

2019-nCoV Case Report Data Dictionary

Last Updated: May 06 2022

| Questions | Variable Name | Values, Labels | Type |
|---|--------------------|--|-------------------|
| Human Infection with 2019 Novel Coronavirus Case Report Form | | | |
| Reporting jurisdiction | state | | Character |
| Reporting health department | healthdept | | Character |
| Contact ID | contact_id | | Character |
| Case state/local ID | local_id | | Character |
| CDC 2019-nCoV ID | cdc_ncov2019_id | | Character |
| NNDSS loc. Rec. ID/ Case ID | nndss_id | | Character |
| Interviewer Information | | | |
| Last name of interviewer | interviewer_ln | | Character |
| First name of interviewer | interviewer_fn | | Character |
| Affiliation/ Organization | interviewer_org | | Character |
| Telephone number | interviewer_tele | | Character |
| Email | interviewer_email | | Character |
| Case Classification and Identification | | | |
| What is the current status of this person? | current_status | 5, Laboratory-confirmed case* 6, Probable case | Integer |
| If probable, reason for case classification | probable | 1, Meets clinical criteria AND epidemiologic evidence with no confirmatory lab testing performed for COVID-19 2, Meets presumptive lab evidence AND either clinical criteria OR epidemiologic evidence 3, Meets vital records criteria with no confirmatory lab testing performed for COVID-19 | Integer |
| <i>Under what process was the case first identified? (check all that apply):</i> | | | |
| Clinical evaluation | process_pui | 1, Yes | Integer |
| Contact tracing of case patient | process_cont | 1, Yes | Integer |
| Routine surveillance | process_surv | 1, Yes | Integer |
| EpiX notification of travelers | process_epix | 1, Yes | Integer |
| If checked, DGMQID | process_dgmqid | | Character |
| Other | process_other | 1, Yes | Integer |
| If other, specify | process_other_spec | | Character |
| Unknown | process_unk | 1, Yes | Integer |
| Report date of case to CDC (MM/DD/YYYY) | case_cdcreport_dt | | Date (mm/dd/yyyy) |
| MMWR Year (YYYY) for which case information is to be counted for NNDSS publication. | mmwr_year | | Integer |
| MMWR Week for which case information is to be counted for NNDSS publication. | mmwr_week | 1 - 53 | Integer |
| Date of first positive specimen collection (MM/DD/YYYY) | pos_spec_dt | | Date (mm/dd/yyyy) |
| Check if date unknown | pos_spec_unk | 1, Yes | Integer |
| Check if date not applicable | pos_spec_na | 1, Yes | Integer |
| Hospitalization, ICU, and Death Information | | | |
| Was the patient hospitalized? | hosp_yn | 1, Yes 0, No 9, Unknown | Integer |
| If yes, hospital admission date 1 (MM/DD/YYYY) | adm1_dt | | Date (mm/dd/yyyy) |
| If yes, hospital discharge date 1 (MM/DD/YYYY) | dis1_dt | | Date (mm/dd/yyyy) |
| If hospitalized, was a translator required? | translator_yn | 1, Yes 0, No 9, Unknown | Integer |
| If yes, specify language | translator_spec | | Character |

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| Was the patient admitted to an intensive care unit (ICU)? | icu_yn | 1, Yes 0, No 9, Unknown | Integer |
| If yes, ICU admission date 1 (MM/DD/YYYY) | icu_adm1_dt | | Date (mm/dd/yyyy) |
| If yes, ICU discharge date 1 (MM/DD/YYYY) | icu_dis1_dt | | Date (mm/dd/yyyy) |
| Did the patient die as a result of this illness? | death_yn | 1, Yes 0, No 9, Unknown | Integer |
| Date of death (MM/DD/YYYY) | death_dt | | Date (mm/dd/yyyy) |
| Date of death unknown | death_unk | 1, Yes | Integer |
| Case Demographics | | | |
| Date of birth (MM/DD/YYYY) | dob | | Date (mm/dd/yyyy) |
| Age | age | | Integer |
| Age units (yr/mo/days): | ageunit | 1, Years 2, Months 3, Days | Integer |
| State of residence | res_state | | Character |
| County of residence | res_county | | Character |
| Does this case have any tribal affiliation? | tribe | 1, Yes 0, No 9, Unknown | Integer |
| If yes, which tribe(s)? | tribe_name | | Character |
| If yes, enrolled member? | tribe_member | 1, Yes 0, No 9, Unknown | Integer |
| Sex | sex | 1, Male 2, Female 3, Other 9, Unknown | Integer |
| If female, currently pregnant? | pregnant_yn | 1, Yes 0, No 9, Unknown | Integer |
| Ethnicity | ethnicity | 1, Hispanic/Latino 0, Non-Hispanic/Latino 9, Unknown | Integer |
| Race (Check all that apply) | | | |
| Asian | race_asian | 1, Yes | Integer |
| American Indian/ Alaska Native | race_aian | 1, Yes | Integer |
| Black | race_black | 1, Yes | Integer |
| Native Hawaiian/ Other Pacific Islander | race_nhpi | 1, Yes | Integer |
| White | race_white | 1, Yes | Integer |
| Unknown | race_unk | 1, Yes | Integer |
| Other | race_other | 1, Yes | Integer |
| If other, specify race | race_spec | | Character |

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| Which would best describe where the patient was staying at the time of illness onset? | housing | 1, House/single family home 2, Apartment 3, Hotel/motel 4, Long term care facility 5, Nursing home/assisted living facility 6, Acute care inpatient facility 7, Rehabilitation facility 8, Correctional facility 9, Mobile home 10, Group home 11, Homeless shelter 12, Outside, in a car, or other location not meant for human habitation 13, Other, specify | Integer |
| If other, specify housing | housing_spec | | Character |
| Healthcare Worker Information | | | |
| Is the patient a health care worker in the United States? | hc_work_yn | 1, Yes 0, No 9, Unknown | Integer |
| If yes, what is their occupation (type of job)? | hc_job | 1, Physician 2, Nurse 3, Respiratory therapist 4, Environmental services | Integer |
| If other, specify occupation | hc_job_spec | | Character |
| If yes, what is their job setting? | hc_setting | 1, Hospital 2, Long-term care facility 3, Rehabilitation facility 4, Nursing home/assisted living facility 5, Other, specify 9, Unknown | Integer |
| If other, specify setting | hc_setting_spec | | Character |
| Exposure Information | | | |
| <i>In the 14 days prior to illness onset, did the patient have any of the following exposures</i> | | | |
| Domestic travel (outside state of normal residence) | exp_othstate | 1, Yes | Integer |
| If yes, specify state(s) | exp_othstate_spec | | Character |
| International travel | exp_othcountry | 1, Yes | Integer |
| If yes, specify country(s) | exp_othcountry_spec | | Character |
| Cruise ship or vessel travel as passenger or crew member | exp_ship | 1, Yes | Integer |
| If yes, specify name of ship | exp_ship_spec | | Character |
| Workplace | exp_work | 1, Yes | Integer |
| If yes, is the workplace critical infrastructure? | exp_work_critical | 1, Yes 0, No 9, Unknown | Integer |
| If critical infrastructure, specify workplace setting | exp_work_critical_spec | | Character |
| Airport/airplane | exp_airport | 1, Yes | Integer |
| Adult congregate living facility | exp_adultfacility | 1, Yes | Integer |
| School/university/childcare center | exp_school | 1, Yes | Integer |
| Correctional facility | exp_correctional | 1, Yes | Integer |
| Community event/mass gathering | exp_gathering | 1, Yes | Integer |
| Animal with confirmed or suspected COVID-19 | exp_animal | 1, Yes | Integer |
| If yes, specify type of animal | exp_animal_spec | | Character |

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| Other exposures | exp_other | 1, Yes | Integer |
| If other exposures, specify | exp_other_spec | | Character |
| Unknown exposures in the 14 days prior to illness onset | exp_unk | 1, Yes | Integer |
| Contact with a known COVID-19 case (probable or confirmed) | exp_contact | 1, Yes | Integer |
| Household contact with a known COVID-19 case | exp_house | 1, Yes | Integer |
| Community contact with a known COVID-19 case | exp_community | 1, Yes | Integer |
| Healthcare-associated contact (patient, visitor, or healthcare worker) | exp_health | 1, Yes | Integer |
| If the patient had contact with another COVID-19 case, was this person a U.S. case? | cont_lab_us | 1, Yes 0, No 9, Unknown | Integer |
| If yes, specify nCoV ID of source case | cdc_ncov2019_sourceid_2 | | Character |
| If yes, specify nCoV ID of source case | cdc_ncov2019_sourceid_3 | | Character |
| If yes, specify nCoV ID of source case | cdc_ncov2019_sourceid_4 | | Character |
| Is this case part of an outbreak? | outbreak_associated | 1, Yes 0, No 9, Unknown | Integer |
| If yes, specify outbreak name: | outbreak_name | | Character |
| Clinical course, symptoms, past medical history, and social history | | | |
| Collected from (check all that apply): | | | |
| Patient interview | collect_ptinterview | 1, Yes | Integer |
| Medical record review | collect_medchart | 1, Yes | Integer |
| Symptoms present during course of illness: | sympstatus | 1, Symptomatic 0, Asymptomatic 9, Unknown | Integer |
| If symptomatic, onset date (MM/DD/YYYY) | onset_dt | | Date (mm/dd/yyyy) |
| If symptomatic, onset date - unknown | onset_unk | 1, Yes | Integer |
| If symptomatic, date of symptom resolution (MM/DD/YYYY) | symp_res_dt | | Date (mm/dd/yyyy) |
| If symptomatic, status of symptom resolution | symp_res_yn | 1, No, still symptomatic 0, Symptoms resolved, unknown date | Integer |
| Did the patient develop pneumonia? | pna_yn | 1, Yes 0, No 9, Unknown | Integer |
| Did the patient have acute respiratory distress syndrome? | acuterespdistress_yn | 1, Yes 0, No 9, Unknown | Integer |
| Did the patient have an abnormal chest X-ray? | abxchest_yn | 1, Yes 0, No 9, Unknown 5, NA | Integer |
| Did the patient have another diagnosis/etiology for their illness? | diagother | 1, Yes 0, No 9, Unknown | Integer |
| Did the patient have an abnormal EKG? | abxekg_yn | 1, Yes 0, No 9, Unknown 5, NA | Integer |
| Did the patient receive mechanical ventilation (MV)/intubation? | mechvent_yn | 1, Yes 0, No 9, Unknown | Integer |
| If yes, total days with MV (days) | mechvent_dur | | Integer |

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| Did the patient receive extracorporeal membrane oxygenation (ECMO)? | ecmo_yn | 1, Yes 0, No 9, Unknown | Integer |
| <i>If symptomatic, which of the following did the patient experience during their illness?</i> | | | |
| Fever >100.4F (38C) | fever_yn | 1, Yes 0, No 9, Unknown | Integer |
| Subjective fever (felt feverish) | sfever_yn | 1, Yes 0, No 9, Unknown | Integer |
| Chills | chills_yn | 1, Yes 0, No 9, Unknown | Integer |
| Rigors | rigors_yn | 1, Yes 0, No 9, Unknown | Integer |
| Muscle aches (myalgia) | myalgia_yn | 1, Yes 0, No 9, Unknown | Integer |
| Runny nose (rhinorrhea) | runnose_yn | 1, Yes 0, No 9, Unknown | Integer |
| Sore throat | sthroat_yn | 1, Yes 0, No 9, Unknown | Integer |
| New olfactory and taste disorder(s) | taste_yn | 1, Yes 0, No 9, Unknown | Integer |
| Headache | headache_yn | 1, Yes 0, No 9, Unknown | Integer |
| Fatigue | fatigue_yn | 1, Yes 0, No 9, Unknown | Integer |
| Cough (new onset or worsening of chronic cough) | cough_yn | 1, Yes 0, No 9, Unknown | Integer |
| Wheezing | wheezing_yn | 1, Yes 0, No 9, Unknown | Integer |
| Shortness of breath (dyspnea) | sob_yn | 1, Yes 0, No 9, Unknown | Integer |
| Difficulty breathing | breathing_yn | 1, Yes 0, No 9, Unknown | Integer |
| Chest pain | chestpain_yn | 1, Yes 0, No 9, Unknown | Integer |
| Nausea or Vomiting | nauseavomit_yn | 1, Yes 0, No 9, Unknown | Integer |

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| Abdominal pain | abdom_yn | 1, Yes 0, No 9, Unknown | Integer |
| Diarrhea (≥3 loose/looser than normal stools/24hr period) | diarrhea_yn | 1, Yes 0, No 9, Unknown | Integer |
| New confusion | confusion_yn | 1, Yes 0, No 9, Unknown | Integer |
| Change in mental status | mentstat_yn | 1, Yes 0, No 9, Unknown | Integer |
| Persistent pressure in chest | ppchest_yn | 1, Yes 0, No 9, Unknown | Integer |
| Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin | cyanosis_yn | 1, Yes 0, No 9, Unknown | Integer |
| Inability to wake | hypsom_yn | 1, Yes 0, No 9, Unknown | Integer |
| Inability to stay awake | drowsy_yn | 1, Yes 0, No 9, Unknown | Integer |
| Other symptoms | othsym1_yn | 1, Yes 0, No 9, Unknown | Integer |
| Other symptoms, specify: | othsym1_spec1 | | Character |
| Other symptoms, specify: | othsym1_spec2 | | Character |
| Other symptoms, specify: | othsym1_spec3 | | Character |
| Did they have any underlying medical conditions and/or risk behaviors? | medcond_yn | 1, Yes 0, No 9, Unknown | Integer |
| Diabetes Mellitus | diabetes_yn | 1, Yes 0, No 9, Unknown | Integer |
| Hypertension | hypertension_yn | 1, Yes 0, No 9, Unknown | Integer |
| Severe obesity (BMI >= 40) | obesity_yn | 1, Yes 0, No 9, Unknown | Integer |
| Cardiovascular disease | cvd_yn | 1, Yes 0, No 9, Unknown | Integer |
| Chronic renal disease | renaldis_yn | 1, Yes 0, No 9, Unknown | Integer |
| Chronic liver disease | liverdis_yn | 1, Yes 0, No 9, Unknown | Integer |
| Chronic lung disease (asthma/emphysema/COPD) | cld_yn | 1, Yes 0, No 9, Unknown | Integer |

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| Other chronic diseases | otherdis_yn | 1, Yes 0, No 9, Unknown | Integer |
| If yes, specify | otherdis_spec | | Character |
| Other underlying condition or risk behavior | othercond_yn | 1, Yes 0, No 9, Unknown | Integer |
| If yes, specify | othercond_spec | | Character |
| Immunosuppressive condition | immsupp_yn | 1, Yes 0, No 9, Unknown | Integer |
| Autoimmune condition | autoimm_yn | 1, Yes 0, No 9, Unknown | Integer |
| Current smoker | smoke_curr_yn | 1, Yes 0, No 9, Unknown | Integer |
| Former smoker | smoke_former_yn | 1, Yes 0, No 9, Unknown | Integer |
| Substance abuse or misuse | substance_yn | 1, Yes 0, No 9, Unknown | Integer |
| Disability (neurologic, neurodevelopmental, intellectual, physical, vision or hearing impairment) | neuro_yn | 1, Yes 0, No 9, Unknown | Integer |
| If yes, specify | neuro_spec | | Character |
| Psychological/psychiatric condition | psych_yn | 1, Yes 0, No 9, Unknown | Integer |
| If yes, specify | psych_spec | | Character |
| SARS-CoV-2-Testing | | | |
| Molecular amplification test (RT PCR) | test_PCR | 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done | Integer |
| Serologic test | test_serologic | 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done | Integer |
| Other | test_other | 1, Positive 2, Negative 3, Indeterminate/inconclusive 4, Pending 5, Not done | Integer |
| Other specify | test_other_spec | | Character |
| Specimens for COVID-19 Testing | | | |

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| Genomic sequencing ID number - 1 Preferred value is the accession number from NCBI Biosample (SAMN###), NCBI SRA (SRX###), or GISAID (ESL###). Alternative: If the accession number is not available from NCBI Biosample, NCBI SRA, or GISAID, this field may be populated with the anonymized sequence ID provided by the sequencing laboratory. The anonymous ID should be the one used when submitting: the NCBI strain name (e.g., SARS-CoV-2/human/USA/CA-CZB-30764/2021, SARS-CoV-2/USA/UT-UPHL-2104827427/2021); or, GISAID isolate name (hCoV-19/USA/ST-CDC-LC0000002/2020). | wgs1id | | Character |
| Genomic sequencing ID number - 2 Preferred value is the accession number from NCBI Biosample (SAMN###), NCBI SRA (SRX###), or GISAID (ESL###). Alternative: If the accession number is not available from NCBI Biosample, NCBI SRA, or GISAID, this field may be populated with the anonymized sequence ID provided by the sequencing laboratory. The anonymous ID should be the one used when submitting: the NCBI strain name (e.g., SARS-CoV-2/human/USA/CA-CZB-30764/2021, SARS-CoV-2/USA/UT-UPHL-2104827427/2021); or, GISAID isolate name (hCoV-19/USA/ST-CDC-LC0000002/2020). | wgs2id | | Character |
| Lineage: SARS-CoV-2 lineage designation or sublineage, if available. WHO Greek alphabet nomenclature is preferred for variants of concern. | lineage | | Character |
| Additional Comments/Notes | | | |
| Additional Comments/Notes | final_notes | | Character |
| Additional Case Identification | | | |
| Did the patient previously meet the case definition for a probable or confirmed case of SARS-CoV-2? | prev_infected_yn | 1, Yes 0, No 9, Unknown | Integer |
| If the patient previously met the case definition for a probable or confirmed case of the disease or condition, provide the previously submitted case ID associated with the | prev_st_case_num1 | | Character |
| If the patient previously met the case definition for a probable or confirmed case of the disease or condition, provide the previously submitted case ID associated with the | prev_st_case_num2 | | Character |
| Vaccine Variables | | | |
| Did the Subject Ever Receive a Vaccine Against This Disease | received_vax_yn | 1, Yes 0, No 9, Unknown | Integer |
| Number of vaccine doses against this disease prior to illness onset | num_vax_dose_prior_onset | [0...6] 99= Unknown | Integer |
| Date of last vaccine dose against this disease prior to illness onset | vax_dose_prior_onset_dt | | Date (mm/dd/yyyy) |
| Was subject vaccinated as recommended by the Advisory Committee on Immunization Practices (ACIP)? | vax_per_acip_recs_yn | 1, Yes 0, No 9, Unknown | Integer |

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| Reason subject not vaccinated as recommended by ACIP | reason_not_vax_per_acip | 1, Religious exemption 2, Medical contraindication 3, Philosophical objection 4, Lab evidence of previous disease 5, MD diagnosis of previous disease 6, Too young 7, Parental/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 in medical setting 15, Foreign Visitor 16, Immigrant 17, Vaccine not available | Integer |
| Comments about the subject's vaccination history | vax_history_comment | | Character |
| Vaccine Variables Repeating Set | | | |

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| Vaccine Type | vaxtype1 - vaxtype6 | 207, COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose 208, COVID-19, mRNA, LNP-S, PF, 30 mcg/0.3 mL dose 210, COVID-19 vaccine, vector-nr, rS-ChAdOx1, PF, 0.5 mL 211, COVID-19, Subunit, rS-nanoparticle+Matrix-M1 Adjuvant, PF, 0.5mL dose 212, COVID-19 vaccine, vector-nr, rS-Ad26, PF, 0.5 mL 213, SARS-COV-2 (COVID-19) Unspecified 217, COVID-19, mRNA, LNP-S, PF, 30 mcg/0.3 mL dose, tris-sucrose 218, COVID-19, mRNA, LNP-S, PF, 10 mcg/0.2 mL dose, tris-sucrose 219, COVID-19, mRNA, LNP-S, PF, 3 mcg/0.2 mL dose, tris-sucrose 502, SARS-COV-2 COVID-19 Inactivated Virus Non-US Vaccine Product (COVAXIN) 510, COVID-19 IV Non-US Vaccine (BIBP, Sinopharm) 511, COVID-19 IV Non-US Vaccine (CoronaVac, Sinovac) OTH, Other Future additions will be found in Vaccine Type Value Set ¹ | Character |
| Vaccine Administered Date | vaxdate1 - vaxdate6 | | Date (mm/dd/yyyy) |
| Vaccine Dose Number | vaxdose1 - vaxdose6 | | Integer |
| Vaccine Manufacturer | vaxmfr1 - vaxmfr6 | PFR, Pfizer MOD, Moderna JSN, Janssen ASZ, AstraZeneca NVX, Novavax, Inc SPH, Sinopharm-Biotech SNV, Sinovac UNK, Unknown Future additions will be found in Vaccine Mfr Value Set ² | Character |
| Vaccine Lot Number | vaxlot1 - vaxlot6 | | Character |
| Vaccine Expiration Date | vaxexpdt1 - vaxexpdt6 | | Date (mm/dd/yyyy) |
| Vaccine National Drug Code (NDC) (can be used to obtain vaccine brand name and Vaccination Record Identifier | vaxndc1 - vaxndc6 | | Character |
| | vaxrecid1 - vaxrecid6 | | Character |

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| Vaccine Event Information Source | vaxinfosrce1 - vaxinfosrce6 | 184225006, Medical record 00, New immunization record 01, Unspecified source 02, Other provider (historical) 05, Other registry (historical) 06, Birth certificate (historical) 07, School record (historical) 08, Public agency (historical) PHC1435, Patient/parent recall (historical) PHC1436, Patient/parent written record PHC1936, Immunization Information System PP, Primary care provider UNK, Unknown OTH, Other | Character |
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1) Vaccine Type Value Set = <https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=2.16.840.1.114222.4.11.7448>

2) Vaccine Manufacturer Value Set = <https://phinvads.cdc.gov/vads/ViewValueSet.action?oid=2.16.840.1.114222.4.11.826>

Discontinued Variables (These variables remain in the CSV template to allow for certain states to still submit. Other discontinued variables have been removed effective May 2022)

Basic Case Information

Report date of PUI to CDC (MM/DD/YYYY)

pui_cdcreport_dt

Date