

Coronavirus Disease 2019 (COVID-19) Surveillance Worksheet

NAME		ADDRESS (Street and No.)	PHONE	Hospital Record No.
_____		_____	_____	_____
(last) (first)		<i>This information will not be sent to CDC</i>		
REPORTING SOURCE TYPE		NAME _____	LOCAL SUBJECT ID _____	
<input type="checkbox"/> physician <input type="checkbox"/> PH clinic <input type="checkbox"/> nurse <input type="checkbox"/> laboratory <input type="checkbox"/> hospital <input type="checkbox"/> other clinic <input type="checkbox"/> other source type _____		ADDRESS _____	SUBJECT ADDRESS STATE _____	
		ZIP CODE _____	SUBJECT ADDRESS COUNTY _____	
		PHONE (____) _____	SUBJECT ADDRESS ZIP CODE _____	
CASE INFORMATION				
NNDSS ID _____		Date of Birth _____	Country of Birth _____	Other Birthplace _____
(Local Record/Case ID)		month day year		
Ethnic Group		Country of Usual Residence _____		
H=Hispanic/Latino N=Not Hispanic/Latino O=Other _____		U=Unknown <input type="checkbox"/>		
RACE	American Indian/Alaskan Native	Asian	White	Refused to answer
	Black/African American	Native Hawaiian/Pacific Islander	Not asked	Other _____
Sex M=male F=female U=unknown <input type="checkbox"/>	Age at Case Investigation _____		Age Unit* _____	Date Reported _____
				month day year
Reporting State _____	Earliest Date Reported to State _____		Date First Reported to PHD _____	
Reporting County _____	Earliest Date Reported to County _____		National Reporting Jurisdiction _____	
CDC 2019-nCoV ID _____	Date First Positive Specimen _____	If a probable case, reason for case classification:		
	(mm/dd/yyyy)	<input type="radio"/> Meets clinical criteria AND epidemiologic evidence with no confirmatory lab testing performed for COVID-19 <input type="radio"/> Meets presumptive lab evidence AND either clinical criteria OR epidemiologic evidence <input type="radio"/> Meets vital records criteria with no confirmatory lab testing		
Case Investigation Start Date _____	CASE CLASS STATUS	<input type="checkbox"/> Confirmed		
month day year		<input type="checkbox"/> Probable <input type="checkbox"/> Unknown		
DGMQID _____	CASE CLASS STATUS	<input type="checkbox"/> Suspected <input type="checkbox"/> Not a case		
[If Epi-X notification of travelers checked, DGMQID]				
DETECTION METHOD	Autopsy	Laboratory reported	Other method (specify below)	
	Clinical evaluation	Provider reported	_____	
	Contact tracing of case patient	Routine physical examination	Unknown	
	Epi-X notification of travelers	Routine surveillance	Previous State Case ID _____	
Did case patient previously meet the case definition for probable or confirmed case of SARS-CoV-2? Y=yes N=no U=unknown <input type="checkbox"/>				
HOSPITALIZATION INFORMATION				
Illness Onset Date _____	Illness End Date _____	Illness Duration _____	Duration Units* _____	
	month day year			
Hospitalized? Y=yes N=no U=unknown <input type="checkbox"/>	Hospital Admission Date _____		Hospital Discharge Date _____	
Duration of Hospital Stay 0-998 <input type="text"/> <input type="text"/> <input type="text"/> 999=unknown (days)	Patient admitted to an Intensive Care Unit (ICU)? Y=yes N=no U=unknown <input type="checkbox"/>			
If hospitalized, was a translator/Interpreter required? Y=yes N=no U=unknown <input type="checkbox"/>	ICU Admission Date _____			
If a translator was required, specify the patient's primary language: <input type="text"/> <input type="text"/> <input type="text"/>	ICU Discharge Date _____			
Pregnant at time of event? Y=yes N=no U=unknown <input type="checkbox"/>	If yes, trimester at illness onset: <input type="text"/>	Number Weeks Gestation <input type="text"/> <input type="text"/>		
Did subject die from illness/complications of illness? Y=yes N=no U=unknown <input type="checkbox"/>	Date of Death _____			
*UNITS a=year d=day h=hour min=minute mo=month s=second wk=week UNK=unknown				

CLINICAL INFORMATION

INFORMATION SOURCE for CLINICAL DATA

 Medical records Patient interview Unknown
 Other (specify) _____

DATE of DIAGNOSIS

month day year

TESTING REASON

Asymptomatic testing	Screening	Unknown
Contact investigation	Other (specify) _____	
Community testing site	Symptomatic	

FIRST POSITIVE SPECIMEN DATE

month day year

SARS-CoV-2 lineage designation or sublineage: _____
 If available. WHO Greek alphabet nomenclature is preferred for variants of concern (ex. Omicron BA.1)

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

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

SIGNS and SYMPTOMS

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

CLINICAL FINDINGS

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

TREATMENT TYPE

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

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

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

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

DEMOGRAPHIC INFORMATION

Tribal affiliation? Y=yes N=no U=unknown **Tribal Name** **Enrolled Tribe Name**

RESIDENCE at ILLNESS ONSET	Acute care inpatient facility	Homeless shelter	Long term care facility	Other (specify) _____
	Apartment	Hotel	Mobile home	Outside
	Assisted living facility	House/single family	Motel	Rehabilitation facility
	Correctional facility	Group home	Nursing home	Unknown

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

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

EXPOSURE and IMPORTATION INFORMATION

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

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

TRAVEL HISTORY	International Destinations	Country	Departure Date (mm/dd/yyyy)	Return Date (mm/dd/yyyy)
		_____	_____	_____
		_____	_____	_____
	Domestic Destinations	State	Departure Date (mm/dd/yyyy)	Return Date (mm/dd/yyyy)
		_____	_____	_____
		_____	_____	_____

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

Imported Country _____ **Imported State** _____ **Imported County** _____ **Imported City** _____

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

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

Outbreak related? Y=yes N=no U=unknown **Outbreak Name** _____ **Transmission Mode** _____

Comments

LABORATORY INFORMATION

Test Type	Test Result	Result Units	Test Result Quantitative	Date Specimen Collected mm dd yyyy	Specimen Type	Performing Laboratory Specimen ID	Performing Laboratory Type

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

VACCINATION HISTORY INFORMATION

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

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

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

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

Vaccine Type	Vaccination Date month day year	Vaccine Manuf	Vaccine Lot No.	National Drug Code	Vaccine Expiration Date month day year	Vaccination Record Identifier	Vaccine Event Information Source	Vaccine Dose Number

Vaccine Type	Vaccine Event Information Codes	Vaccine Manufacturer
206=Vaccinia, smallpox monkeypox, live attenuated, PF	00=New immunization record	ASZ=Astra Zeneca
207=SARS-COV-2 (COVID-19), mRNA, LNP-S, PF, 100 mcg/0.5 mL dose	01=Unspecified source (historical)	BN=Bavarian Nordic
208=SARS-COV-2 (COVID-19), mRNA, LNP-S, PF, 30 mcg/0.3 mL dose	02=Other provider (historical)	JSN=Janssen
210=SARS-COV-2 (COVID-19), vector-nr, rS-ChAdOx1, PF, 0.5 mL dose	05=Other registry (historical)	MDO=Medicago
211=SARS-COV-2 (COVID-19), rS-nanoparticle+Matrix-M1 Adjuvant, PF, 0.5mL dose	06=Birth certificate (historical)	MOD=Moderna
212=SARS COV-2 (COVID-19), vector-nr, rS-Ad26, PF, 0.5 mL dose	07=School record (historical)	NVX=Novavax
213=SARS-COV-2 (COVID-19), UNSPECIFIED	08=Public agency (historical)	PFR=Pfizer
225=SARS-COV-2 (COVID-19), D614, preSdTM, ASO3 adjuvant, PF,5mcg/0.5mL dose	PHC1435=Patient/parent recall (historical)	PMC=Sanofi Pasteur
226=SARS-COV-2 (COVID-19), D614, preSdTM, ASO3 adjuvant, PF,10mcg/0.5mL dose	PHC1436=Patient/parent written record	SNV=Sinovac
228=SARS-COV-2 (COVID-19), mRNA, spike protein, LNP, PF, pediatric,25mcg/0.25mL dose	PHC1936=Immunization Information System	SPH=Sinopharm
229=SARS-COV-2 (COVID-19), mRNA, spike protein, LNP, PF, booster,50mcg/0.5mL dose	PP=Primary care provider	
300=SARS-COV-2 (COVID-19), mRNA, spike protein, LNP, PF, booster,30mcg/0.3mL dose	184225006=Medical record	
301=SARS-COV-2 (COVID-19), mRNA, spike protein, LNP, PF, booster,10mcg/0.2mL dose	OTH=Other	
510=SARS-COV-2 (COVID-19), Inactivated Non-US (BIBP, Sinopharm)	UNK=Unknown	
511=SARS-COV-2 (COVID-19), Inactivated Non-US (Sinovac, CoronaVacc)		
512=SARS COV-2 (COVID-19), VLP, Non-US (Medicago, Covifenz)		
513=SARS-COV-2 (COVID-19), PS, Non-US (Anhui, Zhifei Longcom, Zifivax)		
514=SARS COV-2 (COVID-19) DNA, Non-US-(Zyudus Cadila, ZyCoV-D)		
515=SARS-COV-2 (COVID-19) PS, Non-US (Medigen, MVC-COV1901)		
516=SARS-COV-2 (COVID-19), Inactivated Non-US (Minhai Biotechnology Co., KCONVAC)		
517=SARS COV-2 (COVID-19), protein subunit, Non-US (Biological E Ltd, Corbevax)		
OTH=other (specify)		
UNK=unknown		

Reason Not Vaccinated Per ACIP

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

Vaccine History Comments**CASE NOTIFICATION**

CONDITION CODE	11065	Immediate National Notifiable Condition	Y=yes	N=no	U=unknown	<input type="checkbox"/>	
Date of First Verbal Notification to CDC			Date of Electronic Case Notification to CDC				
_____ / ____ / ____ <small>month day year</small>			_____ / ____ / ____ <small>month day year</small>				
State Case ID	_____	Legacy Case ID	_____	Date First Electronic Submission			_____ / ____ / ____ <small>month day year</small>
Notification Result Status				Jurisdiction Code			
<input type="radio"/> Final results <input type="radio"/> Correction <input type="radio"/> Cannot obtain				_____			
Binational Reporting Criteria		MMWR WEEK		MMWR YEAR			
_____		[][]		[][][][]			
Current Occupation <i>(type of work patient does)</i>				Current Occupation Standardized (NIOCCS code)			
_____				_____			
Current Industry <i>(type of business/industry in which patient works)</i>				Current Industry Standardized (NIOCCS code)			
_____				_____			
Person Reporting to CDC		Person Reporting to CDC Email					
NAME _____ (first)		_____ @ _____					
_____ (last)		Person Reporting to CDC Phone Number (____) _____					

CLINICAL CASE DEFINITION[§]**Suspect**

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

Probable

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

Confirmed

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

[¶]Detection of SARS-CoV-2 specific antigen by immunocytochemistry, OR

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

[For suspect cases, jurisdictions may opt to place them in a registry for other epidemiological analyses or investigate to determine probable or confirmed status. Suspect cases should not be included in case counts.]

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

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

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