEP102 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **CDC-ID** PHIN_code=MDCH004 Answer_Type=string

Question: **Does the patient work as a food handler?** PHIN_code=HEP146 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Citizenship:** PHIN_code=MDCH281 Answer_Type=code
 Answer=US CodeValue=1
 Answer=Other CodeValue=8 (PHIN_code = MDCH281_8_Other)
 Answer=Unknown CodeValue=9

Question: **Did the patient receive typhoid vaccination (primary series or booster) within five years before onset of illness?** PHIN_code=MDCH307 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Vaccine Type** PHIN_code=MDCH553 Answer_Type=code
 Answer=Standard killed typhoid shot CodeValue=S
 Answer=Oral Ty21a or Vivotif (four pill series) CodeValue=O
 Answer=ViCPS or Typhim Vi shot CodeValue=V

Question: **Received?** PHIN_code=MDCH171a Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Year Received** PHIN_code=MDCH0133 Answer_Type=number

Question: **Did the patient travel or live outside the United States during the 30 days before the illness began?** PHIN_code=MDCH474 Answer_Type=code
 Answer=Yes CodeValue=Y
 Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **If yes, list (in order of most recent first) the countries visited during the 30 Days before the illness began (other than the United States):** PHIN_code=MDCH285 Answer_Type=text

Question: **Date of most recent return or entry to the United States:** PHIN_code=MDCH070
Answer_Type=date

Question: **Was the purpose of the international travel:** PHIN_code=MDCH477 Answer_Type=code

Answer=Business	CodeValue=B
Answer=Tourism	CodeValue=T
Answer=Visiting relatives/friends	CodeValue=V
Answer=Immigration to U.S.	CodeValue=I
Answer=Unknown	CodeValue=9
Answer=Other	CodeValue=O (PHIN_code = MDCH477_O_Other)

Question: **Was the case traced to a typhoid carrier?** PHIN_code=MDCH134 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If Yes, was the carrier PREVIOUSLY KNOWN to the health department?**

PHIN_code=MDCH434 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Varicella

Hospital Information

Question: **Patient Hospitalized** PHIN_code=INV128 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=U

Question: **Hospital** PHIN_code=INV129 Answer_Type=string

Question: **Hospital City** PHIN_code=MDCH144 Answer_Type=string

Question: **Hospital Record No.** PHIN_code=MDCH109 Answer_Type=string

Question: **Admission Date** PHIN_code=INV132 Answer_Type=date

Question: **Discharge Date** PHIN_code=INV133 Answer_Type=date

Question: **Days Hospitalized** PHIN_code=INV134 Answer_Type=number

Question: **Patient Died** PHIN_code=INV171 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Clinical Information

Question: **Rash onset date:** PHIN_code=VAR001 Answer_Type=date

Question: **Rash location:** PHIN_code=MDCH146 Answer_Type=code

Answer=Generalized CodeValue=1

Answer=Focal CodeValue=2

Answer=Unknown CodeValue=4

Question: **If Focal, specify dermatome:** PHIN_code=VAR002 Answer_Type=string

Question: **If Generalized, first noted on:** PHIN_code=VAR003 Answer_Type=code

Answer=Face/Head CodeValue=F

Answer=Legs CodeValue=L

Answer=Trunk CodeValue=T

Answer=Arms CodeValue=A

Answer=Inside Mouth CodeValue=I

Answer=Other (specify) CodeValue=O (PHIN_code = VAR003_O_Other)

Question: ***How many lesions were there in total?** PHIN_code=VAR004 Answer_Type=code

Answer=<50 (the lesions can be easily counted within 30 seconds) CodeValue=A

Answer=50-249 (the individual's hand can be placed between the lesions without touching a lesion)	CodeValue=B
Answer=250-499 (the individual's hand cannot be placed between the lesions without touching a lesion)	CodeValue=C
Answer=>500 (the lesions are clumped so closely together that you can hardly see normal skin)	CodeValue=D
Answer=Unknown	CodeValue=U

Question: **Total number of lesions:** PHIN_code=VAR005 Answer_Type=number

Question: **Character of lesions (those with < 50):** PHIN_code=VAR006 Answer_Type=code

Answer=Macules (flat) present (specify number):	CodeValue=MAC
Answer=Papules (raised) present (specify number):	CodeValue=PAP
Answer=Vesicles (fluid) present (specify number):	CodeValue=VES
Answer=Unknown	CodeValue=U

Question: **Character of lesions (all categories - 1 to > 500):** PHIN_code=VAR007 Answer_Type=code

Answer=Mostly macular/papular	CodeValue=MMP
Answer=Mostly vesicular	CodeValue=MV
Answer=Hemorrhagic	CodeValue=HEM
Answer=Itchy	CodeValue=ITCH
Answer=Scabs	CodeValue=SCAB
Answer=Crops/waves	CodeValue=CROP
Answer=Unknown	CodeValue=U

Question: **Did the rash crust?** PHIN_code=VAR008 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If Yes, how many days until all the lesions crusted over?** PHIN_code=VAR009
Answer_Type=number

Question: **If No, how many days did the rash last?** PHIN_code=VAR010 Answer_Type=number

Question: **Did the patient have a fever?** PHIN_code=MDCH100 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Date of fever onset:** PHIN_code=VAR011 Answer_Type=date

Question: **Highest measured temperature:** PHIN_code=MDCH101 Answer_Type=number

Question: **Scale:** PHIN_code=MDCH102 Answer_Type=code

Answer=Fahrenheit	CodeValue=F
Answer=Celsius	CodeValue=C

Question: **Total number days with fever:** PHIN_code=VAR012 Answer_Type=number

Question: **Is patient immunocompromised due to medical condition or treatment?** PHIN_code=VAR013

Answer_Type=code

Answer=Yes (specify): CodeValue=Y (PHIN_code = VAR013_Y_Other)

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Complications

Question: **Did the patient visit a healthcare provider during this illness?** PHIN_code=MDCH151

Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **Did the patient develop any complications that were diagnosed by a healthcare provider?**

PHIN_code=MDCH257 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **If Yes,** PHIN_code=MDCH467 Answer_Type=code

Answer=Skin/Soft Tissue Infection CodeValue=SKIN

Answer=Cerebellitis/Ataxia CodeValue=CERE

Answer=Encephalitis CodeValue=ENCP

Answer=Dehydration CodeValue=DEHYD

Answer=Hemorrhagic Condition CodeValue=HEM

Answer=Pneumonia CodeValue=PNE

Answer=Other, specify CodeValue=OTH (PHIN_code = MDCH467_O_Other)

Question: **If patient developed pneumonia, how diagnosed:** PHIN_code=MDCH406 Answer_Type=code

Answer=X-ray CodeValue=XR

Answer=MD CodeValue=MD

Answer=Unknown CodeValue=UNK

Question: **Was the patient treated with acyclovir, famvir, or any licensed antiviral for this illness?**

PHIN_code=MDCH277 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **If Yes, name of medication:** PHIN_code=MDCH087 Answer_Type=string

Question: **Start date:** PHIN_code=MDCH427 Answer_Type=date

Question: **Stop date:** PHIN_code=MDCH428 Answer_Type=date

Question: **Did the patient die from varicella or complications (including secondary infection) associated with varicella?** PHIN_code=VAR014 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **If Yes, date of death:** PHIN_code=INV146 Answer_Type=date

Question: **Autopsy performed?** PHIN_code=MDCH519 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Cause of death:** PHIN_code=VAR015 Answer_Type=string

Laboratory

Question: **Was laboratory testing done for varicella?** PHIN_code=VAR016 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Direct fluorescent antibody (DFA) test?** PHIN_code=MDCH335 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Date of DFA:** PHIN_code=MDCH248 Answer_Type=date

Question: **DFA result:** PHIN_code=MDCH247 Answer_Type=code

Answer=Positive CodeValue=P
 Answer=Negative CodeValue=N
 Answer=Indeterminate CodeValue=I
 Answer=Pending CodeValue=PEND
 Answer=Not Done CodeValue=ND
 Answer=Unknown CodeValue=U

Question: **PCR specimen collected?** PHIN_code=VAR017 Answer_Type=code

Answer=Yes CodeValue=Y
 Answer=No CodeValue=N
 Answer=Unknown CodeValue=UNK

Question: **Date of PCR specimen:** PHIN_code=VAR018 Answer_Type=date

Question: **Source of PCR specimen:** PHIN_code=VAR019 Answer_Type=code

Answer=Vesicular swab CodeValue=VE
 Answer=Scab CodeValue=SC
 Answer=Tissue culture CodeValue=TI

Answer=Buccal swab	CodeValue=BU
Answer=Saliva	CodeValue=SA
Answer=Blood	CodeValue=BL
Answer=Urine	CodeValue=UR
Answer=Macular scraping	CodeValue=MA
Answer=Other	CodeValue=OT (PHIN_code = VAR019_OT_Other)

Question: **PCR result:** PHIN_code=MDCH276 Answer_Type=code

Answer=Positive	CodeValue=P
Answer=Negative	CodeValue=N
Answer=Indeterminate	CodeValue=I
Answer=Pending	CodeValue=PEND
Answer=Not Done	CodeValue=ND
Answer=Unknown	CodeValue=U
Answer=Other (specify):	CodeValue=OTH (PHIN_code = MDCH276_OTH_Other)

Question: **Culture performed?** PHIN_code=MDCH417 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Date of culture specimen:** PHIN_code=VAR020 Answer_Type=date

Question: **Culture result:** PHIN_code=MDCH269 Answer_Type=code

Answer=Positive	CodeValue=P
Answer=Negative	CodeValue=N
Answer=Indeterminate	CodeValue=I
Answer=Pending	CodeValue=PE
Answer=Not Done	CodeValue=ND
Answer=Unknown	CodeValue=UNK

Question: **Was other laboratory testing done?** PHIN_code=MDCH304 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Specify other test:** PHIN_code=MDCH486 Answer_Type=code

Answer=Tzanck smear	CodeValue=T
Answer=Electron microscopy	CodeValue=E

Question: **Date of test:** PHIN_code=VAR021 Answer_Type=date

Question: **Result of test:** PHIN_code=VAR022 Answer_Type=code

Answer=Positive (results consistent with varicella infection)	CodeValue=P
Answer=Negative	CodeValue=N
Answer=Indeterminate	CodeValue=I
Answer=Pending	CodeValue=PEND
Answer=Not Done	CodeValue=ND

Answer=Unknown

CodeValue=U

Question: **Test result value:** PHIN_code=VAR023 Answer_Type=stringQuestion: **Serology performed?** PHIN_code=MDCH168 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **IgM performed?** PHIN_code=MDCH297 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **If Yes, type of IgM** PHIN_code=VAR024 Answer_Type=code

Answer=Capture ELISA CodeValue=CA

Answer=Unknown test CodeValue=UNK

Answer=Indirect ELISA CodeValue=IN

Answer=Other, specify CodeValue=OTH (PHIN_code = VAR024_OTH_Other)

Question: **Date the IgM specimen collected:** PHIN_code=MDCH298 Answer_Type=dateQuestion: **IgM test result:** PHIN_code=MDCH299 Answer_Type=code

Answer=Positive CodeValue=P

Answer=Negative CodeValue=N

Answer=Indeterminate CodeValue=I

Answer=Pending CodeValue=PEND

Answer=Not Done CodeValue=ND

Answer=Unknown CodeValue=U

Question: **Test result value:** PHIN_code=VAR025 Answer_Type=stringQuestion: **IgG performed?** PHIN_code=MDCH300 Answer_Type=code

Answer=Yes CodeValue=Y

Answer=No CodeValue=N

Answer=Unknown CodeValue=UNK

Question: **If Yes, type of IgG:** PHIN_code=VAR026 Answer_Type=code

Answer=Whole cell ELISA (specify manufacturer): CodeValue=W

Answer=gp ELISA (specify manufacturer): CodeValue=gp

Answer=FAMA CodeValue=FA

Answer=Latex bead agglutination CodeValue=LA

Answer=Other, specify CodeValue=OTH (PHIN_code = VAR026_OTH_Other)

Question: **Date IgG-acute specimen collected:** PHIN_code=MDCH301 Answer_Type=dateQuestion: **IgG acute result:** PHIN_code=VAR027 Answer_Type=code

Answer=Positive CodeValue=P

Answer=Negative	CodeValue=N
Answer=Indeterminate	CodeValue=I
Answer=Pending	CodeValue=PEND
Answer=Not Done	CodeValue=ND
Answer=Unknown	CodeValue=U

Question: **Test result value** PHIN_code=VAR028 Answer_Type=string

Question: **Date IgG - Convalescent specimen collected:** PHIN_code=MDCH302 Answer_Type=date

Question: **IgG conv. result** PHIN_code=VAR029 Answer_Type=code

Answer=Positive	CodeValue=P
Answer=Negative	CodeValue=N
Answer=Indeterminate	CodeValue=I
Answer=Pending	CodeValue=PEND
Answer=Not Done	CodeValue=ND
Answer=Unknown	CodeValue=U

Question: **Test result value** PHIN_code=VAR030 Answer_Type=string

Question: **Were the clinical specimens sent to CDC for genotyping (molecular typing)?**

PHIN_code=MDCH482 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Date sent for genotyping:** PHIN_code=VAR031 Answer_Type=date

Question: **Was specimen sent for strain (wild- or vaccine-type) identification?** PHIN_code=VAR033

Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Strain Type:** PHIN_code=VAR032 Answer_Type=code

Answer=Wild Type Strain	CodeValue=W
Answer=Vaccine Type Strain	CodeValue=V
Answer=Unknown	CodeValue=UNK

Vaccine Information

Question: ***Did patient receive varicella-containing vaccine?** PHIN_code=MDCH307

Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If No, reason:** PHIN_code=MDCH309 Answer_Type=code

Answer=Born outside of U.S.	CodeValue=NONUS
Answer=Lab evidence of previous disease	CodeValue=LAB
Answer=MD diagnosis of previous disease	CodeValue=MDDX
Answer=Medical contraindication	CodeValue=MED
Answer=Never offered vaccine	CodeValue=NOVAC
Answer=Parent/patient forgot to vaccinate	CodeValue=PRNTNOVAC
Answer=Parental/patient refusal	CodeValue=REFUSE
Answer=Parent/patient report of previous disease	CodeValue=PAR
Answer=Philosophical objection	CodeValue=OBJ
Answer=Religious exemption	CodeValue=RLGN
Answer=Under age for vaccination	CodeValue=AGE
Answer=Other (specify):	CodeValue=OTH (PHIN_code = MDCH309_OTH_Other)
Answer=Unknown	CodeValue=U

Question: **Number of doses received on or after first birthday:** PHIN_code=MDCH308
 Answer_Type=number

Question: **If patient is >= 13 years old AND received one dose on or after 13th birthday but never received second dose, what is the reason?** PHIN_code=MDCH472 Answer_Type=code

Answer=Born outside of U.S.	CodeValue=NONUS
Answer=Lab evidence of previous disease	CodeValue=LAB
Answer=MD diagnosis of previous disease	CodeValue=MDDX
Answer=Medical contraindication	CodeValue=MED
Answer=Never offered vaccine	CodeValue=NOVAC
Answer=Parent/patient forgot to vaccinate	CodeValue=PRNTNOVAC
Answer=Parental/patient refusal	CodeValue=REFUSE
Answer=Parent/patient report of previous disease	CodeValue=PAR
Answer=Philosophical objection	CodeValue=OBJ
Answer=Religious exemption	CodeValue=RLGN
Answer=Other (specify):	CodeValue=OTH (PHIN_code = MDCH472_OTH_Other)
Answer=Unknown	CodeValue=U

Vaccination Record

Question: ***Vaccination Date** PHIN_code=VAC103 Answer_Type=date

Question: **Vaccine Type** PHIN_code=VAC101 Answer_Type=string

Question: **Manufacturer** PHIN_code=VAC107 Answer_Type=string

Question: **Lot Number** PHIN_code=VAC108 Answer_Type=string

Epidemiologic Information

Question: **Case investigation start date:** PHIN_code=INV147 Answer_Type=string

Question: **Has this patient ever been diagnosed with varicella before?** PHIN_code=VAR034
 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Age at diagnosis:** PHIN_code=VAR035 Answer_Type=number

Question: **Age type:** PHIN_code=VAR036 Answer_Type=code

Answer=Years	CodeValue=Y
Answer=Months	CodeValue=M
Answer=Weeks	CodeValue=W
Answer=Days	CodeValue=D
Answer=Hours	CodeValue=H
Answer=Unknown	CodeValue=U

Question: **Diagnosed by:** PHIN_code=MDCH132 Answer_Type=code

Answer=Physician/Health Care Provider	CodeValue=P
Answer=Parent/friend	CodeValue=PF
Answer=Other (specify):	CodeValue=Oth (PHIN_code = MDCH132_Oth_Other)

Question: **Where was the patient born: (country):** PHIN_code=MDCH520 Answer_Type=code
(See Appendix D for Country codes)

Question: **Is this case Epi-linked to another confirmed or probable case?** PHIN_code=MDCH313

Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **If yes, epi-linked to:** PHIN_code=MDCH592 Answer_Type=code

Answer=Confirmed Varicella Case	CodeValue=1
Answer=Probable Varicella Case	CodeValue=2
Answer=Herpes Zoster Case	CodeValue=3

Question: **Transmission setting:** PHIN_code=MDCH310 Answer_Type=code

Answer=Athletics	CodeValue=ATHLETIC
Answer=College	CodeValue=COLLEGE
Answer=Community	CodeValue=COMMUNITY
Answer=Correctional Facility	CodeValue=CORRFAC
Answer=Daycare	CodeValue=DayCare
Answer=Doctor's Office	CodeValue=DrOffice
Answer=Home	CodeValue=HOME
Answer=Hospital ER	CodeValue=ER
Answer=Hospital outpatient clinic	CodeValue=OPCLN
Answer=Hospital Ward	CodeValue=WARD
Answer=International Travel	CodeValue=TRAVEL
Answer=Military	CodeValue=MILITARY
Answer=Place of Worship	CodeValue=CHURCH
Answer=School	CodeValue=SCH

Answer=Work	CodeValue=WORK
Answer=Other	CodeValue=OTH (PHIN_code = MDCH310_OTH_Other)
Answer=Unknown	CodeValue=UNK

Question: **Is this case a healthcare worker?** PHIN_code=VAR037 Answer_Type=code

Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Pregnant Women

Question: **If the case is female, is/was she pregnant during this varicella illness?** PHIN_code=MDCH249

Answer_Type=code	
Answer=Yes	CodeValue=Y
Answer=No	CodeValue=N
Answer=Unknown	CodeValue=UNK

Question: **Number of weeks gestation at onset of illness (1-45 weeks):** PHIN_code=VAR038

Answer_Type=number

Question: **Trimester at onset of illness:** PHIN_code=VAR039 Answer_Type=code

Answer=1st Trimester	CodeValue=1
Answer=2nd Trimester	CodeValue=2
Answer=3rd Trimester	CodeValue=3

Appendix A—County Codes

Answer=ALCONA	CodeValue=26001
Answer=ALGER	CodeValue=26003
Answer=ALLEGAN	CodeValue=26005
Answer=ALPENA	CodeValue=26007
Answer=ANTRIM	CodeValue=26009
Answer=ARENAC	CodeValue=26011
Answer=BARAGA	CodeValue=26013
Answer=BARRY	CodeValue=26015
Answer=BAY	CodeValue=26017
Answer=BENZIE	CodeValue=26019
Answer=BERRIEN	CodeValue=26021
Answer=BRANCH	CodeValue=26023
Answer=CALHOUN	CodeValue=26025
Answer=CASS	CodeValue=26027
Answer=CHARLEVOIX	CodeValue=26029
Answer=CHEBOYGAN	CodeValue=26031
Answer=CHIPPEWA	CodeValue=26033
Answer=CLARE	CodeValue=26035
Answer=CLINTON	CodeValue=26037
Answer=CRAWFORD	CodeValue=26039
Answer=DELTA	CodeValue=26041
Answer=DETROIT CITY	CodeValue=26167
Answer=DICKINSON	CodeValue=26043
Answer=EATON	CodeValue=26045
Answer=EMMET	CodeValue=26047
Answer=GENESEE	CodeValue=26049
Answer=GLADWIN	CodeValue=26051
Answer=GOGEBIC	CodeValue=26053
Answer=GRAND TRAVERSE	CodeValue=26055
Answer=GRATIOT	CodeValue=26057
Answer>HILLSDALE	CodeValue=26059
Answer=HOUGHTON	CodeValue=26061
Answer=HURON	CodeValue=26063
Answer=INGHAM	CodeValue=26065
Answer=IONIA	CodeValue=26067
Answer=IOSCO	CodeValue=26069
Answer=IRON	CodeValue=26071
Answer=ISABELLA	CodeValue=26073
Answer=JACKSON	CodeValue=26075
Answer=KALAMAZOO	CodeValue=26077
Answer=KALKASKA	CodeValue=26079
Answer=KENT	CodeValue=26081
Answer=KEWEENAW	CodeValue=26083

Answer=LAKE	CodeValue=26085
Answer=LAPEER	CodeValue=26087
Answer=LEELANAU	CodeValue=26089
Answer=LENAWEE	CodeValue=26091
Answer=LIVINGSTON	CodeValue=26093
Answer=LUCE	CodeValue=26095
Answer=MACKINAC	CodeValue=26097
Answer=MACOMB	CodeValue=26099
Answer=MANISTEE	CodeValue=26101
Answer=MARQUETTE	CodeValue=26103
Answer=MASON	CodeValue=26105
Answer=MECOSTA	CodeValue=26107
Answer=MENOMINEE	CodeValue=26109
Answer=MIDLAND	CodeValue=26111
Answer=MISSAUKEE	CodeValue=26113
Answer=MONROE	CodeValue=26115
Answer=MONTCALM	CodeValue=26117
Answer=MONTMORENCY	CodeValue=26119
Answer=MUSKEGON	CodeValue=26121
Answer=NEWAYGO	CodeValue=26123
Answer=OAKLAND	CodeValue=26125
Answer=OCEANA	CodeValue=26127
Answer=OGEMAW	CodeValue=26129
Answer=ONTONAGON	CodeValue=26131
Answer=OSCEOLA	CodeValue=26133
Answer=OSCODA	CodeValue=26135
Answer=OTSEGO	CodeValue=26137
Answer=OTTAWA	CodeValue=26139
Answer=PRESQUE ISLE	CodeValue=26141
Answer=ROSCOMMON	CodeValue=26143
Answer=SAGINAW	CodeValue=26145
Answer=ST CLAIR	CodeValue=26147
Answer=ST JOSEPH	CodeValue=26149
Answer=SANILAC	CodeValue=26151
Answer=SCHOOLCRAFT	CodeValue=26153
Answer=SHIAWASSEE	CodeValue=26155
Answer=TUSCOLA	CodeValue=26157
Answer=VAN BUREN	CodeValue=26159
Answer=WASHTENAW	CodeValue=26161
Answer=WAYNE	CodeValue=26163
Answer=WEXFORD	CodeValue=26165

Appendix B—State Codes

Answer=ALABAMA	CodeValue=AL
Answer=ALASKA	CodeValue=AK
Answer=ARIZONA	CodeValue=AZ
Answer=ARKANSAS	CodeValue=AR
Answer=CALIFORNIA	CodeValue=CA
Answer=COLORADO	CodeValue=CO
Answer=CONNECTICUT	CodeValue=CT
Answer=DELAWARE	CodeValue=DE
Answer=DISTRICT OF COLUMBIA	CodeValue=DC
Answer=FLORIDA	CodeValue=FL
Answer=GEORGIA	CodeValue=GA
Answer=HAWAII	CodeValue=HI
Answer=IDAHO	CodeValue=ID
Answer=ILLINOIS	CodeValue=IL
Answer=INDIANA	CodeValue=IN
Answer=IOWA	CodeValue=IA
Answer=KANSAS	CodeValue=KS
Answer=KENTUCKY	CodeValue=KY
Answer=LOUISIANA	CodeValue=LA
Answer=MAINE	CodeValue=ME
Answer=MARYLAND	CodeValue=MD
Answer=MASSACHUSETTS	CodeValue=MA
Answer=MICHIGAN	CodeValue=MI
Answer=MINNESOTA	CodeValue=MN
Answer=MISSISSIPPI	CodeValue=MS
Answer=MISSOURI	CodeValue=MO
Answer=MONTANA	CodeValue=MT
Answer=NEBRASKA	CodeValue=NE
Answer=NEVADA	CodeValue=NV
Answer=NEW HAMPSHIRE	CodeValue=NH
Answer=NEW JERSEY	CodeValue=NJ
Answer=NEW MEXICO	CodeValue=NM
Answer=NEW YORK	CodeValue=NY
Answer=NORTH CAROLINA	CodeValue=NC
Answer=NORTH DAKOTA	CodeValue=ND
Answer=OHIO	CodeValue=OH
Answer=OKLAHOMA	CodeValue=OK
Answer=OREGON	CodeValue=OR
Answer=PENNSYLVANIA	CodeValue=PA
Answer=RHODE ISLAND	CodeValue=RI
Answer=SOUTH CAROLINA	CodeValue=SC
Answer=SOUTH DAKOTA	CodeValue=SD
Answer=TENNESSEE	CodeValue=TN
Answer=TEXAS	CodeValue=TX

Answer=UTAH	CodeValue=UT
Answer=VERMONT	CodeValue=VT
Answer=VIRGINIA	CodeValue=VA
Answer=WASHINGTON	CodeValue=WA
Answer=WEST VIRGINIA	CodeValue=WV
Answer=WISCONSIN	CodeValue=WI
Answer=WYOMING	CodeValue=WY

Appendix C—Health Department Codes

Answer=Statewide	CodeValue=1
Answer=Allegan County	CodeValue=2
Answer=Barry-Eaton	CodeValue=3
Answer=Bay County	CodeValue=4
Answer=Benzie-Leelanau	CodeValue=5
Answer=Berrien County	CodeValue=6
Answer=Branch-Hillsdale-St. Joseph	CodeValue=7
Answer=Calhoun County	CodeValue=8
Answer=Central Michigan District	CodeValue=9
Answer=Chippewa County	CodeValue=10
Answer=Delta-Menominee	CodeValue=11
Answer=Detroit City	CodeValue=12
Answer=Dickinson-Iron	CodeValue=13
Answer=District 10	CodeValue=14
Answer=District 2	CodeValue=15
Answer=District 4	CodeValue=16
Answer=Genesee County	CodeValue=17
Answer=Grand Traverse County	CodeValue=18
Answer=Huron County	CodeValue=19
Answer>Ingham County	CodeValue=20
Answer=Ionia County	CodeValue=21
Answer=Jackson County	CodeValue=22
Answer=Kalamazoo County	CodeValue=23
Answer=Kent County	CodeValue=24
Answer=Lapeer County	CodeValue=25
Answer=Lenawee County	CodeValue=26
Answer=Livingston County	CodeValue=27
Answer=Luce-Mack-Alger-School	CodeValue=28
Answer=Macomb County	CodeValue=29
Answer=Marquette County	CodeValue=30
Answer=Midland County	CodeValue=31
Answer=Mid-Michigan District	CodeValue=32
Answer=Monroe County	CodeValue=33
Answer=Muskegon County	CodeValue=34
Answer=Northwest MI Com Hlth Agency	CodeValue=35
Answer=Oakland County	CodeValue=36
Answer=Ottawa County	CodeValue=37
Answer=Saginaw County	CodeValue=38
Answer=Sanilac County	CodeValue=39
Answer=Shiawassee County	CodeValue=40
Answer=St Clair County	CodeValue=41
Answer=Tuscola County	CodeValue=42
Answer=Van Buren-Cass	CodeValue=43
Answer=Washtenaw County	CodeValue=44

Answer=Wayne County

CodeValue=45

Answer=Western UP District

CodeValue=46

Appendix D—Country Codes

Answer=AFGHANISTAN	CodeValue=AF
Answer=ALBANIA	CodeValue=AL
Answer=ALGERIA	CodeValue=DZ
Answer=AMERICAN SAMOA	CodeValue=AS
Answer=ANDORRA	CodeValue=AD
Answer=ANGOLA	CodeValue=AO
Answer=ANGUILLA	CodeValue=AI
Answer=ANTARCTICA	CodeValue=AQ
Answer=ANTIGUA AND BARBUDA	CodeValue=AG
Answer=ARGENTINA	CodeValue=AR
Answer=ARMENIA	CodeValue=AM
Answer=ARUBA	CodeValue=AW
Answer=AUSTRALIA	CodeValue=AU
Answer=AUSTRIA	CodeValue=AT
Answer=AZERBAIJAN	CodeValue=AZ
Answer=BAHAMAS	CodeValue=BS
Answer=BAHRAIN	CodeValue=BH
Answer=BANGLADESH	CodeValue=BD
Answer=BARBADOS	CodeValue=BB
Answer=BELARUS	CodeValue=BY
Answer=BELGIUM	CodeValue=BE
Answer=BELIZE	CodeValue=BZ
Answer=BENIN	CodeValue=BJ
Answer=BERMUDA	CodeValue=BM
Answer=BHUTAN	CodeValue=BT
Answer=BOLIVIA	CodeValue=BO
Answer=BOSNIA AND HERZEGOVINA	CodeValue=BA
Answer=BOTSWANA	CodeValue=BW
Answer=BOUVET ISLAND	CodeValue=BV
Answer=BRAZIL	CodeValue=BR
Answer=BRITISH INDIAN OCEAN TERRITORY	CodeValue=IO
Answer=BRUNEI DARUSSALAM	CodeValue=BN
Answer=BULGARIA	CodeValue=BG
Answer=BURKINA FASO	CodeValue=BF
Answer=BURUNDI	CodeValue=BI
Answer=CAMBODIA	CodeValue=KH
Answer=CAMEROON	CodeValue=CM
Answer=CANADA	CodeValue=CA
Answer=CAPE VERDE	CodeValue=CV
Answer=CAYMAN ISLANDS	CodeValue=KY
Answer=CENTRAL AFRICAN REPUBLIC	CodeValue=CF
Answer=CHAD	CodeValue=TD
Answer=CHILE	CodeValue=CL

Answer=CHINA	CodeValue=CN
Answer=CHRISTMAS ISLAND	CodeValue=CX
Answer=COCOS (KEELING) ISLANDS	CodeValue=CC
Answer=COLOMBIA	CodeValue=CO
Answer=COMOROS	CodeValue=KM
Answer=CONGO	CodeValue=CG
Answer=CONGO, THE DEMOCRATIC REPUBLIC OF THE	CodeValue=CD
Answer=COOK ISLANDS	CodeValue=CK
Answer=COSTA RICA	CodeValue=CR
Answer=COTE D'IVOIRE	CodeValue=CI
Answer=CROATIA	CodeValue=HR
Answer=CUBA	CodeValue=CU
Answer=CYPRUS	CodeValue=CY
Answer=CZECH REPUBLIC	CodeValue=CZ
Answer=DENMARK	CodeValue=DK
Answer=DJIBOUTI	CodeValue=DJ
Answer=DOMINICA	CodeValue=DM
Answer=DOMINICAN REPUBLIC	CodeValue=DO
Answer=ECUADOR	CodeValue=EC
Answer=EGYPT	CodeValue=EG
Answer=EL SALVADOR	CodeValue=SV
Answer=EQUATORIAL GUINEA	CodeValue=GQ
Answer=ERITREA	CodeValue=ER
Answer=ESTONIA	CodeValue=EE
Answer=ETHIOPIA	CodeValue=ET
Answer=FALKLAND ISLANDS (MALVINAS)	CodeValue=FK
Answer=FAROE ISLANDS	CodeValue=FO
Answer=FIJI	CodeValue=FJ
Answer=FINLAND	CodeValue=FI
Answer=FRANCE	CodeValue=FR
Answer=FRENCH GUIANA	CodeValue=GF
Answer=FRENCH POLYNESIA	CodeValue=PF
Answer=FRENCH SOUTHERN TERRITORIES	CodeValue=TF
Answer=GABON	CodeValue=GA
Answer=GAMBIA	CodeValue=GM
Answer=GEORGIA	CodeValue=GE
Answer=GERMANY	CodeValue=DE
Answer=GHANA	CodeValue=GH
Answer=GIBRALTAR	CodeValue=GI
Answer=GREECE	CodeValue=GR
Answer=GREENLAND	CodeValue=GL
Answer=GRENADA	CodeValue=GD
Answer=GUADELOUPE	CodeValue=GP
Answer=GUAM	CodeValue=GU
Answer=GUATEMALA	CodeValue=GT
Answer=GUINEA	CodeValue=GN
Answer=GUINEA-BISSAU	CodeValue=GW
Answer=GUYANA	CodeValue=GY

Answer=HAITI	CodeValue=HT
Answer=HEARD ISLAND AND MCDONALD ISLANDS	CodeValue=HM
Answer=HOLY SEE (VATICAN CITY STATE)	CodeValue=VA
Answer=HONDURAS	CodeValue=HN
Answer=HONG KONG	CodeValue=HK
Answer=HUNGARY	CodeValue=HU
Answer=ICELAND	CodeValue=IS
Answer=INDIA	CodeValue=IN
Answer=INDONESIA	CodeValue=ID
Answer=IRAN, ISLAMIC REPUBLIC OF	CodeValue=IR
Answer=IRAQ	CodeValue=IQ
Answer=IRELAND	CodeValue=IE
Answer=ISRAEL	CodeValue=IL
Answer=ITALY	CodeValue=IT
Answer=JAMAICA	CodeValue=JM
Answer=JAPAN	CodeValue=JP
Answer=JORDAN	CodeValue=JO
Answer=KAZAKHSTAN	CodeValue=KZ
Answer=KENYA	CodeValue=KE
Answer=KIRIBATI	CodeValue=KI
Answer=KOREA, DEMOCRATIC PEOPLES REPUBLIC OF	CodeValue=KP
Answer=KOREA, REPUBLIC OF	CodeValue=KR
Answer=KUWAIT	CodeValue=KW
Answer=KYRGYZSTAN	CodeValue=KG
Answer=LAO PEOPLES DEMOCRATIC REPUBLIC	CodeValue=LA
Answer=LATVIA	CodeValue=LV
Answer=LEBANON	CodeValue=LB
Answer=LESOTHO	CodeValue=LS
Answer=LIBERIA	CodeValue=LR
Answer=LIBYAN ARAB JAMAHIRIYA	CodeValue=LY
Answer=LIECHTENSTEIN	CodeValue=LI
Answer=LITHUANIA	CodeValue=LT
Answer=LUXEMBOURG	CodeValue=LU
Answer=MACAO	CodeValue=MO
Answer=MACEDONIA, THE FORMER YUGOSLAV REPUBLIC OF	CodeValue=MK
Answer=MADAGASCAR	CodeValue=MG
Answer=MALAWI	CodeValue=MW
Answer=MALAYSIA	CodeValue=MY
Answer=MALDIVES	CodeValue=MV
Answer=MALI	CodeValue=ML
Answer=MALTA	CodeValue=MT
Answer=MARSHALL ISLANDS	CodeValue=MH
Answer=MARTINIQUE	CodeValue=MQ
Answer=MAURITANIA	CodeValue=MR
Answer=MAURITIUS	CodeValue=MU
Answer=MAYOTTE	CodeValue=YT
Answer=MEXICO	CodeValue=MX
Answer=MICRONESIA, FEDERATED STATES OF	CodeValue=FM

Answer=MOLDOVA, REPUBLIC OF	CodeValue=MD
Answer=MONACO	CodeValue=MC
Answer=MONGOLIA	CodeValue=MN
Answer=MONTSERRAT	CodeValue=MS
Answer=MOROCCO	CodeValue=MA
Answer=MOZAMBIQUE	CodeValue=MZ
Answer=MYANMAR	CodeValue=MM
Answer=NAMIBIA	CodeValue=NA
Answer=NAURU	CodeValue=NR
Answer=NEPAL	CodeValue=NP
Answer=NETHERLANDS	CodeValue=NL
Answer=NETHERLANDS ANTILLES	CodeValue=AN
Answer=NEW CALEDONIA	CodeValue=NC
Answer=NEW ZEALAND	CodeValue=NZ
Answer=NICARAGUA	CodeValue=NI
Answer=NIGER	CodeValue=NE
Answer=NIGERIA	CodeValue=NG
Answer=NIUE	CodeValue=NU
Answer=NORFOLK ISLAND	CodeValue=NF
Answer=NORTHERN MARIANA ISLANDS	CodeValue=MP
Answer=NORWAY	CodeValue=NO
Answer=OMAN	CodeValue=OM
Answer=PAKISTAN	CodeValue=PK
Answer=PALAU	CodeValue=PW
Answer=PALESTINIAN TERRITORY, OCCUPIED	CodeValue=PS
Answer=PANAMA	CodeValue=PA
Answer=PAPUA NEW GUINEA	CodeValue=PG
Answer=PARAGUAY	CodeValue=PY
Answer=PERU	CodeValue=PE
Answer=PHILIPPINES	CodeValue=PH
Answer=PITCAIRN	CodeValue=PN
Answer=POLAND	CodeValue=PL
Answer=PORTUGAL	CodeValue=PT
Answer=PUERTO RICO	CodeValue=PR
Answer=QATAR	CodeValue=QA
Answer=REUNION	CodeValue=RE
Answer=ROMANIA	CodeValue=RO
Answer=RUSSIAN FEDERATION	CodeValue=RU
Answer=RWANDA	CodeValue=RW
Answer=SAINT HELENA	CodeValue=SH
Answer=SAINT KITTS AND NEVIS	CodeValue=KN
Answer=SAINT LUCIA	CodeValue=LC
Answer=SAINT PIERRE AND MIQUELON	CodeValue=PM
Answer=SAINT VINCENT AND THE GRENADINES	CodeValue=VC
Answer=SAMOA	CodeValue=WS
Answer=SAN MARINO	CodeValue=SM
Answer=SAO TOME AND PRINCIPE	CodeValue=ST
Answer=SAUDI ARABIA	CodeValue=SA

Answer=SENEGAL	CodeValue=SN
Answer=SERBIA AND MONTENEGRO	CodeValue=CS
Answer=SEYCHELLES	CodeValue=SC
Answer=SIERRA LEONE	CodeValue=SL
Answer=SINGAPORE	CodeValue=SG
Answer=SLOVAKIA	CodeValue=SK
Answer=SLOVENIA	CodeValue=SI
Answer=SOLOMON ISLANDS	CodeValue=SB
Answer=SOMALIA	CodeValue=SO
Answer=SOUTH AFRICA	CodeValue=ZA
Answer=SOUTH GEORGIA AND THE SOUTH SANDWICH ISLANDS	CodeValue=GS
Answer=SPAIN	CodeValue=ES
Answer=SRI LANKA	CodeValue=LK
Answer=SUDAN	CodeValue=SD
Answer=SURINAME	CodeValue=SR
Answer=SVALBARD AND JAN MAYEN	CodeValue=SJ
Answer=SWAZILAND	CodeValue=SZ
Answer=SWEDEN	CodeValue=SE
Answer=SWITZERLAND	CodeValue=CH
Answer=SYRIAN ARAB REPUBLIC	CodeValue=SY
Answer=TAIWAN, PROVINCE OF CHINA	CodeValue=TW
Answer=TAJKISTAN	CodeValue=TJ
Answer=TANZANIA, UNITED REPUBLIC OF	CodeValue=TZ
Answer=THAILAND	CodeValue=TH
Answer=TIMOR-LESTE	CodeValue=TL
Answer=TOGO	CodeValue=TG
Answer= TOKELAU	CodeValue=TK
Answer=TONGA	CodeValue=TO
Answer=TRINIDAD AND TOBAGO	CodeValue=TT
Answer=TUNISIA	CodeValue=TN
Answer=TURKEY	CodeValue=TR
Answer=TURKMENISTAN	CodeValue=TM
Answer=TURKS AND CAICOS ISLANDS	CodeValue=TC
Answer=TUVALU	CodeValue=TV
Answer=UGANDA	CodeValue=UG
Answer=UKRAINE	CodeValue=UA
Answer=UNITED ARAB EMIRATES	CodeValue=AE
Answer=UNITED KINGDOM	CodeValue=GB
Answer=UNITED STATES	CodeValue=US
Answer=UNITED STATES MINOR OUTLYING ISLANDS	CodeValue=UM
Answer=URUGUAY	CodeValue=UY
Answer=UZBEKISTAN	CodeValue=UZ
Answer=VANUATU	CodeValue=VU
Answer=VENEZUELA	CodeValue=VE
Answer=VIET NAM	CodeValue=VN
Answer=VIRGIN ISLANDS, BRITISH	CodeValue=VG
Answer=VIRGIN ISLANDS, U.S.	CodeValue=VI
Answer=WALLIS AND FUTUNA	CodeValue=WF

MDSS Data Dictionary

Answer=WESTERN SAHARA

Answer=YEMEN

Answer=ZAMBIA

Answer=ZIMBABWE

Appendix D—Country Codes

CodeValue=EH

CodeValue=YE

CodeValue=ZM

CodeValue=ZW