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

GENERIC MMG

COVID-19_MMG_V1_0_MMG_F_2020626

NAME _____ (last) _____ (first) **ADDRESS (Street and No.)** _____ **PHONE** _____ **Hospital Record No.** _____

This information will not be sent to CDC

REPORTING SOURCE TYPE 48766-0 **NAME** _____
☐ physician ☐ PH clinic **ADDRESS** _____
☐ nurse ☐ laboratory **ZIP CODE** 52831-5 _____
☐ hospital ☐ other clinic **PHONE** (__ __ __) __ __ __ __ __ __ __
☐ other source type _____

LOCAL SUBJECT ID PID-3 _____
SUBJECT ADDRESS STATE PID-11.4 _____
SUBJECT ADDRESS COUNTY PID-11.9 _____
SUBJECT ADDRESS ZIP CODE PID-11.5 ___ ___ ___ ___ ___

CASE INFORMATION

NNDSS ID OBR-3 _____ (Local Record/Case ID)
Date of Birth PID-7 __ __ __ __ __ __ __ __ (month day year)
Country of Birth 78746-5 __
Other Birthplace 21842-0 _____

Ethnic Group PID-22 H=Hispanic/Latino N=Not Hispanic/Latino O=Other _____ U=Unknown
Country of Usual Residence 77983-5

Ra PID-10 ☐erican Indian/Alaskan Native ☐Asian ☐Black/African American ☐Native Hawaiian/Pacific Islander ☐White ☐Not asked ☐ Refused to answer ☐Other 32624-9 ☐ Unknown

Sex M=male F=female U=unknown PID-8
Age at Cas 77998-3 **tigation** _____
Age Unit* ___ OBX-6 for 77998-3
Date Reported 77995-9 __ __ __ __ __ __ __ __ (month day year)

Reporting State 77966-0 __
Earliest Date Reported to State 77973-6 __ __ __ __ __ __ __ __ (month day year)
Date First Reported to PHD 77970-2 __ __ __ __ __ __ __ __ (month day year)

Reporting County 77967-8 _____
Earliest Date Reported to County 77972-8 __ __ __ __ __ __ __ __ (month day year)
National Reporting Jurisdiction 77968-6 ____

CDC 2019-nCOV ID 94659-0 _____
Date First Positive Specimen 95366-1 __ __ __ __ __ __ __ __ (mm/dd/yyyy)

Case Investigation Start Date 77979-3 __ __ __ __ __ __ __ __ (month day year)
DGMQID INV1315 _____ [If Epi-X notification of travelers checked, DGMQID]

CASE CLASS STATUS 77990-0
☐ Confirmed
☐ Probable ☐ Unknown
☐ Suspected ☐ Not a case

If probable case, reason for case classification: 95365-3
○ Meets clinical criteria AND epidemiologic evidence with no confirmatory lab testing performed for COVID-19
○ Meets presumptive lab evidence AND either clinical criteria OR epidemiologic evidence
○ Meets vital records criteria with no confirmatory lab testing

DETECTION METHOD INV159

☐	Autopsy	☐	Laboratory reported	☐	Unknown
☐	Clinical evaluation	☐	Provider reported	☐	Other (specify below)
☐	Contact tracing of case patient	☐	Routine physical examination	☐	_____
☐	Epi-X notification of travelers	☐	Routine surveillance	☐	_____

HOSPITALIZATION INFORMATION

Illness Onset Date 11368-8 __ __ __ __ __ __ __ __ (month day year)
Illness End Date 77976-9 __ __ __ __ __ __ __ __ (month day year)
Illness Duration 77977-7 ____
Duration Units* OBX-6 for 77977-7 _____

Hospitalized? Y=yes N=no U=unknown 77974-4 ☐
Hospital Admission Date 8656-1 __ __ __ __ __ __ __ __ (month day year)
Hospital Discharge Date 8649-6 __ __ __ __ __ __ __ __ (month day year)

Duration of Hospital Stay 78033-8 0 – 998 999=unknown (days) ☐☐☐
Patient admitted to an Intensive Care Unit (ICU)? 309904001 Y=yes N=no U=unknown ☐

If hospitalized, was a translator/Interpreter required? 54588-9 Y=yes N=no U=unknown ☐
ICU Admission Date 95367-9 __ __ __ __ __ __ __ __ (month day year)

If a translator was required, specify the patient's primary language: DEM142 ☐☐☐
ICU Discharge Date 95368-7 __ __ __ __ __ __ __ __ (month day year)

Pregnant at time of event? 77996-7 Y=yes N=no U=unknown ☐
If yes, trimester at illness onset: 81271-9 ☐
Number Weeks Gestation 81270-1 ☐☐

Did subject die from illness/complications of illness? 77978-5 Y=yes N=no U=unknown ☐
Date of Death PID-29 __ __ __ __ __ __ __ __ (month day year)

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

This annotated worksheet is draft as of June 30, 2020 and is provided as a resource representing the data/structure of the Generic V2 HL7 message mapping guide (Generic_V2_0_MMG_F_R5_20171206) and the COVID-19 HL7 message mapping guide (COVID-19_MMG_V1_0_MMG_F20200626).

CLINICAL INFORMATION

INFORMATION SOURCE for CLINICAL DATA 75521-5 ☐ Medical records ☐ Patient interview ☐ Unknown ☐ Other (specify) _____

DATE of DIAGNOSIS 77975-1 __ __ / __ __ / __ __ __ __ (month / day / year)

TESTING REASON 67098-4 ☐ Asymptomatic testing ☐ Contact investigation ☐ Community testing site ☐ Screening ☐ Symptomatic ☐ Other (specify) ☐ Unknown

Symptoms present during course of illness? INV576 Y=yes N=no U=unknown ☐

Did symptom(s) resolve? 95383-6 Y=yes N=no U=unknown ☐

Did the patient have another diagnosis/etiology ffor their illness? 59455-6 **Y=yes** N=no U=unknown ☐

(if yes, specify) 81885-6 _____

SIGNS and SYMPTOMS 56831-1

Y	N	U	[Y=yes] INV919	Y	N	U	[N=no]	Y	N	U	[U=unknown]
			Abdominal pain				Subjective fever				Runny nose
			Chest pain				Fever >100.4F (38C)				Sore throat
			Chills				Headache				Vomiting
			Cough				Nausea				Wheezing
			Diarrhea				New olfactory disorder				Other (specify) _____
			Difficulty breathing				New taste disorder				_____
			Dyspnea				Muscle aches				_____
			Fatigue				Rigors				Unknown

CLINICAL FINDINGS 75321-0

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

TREATMENT TYPE 55753-8

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

Did patient have underlying medical conditi INV235 **/or risk behaviors?** Y=yes N=no U=unknown ☐ **Provide response for each below:**

Underlying Conditions or Risk Factors INV1117 **[Y=yes; N=no; U=unknown]** INV1118

	Y	N	U		Y	N	U		Y	N	U		Y	N	U
Autoimmune condition				Current smoker				Hypertension				Psychological/psychiatric‡			
Cardiovascular disease				Diabetes mellitus				Immunosuppressive condition				Severe obesity (BMI=≥40)			
Chronic liver disease				Disability†				Other chronic disease				Substance abuse			
Chronic lung disease				Former smoker				Other (specify) _____				Unknown			
Chonic renal disease				†If disability, type 95377-8 _____				‡If mental condition, type 91391-3 _____							

DEMOGRAPHIC INFORMATION

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

RESIDENCE at ILLNESS ONSET 75617-1

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

Was case-patient a healthcare provider (HCP) at tim 223366009 **ss onset?** Y=yes N=no U=unknown ☐ **If yes, select from below:**

HCP OCCUPATION TYPE INV1316

☐	Environmental services	☐	Nurse
☐	Respiratory therapist	☐	Physician
☐	Other	☐	Unknown

HCP WORKPLACE SETTING 95372-9

☐	Assisted living facility	☐	Hospital
☐	Long term care facility	☐	Nursing home
☐	Rehabilitation facility	☐	Unknown
☐	Other (specify) _____		

EXPOSURE and IMPORTATION INFORMATION

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

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

TRAVEL HISTORY

	Country	Departure Date 82752-7 (mm/dd/yyyy)	Return Date TRAVEL08 (mm/dd/yyyy)
International Destinations 82764-2		__ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __
		__ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __
		__ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __
	State 82754-3	**Departure Date** 82752-7 (mm/dd/yyyy)	**Return Date** TRAVEL08 (mm/dd/yyyy)
Domestic Destinations		__ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __
		__ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __
		__ __ __ __ __ __ __ __	__ __ __ __ __ __ __ __

CASE DISEASE IMPORTED CODE 77982-7

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

Imported Country INV153 **Imported State** INV154 ____ **Imported County** INV156 _____ **Imported City** INV155 _____

Country of Exposure 77984-3 _____ **State or Province of Exposure** 77985-0 _____

County of Exposure 77987-6 _____ **City of Exposure** 77986-8 _____

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

LABORATORY INFORMATION

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

TEST RESULT

Q=Equivocal result
E=Indeterminate
N=Negative
NS=No IgG significant rise
X=Not done
OTH=Other (specify)
I=Pending
P=Positive
S=IgG significant rise
UNK=Unknown
U=Unsatisfactory
V=Vaccine type strain
W=Wild type strain

SPECIMEN TYPE

1	Bacterial isolate	9	CSF	17	NP swab	25	Saliva	33	Swab	41	Vesicle fluid
2	Blood	10	Crust	18	NP washing	26	Scab	34	Swab, skin lesion	42	Viral isolate
3	Body fluid	11	DNA	19	Nucleic acid	27	Serum	35	Swab, nasal sinus	43	Other
4	BAL	12	Dried blood	20	Oral fluid	28	Skin lesion	36	Swab, vesicular	44	Unknown
5	Buccal smear	13	Lesion	21	Oral swab	29	Specimen	37	Swab, internal nose		
6	Buccal swab	14	Macular scraping	22	Plasma	30	Lung (BAL wash)	38	Throat swab		
7	Capillary blood	15	Microbial isolate	23	Respiratory	31	Lavage	39	Tissue		
8	Cataract	16	NP aspirate	24	RNA	32	Stool	40	Urine		

PERFORMING LABORATORY TYPE

1=CDC lab 2=commercial lab 3=hospital lab 4=other 5=other clinical lab 6=public health lab 7=unknown 8=VPD testing lab

VACCINATION HISTORY INFORMATION

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

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

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

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

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

Vaccine Type

Vaccine Event Information Codes

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

Vaccine Manufacturer

Reason Not Vaccinated Per ACIP VAC149

1=religious exemption
2=medical contraindication
3=philosophical objection
4=lab evidence of previous disease
5=MD diagnosis of previous disease
6=too young
7=parent/patient refusal
8=other _____
9=unknown
10=parent/patient forgot to vaccinate
11=vaccine record incomplete/unavailable
12=parent/patient report of previous disease
13=parent/patient unaware of recommendation
14=missed opportunity
15=foreign visitor
16=immigrant
☐☐

Vaccine History Comments VAC133

CASE NOTIFICATION

CONDITION CODE OBR-31 **11065**

Immediate National Notifiable Condition 77965-2 Y=yes N=no U=unknown ☐

Date of First Verbal Notification to CDC 77994-2 __ __ __ __ __ __ __ __ month day year

Date of Electronic Case Notification to CDC OBR-22 __ __ __ __ __ __ __ __ month day year

State Case ID 77993-4 _____

Legacy Case ID 77997-5 _____

Date First Electonic Submission OBR-7 __ __ __ __ __ __ __ __ month day year

Notification Result Status OBR-25 ○ Final results ○ Correction ○ Cannot obtain

Jurisdiction Code 77969-4 _____

Binational Reporting Criteria 77988-4 _____

MMWR WEEK 77991-8 ☐☐

MMWR YEAR 77992-6 ☐☐☐☐

Current Occupation *(type of work patient does)* 85658-3 _____

Current Occupation Standardized 85659-1 (NIOCCS code)__

Current Industry *(type of business/industry in which patient works)* 85078-4 _____

Current Industry Standardized 85657-5 (NIOCCS code) ____

Person Reporting to CDC NAME 74549-7 _____ (first) _____ (last)

Person Reporting to CDC Email 74547-1 _____ @ _____

Person Reporting to CDC Phone Number 74548-9 (_ _ _) _ _ _ _ _ _ _ _

Comments 77999-1

CLINICAL CASE DEFINITION[§]

Suspect

- Meets supportive laboratory evidence[¶] with no prior history of being a confirmed or probable case.

Probable

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

Confirmed

- Meets confirmatory[§§] laboratory evidence.

[¶]Detection of specific antibody in serum, plasma, or whole blood

Detection of specific antigen by immunocytochemistry in an autopsy specimen

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

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

- At least <u>two</u> of the following symptoms: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, nausea or vomiting, diarrhea, fatigue, congestion or runny nose

OR

- Any <u>one</u> of the following symptoms: cough, shortness of breath, difficulty breathing

OR

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

[**]<u>One</u> or more of the following exposures in the prior 14 days:

- Close contact with a confirmed or probable case of COVID-19 disease;
- Member of a risk cohort as defined by public health authorities during an outbreak.

[Close contact is generally defined as being within 6 feet for at least 15 minutes. However, it depends on the exposure level and setting; for example, in the setting of an aerosol-generating procedure in healthcare settings without proper PPE, this may be defined as any duration. Data are insufficient to precisely define the duration of exposure that constitutes prolonged exposure and thus a close contact.

[††]Detection of SARS CoV-2 by antigen test in a respiratory specimen.

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

[§§] Detection of SARS-CoV-2 RNA in a clinical or autopsy specimen using a molecular amplification test

[§]https://cdn.ymaws.com/www.cste.org/resource/resmgr/ps/positionstatement2020/Interim-20-ID-02_COVID-19.pdf