CalREDIE

California Reportable Disease Information Exchange

DATA DICTIONARY

Release date: AUGUST 2018

PURPOSE

The CalREDIE Data Dictionary contains standard data definitions developed for the electronic transmission of vital infectious disease data. The Dictionary is designed to provide users with detailed information about data elements collected by the CalREDIE system, as well as provide guidance to the information available in data exports available from the Data Distribution Portal (DDP).

ABOUT THE CONTENTS

The Data Dictionary describes each variable collected in CalREDIE. The first sections present the Patient and Case Investigation (system) tabs which are common to ALL disease conditions and are roughly equivalent to Confidential Morbidity Report (CMR) level data. Next, we present the Contacts (system) and Laboratory Information w/Provider & Facility (system) sections which are also common among disease conditions.

The subsequent sections are grouped alphabetically by disease condition (or disease grouping) and include the Clinical, Laboratory and Epidemiologic Info (UDF) tabs that are specific for the given condition(s). These capture information found on the disease-specific Case Report Forms (CRFs). In addition, the Dictionary includes a detailed description for other supplemental forms in CalREDIE.

For each variable captured in CalREDIE, the dictionary provides information about:

- the field name as it appears in CalREDIE: **CalREDIE Field Name**
- the name of the variable as it appears in the DDP exports: **DDP Export Field Name (VARIABLE)**
- a detailed description of the data element collected: **Description**
- the type or format of data collected in the field: **Field Type**
- the CalREDIE Data Labels for response options available in CalREDIE (as appropriate): **CalREDIE Data Labels**
- and the DDP export values for the CalREDIE response options: **DDP Export Values**

Please direct any errors, missing information, or questions to the CalREDIE Help Desk at (866) 866-1428 or CalREDIEHelp@cdph.ca.gov

DISCLAIMER

This Data Dictionary is a dynamic document that is subject to change as modifications are made in the CalREDIE system or Data Distribution Portal (e.g. Case Report Form changes, addition of new disease conditions, etc.).

Data Dictionary – CalREDIE
Disease Incident Data

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Patient Tab

PATIENT TAB					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Incident ID	IncidentID	Incident ID is automatically generated and is a unique number assigned to each disease incident after the case is submitted (i.e. saved). A patient only exists once in the CalREDIE system, but an individual patient may have multiple disease Incident IDs.	Numeric - auto generated		
Not present on CalREDIE	RecordType	This variable may not be present in the DDP exports for some conditions.			The default value in the DDP exports is "DI" indicating the record is a Disease Incident.
CMR number	CMRNumber	Field is obsolete and can be disregarded.	Numeric - auto generated	OBSOLETE	Historic data recorded in this field are maintained in DDP exports
Disease Being Reported	Disease	This is the name of the disease being reported for the patient. The disease selected in this field determines the workflow (forms, permissions, etc.) available for the case.	DropDownList	See Appendix A	See Appendix A (CalREDIE Data Labels and Export Values are the same)
Disease name (short)	DisShort	Automatically generated based on abbreviated Disease name	Text - auto generated	See Appendix A	See Appendix A (CalREDIE Data Labels and Export Values are the same)
Disease grouping	DiseaseGrp	Automatically generated based on Disease grouping	Text - auto generated	See Appendix A	See Appendix A (CalREDIE Data Labels and Export Values are the same)
Not present on CalREDIE	OtherDisease	Field is obsolete and can be disregarded. This variable may not be present in the DDP exports for some conditions.		OBSOLETE	Historic data recorded in this field are maintained in DDP exports
Patient ID	PersonId	Number assigned to each patient entered into the system. Previously this value was not searchable in CalREDIE, but now corresponds to actual Patient ID.	Numeric - auto generated		

PATIENT TAB					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Last Name	LastName	Patient's full last name (or surname). This is confidential information. Use appropriate capitalization, ex: Allen, McDonald. The first letter of all names should always be capitalized. Names should be recorded exactly as the individual specifies. Example: MacLean/McLean/Mac Lean, O'Brien/OBrien/OBrian, Smith-Jones, etc. To reduce likelihood of duplication, search common variations of names prior to entry.	FreeText		
First Name	FirstName	Patient's first name. This is confidential information. Use appropriate capitalization, ex: John.	FreeText		
Middle Name	MiddleName	Patient's middle name. This is confidential information. Use appropriate capitalization.	FreeText		
Name Suffix	NameSuffix	Patient's generational suffix (if any). Common suffixes are Junior (Jr.) or Senior (Sr.). Suffixes can also be Roman numerals such as "II" or "IV".	FreeText		
SSN	SSN	Patient's Social Security Number (SSN) is a piece of highly confidential information.	FreeText (XXX-XX-XXXX)		
DOB (MM/DD/YYYY)	DOB	Patient's Date of Birth (DOB). This is confidential information.	Date (MM/DD/YYYY)		
Age	Age	Age is calculated by the system as: DateX – Date of Birth (DOB) = Age. DateX is taken in the following order (if date exists): 1) Date of Onset, 2) Date of Diagnosis, 3) Date Received, 4) Date Created. Month and day are only calculated and displayed for pediatric cases <1 years old.	Link Numeric		
Ethnicity	Ethnicity	Ethnicity is a piece of confidential information. The response to this item should be based on the patient's self-identity or self-reporting and should not be based on appearance or surname.	DropDownList	Hispanic or Latino Not Hispanic or Latino Unknown	Hispanic or Latino Not Hispanic or Latino Unknown

PATIENT TAB					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Reported Race	Race	Reported Race is auto populated based on user response(s) to the *Race option CheckBoxes (see below). If more than one race is selected, "Multiple Race" appears in this field in CalREDIE and is exported in the DDP. Race is a piece of confidential information. The response to this item should be based on the patient's self-identity or self-reporting.	System Defined Field Link		If more than one race is selected, "Multiple Race" is exported in the DDP.
Race	RaceAIAN RaceASIAN RaceBLACK RaceNHPI RaceOTHER RaceUNK RaceWHITE	Race – American Indian or Alaska Native Race – Asian* Race – Black or African American Race – Native Hawaiian or Other Pacific Islander* Race – Other Race – Unknown Race – White **Although multiple Asian & NHPI races can be selected in CalREDIE, only the value defined in the DDP Export Values column are included in DDP exports.*	CheckBox List	American Indian/ Alaska Native	AIAN
				Asian	ASIAN
				Black/African American	BLACK
				Native Hawaiian or Other Pacific Islander	NHPI
				Other	OTH
				White	WHITE
				Unknown	UNK
Primary Language	Language	Patient's primary language / native language.	DropDownList	See Appendix B	See Appendix B (CalREDIE Data Labels and Export Values are the same)

PATIENT TAB					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Address Number & Street	Address	The place the person is living at the time of diagnosis and may be the place the person received mail, paid an electric bill, or considered his/her primary residence. A state, federal or military correctional facility can be considered a patient's residence. This is confidential information. Use appropriate capitalization and standard address abbreviations. Ex: 100 Williams Ave. Additional addresses can be captured for the patient by clicking on the icon after the zip code field. Directionals (N, W, etc. should be abbreviated and capitalized. For additional information, please see the Data Standards Guide.	FreeText		
Apartment/Unit Number	AptNo	Apartment, Unit or Suite Number, if applicable	FreeText		
City	City	Patient's current city/town of usual residence. This is confidential information. Use appropriate capitalization and avoid abbreviations, ex: San Francisco or Los Angeles.	FreeText		
State	State	Patient's state of usual residence at the time of diagnosis. Use 2-digit state codes, ex: CA, FL	FreeText		
Zip	Zip	Zip Code is a 5 digit code that is part of a system of postal codes used by the USPS. An extended zip code includes the 5 zip code digits, a hyphen, and 4 additional digits. The icon following zip code will allow the user to add additional addresses for the patient.	Link (5 digit or 5+4 digit)		

PATIENT TAB					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Census Tract	CTract	Small, relatively permanent statistical subdivisions of a county. This is confidential information. This value will be calculated after entering an address and clicking the icon on the Census Tract field.	Link Numeric		
Not present on CalREDIE	CensusBlock	A census block is a small geographic unit. Census blocks typically have a four-digit number. This variable is generated and stored by the CalREDIE system when the address geocoding feature is used. **It does not appear on the CalREDIE Patient tab but is included in DDP exports.**	Numeric		
Not present on CalREDIE	Latitude	Latitude is a geographic coordinate that specifies the north-south position of a point on the Earth's surface. Latitude is used together with longitude to specify a precise location. This variable is generated and stored by the CalREDIE system when the address geocoding feature is used. **It does not appear on the CalREDIE Patient tab but is included in DDP exports.**	Numeric		
Not present on CalREDIE	Longitude	Longitude is a geographic coordinate that specifies the east-west position of a point on the Earth's surface. Longitude is used together with latitude to specify a precise location. This variable is generated and stored by the CalREDIE system when the address geocoding feature is used. **It does not appear on the CalREDIE Patient tab but is included in DDP exports.**	Numeric		

PATIENT TAB					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
County of Residence	CntyOfResid	Patient's current county of usual residence. This is confidential information. This field is auto-populated when "Census Tract" field is calculated (is clicked). If the CalREDIE system is not able to auto-populate this field based on the geocoded address, the user should manually select the appropriate county from the drop-down list.	DropDownList	See Appendix C	See Appendix C (CalREDIE Data Labels and Export Values are the same)
Not present on CalREDIE	CntyFIPS	FIPS county code is a five-digit Federal Information Processing Standard (FIPS) code which uniquely identifies counties. This variable is generated and stored by the CalREDIE system when the address geocoding feature is used. **It does not appear on the CalREDIE Patient tab but is included in DDP exports.**	Numeric	See Appendix C	See Appendix C CalREDIE Data Labels and Export Values are the same) The first 2 digits are the FIPS state code and the last 3 are the county code within the state. Ex: 06 (or 6) = California / 001 = Alameda
Not present on CalREDIE	CntyGEO	The county defined by the CntyFIPS value. This variable is generated and stored by the CalREDIE system when the address geocoding feature is used. **It does not appear on the CalREDIE Patient tab but is included in DDP exports.**	Text		
Country of Residence	Country	Patient's current country of usual residence. Select the appropriate country from the drop-down list.	DropDownList	See Appendix D	See Appendix D (CalREDIE Data Labels and Export Values are the same)
Country of Birth	CountryBirth	Country in which the patient was born. Select the appropriate country from the drop-down list.	DropDownList	See Appendix D	See Appendix D (CalREDIE Data Labels and Export Values are the same)
Date of Arrival (MM/DD/YYYY)	DtArrival	Date of Arrival (MM/DD/YYYY) in the United States. This field is used for foreign-born individuals.	Date (MM/DD/YYYY)		

PATIENT TAB					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Home Telephone	HomePhone	Patient's home phone number. This is confidential information.	FreeText (XXX-XXX-XXXX)		
Cellular Phone / Pager	CellPhone	Patient's cellular telephone number or pager number. This is confidential information.	FreeText (XXX-XXX-XXXX)		
Work/School Telephone	WorkPhone	Patient's work or school telephone number. This is confidential information.	FreeText (XXX-XXX-XXXX)		
E-mail Address	Email	E-mail Address	FreeText		
Other Electronic Contact Information	OtherElectronicID	Other Electronic Contact Information	FreeText		
Work/School Location	This variable is not included in DDP exports	Work/School Location – selected from the Location Source Dictionary	Link		
Work/School Contact	WorkSchoolContact	Work/School Contact name or phone number. This variable may not be present in the DDP exports for some conditions.	FreeText		
Gender	Sex	This is the patient's current gender. Note that this may be different from the person's biological sex at birth. This is confidential information.	DropDownList	Male Male-to-Female Transgender Female Female-to-Male Transgender Other Unknown	M MTF F FTM OTH UNK
Gender(s) of Sex Partners (present for STD, Mumps, and Meningococcal Dis (Invasive) conditions only)	GenderSpM	Gender(s) of Sex Partners (check all that apply) – this section is only present in CalREDIE for STD conditions	CheckBox	Male	SpM

PATIENT TAB					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Gender(s) of Sex Partners (present for STD, Mumps, and Meningococcal Dis (Invasive) conditions only)	GenderSpF	Gender(s) of Sex Partners (check all that apply) – this section is only present in CalREDIE for STD conditions	CheckBox	Female	SpF
Gender(s) of Sex Partners (present for STD, Mumps, and Meningococcal Dis (Invasive) conditions only)	GenderSpMTF	Gender(s) of Sex Partners (check all that apply) – this section is only present in CalREDIE for STD conditions	CheckBox	Transgender (M to F)	MTF
Gender(s) of Sex Partners (present for STD, Mumps, and Meningococcal Dis (Invasive) conditions only)	GenderSpFTM	Gender(s) of Sex Partners (check all that apply) – this section is only present in CalREDIE for STD conditions	CheckBox	Transgender (F to M)	FTM
Gender(s) of Sex Partners (present for STD, Mumps, and Meningococcal Dis (Invasive) conditions only)	GenderSpREF	Gender(s) of Sex Partners (check all that apply) – this section is only present in CalREDIE for STD conditions	CheckBox	Refused	REF
Gender(s) of Sex Partners (present for STD, Mumps, and Meningococcal Dis (Invasive) conditions only)	GenderSpUNK	Gender(s) of Sex Partners (check all that apply) – this section is only present in CalREDIE for STD conditions	CheckBox	Unknown	UNK
Pregnant?	Pregnant	If female at birth, the patient's pregnancy status.	RadioButtonList	Yes No Unknown	Y N U
Estimated Delivery Date	EDD	Date of the patient's expected delivery date, if pregnant.	Date (MM/DD/YYYY)		
Marital Status	Marital	Marital status of the patient at the time of report/diagnosis. This is confidential information.	DropDownList	Divorced Domestic Partner Living with Partner	Divorced Domestic Partner Living with Partner

PATIENT TAB					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				Married	Married
				Separated	Separated
				Single	Single
				Widowed	Widowed
Medical Record Number	MRN	Medical Record Number	Alphanumeric		
Patient's Parent/Guardian Name	Guardian	Name of Patient's Parent or Legal Guardian. This is confidential information. This field is only present in CalREDIE when patient is 16 or younger.	FreeText		
Occupation Setting	OccSettingType	General setting of patient's primary occupation at time of diagnosis/disease report. If not listed in drop-down menu, select "Other" and complete the Describe/Specify field (see below).	DropDownList	Childcare/Preschool	Childcare/Preschool
				Correctional Facility	Correctional Facility
				Drug Treatment Center	Drug Treatment Center
				Food Service	Food Service
				Health Care – Acute Care Facility	Health Care – Acute Care Facility
				Health Care – Long Term Care Facility	Health Care – Long Term Care Facility
				Health Care – Other	Health Care – Other
				Homeless Shelter	Homeless Shelter
				Laboratory	Laboratory
				Military Facility	Military Facility
				Other	Other
				Other Residential Facility	Other Residential Facility
				Place of Worship	Place of Worship
				School	School
Occupation Setting, Describe/Specify	OccSettingSpec	If no options from the Occupation Setting drop down list apply and "Other" was selected, please indicate the specific occupation setting.	FreeText		
Occupation	Occupation	Patient's primary occupation at time of diagnosis/disease report. If not listed in the drop-down menu, select one of the "Other" categories and complete the Describe/Specify field (see below).	DropDownList	See Appendix E	See Appendix E

PATIENT TAB					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Occupation, Describe/Specify	OccSpecify	If no options from the Occupation drop down list apply and one of the "Other" categories was selected, please indicate the specific occupation setting. You may also provide additional specific occupation information in this field.	FreeText		
Occupation Location	OccLocation	Specify the location of the patient's occupation	FreeText		

Case Investigation Tab

CASE INVESTIGATION TAB					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Case Information					
Jurisdiction	LHJ	Primary Local Health Jurisdiction. The local health department currently caring for the case, in most cases this is the jurisdiction that reported the case. This jurisdiction has read-write access to the disease incident record. This field is auto-populated when the "Census Tract" field on the Patient tab is completed (is clicked). If field does not auto populate, select appropriate jurisdiction from drop down list.	DropDownList Link	See Appendix C	See Appendix C (CalREDIE Data Labels and Export Values are the same)
Not present on CalREDIE	LHJNumber	Numeric code assigned to the local health jurisdiction.		See Appendix C	See Appendix C (CalREDIE Data Labels and Export Values are the same)
Not present on CalREDIE	Region	Geographic region within California in which the LHJ is located. (e.g. Bay Area, Northern, Central, etc.)			
Secondary Jurisdiction	SecondLHJ	Secondary Local Health Jurisdiction. This local health department may have had jurisdiction at one time for the case that is now in the Primary Jurisdiction's care. It can also be a jurisdiction that is sharing care of the case with the primary jurisdiction. The secondary jurisdiction can be manually selected or will be automatically populated when the Primary Jurisdiction is changed. This jurisdiction may have read or read/write permissions to the record.	DropDownList	See Appendix C	See Appendix C (CalREDIE Data Labels and Export Values are the same)
Investigator	Investigator	Investigator assigned to the case. Select the Investigator from available investigators in the dropdown list. The icon ( ) can also be used to select an investigator.	Link DropDownList		

CASE INVESTIGATION TAB					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Reporting Source					
ID	RSId	Report Source ID number that is the equivalent of RS_RowID found in the Report Source Dictionary export	Text		
Provider	RSName	Name of the reporting provider. Click the icon ( ) to open the dictionary of providers. Enter provider, provider location name, phone number, or address to search for provider. Once found, click on provider location and ensure correct information is listed. Click "OK" and verify that selection is populated in the "Provider" field.	Link System Dictionary		
Not present on CalREDIE	RSLocation	Name of Reporting Source location. This variable is generated and stored by CalREDIE when the Report Source Dictionary is used. **It does not appear on the Case Investigation tab but is included in DDP exports.**	Text		
Not present on CalREDIE	RSLocType	Location type of Reporting Source. This variable is generated and stored by CalREDIE when the Report Source Dictionary is used. **It does not appear on the Case Investigation tab but is included in DDP exports.**	Text		
Not present on CalREDIE	RSClass	General facility classification type for Reporting Source. This variable is generated and stored by CalREDIE when the Report Source Dictionary is used. **It does not appear on the Case Investigation tab but is included in DDP exports.**	Text		Food Source Health Care Laboratory Other
Not present on CalREDIE	RSAddress	Street address of Reporting Source. This variable is generated and stored by CalREDIE when the Report Source Dictionary is used. **It does not appear on the Case Investigation tab but is included in DDP exports.**	Text		

CASE INVESTIGATION TAB					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Not present on CalREDIE	RSCity	Name of the city where Reporting Source is located. This variable is generated and stored by CalREDIE when the Report Source Dictionary is used. **It does not appear on the Case Investigation tab but is included in DDP exports.**	Text		
Not present on CalREDIE	RSState	2-letter abbreviation for name of state where Reporting Source is located. This variable is generated and stored by CalREDIE when the Report Source Dictionary is used. **It does not appear on the Case Investigation tab but is included in DDP exports.**	Text		
Not present on CalREDIE	RSZipCode	Zip code for Reporting Source. This variable is generated and stored by CalREDIE when the Report Source Dictionary is used. **It does not appear on the Case Investigation tab but is included in DDP exports.**	Numeric		
Not present on CalREDIE	RSPhone	Main phone number for the Reporting Source. This variable is generated and stored by CalREDIE when the Report Source Dictionary is used. **It does not appear on the Case Investigation tab but is included in DDP exports.**	FreeText (XXX-XXX-XXXX)		
Submitter Name	Submitter	Name of person submitting disease report. May be different from Provider.	FreeText		
Lab	Laboratory	Name of reporting lab. Click icon ( ) to open Location Dictionary. Select appropriate lab.	Link		
Not present on CalREDIE	LabCity	Name of city where Lab is located. This variable is generated and stored by CalREDIE when Location Dictionary is used. **It does not appear on the Case Investigation tab but is included in DDP exports.**	Text		

CASE INVESTIGATION TAB					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Not present on CalREDIE	LabState	The 2-letter abbreviation for the name of the state where the Lab is located. This variable is generated and stored by CalREDIE when the Location Dictionary is used. **It does not appear on the Case Investigation tab but is included in DDP exports.**	Text		
Additional Provider	AdditionalReportSource	This field is for an additional reporting provider. This variable may not be present in the DDP exports for some conditions.	Link		
Additional Lab	AdditionalLab	This field is for an additional reporting lab. This variable may not be present in the DDP exports for some conditions.	Link		
Cluster ID	ClusterID	If the disease incident is part of a cluster, the ID assigned to the cluster is entered here.	FreeText		
Link to Outbreak	OutbreakNum	If the disease incident is part of an outbreak, the incident can be linked to an existing outbreak by clicking the icon ( ) and selecting the appropriate outbreak.	FreeText Linking field		
Not present on CalREDIE	OutbreakType	Indicates type of disease classification for the outbreak to which this incident is linked. This variable is generated and stored by CalREDIE when the Link to Outbreak function is used. **It does not appear on the Case Investigation tab but is included in DDP exports.**	FreeText Linking field		
Index Case	IndexCase	If the case is linked to an outbreak, indicate if this disease incident is the index case.	CheckBox	Unchecked Checked	(blank) Y
Patient Died of this illness:	PtDiedIllness	Indicates if the patient died of the illness being reported.	Checkboxlist	Yes No	Y N

CASE INVESTIGATION TAB					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Not present on CalREDIE	PtHospitalized	Field is obsolete and can be disregarded. It was present on the Case Investigation tab in historic versions of CalREDIE. Currently, detailed hospitalization information is recorded on the Clinical Info tab.		OBSOLETE	Historic data recorded in this field are maintained in DDP exports
Not present on CalREDIE	InPatient	Field is obsolete and can be disregarded. It was present on the Case Investigation tab in historic versions of CalREDIE. Currently, detailed hospitalization information is recorded on the Clinical Info tab.		OBSOLETE	(DDP default value is "N" for records created after this field was discontinued) Historic data recorded in this field are maintained in DDP exports
Not present on CalREDIE	OutPatient	Field is obsolete and can be disregarded. It was present on the Case Investigation tab in historic versions of CalREDIE. Currently, detailed hospitalization information is recorded on the Clinical Info tab.		OBSOLETE	(DDP default value is "N" for records created after this field was discontinued) Historic data recorded in this field are maintained in DDP exports
Not present on CalREDIE	Hospital	Field is obsolete and can be disregarded. It was present on the Case Investigation tab in historic versions of CalREDIE. Currently, detailed hospitalization information is recorded on the Clinical Info tab.		OBSOLETE	Historic data recorded in this field are maintained in DDP exports
Not present on CalREDIE	Symptomatic	Field is obsolete and can be disregarded. It was present on the Case Investigation tab in historic versions of CalREDIE. Currently, detailed symptom information is recorded on the Clinical Info tab.		OBSOLETE	Historic data recorded in this field are maintained in DDP exports
Dates					
Date of Onset	DtOnset	Date of first onset of symptoms	Date (MM/DD/YYYY)		
Lab Specimen Collection Date	DtLabCollect	Lab Specimen Collection Date	Date (MM/DD/YYYY)		
Lab Specimen Result Date	DtLabResult	Lab Specimen Result Date	Date (MM/DD/YYYY)		

CASE INVESTIGATION TAB					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Date of Diagnosis	DtDiagnosis	Date the disease incident was diagnosed by health care provider.	Date (MM/DD/YYYY)		
Date of Death	DtDeath	Date of patient's death whether related to reported disease or not.	Date (MM/DD/YYYY)		
Date Received	DtReceived	Date message was read into the system.	Date (MM/DD/YYYY)		
Date Created	DtCreate	Date the disease incident was created in the system. Field is populated by system and cannot be edited.	Link Date (MM/DD/YYYY)		
Episode Date	DtEpisode	Episode date is calculated as the earliest of the following (if the dates exist): Date Received, Date of Diagnosis, Date of Onset, Date of Death, and Specimen Collection Date. This field is populated by the system and cannot be edited.	Date (MM/DD/YYYY)		
Date Closed	DtClosed	Date the disease incident was officially closed by local health department. Field is populated by system and cannot be edited.	Link Date (MM/DD/YYYY)		
Date Sent	DtSent	Field is auto populated with the date the case information was transmitted to CDC. This variable may not be present in the DDP exports for some conditions.	Date (MM/DD/YYYY)		
Not present on CalREDIE	DtAdmit	Field is obsolete and can be disregarded. It was present on the Case Investigation tab in historic versions of CalREDIE. Currently, detailed hospitalization information is recorded on the Clinical Info tab. This variable may not be present in the DDP exports for some conditions.	Date (MM/DD/YYYY)	OBSOLETE	Historic data recorded in this field are maintained in DDP exports

CASE INVESTIGATION TAB					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Not present on CalREDIE	DtDischarge	Field is obsolete and can be disregarded. It was present on the Case Investigation tab in historic versions of CalREDIE. Currently, detailed hospitalization information is recorded on the Clinical Info tab. This variable may not be present in the DDP exports for some conditions.	Date (MM/DD/YYYY)	OBSOLETE	Historic data recorded in this field are maintained in DDP exports
Statuses					
Process Status	PStatus	Current process status of the work-flow linked with the disease associated with the incident.	DropDownList	Entered	Entered
				Under Investigation	Under Investigation
				In LHD Review	In LHD Review
				In LHD Review #2	In LHD Review #2
				Pending Release/ Clearance	Pending Release/ Clearance
				Jurisdiction Transfer	Jurisdiction Transfer
				Closed by LHD	Closed by LHD
Reported By	RPTBy	The method(s) by which the disease incident was reported in CalREDIE. This field auto-populates when an incident is imported from the staging area. It can be edited if manually entering CMRs and lab reports.	CheckboxList (more than one choice is possible)	Lab Report	Lab Report
				Web Report	Web Report
Imported Status	IStatus	Indicates if disease incident was indigenous to the reporting jurisdiction or imported from another area. The origin of the incident should be distinguished from the origin of the patient (e.g. patient may be US born, living in jurisdiction X, but disease is "international").	DropDownList	Indigenous	Indigenous
				International	International
				International/Out of State/ Other Jurisdiction (unknown)	International/Out of State/ Other Jurisdiction (unknown)
				Other Jurisdiction	Other Jurisdiction
				Out of State	Out of State
				Unknown	Unknown
Resolution Status	RStatus	The current status of the disease incident. Resolution statuses of Confirmed, Probable, Suspect, and Unknown map 1:1 to CDC case status classifications. All other resolution statuses map to "Not a	DropDownList	Confirmed	Confirmed
				Not a Case	Not a Case
				Not Reportable	Not Reportable
				NPJ incident	NPJ incident
				Out of Country	Out of Country

CASE INVESTIGATION TAB					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
		Case" for CDC. The exceptions to this are TB case reports. TB cases are confirmed and reported to CDC on the RVCT form.		Out of State	Out of State
				Previously Reported	Previously Reported
				Probable	Probable
				Suspect	Suspect
				Unknown	Unknown
Final Disposition	FinalDispo	Final disposition of the disease incident prior to officially closing the incident.	DropDownList	Administrative Closure	Administrative Closure
				Follow-up Completed	Follow-up Completed
				Lost to Follow-up	Lost to Follow-up
				No Follow-up Needed	No Follow-up Needed
				Record Search Closure	Record Search Closure
Transmission Status	TStatus	Field is intended to be used to indicate TB case transmission status to CDC. CDPH transmits cases via another mechanism and therefore, this field should be disregarded.	DropDownList	Sent, Then Changed To Not Sent	Not applicable
				Sent	
				Not Sent	
Last CDC Update	LastCDCUpdate	Field is not currently used by CalREDIE. This variable may not be present in the DDP exports for some conditions.	Date (MM/DD/YYYY)		
Not present on CalREDIE	Asymptomatic	Field is obsolete and can be disregarded. It was present on the Case Investigation tab in historic versions of CalREDIE. Currently, detailed symptom information is recorded on the Clinical Info tab. This variable may not be present in the DDP exports for some conditions.		OBSOLETE	Historic data recorded in this field are maintained in DDP exports
Not present on CalREDIE	DtSubmit	Date that case was submitted to CalREDIE. Usually the same as the DtCreate. DtSubmit is not populated for ELRs.	Date (MM/DD/YYYY)		
Not present on CalREDIE	DtRptBy	For ELR-submitted cases, the date that the laboratory findings were reported to CalREDIE/CDPH.	Date (MM/DD/YYYY)		
Not present on CalREDIE	DtLabRpt	Date that Lab report or Web report was initially received in CalREDIE.	Date (MM/DD/YYYY)		

CASE INVESTIGATION TAB					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Not present on CalREDIE	Exposure	Field is obsolete and can be disregarded. It was present on the Case Investigation tab in historic versions of CalREDIE. Currently, detailed exposure information is recorded on the Epidemiologic Info tab. This variable may not be present in the DDP exports for some conditions.	Date (MM/DD/YYYY)	OBSOLETE	Historic data recorded in this field are maintained in DDP exports
Not present on CalREDIE	DtLastEdit	Date that the incident record was most recently edited.	Date (MM/DD/YYYY)		
Not Present on CalREDIE	CreatedBy	CreatedBy is automatically generated and populates a value of MAIN INTERFACE, WEB INTERFACE, OR LAB INTERFACE depending on whether the incident was created via manual entry in CalREDIE, via Web Report, or via Lab Report, respectively.	This is not an editable field.		This Variable is only available on system tab exports.
Not Present on CalREDIE	Autoprocessed	Returns a value of “Y” if incident was created via an autoprocessed ELR, otherwise blank.	This is not an editable field.		This Variable is only available on system tab exports.
Not present on CalREDIE	IsCurrent	Corresponds to the "Current" column on the Master Person Index search screen in CalREDIE. Column is TRUE when demographics of that exported row correspond to the current patient demographics. Column is FALSE when demographics of that exported row correspond to non-current patient demographics.	This is not an editable field.		This Variable is only available on system tab exports.
Not Present in CalREDIE	DtInvestigator	Date Investigator field first populated	This is not an editable field.		This Variable is only available on system tab exports.
Not Present in CalREDIE	DtPSClosedbyLHD	Process Status – Closed by LHD, Date	This is not an editable field.		This Variable is only available on system tab exports.
Not Present in CalREDIE	DtPSClosedbyLHDELR	Process Status – Closed by LHD – ELR, Date	This is not an editable field.		This Variable is only available on system tab exports.

CASE INVESTIGATION TAB					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Not Present in CalREDIE	DtPSClosedbyState	Process Status – Closed by State, Date	This is not an editable field.		This Variable is only available on system tab exports.
Not Present in CalREDIE	DtPSContactInvestigCompleted	Process Status – Contact Investigation Completed, Date	This is not an editable field.		This Variable is only available on system tab exports.
Not Present in CalREDIE	DtPSContactLabSpecimenCleared	Process Status – Contact Lab Specimen Cleared, Date	This is not an editable field.		This Variable is only available on system tab exports.
Not Present in CalREDIE	DtPSContactLosttoFollowup	Process Status – Contact Lost to Follow Up, Date	This is not an editable field.		This Variable is only available on system tab exports.
Not Present in CalREDIE	DtPSContactMovedOutofJuris	Process Status – Contact Moved Out of Jurisdiction, Date	This is not an editable field.		This Variable is only available on system tab exports.
Not Present in CalREDIE	DtPSContNotInvestigNoFUPlanned	Process Status – Contact Not Investigated, No Follow-Up Planned, Date	This is not an editable field.		This Variable is only available on system tab exports.
Not Present in CalREDIE	DtPSContactPendingClearance	Process Status – Contact Pending Clearance, Date	This is not an editable field.		This Variable is only available on system tab exports.
Not Present in CalREDIE	DtPSContactTurnedtoIncident	Process Status – Contact Turned to Incident, Date	This is not an editable field.		This Variable is only available on system tab exports.
Not Present in CalREDIE	DtPSContactUnderInvestigation	Process Status – Under Investigation, Date	This is not an editable field.		This Variable is only available on system tab exports.
Not Present in CalREDIE	DtPSEntered	Process Status – Entered, Date	This is not an editable field.		This Variable is only available on system tab exports.
Not Present in CalREDIE	DtPSFieldRecordComplete	Process Status – Field Recod Complete, Date	This is not an editable field.		This Variable is only available on system tab exports.
Not Present in CalREDIE	DtPSFieldRecordOpen	Process Status – Field Record Open, Date	This is not an editable field.		This Variable is only available on system tab exports.

CASE INVESTIGATION TAB					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Not Present in CalREDIE	DtPSInLHDReview	Process Status – In LHD Review, Date	This is not an editable field.		This Variable is only available on system tab exports.
Not Present in CalREDIE	DtPSInLHDReview2	Process Status – In LHD Review #2, Date	This is not an editable field.		This Variable is only available on system tab exports.
Not Present in CalREDIE	DtPSInStateReview	Process Status – In State Review, Date	This is not an editable field.		This Variable is only available on system tab exports.
Not Present in CalREDIE	DtPSJurisdictionTransfer	Process Status – Jurisdiction Transfer, Date	This is not an editable field.		This Variable is only available on system tab exports.
Not Present in CalREDIE	DtPSNeedadditionalInfo ReIntervw	Process Status – Need additional Info / Re-Interview, Date	This is not an editable field.		This Variable is only available on system tab exports.
Not Present in CalREDIE	DtPSOutofState	Process Status – Out of State, Date	This is not an editable field.		This Variable is only available on system tab exports.
Not Present in CalREDIE	DtPSPendingReleaseClea rance	Process Status – Pending Release Clearance, Date	This is not an editable field.		This Variable is only available on system tab exports.
Not Present in CalREDIE	DtPSReturnedtoLHD	Process Status – Returned to LHD, Date	This is not an editable field.		This Variable is only available on system tab exports.
Notes/Remarks					
Notes/Remarks	Notes	This field is for any additional notes or remarks about the patient / disease incident. This variable may not be present in the DDP exports for some conditions.	Text Box	Notes/Remarks	Notes
Exposure Event (system) – Although this section is located on the Case Investigation tab, the information collected in this section is available as a separate export and not included with the Case Investigation tab information.					
Location		Select a location of exposure from the Location Dictionary by clicking the icon ( )	Link		

CASE INVESTIGATION TAB					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Type		Exposure type	DropDownList	Airborne Transmission Animal to Animal Transmission Animal to Human Transmission Blood Borne Transmission Foodborne Transmission Indeterminate Mode of Transmission Nosocomial Transmission Organ Transplant Other Other Surgical Transmission Person to Person Transmission Sexual Transmission Transdermal Transmission Transplacental Transmission Unknown/Undetermined Vector-borne Transmission Water-borne Transmission	
Start Date		Start date of exposure	Date (MM/DD/YYYY)		
Start Time		Start time of exposure	FreeText		
End Date		End date of exposure	Date (MM/DD/YYYY)		
End Time		End time of exposure	FreeText		

Contacts (system)

CONTACTS (SYSTEM)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Not present on CalREDIE	DIID	Secondary disease incident identifier	Numeric - auto generated		
Not present on CalREDIE	CONTACTID	The Contact ID is an automatically generated, unique number assigned to each contact.	Numeric - auto generated		
Not present on CalREDIE	INCIDENTID	The CalREDIE Disease Incident ID that the contact is associated with.	Numeric - auto generated		
Not present on CalREDIE	Disease	The name of the disease the contact is associated with.	Text		
Not present on CalREDIE	ContactIncidentID	The CalREDIE Incident ID that is automatically generated when an Incident is created from a contact.	Numeric - auto generated		
Last Name	RLENT_LASTNAME	Last Name of contact	FreeText		
First Name	RLENT_FIRSTNAME	First Name of contact	FreeText		
Middle Name	RLENT_MIDDLEINITIAL	Middle Name of contact	FreeText		
Name Suffix	RLENT_NAMESUFFIX	Name Suffix	FreeText		
DOB	RLENT_DOB	Contact's Date of Birth	Date (MM/DD/YYYY)		
Age	RLENT_AGE	Contact's Age Can be entered as free text. Will be automatically generated from Date of Birth, if DOB is provided.	FreeText		
Gender	RLENT_SEX	Contact's Gender	DropDownList	Female Female-to-Male Transgender Male Male-to-Female Transgender Other Unknown	Female Female-to-Male Transgender Male Male-to-Female Transgender Other Unknown

CONTACTS (SYSTEM)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Phone Number	RLENT_PHONE	Contact's Phone Number	FreeText		
Street Address	RLENT_STREETADDRESS	Contact's Street Address	FreeText		
Apartment	RLENT_APARTMENT	Contact's Apartment	FreeText		
City	RLENT_CITY	Contact's City	FreeText		
State	This variable is not currently included in the DDP exports.	Contact's State	FreeText		
Zip	RLENT_ZIP	Contact's 5 or 9 digit Zip code	FreeText		
Jurisdiction	RLENT_DISTRICT	The Primary Local Health Jurisdiction. The local health department that is currently investigating the contact, in most cases this will be the jurisdiction that reported the case. Select the appropriate jurisdiction from the drop down list.	DropDownList	See Appendix C	See Appendix C (CalREDIE Data Labels and Export Values are the same)
Investigator	RLENT_INVESTIGATORDR	The Investigator assigned to the contact. Select the Investigator from available investigators in the dropdown list.	DropDownList		
Reported Race	Race	Contact's Race If more than one choice is selected, then the DDP export value "Multiple races" will populate in the DDP	CheckBoxList (more than one choice is possible)	American Indian or Alaska Native	American Indian or Alaska Native
				Asian	Asian
				Black or African American	Black or African American
				Multiple Races	Multiple Races
				Native Hawaiian or Other Pacific Islander	Native Hawaiian or Other Pacific Islander
				Other	Other
				Unknown	Unknown
				White	White

CONTACTS (SYSTEM)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Not present on CalREDIE	Ethnicity	Patient Ethnicity Present if demographics data is captured in the CalREDIE MPI	Link	Hispanic/Latino Non-Hispanic/ Non-Latino Unknown	Hispanic/Latino Non-Hispanic/Non-Latino Unknown
Type of Contact	RLENT_CONTACTTYPE	What is the contact's type of contact with the incident patient?	DropDownList	Casual Contacts	Casual Contacts
				Child	Child
				Close Contacts	Close Contacts
				Cluster	Cluster
				Daycare Center	Daycare Center
				Father	Father
				Friend	Friend
				High Risk	High Risk
				Household	Household
				Medical Provider	Medical Provider
				Mother	Mother
				Neighbor	Neighbor
				Non-Contacts	Non-Contacts
				Other	Other
				School	School
				Sexual	Sexual
Date of Contact	RLENT_DATESOFCONTACT	Date of Contact	Date (MM/DD/YYYY)		
Not present on CalREDIE	RLENT_EXPEVENTDR	Numeric Identifier associated with a location in the location dictionary.	Numeric		
Exposure Event	RLENT_EXPEVENT	Select the Exposure Event this contact is associated with This Drop Down List is populated from the Exposure Event (system) section on the Case Investigation tab. Once the section is completed, it will create a location is the CalREDIE Location Dictionary, and populate the Exposure Event Drop Down List	DropDownList		
Cluster ID	RLENT_CLUSTERID	Specify the Cluster ID	FreeText		

CONTACTS (SYSTEM)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Priority	RLENT_PRIORITYDR	Indicate contact priority	DropDownList	High Low Medium	High Low Medium
Status	RLENT_STATUSDR	What is the contact's status?	DropDownList	Contact Under Investigation	Contact Under Investigation
				Contact Investigation Completed	Contact Investigation Completed
				Contact Lost to Follow-up	Contact Lost to Follow-up
				Contact Moved (out of jurisdiction)	Contact Moved (out of jurisdiction)
				Contact Turned to Incident	Contact Turned to Incident
				Contact Not Investigated/No Follow-up planned	Contact Not Investigated/No Follow-up planned
Medication Used	RLENT_PROPHYLAXISMEDICATION	If prophylaxis medication used, specify the medication, days used and other pertinent information	FreeText		
E-mail Address	RLENT_EMAIL	Patient's E-mail Address	FreeText		
Electronic Contact Information	RLENT_ELECTRONICCONTACT	Specify any other electronic contact information	FreeText		

Laboratory Information w/Provider & Facility (system)

LABORATORY INFORMATION W/ PROVIDER AND FACILITY (SYSTEM)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY INFORMATION W/ PROVIDER AND FACILITY (SYSTEM)					
Not present on Lab Info (system) tab See Patient tab	Disease	This is the name of the disease being reported.			
Not present on Lab Info (system) tab See Patient tab	IncidentID	The CalREDIE Disease Incident ID that the Lab Report is associated with.	Numeric - auto generated		
Accession number	Accession Number	Reference number assigned by submitting laboratory	Text		
Order results status	This variable is not currently included in the DDP exports.	Order results status	Text		
Specimen collected date	Specimen Collected Date	Date the Lab Specimen was collected	Date (MM/DD/YYYY)		
Specimen received date	Specimen Received Date	Date the Lab Specimen was received	Date (MM/DD/YYYY)		
Not present on Lab Info (system) tab See Case Investigation tab	DtCreate	Date the disease incident associated with the Lab Report was created in the system.	Date (MM/DD/YYYY)		
Not present on Lab Info (system) tab See Case Investigation tab	DtDiagnosis	Date the disease incident associated with the Lab Report was diagnosed by health care provider.	Date (MM/DD/YYYY)		
Not present on Lab Info (system) tab See Case Investigation tab	DtOnset	Date of first onset of symptoms	Date (MM/DD/YYYY)		
Not present on Lab Info (system) tab See Case Investigation tab	DtEpisode	Episode date is calculated by the system as the earliest of the following dates from the disease incident (if the dates exist): Date Received, Date of Diagnosis, Date of Onset, Specimen Collection Date, or Date Created.	Date (MM/DD/YYYY)		

LABORATORY INFORMATION W/ PROVIDER AND FACILITY (SYSTEM)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Specimen source	Specimen Source	Specify the source of the Lab Specimen	Text		
Specimen body site	Specimen Body Site	Specify the body site the Lab Specimen originated from	Text	DDP Export Values are the same as CalREDIE Data Labels	
Local Code*	Local Test Code	Laboratory's local test code *The panel consisting of Local Code, Local Description and Test Coding System will be shown in the Laboratory Information (system) section only if these data are transmitted in the ELR message	Numeric		
Local Description*	Local Test Description	Laboratory's local test description *The panel consisting of Local Code, Local Description and Test Coding System will be shown in the Laboratory Information (system) section only if these data are transmitted in the ELR message	Text		
Test Coding System*	This variable is not currently included in the DDP exports.	Test Coding System *The panel consisting of Local Code, Local Description and Test Coding System will be shown in the Laboratory Information (system) section only if these data are transmitted in the ELR message	Text		
Test code	Test Code	This field is populated with the LOINC test code	Numeric		
Resulted test	Resulted Test	Resulted test	Text		
Test Coding System	This variable is not currently included in the DDP exports.	Test Coding System	Text		
Result	Results	Lab test results	Text		
Units	Units	Unit of observation of the preceding Result field	Text		
Reference range	Reference Range	The reference range of the Result mentioned in the preceding Result field	Text		

LABORATORY INFORMATION W/ PROVIDER AND FACILITY (SYSTEM)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Local Code*	Local Organism Code	Laboratory's local organism code *The panel consisting of Local Code, Local Description and Organism Coding System will be shown in the Laboratory Information (system) section only if these data are transmitted in the ELR message	Numeric		
Local Description*	Local Organism Description	Laboratory's local organism description *The panel consisting of Local Code, Local Description and Organism Coding System will be shown in the Laboratory Information (system) section only if these data are transmitted in the ELR message	FreeText		
Organism Coding System*	This variable is not currently included in the DDP exports.	Organism Coding System *The panel consisting of Local Code, Local Description and Organism Coding System will be shown in the Laboratory Information (system) section only if these data are transmitted in the ELR message	Text		
Organism code	Organism Code	This field is populated with the LOINC organism code	Text		
Resulted organism	Resulted Organism	Resulted organism	Text		
Organism coding system	This variable is not currently included in the DDP exports.	Organism coding system	Text		
Result date	Result Date	Date of Lab results	Date (MM/DD/YYYY)		
Performing facility ID	Performing Facility ID	Performing facility ID	Text		
Abnormal Flag	Abnormal Flag	Abnormal Flag	Text	DDP Export Values are the same as CalREDIE Data Labels	
Observation results status	This variable is not currently included in the DDP exports.	Observation results status	Text		
Provider name	Provider Name	Provider name	Text		
Provider ID	Provider ID	ID of the Ordering Provider	Text		

LABORATORY INFORMATION W/ PROVIDER AND FACILITY (SYSTEM)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Order Call Back Phone	Order Call Back Phone	Provider's call back phone number	Numeric		
Provider address	Provider Address	Provider address	Text		
City	City	Provider City	Text		
State	State	Provider State	Text		
Zip	Zip	Provider Zip	Numeric		
County	Provider County	Provider County	Text		
Provider Fax	Fax	Provider Fax	Numeric		
Order Call Back E-mail	This variable is not currently included in the DDP exports.	Order Call Back E-mail	Text		
Facility name	Facility Name	Name of the Ordering Facility	Text		
Facility ID	Facility Id	ID of the Ordering Facility	Text		
Placer order number	Placer Order No	Placer order number	Numeric		
Facility address	Facility Address	Facility address	Text		
City	Facility City	Facility City	Text		
State	Facility State	Facility State	Text		
Zip	Facility Zip	Facility Zip	Numeric		
County	Facility County	Facility County	Text		
Facility Phone Number	Facility Phone Number	Ordering Facility's phone number	Numeric		
Facility E-mail address	Facility E-mail Address	Facility E-mail address	Text		

LABORATORY INFORMATION W/ PROVIDER AND FACILITY (SYSTEM)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Not present in CalREDIE	Lab Entry Method	Populates “Manual” if data was hand-entered into Lab (system) fields, or “ELR” if Lab (system) fields were populated from a lab report.	This is not an editable field.		This Variable is only available on lab data exports.
Notes	NOTES	Notes	Text		

PHEP-Surveillance

PHEP SURVEILLANCE – BOTULISM / E. COLI, STEC / HEPATITIS A, ACUTE / MEASLES / MENINGOCOCCAL DISEASE / TULAREMIA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
GENERAL DATES/ INFORMATION					
* Disease	PHEPGeneralDisease	Specify the disease/condition that is reported on this form	DropDownList	Botulism	BOT
				E. coli (STEC)	ECOLI
				Hepatitis A (Acute)	HEPA
				Measles	MEAS
				Invasive Meningococcal Disease	MEN
				Tularemia	TUL
* Case Event Date	PHEPGeneralEventDt	Case Event Date Case events mark the occurrence of specific clinical or laboratory activities or milestones that serve as the "start time" against which timeliness of reporting for cases of disease can be calculated. Definitions for Case Event Date: **Botulism:** Date of specimen collection **E. coli, shiga-toxin positive (STEC):** Date of laboratory result **Hepatitis A:** Date of laboratory result **Measles:** Date of specimen collection **Meningococcal Disease (N. meningitides):** Date of specimen collection **Tularemia:** Date of laboratory result	Date (MM/DD/YYYY)		
Date LHD notified	PHEPGeneralFirstNotDt	Date LHD first notified about case	Date (MM/DD/YYYY)		
Time LHD notified	PHEPGeneralFirstNotTime	Time LHD notified about case HH:MM AM/PM	FreeText		

PHEP SURVEILLANCE – BOTULISM / E. COLI, STEC / HEPATITIS A, ACUTE / MEASLES / MENINGOCOCCAL DISEASE / TULAREMIA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LHD first notified by:	PHEPGeneralFirstNotBy	Specify the agency that first notified the LHD	DropDownList	Clinician Lab Other CA Jurisdiction Other State Other	CLIN LAB OTHJUR OTHST OTH
If Other, specify	PHEPGeneralFirstNotOth	If other agency first notified LHD, specify	FreeText		
Control measures	PHEPGeneralImpControl	Did the LHD implement control measures	RadioButtonList	Yes No/not needed Unknown	Y N UNK
Date initiated	PHEPGeneralInitInvDt	Date LHD initiated control measures	Date (MM/DD/YYYY)		
Time initiated	PHEPGeneralInitInvTime Not in Use	This is a historic field that is no longer in use as of June 2013. Time LHD initiated investigation HH:MM AM/PM	FreeText		
Isolation	PHEPGeneralIsolation	Did LHD recommend isolation?	DropDownList	Yes No Unknown Not Applicable	Y N UNK NA
Date recommended	PHEPGeneralIsolationDt	Date isolation recommended	Date (MM/DD/YYYY)		
Contact tracing	PHEPGeneralContactTrac	Did LHD initiate contact tracing?	DropDownList	Yes No Unknown Not Applicable	Y N UNK NA
Date initiated	PHEPGeneralContactTracDt	Date initiated contact tracing	Date (MM/DD/YYYY)		
Vaccine/post-exposure prophylaxis	PHEPGeneralVaccPEP	Did LHD recommend vaccine/post-exposure prophylaxis?	DropDownList	Yes No Unknown Not Applicable	Y N UNK NA

PHEP SURVEILLANCE – BOTULISM / E. COLI, STEC / HEPATITIS A, ACUTE / MEASLES / MENINGOCOCCAL DISEASE / TULAREMIA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Date recommended	PHEPGeneralVaccPEPDt	Date vaccine/PEP recommended	Date (MM/DD/YYYY)		
Educate patient/ contacts	PHEPGeneralEducate	Did LHD educate patient/ contacts?	DropDownList	Yes No Unknown Not Applicable	Y N UNK NA
Date initiated	PHEPGeneralEducateDt	Date initiated education	Date (MM/DD/YYYY)		
Exclusion measures	PHEPGeneralExclusion	Did LHD institute exclusion measures for patient/contact?	DropDownList	Yes No Unknown Not Applicable	Y N UNK NA
Date initiated	PHEPGeneralExclusionDt	Date exclusion measures initiated	Date (MM/DD/YYYY)		
Identify source	PHEPGeneralIdSource	Did LHD identify the source of the infection?	DropDownList	Yes No Unknown Not Applicable	Y N UNK NA
If Yes, specify	PHEPGeneralIdSourceSpecify	If Yes, specify the source	FreeText		
If other, describe	PHEPGeneralOthControl	If other control measures implemented, please describe	FreeText		
Date initiated	PHEPGeneralOthControlDt	Date other control measures initiated	Date (MM/DD/YYYY)		
Comments	PHEPGeneralComments	Comments	Text Box		

STD Health Department Follow-Up - SYPHILIS (CONGENITAL) / CONTACT TO SYPHILIS / SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY) / SYPHILIS STAGE UNKNOWN/REACTOR / SYPHILIS: INITIAL REPORT / CHANCROID / CONTACT TO CHANCROID / LYMPHOGRANULOMA VENEREUM (LGV) / CHLAMYDIA / CHLAMYDIA WITH PELVIC INFLAMMATORY DISEASE (PID) / CONTACT TO CHLAMYDIA / CONTACT TO GONORRHEA / GONORRHEA / GONORRHEA WITH PELVIC INFLAMMATORY DISEASE (PID) / CONTACT TO PELVIC INFLAMMATORY DISEASE (PID) / PELVIC INFLAMMATORY DISEASE (PID) WITH CHLAMYDIA / PELVIC INFLAMMATORY DISEASE (PID) WITH GONORRHEA / PELVIC INFLAMMATORY DISEASE (PID) WITH OTHER/UNKNOWN ETIOLOGY

STD HEALTH DEPARTMENT FOLLOW-UP – SYPHILIS / GONORRHEA / CHLAMYDIA / CHANCROID / PELVIC INFLAMMATORY DISEASE (PID) / LYMPHOGRANULOMA VENEREUM (LGV)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
INVESTIGATION INITIATED					
Date initiated	STDHDFUInvInitInvDt	Date investigation initiated	Date (MM/DD/YYYY)		
Date assigned	STDHDFUInvInitAssDt	Date assigned to investigator	Date (MM/DD/YYYY)		
Initiating agency	STDHDFUInvInitInitAgcy	Document the appropriate county code of the initiating agency	DropDownList	See Appendix F	See Appendix F
Investigating agency	STDHDFUInvInitInvAgcy	If different from Initiating Agency, document the name or code number of health department or other agency conducting the investigation	DropDownList	See Appendix F	See Appendix F
Investigator name	STDHDFUInvInitInvName	LHD Investigator name	System Defined Field Link		

STD HEALTH DEPARTMENT FOLLOW-UP – SYPHILIS / GONORRHEA / CHLAMYDIA / CHANCROID / PELVIC INFLAMMATORY DISEASE (PID) / LYMPHOGRANULOMA VENEREUM (LGV)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
REFERRAL TO HEALTH DEPARTMENT					
Basis for referral	STDHDFURefBas	Document the basis for referral to the health department	DropDownList	P1 – Sex Partner	P1
				P2 – Needlesharing Partner	P2
				P3 – Both Sex and Needle	P3
				S1 – Suspect 1	S1
				S2 – Suspect 2	S2
				S3 – Suspect 3	S3
				A1 – Associate 1	A1
				A2 – Associate 2	A2
				A3 – Associate 3	A3
				PT – Positive Lab Test	PT
				O1 – OOJ Partner	O1
				O2 – OOJ Cluster	O2
				O3 – OOJ Positive Test	O3
				HD – Health Dept Follow-up	HD
				CS – Congenital Syphilis	CS
Possible exposure notifcation	STDHDFURefNot	Document who provided notification of possible exposure	DropDownList	Self disclosure Dual disclosure Anonymous 3rd party notification	S D A
Named as contact	STDHDFURefNamDur	Document when the client was named as a contact	Radio Button list	Original Interview Re-interview	ORIGINT REINT
Original patient interviewer	STDHDFURefOrigInt	Original patient interviewer name	System Defined Field Link		
Internet investigation	STDHDFURefOrigIntInv	Was this client originally initiated as an internet investigation (i.e., screen name and/or email address only provided by the original patient)?	DropDownList	Yes No Unknown	Y N U
First date of exposure	STDHDFURefFirstExpDate	First date of exposure to original patient	FreeText		
Frequency of exposure	STDHDFURefExpFreq	Frequency of exposure	FreeText		
Last date of exposure	STDHDFURefLastExpDate	Last date of exposure to original patient	FreeText		
Patient ID	STDHDFURefOrigPatID	Original patient ID number	FreeText		

STD HEALTH DEPARTMENT FOLLOW-UP – SYPHILIS / GONORRHEA / CHLAMYDIA / CHANCROID / PELVIC INFLAMMATORY DISEASE (PID) / LYMPHOGRANULOMA VENEREUM (LGV)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
INVESTIGATION OUTCOMES					
Disease investigated	STDHDFUInvOutDis1 STDHDFUInvOutDis2 STDHDFUInvOutDis3 STDHDFUInvOutDis4	Select the disease being investigated	DropDownList	100 – Chancroid	100
				200 – Chlamydia	200
				290 – Chlamydial PID	290
				300 – Gonorrhea	300
				350 – Resistant Gonorrhea	350
				390 – Gonococcal PID	390
				400 – Non-Gonococcal Urethritis	400
				450 – Mucopurulent Cervicitis	450
				490 – Pelvic Inflammatory Disease (Unknown Etiology)	490
				500 – Granuloma Inguinale	500
				600 – Lymphogranuloma Venereum	600
				700 – Syphilis Reactor	700
				710 – Primary Syphilis	710
				720 – Secondary Syphilis	720
				730 – Early Latent Syphilis	730
				740 – Latent Syphilis, Unknown Duration	740
				745 – Late Latent Syphilis	745
				750 – Late Syphilis with Symptomatic Manifestations	750
				760 – Neurosyphilis	760
				790 – Congenital Syphilis	790
				800 – Genital Warts	800
				850 – Herpes	850
				900 – HIV	900
				950 – AIDS (Syndrome)	950
Disposition	STDHDFUInvOutDispo1 STDHDFUInvOutDispo2 STDHDFUInvOutDispo3 STDHDFUInvOutDispo4	Document the STD or HIV disposition code from the field record for each Condition(s)	DropDownList	A - Preventive Treatment	A
				B - Refused Preventive Treatment	B
				C - Infected, Brought to Treatment	C
				D - Infected, Not Treated	D
				E - Previously Treated for This Infection	E
				F - Not Infected	F

STD HEALTH DEPARTMENT FOLLOW-UP – SYPHILIS / GONORRHEA / CHLAMYDIA / CHANCROID / PELVIC INFLAMMATORY DISEASE (PID) / LYMPHOGRANULOMA VENEREUM (LGV)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				G - Insufficient Information to Begin Investigation	G
				H - Unable to Locate	H
				J - Located/Notified, Refused Examination	J
				K - Out of Jurisdiction	K
				L - Other	L
				M - Notified of Exposure, Agrees to Seek Testing/Medical Eval, Results/Rx Unknown	M
				N - Notified of Exposure, Agrees to Seek Testing/Medical Eval, Results/Rx Self-Reported	N
				O - Incidental Treatment	O
				Q - Initial Contact Made, but no Health Information Shared (Unable to Notify)	Q
				S - Email Rejected (Bounce - back)	S
				T - Returned to Treatment	T
				1 - Previous Positive	1
				2 - Previous Negative, New Positive	2
				3 - Previous Negative - Still Negative	3
				4 - Previous Negative, Not Re - tested	4
				5 - Not Previously Tested, New Positive	5
				6 - Not Previously Tested, New Negative	6
				7 - Not Previously Tested, Not Tested Now	7
				8 - Test History Unknown, New Positive	8
				9 - Test History Unknown, New Negative	9
				10 - Test History Unknown, Not Tested Now	10

STD HEALTH DEPARTMENT FOLLOW-UP – SYPHILIS / GONORRHEA / CHLAMYDIA / CHANCROID / PELVIC INFLAMMATORY DISEASE (PID) / LYMPHOGRANULOMA VENEREUM (LGV)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Disposition date	STDHDFUInvOutDispoDt1 STDHDFUInvOutDispoDt2 STDHDFUInvOutDispoDt3 STDHDFUInvOutDispoDt4	Specify disposition date	Date (MM/DD/YYYY)		
Diagnosis	STDHDFUInvOutDiag1 STDHDFUInvOutDiag2 STDHDFUInvOutDiag3 STDHDFUInvOutDiag4	What was the patient's diagnosis?	DropDownList	100 – Chancroid	100
				200 – Chlamydia	200
				290 – Chlamydial PID	290
				300 – Gonorrhea	300
				350 – Resistant Gonorrhea	350
				390 – Gonococcal PID	390
				400 – Non-Gonococcal Urethritis	400
				450 – Mucopurulent Cervicitis	450
				490 – Pelvic Inflammatory Disease (Unknown Etiology)	490
				500 – Granuloma Inguinale	500
				600 – Lymphogranuloma Venereum	600
				700 – Syphilis Reactor	700
				710 – Primary Syphilis	710
				720 – Secondary Syphilis	720
				730 – Early Latent Syphilis	730
				740 – Latent Syphilis, Unknown Duration	740
				745 – Late Latent Syphilis	745
				750 – Late Syphilis with Symptomatic Manifestations	750
				760 – Neurosyphilis	760
				790 – Congenital Syphilis	790
				800 – Genital Warts	800
				850 – Herpes	850
				900 – HIV	900
				950 – AIDS (Syndrome)	950
HIV TEST & LINKAGE TO CARE					
HIV status known	STDHDFUHIVPatKnow	HIV TEST HISTORY: Did patient know their HIV status prior to this STD diagnosis?	DropDownList	Yes, positive Yes, negative No Refused	P N D R

STD HEALTH DEPARTMENT FOLLOW-UP – SYPHILIS / GONORRHEA / CHLAMYDIA / CHANCROID / PELVIC INFLAMMATORY DISEASE (PID) / LYMPHOGRANULOMA VENEREUM (LGV)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Never Tested	STDHDFUHIVPatKnowNever	HIV TEST HISTORY: Indicate if the patient was never tested for HIV	CheckBox	Checked Unchecked	Y (blank)
Month of diagnosis	STDHDFUHIVPosMo	HIV TEST HISTORY: If HIV test was positive, specify the month of diagnosis	DropDownList	January	1
				February	2
				March	3
				April	4
				May	5
				June	6
				July	7
				August	8
				September	9
				October	10
				November	11
				December	12
				Unknown	99
Year of diagnosis	STDHDFUHIVPosMoYr	HIV TEST HISTORY: If HIV test was positive, specify the year of diagnosis	Free Text		
Month of most recent test	STDHDFUHIVNotPosMo	HIV TEST HISTORY: If HIV test was not positive, specify the month of most recent HIV test	DropDownList	January	1
				February	2
				March	3
				April	4
				May	5
				June	6
				July	7
				August	8
				September	9
				October	10
				November	11
				December	12
				Unknown	99
Year of most recent test	STDHDFUHIVNotPosMoYr	HIV TEST HISTORY: If HIV test was not positive, specify the year of most recent HIV test	Free Text		
Current HIV test	STDHDFUHIVCurDt	CURRENT HIV TEST: Specify the date of current HIV test	Date (MM/DD/YYYY)		

STD HEALTH DEPARTMENT FOLLOW-UP – SYPHILIS / GONORRHEA / CHLAMYDIA / CHANCROID / PELVIC INFLAMMATORY DISEASE (PID) / LYMPHOGRANULOMA VENEREUM (LGV)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Result	STDHDFUHIVCurRslt	CURRENT HIV TEST: Select result of HIV test	DropDownList	Positive Negative Don't know Refused	P N D R
No current test	STDHDFUHIVCurNo	CURRENT HIV TEST: Document if no current test was done	CheckBox	Checked Unchecked	Y (blank)
Pre-exposure prophylaxis	STDHDFUHIVPreExpProp	Indicate whether this patient is receiving pre-exposure prophylaxis to reduce HIV risk	DropDownList	Yes No Refused	Y N R
Status of HIV care	STDHDFUHIVCare	LINKAGE TO CARE: Status of the patient's HIV care	DropDownList	Already in Care Previously in Care Never in Care Refused	A P N R
Patient linked to care	STDHDFUHIVCareLinked	LINKAGE TO CARE: If not already in care, was the patient linked to care?	DropDownList	Yes No Refused referral	Y N R
HIV care facility	STDHDFUHIVCareFac	LINKAGE TO CARE: Facility where the patient is receiving HIV care	System Defined Field Link		
First HIV care visit	STDHDFUHIVCareFirstVisitDt	LINKAGE TO CARE: As confirmation for patient's link to care, specify date of first HIV care visit following STD diagnosis	Date (MM/DD/YYYY)		
First lab test	STDHDFUHIVCareFirstLabDt	LINKAGE TO CARE: As confirmation for patient's link to care, specify date of first lab test for CD4/viral load	Date (MM/DD/YYYY)		
Receiving ART	STDHDFUHIVCareART	LINKAGE TO CARE: Is the patient receiving ART medicines to treat HIV infection?	DropDownList	Yes No Refused	Y N Refused
INVESTIGATION CLOSED					
Date closed	STDHDFUInvClosedDt	Date investigation closed	Date (MM/DD/YYYY)		

STD Field Record

STD FIELD RECORD – CHANCROID / CHLAMYDIA / CONTACT TO CHANCROID / CONTACT TO CHLAMYDIA / CONTACT TO GONORRHEA / CONTACT TO PID / GONORRHEA / PID WITH CHLAMYDIA / PID WITH GONORRHEA / PID WITH OTHER/UNKNOWN EPTIOLOGY / GONORRHEA WITH PID / CHLAMYDIA WITH PID / ALL STAGES OF SYPHILIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
FIELD RECORD INITIATED					
Initiating field record	STDFRINITIATEDFRINIT	Check this box if initiating the field record	CheckBox	Check this box if initiating the field record	FRINIT
DEMOGRAPHICS					
Incarcerated	STDFRDEMOGRAPHICINCARC	Was patient incarcerated at the time of disease report/diagnosis?	CheckBox	Unchecked Checked	(blank) Y
Homeless	STDFRDEMOGRAPHICHOMELESS	Was the patient homeless at the time of disease report/diagnosis?	CheckBox	Unchecked Checked	(blank) Y
Height	STDFRDEMOGRAPHICHEIGHT	Document the approximate or specific height of the patient	FreeText		
Size/Build	STDFRDEMOGRAPHICSIZE	Document approximate or specific weight or body type of the patient	FreeText		
Hair	STDFRDEMOGRAPHICHAIR	Document the description of the patient's hair, including color, length, and/or style as needed	FreeText		
Complexion	STDFRDEMOGRAPHICCOMPLEXION	Document the approximate or specific skin tone/hue of the patient	FreeText		
Place of Employment	STDFRDEMOGRAPHICEMPLOYPLACE	Document as specifically as possible the details of the patient's current employment situation, including where, hours worked, location, etc. (or Name of Institution if incarcerated)	FreeText		
Hours	STDFRDEMOGRAPHICEMPLOYHOUR	What were the patient's work hours at time of disease report/diagnosis?	FreeText		
EXPOSURE					
First Date	STDFREXPFIRSTDT	Document the date of the first sexual/needle-sharing exposure to the Index patient	FreeText		

STD FIELD RECORD – CHANCROID / CHLAMYDIA / CONTACT TO CHANCROID / CONTACT TO CHLAMYDIA / CONTACT TO GONORRHEA / CONTACT TO PID / GONORRHEA / PID WITH CHLAMYDIA / PID WITH GONORRHEA / PID WITH OTHER/UNKNOWN EPTIOLOGY / GONORRHEA WITH PID / CHLAMYDIA WITH PID / ALL STAGES OF SYPHILIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Frequency	STDFREXPFREQ	Document the frequency (number) of sexual/needle-sharing exposure(s) to the Index patient between the first and last (most recent) exposure(s)	FreeText		
Last Date	STDFREXPLASTDT	Document the date of the last (most recent) sexual/needle-sharing exposure	FreeText		
Original Patient ID #	STDFREXPCONTROLNO	Document the control number, medical record number, case number, or other locally assigned identifiers	FreeText		
Source	STDFREXPIDSOURCE	Indicate the source of the Original Patient ID Number	DropDownList	CalREDIE ID Syphilis IR CIF ARIES HERR OC FR	CRID SIR CIF ARIES HERR OC FR
Initiating Agency	STDFREXPINITAG	Document the appropriate FIPS county code of the initiating agency	DropDownList	See Appendix F	See Appendix F
Investigating Agency	STDFREXPINVESTAG	If different from Initiating Agency, document name or code number of health department or other agency conducting the investigation	DropDownList	See Appendix F	See Appendix F
Clinic Code	STDFREXPCLICODE	If applicable, enter specific clinic code identifying the initiating clinic	FreeText		
Other Identifying, Locating or Medical Information	STDFREXPOTHINFO	Document any additional demographic information This variable may not be present in the DDP exports for all stages of Syphilis.	Text Box		
REFERRAL BASIS					

STD FIELD RECORD – CHANCROID / CHLAMYDIA / CONTACT TO CHANCROID / CONTACT TO CHLAMYDIA / CONTACT TO GONORRHEA / CONTACT TO PID / GONORRHEA / PID WITH CHLAMYDIA / PID WITH GONORRHEA / PID WITH OTHER/UNKNOWN EPTIOLOGY / GONORRHEA WITH PID / CHLAMYDIA WITH PID / ALL STAGES OF SYPHILIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Referral Basis code	STDFRREFBASISREFERRAL	Document the reason (referral basis) why the patient is being followed up in the field	DropDownList	P1 - Sex Partner	P1
				P2 - Needlesharing Partner	P2
				P3 - Both Sex and Needle	P3
				S1 - Suspect 1	S1
				S2 - Suspect 2	S2
				S3 - Suspect 3	S3
				A1 - Associate 1	A1
				A2 - Associate 2	A2
				A3 - Associate 3	A3
				PT - Positive Lab Test	PT
				O1 - OOJ Partner	O1
				O2 - OOJ Cluster	O2
				O3 - OOJ Positive Test	O3
				HD - Health Department Follow-up	HD
				CS - Congenital Syphilis	CS
DISEASE					
Disease Code	STDFRDISEASEDISEASE1 STDFRDISEASEDISEASE2 STDFRDISEASEDISEASE3 STDFRDISEASEDISEASE4	Code(s) for the STD diagnosis(es)	DropDownList	100 - Chancroid	100
				200 - Chlamydia	200
				290 - Chlamydial PID	290
				300 - Gonorrhea	300
				350 - Resistant Gonorrhea	350
				390 - Gonococcal PID	390
				400 - Non-Gonococcal Urethritis	400
				450 - Mucopurulent Cervicitis	450
				490 - Pelvic Inflammatory Disease (Unknown Etiology)	490
				500 - Granuloma Inguinale	500
				600 - Lymphogranuloma Venereum	600
				700 - Syphilis Reactor	700
				710 - Primary Syphilis	710
				720 - Secondary Syphilis	720
				730 - Early Latent Syphilis	730
				740 - Latent Syphilis, Unknown Duration	740

STD FIELD RECORD – CHANCROID / CHLAMYDIA / CONTACT TO CHANCROID / CONTACT TO CHLAMYDIA / CONTACT TO GONORRHEA / CONTACT TO PID / GONORRHEA / PID WITH CHLAMYDIA / PID WITH GONORRHEA / PID WITH OTHER/UNKNOWN EPTIOLOGY / GONORRHEA WITH PID / CHLAMYDIA WITH PID / ALL STAGES OF SYPHILIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				745 - Late Latent Syphilis	745
				750 - Late Syphilis with Symptomatic Manifestations	750
				760 - Neurosyphilis	760
				790 - Congenital Syphilis	790
				800 - Genital Warts	800
				850 - Herpes	850
				900 - HIV	900
				950 - AIDS (Syndrome)	950
Interviewer Number	STDFRDISEASEINTNO1 STDFRDISEASEINTNO2 STDFRDISEASEINTNO3 STDFRDISEASEINTNO4	Enter the number of the DIS who initiated the Field Record for follow-up	FreeText		
Disposition	STDFRDISEASEDISPO1 STDFRDISEASEDISPO2 STDFRDISEASEDISPO3 STDFRDISEASEDISPO4	Document the STD or HIV disposition code from the field record for each Condition(s)	DropDownList	A - Preventive Treatment	A
				B - Refused Preventive Treatment	B
				C - Infected, Brought to Treatment	C
				D - Infected, Not Treated	D
				E - Previously Treated for This Infection	E
				F - Not Infected	F
				G - Insufficient Information to Begin Investigation	G
				H - Unable to Locate	H
				J - Located/Notified, Refused Examination	J
				K - Out of Jurisdiction	K
				L - Other	L
				M - Notified of Exposure, Agrees to Seek Testing/Medical Eval, Results/Rx Unknown	M
				N - Notified of Exposure, Agrees to Seek Testing/Medical Eval, Results/Rx Self-Reported	N
				O - Incidental Treatment	O
				Q - Initial Contact Made, but no Health Information Shared (Unable to Notify)	Q
				S - Email Rejected (Bounce-back)	S
				T - Returned to Treatment	T
				1 - Previous Positive	1

STD FIELD RECORD – CHANCROID / CHLAMYDIA / CONTACT TO CHANCROID / CONTACT TO CHLAMYDIA / CONTACT TO GONORRHEA / CONTACT TO PID / GONORRHEA / PID WITH CHLAMYDIA / PID WITH GONORRHEA / PID WITH OTHER/UNKNOWN EPTIOLOGY / GONORRHEA WITH PID / CHLAMYDIA WITH PID / ALL STAGES OF SYPHILIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				2 - Previous Negative, New Positive	2
				3 - Previous Negative, Still Negative	3
				4 - Previous Negative, Not Re-tested	4
				5 - Not Previously Tested, New Positive	5
				6 - Not Previously Tested, New Negative	6
				7 - Not Previously Tested, Not Tested Now	7
				8 - Test History Unknown, New Positive	8
				9 - Test History Unknown, New Negative	9
				10 - Test History Unknown, Not Tested Now	10
Date Initiated	STDFRDISEASEDATEINIT1 STDFRDISEASEDATEINIT2 STDFRDISEASEDATEINIT3 STDFRDISEASEDATEINIT4	Enter the date this individual is initiated for DIS follow-up	Date (MM/DD/YYYY)		
Dispo. Date	STDFRDISEASEDATEDISPO1 STDFRDISEASEDATEDISPO2 STDFRDISEASEDATEDISPO3 STDFRDISEASEDATEDISPO4	Use the appropriate date as it relates to the following examination or treatment situation	Date (MM/DD/YYYY)		
Type Interview	STDFRDISEASETYPEIX1 STDFRDISEASETYPEIX2 STDFRDISEASETYPEIX3 STDFRDISEASETYPEIX4	Enter code for type of interview that provided sufficient information in order to initiate Field Record. If Field Record is not for a partner/ cluster investigation, leave blank	DropDownList	O - Original Interview R - Reinterview C - Cluster Interview P - Posttest Counseling U - Unable to Interview	O R C P U
Diagnosis	STDFRDISEASEDIAGNOSIS1 STDFRDISEASEDIAGNOSIS2 STDFRDISEASEDIAGNOSIS3 STDFRDISEASEDIAGNOSIS4	If partner/cluster is dispositioned as infected, whether previously or currently, document the diagnosis	DropDownList	100 - Chancroid	100
				200 - Chlamydia	200
				290 - Chlamydial PID	290
				300 - Gonorrhea	300
				350 - Resistant Gonorrhea	350
				390 - Gonococcal PID	390
				400 - Non-Gonococcal Urethritis	400
				450 - Mucopurulent Cervicitis	450
				490 - Pelvic Inflammatory Disease (Unknown Etiology)	490

STD FIELD RECORD – CHANCROID / CHLAMYDIA / CONTACT TO CHANCROID / CONTACT TO CHLAMYDIA / CONTACT TO GONORRHEA / CONTACT TO PID / GONORRHEA / PID WITH CHLAMYDIA / PID WITH GONORRHEA / PID WITH OTHER/UNKNOWN EPTIOLOGY / GONORRHEA WITH PID / CHLAMYDIA WITH PID / ALL STAGES OF SYPHILIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				500 - Granuloma Inguinale	500
				600 - Lymphogranuloma Venereum	600
				700 - Syphilis Reactor	700
				710 - Primary Syphilis	710
				720 - Secondary Syphilis	720
				730 - Early Latent Syphilis	730
				740 - Latent Syphilis, Unk Duration	740
				745 - Late Latent Syphilis	745
				750 - Late Syphilis with Symptomatic Manifestations	750
				760 - Neurosyphilis	760
				790 - Congenital Syphilis	790
				800 - Genital Warts	800
				850 - Herpes	850
				900 - HIV	900
				950 - AIDS (Syndrome)	950
Type Referral	STDFRDISEASETYPEREF1 STDFRDISEASETYPEREF2 STDFRDISEASETYPEREF3 STDFRDISEASETYPEREF4	(For partner/clusters only) Describe how initiated contacts, social contacts, and associates are brought to examination, treatment, and/or notified of contacts, and associates are brought to examination, treatment, and/or notified of exposure. This documentation will take place at the time of the disposition (closure) of the field record. Document the type of referral for each condition	DropDownList	1 - Patient 2 - DIS / Provider 3 - Internet	1 2 3
Neurologic involvement?	STDFRDISEASENEURO1 STDFRDISEASENEURO2 STDFRDISEASENEURO3 STDFRDISEASENEURO4	Neurologic involvement? (syphilis diagnosis only)	DropDownList	Yes No Unknown	Y N U
New Case #	STDFRDISEASENEWCASE1 STDFRDISEASENEWCASE2 STDFRDISEASENEWCASE3 STDFRDISEASENEWCASE4	If applicable, enter the new case number for patient. The case numbering system is a local area issue	FreeText		
				1 - Already in care	1

STD FIELD RECORD – CHANCROID / CHLAMYDIA / CONTACT TO CHANCROID / CONTACT TO CHLAMYDIA / CONTACT TO GONORRHEA / CONTACT TO PID / GONORRHEA / PID WITH CHLAMYDIA / PID WITH GONORRHEA / PID WITH OTHER/UNKNOWN EPTIOLOGY / GONORRHEA WITH PID / CHLAMYDIA WITH PID / ALL STAGES OF SYPHILIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Referred to care?	STDFRDISEASEREFCARE1 STDFRDISEASEREFCARE2 STDFRDISEASEREFCARE3 STDFRDISEASEREFCARE4	Referred to care? (dispositions 1, 2, 5, 8 only)	DropDownList	2 - Referred to care, confirmed 3 - Referred to care, unconfirmed 4 - Declined referral 5 - Information not available	2 3 4 5
Date Assigned	STDFRDISEASEASSIGNDT1 STDFRDISEASEASSIGNDT2 STDFRDISEASEASSIGNDT3 STDFRDISEASEASSIGNDT4	Date Assigned	Date (MM/DD/YYYY)		
Worker Number	STDFRDISEASEWORKER1 STDFRDISEASEWORKER2 STDFRDISEASEWORKER3 STDFRDISEASEWORKER4	Enter the number of the worker who performed this investigation (brought field record to final disposition)	FreeText		
Post-test Counseled?	STDFRDISEASECOUNSELED1 STDFRDISEASECOUNSELED2 STDFRDISEASECOUNSELED3 STDFRDISEASECOUNSELED4	If the disease investigated is HIV, determine whether or not partner or cluster was counseled (yes/no).	RadioButtonList	Yes No	Y N
Date Closed	STDFRDISEASEDATECLOSED1 STDFRDISEASEDATECLOSED2 STDFRDISEASEDATECLOSED3 STDFRDISEASEDATECLOSED4	Date Closed	Date (MM/DD/YYYY)		
FR NUMBER/OOJ					
Local use FR number	STDFRNUMOOJFRNO	This is a pre-printed or system-generated number which may be entered on the Interview Record in the FR Num. section	FreeText		
OOJ No	STDFRNUMOOJOOJNO	Enter the new Field Record Number that will be used in the receiving area if this is sent to another jurisdiction for completion	FreeText		
OOJ Area	STDFRNUMOOJOOJAREA	Enter the name of the area where the out-of jurisdiction Field Record is sent	FreeText		

STD FIELD RECORD – CHANCROID / CHLAMYDIA / CONTACT TO CHANCROID / CONTACT TO CHLAMYDIA / CONTACT TO GONORRHEA / CONTACT TO PID / GONORRHEA / PID WITH CHLAMYDIA / PID WITH GONORRHEA / PID WITH OTHER/UNKNOWN EPTIOLOGY / GONORRHEA WITH PID / CHLAMYDIA WITH PID / ALL STAGES OF SYPHILIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Due Date	STDFRNUMOOJDUEDT	Enter the expected date for the completion of the investigation by the receiving area (generally 2 weeks)	Date (MM/DD/YYYY)		
WORKER NOTES					
Comments	STDFRWORKNOTESNOTES	Comments This variable may not be present in the DDP exports for all stages of Syphilis.	Text Box		

Anaplasmosis

See User Defined Form sections (Clinical, Laboratory and Epidemiologic) under the Rickettsial Group entry

Anthrax

CLINICAL INFO – ANTHRAX					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
SIGNS AND SYMPTOMS					
Symptomatic?	ANTHRAXCLICRSIGNSXSYPMTOMATIC	Did the patient have symptoms of anthrax?	DropDownList	Yes No Unknown	Y N U
Onset date	ANTHRAXCLICRSIGNSXONSETDT	Onset date of clinical symptoms of anthrax	System Defined Field Link		
Date sought medical care	ANTHRAXCLICRSIGNSXSGTMEDCAREDT	Date first sought medical care for symptoms	Date (MM/DD/YYYY)		
Skin lesion / eschar	ANTHRAXCLICRSIGNSXSKINLESION	Did the patient have any skin lesions or eschar?	DropDownList	Yes No Unknown	Y N U
Specify sites	ANTHRAXCLICRSIGNSXSKINLESIONSITES	If Yes, specify sites on the body where lesions were present	FreeText		
Hypoxia	ANTHRAXCLICRSIGNSXHYPOXIA	Did patient have hypoxia?	DropDownList	Yes No Unknown	Y N U
Dyspnea	ANTHRAXCLICRSIGNSXDYSPNEA	Did patient have dyspnea?	DropDownList	Yes No Unknown	Y N U
Abnormal chest x-ray	ANTHRAXCLICRSIGNSXXRAY	Did patient have an abnormal chest x-ray?	DropDownList	Yes No Unknown	Y N U
Gastrointestinal symptoms	ANTHRAXCLICRSIGNSXGASTRO	Did patient experience gastrointestinal symptoms?	DropDownList	Yes No Unknown	Y N U
Fever	ANTHRAXCLICRSIGNSXFEVER	Did patient have a fever?	DropDownList	Yes No Unknown	Y N U
Highest temperature	ANTHRAXCLICRSIGNSXFEVERHIGHTEMP	If Yes, highest temperature (specify F/C)	FreeText		

CLINICAL INFO – ANTHRAX					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Septicemia	ANTHRAXCLICRSIGNSXSEPTICEMIA	Did patient experience septicemia?	DropDownList	Yes No Unknown	Y N U
Mucosal lesion	ANTHRAXCLICRSIGNSXMUCOSLESION	Was a mucosal lesion present?	DropDownList	Yes No Unknown	Y N U
Specify sites	ANTHRAXCLICRSIGNSXMUCOSLESIONSITE	If Yes, specify sites on the body where lesions were present	FreeText		
Cervical adenopathy	ANTHRAXCLICRSIGNSXCERVADENO	Did patient have cervical adenopathy?	DropDownList	Yes No Unknown	Y N U
Other	ANTHRAXCLICRSIGNSXOTH	Did patient have any other symptoms or signs of anthrax?	DropDownList	Yes No Unknown	Y N U
If Other, specify	ANTHRAXCLICRSIGNSXOTHSPFY	If Other, Specify	FreeText		
HOSPITALIZATION					
Patient visit ER?	HOSPER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U
Was patient hospitalized?	HOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
Total hospital nights	HOSPDAYSHOSP	If Yes, how many total hospital nights?	FreeText		
HOSPITALIZATION – DETAILS					
Hospital name	HOSPDTLNAME1 HOSPDTLNAME2 HOSPDTLNAME3	Name of facility where patient was hospitalized	FreeText		
Street address	HOSPDTLADDRESS1 HOSPDTLADDRESS2 HOSPDTLADDRESS3	Street address of hospital	FreeText		
City	HOSPDTLCITY1 HOSPDTLCITY2 HOSPDTLCITY3	City where hospital located	FreeText		

CLINICAL INFO – ANTHRAX					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
State	HOSPDTLSTATE1 HOSPDTLSTATE2 HOSPDTLSTATE3	State	FreeText		
Zip code	HOSPDTLZIPCODE1 HOSPDTLZIPCODE2 HOSPDTLZIPCODE3	Zip code	FreeText		
Telephone	HOSPDTLPHONE1 HOSPDTLPHONE2 HOSPDTLPHONE3	Telephone number for hospital	FreeText		
Admit date	HOSPDTLADMITDT1 HOSPDTLADMITDT2 HOSPDTLADMITDT3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPDTLDISCHDT1 HOSPDTLDISCHDT2 HOSPDTLDISCHDT3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		
Medical record number	HOSPDTLMRN1 HOSPDTLMRN2 HOSPDTLMRN3	Medical record number for patient	FreeText		
Discharge diagnosis	HOSPDTLDISCHDX1 HOSPDTLDISCHDX2 HOSPDTLDISCHDX3	What was the patient's final diagnosis at the time of discharge?	FreeText		
TREATMENT/MANAGEMENT					
Received treatment?	TXMGTTREATMENT	Did the patient receive treatment for anthrax?	DropDownList	Yes No Unknown	Y N U
TREATMENT/MANAGMENT – DETAILS					
Treatment type	ANTHRAXCLICRTXMGTDTLTXTYPE1 ANTHRAXCLICRTXMGTDTLTXTYPE2 ANTHRAXCLICRTXMGTDTLTXTYPE3	What was the general treatment type?	DropDownList	Antibiotic Vaccination Other	ABX VAC OTH
Treatment name	ANTHRAXCLICRTXMGTDTLTXNAME1 ANTHRAXCLICRTXMGTDTLTXNAME2 ANTHRAXCLICRTXMGTDTLTXNAME3	What was the specific name of the treatment?	FreeText		
Date started	ANTHRAXCLICRTXMGTDTLSTARTDT1 ANTHRAXCLICRTXMGTDTLSTARTDT2 ANTHRAXCLICRTXMGTDTLSTARTDT3	Date treatment started	Date (MM/DD/YYYY)		

CLINICAL INFO – ANTHRAX					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Date ended	ANTHRAXCLICRTXMGTDTLENDDT1 ANTHRAXCLICRTXMGTDTLENDDT2 ANTHRAXCLICRTXMGTDTLENDDT3	Date treatment ended	Date (MM/DD/YYYY)		
IMAGING SUMMARY					
Anatomic site	IMGSUMSHORTANATOMICSITE	If imaging study was done, what anatomic site was imaged?	FreeText		
Date	IMGSUMSHORTDT	Date of imaging study?	Date (MM/DD/YYYY)		
Type of imaging	IMGSUMSHORTIMGTYPE_1 IMGSUMSHORTIMGTYPE_2 IMGSUMSHORTIMGTYPE_3 IMGSUMSHORTIMGTYPE_4	Specific type of imaging or radiographic study	CheckBoxList (more than one choice is possible)	X-Ray CT MRI Other	XRAY CT MRI OTH
If Other, specify	IMGSUMSHORTIMGTYPESPFY	If Other, specify	FreeText		
Result	IMGSUMSHORTRSLT	What was the result of the radiographic or imaging study?	FreeText		
Interpretation	IMGSUMSHORTINTERPRET	What was the interpretation of the radiographic or imaging study?	FreeText		
Facility name	IMGSUMSHORTNAME	What is the facility name where the imaging study was conducted?	FreeText		
Telephone	IMGSUMSHORTPHONE	Telephone number for the imaging facility	FreeText		
OUTCOME					
Outcome?	OUTCOMEOUTCOME	What was the clinical outcome for this case?	DropDownList	Survived Died Unknown	S D U
Survived as of	OUTCOMESURVIVEDT	If patient survived, what was the date patient was known to still be living?	Date (MM/DD/YYYY)		
Date of death	OUTCOMEDEATHDT	If patient died, what was the date of death?	System Defined Field Link		

LABORATORY INFO – ANTHRAX					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY RESULTS AND SUMMARY					
Specimen type	ANTHRAXLABCRLABRSLTSUMSPECTYPE1 ANTHRAXLABCRLABRSLTSUMSPECTYPE2 ANTHRAXLABCRLABRSLTSUMSPECTYPE3	What type of specimen was submitted for testing?	DropDownList	Blood	BLD
				Swab of Vesicle fluid	VESFLSWAB
				Vesicle fluid	VESFL
				Eschar biopsy	ESCHBIOP
				Stool	STOOL
				Rectal swab	RECTSWAB
				Culture isolate	CULT
				Serum (acute)	SERAC
				Serum (convalescent)	SERCONV
				Other	OTH
Other specimen, specify	ANTHRAXLABCRLABRSLTSUMSPECTYPESPFY1 ANTHRAXLABCRLABRSLTSUMSPECTYPESPFY2 ANTHRAXLABCRLABRSLTSUMSPECTYPESPFY3	If Other specimen type was submitted, please specify the type of specimen	FreeText		
Type of test	ANTHRAXLABCRLABRSLTSUMTSTTYPE 1 ANTHRAXLABCRLABRSLTSUMTSTTYPE 2 ANTHRAXLABCRLABRSLTSUMTSTTYPE 3	Type of laboratory test performed	DropDownList	Culture	CULT
				Direct stain	DS
				PCR	PCR
				Immunohistochemistry (IHC)	IHC
				Culture and specific tests	CULTSPECTST
				Immunetics QuickELISA Anthrax PA	QUICKELISA
				CDC ELISA	CDCELISA
Direct stain, specify type	ANTHRAXLABCRLABRSLTSUMSTAINTYPE1 ANTHRAXLABCRLABRSLTSUMSTAINTYPE2 ANTHRAXLABCRLABRSLTSUMSTAINTYPE3	If Direct stain, specify type	FreeText		
Bacillus species	ANTHRAXLABCRLABRSLTSUMSPECIES1 ANTHRAXLABCRLABRSLTSUMSPECIES2 ANTHRAXLABCRLABRSLTSUMSPECIES3	Bacillus species	DropDownList	Bacillus species r/o anthracis	RULEOUT
				Bacillus anthracis	BACANTH
				B. anthracis PA	BACANTHPA
				Other	OTH
If Other, specify	ANTHRAXLABCRLABRSLTSUMSPECIESSPFY 1 ANTHRAXLABCRLABRSLTSUMSPECIESSPFY 2 ANTHRAXLABCRLABRSLTSUMSPECIESSPFY 3	If Other species, please specify	FreeText		

LABORATORY INFO – ANTHRAX					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Results	ANTHRAXLABCRLABRSLTSUMRSLT1 ANTHRAXLABCRLABRSLTSUMRSLT2 ANTHRAXLABCRLABRSLTSUMRSLT3	What were the results of the laboratory testing?	FreeText		
Interpretation	ANTHRAXLABCRLABRSLTSUMINTERPRET1 ANTHRAXLABCRLABRSLTSUMINTERPRET2 ANTHRAXLABCRLABRSLTSUMINTERPRET3	What was the interpretation of the lab test?	DropDownList	Suspected Confirmed Ruled out Positive Negative Equivocal	SUSP CONF RULEOUT POS NEG EQU
Collection date	ANTHRAXLABCRLABRSLTSUMDT1 ANTHRAXLABCRLABRSLTSUMDT2 ANTHRAXLABCRLABRSLTSUMDT3	Date lab specimen was collected	Date (MM/DD/YYYY)		
Laboratory name	ANTHRAXLABCRLABRSLTSUMLABNAME 1 ANTHRAXLABCRLABRSLTSUMLABNAME 2 ANTHRAXLABCRLABRSLTSUMLABNAME 3	Name of lab where testing was performed	FreeText		
Telephone	ANTHRAXLABCRLABRSLTSUMLABPHONE1 ANTHRAXLABCRLABRSLTSUMLABPHONE2 ANTHRAXLABCRLABRSLTSUMLABPHONE3	Telephone number of lab	FreeText		

EPIDEMIOLOGIC INFO – ANTHRAX					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
EXPOSURES/RISK FACTORS – ANIMAL CONTACT					
Bovine	ANTHRAXEPICREXPRISKANIMLBOVINE1 ANTHRAXEPICREXPRISKANIMLBOVINE2 ANTHRAXEPICREXPRISKANIMLBOVINE3	Did the patient come into contact with any bovine animals or cows during the incubation period?	DropDownList	Yes No Unknown	Y N U
Condition of animal	ANTHRAXEPICREXPRISKANIMLBOVINESPFYCOND1 ANTHRAXEPICREXPRISKANIMLBOVINESPFYCOND2 ANTHRAXEPICREXPRISKANIMLBOVINESPFYCOND3	If yes, specify the condition of the animal	DropDownList	Ill Dead Healthy	I D H
Veterinary diagnosis	ANTHRAXEPICREXPRISKANIMLBOVINESPFYDX1 ANTHRAXEPICREXPRISKANIMLBOVINESPFYDX2 ANTHRAXEPICREXPRISKANIMLBOVINESPFYDX3	Veterinary diagnosis if made	FreeText		

EPIDEMIOLOGIC INFO – ANTHRAX					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Geographic location of exposure	ANTHRAXEPICREXPRISKANIMLBOVINESPFYLOC1 ANTHRAXEPICREXPRISKANIMLBOVINESPFYLOC2 ANTHRAXEPICREXPRISKANIMLBOVINESPFYLOC3	Geographic location of exposure to the animal	FreeText		
Date	ANTHRAXEPICREXPRISKANIMLBOVINESPFYDT1 ANTHRAXEPICREXPRISKANIMLBOVINESPFYDT2 ANTHRAXEPICREXPRISKANIMLBOVINESPFYDT3	Date of exposure	Date (MM/DD/YYYY)		
Sheep	ANTHRAXEPICREXPRISKANIMLSHEEP1 ANTHRAXEPICREXPRISKANIMLSHEEP2 ANTHRAXEPICREXPRISKANIMLSHEEP3	Did the patient come into contact with any sheep during the incubation period?	DropDownList	Yes No Unknown	Y N U
Condition of animal	ANTHRAXEPICREXPRISKANIMLSHEEPSPFYCOND1 ANTHRAXEPICREXPRISKANIMLSHEEPSPFYCOND2 ANTHRAXEPICREXPRISKANIMLSHEEPSPFYCOND3	If yes, specify the condition of the animal	DropDownList	Ill Dead Healthy	I D H
Veterinary diagnosis	ANTHRAXEPICREXPRISKANIMLSHEEPSPFYDX1 ANTHRAXEPICREXPRISKANIMLSHEEPSPFYDX2 ANTHRAXEPICREXPRISKANIMLSHEEPSPFYDX3	Veterinary diagnosis if made	FreeText		
Geographic location of exposure	ANTHRAXEPICREXPRISKANIMLSHEEPSPFYLOC1 ANTHRAXEPICREXPRISKANIMLSHEEPSPFYLOC2 ANTHRAXEPICREXPRISKANIMLSHEEPSPFYLOC3	Geographic location of exposure to the animal	FreeText		
Date	ANTHRAXEPICREXPRISKANIMLSHEEPSPFYDT1 ANTHRAXEPICREXPRISKANIMLSHEEPSPFYDT2 ANTHRAXEPICREXPRISKANIMLSHEEPSPFYDT3	Date of exposure	Date (MM/DD/YYYY)		
Other animal	ANTHRAXEPICREXPRISKANIMLOTHANIML1 ANTHRAXEPICREXPRISKANIMLOTHANIML2 ANTHRAXEPICREXPRISKANIMLOTHANIML3	Did the patient come into contact with any other animals during the incubation period?	DropDownList	Yes No Unknown	Y N U
Type of animal	ANTHRAXEPICREXPRISKANIMLOTHANIMLTYPE1 ANTHRAXEPICREXPRISKANIMLOTHANIMLTYPE2 ANTHRAXEPICREXPRISKANIMLOTHANIMLTYPE3	Type of animal	FreeText		
Condition of animal	ANTHRAXEPICREXPRISKANIMLOTHANIMLCOND1 ANTHRAXEPICREXPRISKANIMLOTHANIMLCOND2 ANTHRAXEPICREXPRISKANIMLOTHANIMLCOND3	If yes, specify the condition of the animal	DropDownList	Ill Dead Healthy	I D H
Veterinary diagnosis	ANTHRAXEPICREXPRISKANIMLOTHANIMLDX1 ANTHRAXEPICREXPRISKANIMLOTHANIMLDX2 ANTHRAXEPICREXPRISKANIMLOTHANIMLDX3	Veterinary diagnosis if made	FreeText		

EPIDEMIOLOGIC INFO – ANTHRAX					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Geographic location of exposure	ANTHRAXEPICREXPRISKANIMLOTHANIMLLOC1 ANTHRAXEPICREXPRISKANIMLOTHANIMLLOC2 ANTHRAXEPICREXPRISKANIMLOTHANIMLLOC3	Geographic location of exposure to the animal	FreeText		
Date	ANTHRAXEPICREXPRISKANIMLOTHANIMLDT1 ANTHRAXEPICREXPRISKANIMLOTHANIMLDT2 ANTHRAXEPICREXPRISKANIMLOTHANIMLDT3	Date of exposure	Date (MM/DD/YYYY)		
EXPOSURES/RISK FACTORS – ANIMAL PRODUCT CONTACT					
Hides or skins	ANTHRAXEPICREXPRISKPRODHIDE1 ANTHRAXEPICREXPRISKPRODHIDE2 ANTHRAXEPICREXPRISKPRODHIDE3	Did the patient come into contact with any animal hides or skins during the incubation period?	DropDownList	Yes No Unknown	Y N U
Geographic location of exposure	ANTHRAXEPICREXPRISKPRODHIDESPFYLOC1 ANTHRAXEPICREXPRISKPRODHIDESPFYLOC2 ANTHRAXEPICREXPRISKPRODHIDESPFYLOC3	Geographic location of exposure to the animal hides or skins	FreeText		
Date	ANTHRAXEPICREXPRISKPRODHIDESPFYDT1 ANTHRAXEPICREXPRISKPRODHIDESPFYDT2 ANTHRAXEPICREXPRISKPRODHIDESPFYDT3	Date of exposure	Date (MM/DD/YYYY)		
Wool	ANTHRAXEPICREXPRISKPRODWOOL1 ANTHRAXEPICREXPRISKPRODWOOL2 ANTHRAXEPICREXPRISKPRODWOOL3	Did the patient come into contact with any wool during the incubation period?	DropDownList	Yes No Unknown	Y N U
Geographic location of exposure	ANTHRAXEPICREXPRISKPRODWOOLSPFYLOC1 ANTHRAXEPICREXPRISKPRODWOOLSPFYLOC2 ANTHRAXEPICREXPRISKPRODWOOLSPFYLOC3	Geographic location of exposure to wool	FreeText		
Date	ANTHRAXEPICREXPRISKPRODWOOLSPFYDT1 ANTHRAXEPICREXPRISKPRODWOOLSPFYDT2 ANTHRAXEPICREXPRISKPRODWOOLSPFYDT3	Date of exposure	Date (MM/DD/YYYY)		
Other animal product	ANTHRAXEPICREXPRISKPRODOTHPROD1 ANTHRAXEPICREXPRISKPRODOTHPROD2 ANTHRAXEPICREXPRISKPRODOTHPROD3	Did the patient come into contact with any other animal products during the incubation period?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – ANTHRAX					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Specify product	ANTHRAXEPICREXPRISKPRODOTHPRODSPFYPROD1 ANTHRAXEPICREXPRISKPRODOTHPRODSPFYPROD2 ANTHRAXEPICREXPRISKPRODOTHPRODSPFYPROD3	If Yes, specify product	FreeText		
Geographic location of exposure	ANTHRAXEPICREXPRISKPRODOTHPRODSPFYLOC1 ANTHRAXEPICREXPRISKPRODOTHPRODSPFYLOC2 ANTHRAXEPICREXPRISKPRODOTHPRODSPFYLOC3	Geographic location of exposure to other animal products	FreeText		
Date	ANTHRAXEPICREXPRISKPRODOTHPRODSPFYDT1 ANTHRAXEPICREXPRISKPRODOTHPRODSPFYDT2 ANTHRAXEPICREXPRISKPRODOTHPRODSPFYDT3	Date of exposure	Date (MM/DD/YYYY)		
EXPOSURES/RISK FACTORS – OTHER ITEM CONTACT					
Suspicious powder/substance	ANTHRAXEPICREXPRISKOTHPOWDER1 ANTHRAXEPICREXPRISKOTHPOWDER2 ANTHRAXEPICREXPRISKOTHPOWDER3	Did the patient come into contact with any suspicious powders or substances during the incubation period?	DropDownList	Yes No Unknown	Y N U
Was substance tested?	ANTHRAXEPICREXPRISKOTHPOWDERTESTED1 ANTHRAXEPICREXPRISKOTHPOWDERTESTED2 ANTHRAXEPICREXPRISKOTHPOWDERTESTED3	Was the substance tested?	DropDownList	Yes No Unknown	Y N U
Result of testing for B. anthracis	ANTHRAXEPICREXPRISKOTHPOWDERTSTRSLT1 ANTHRAXEPICREXPRISKOTHPOWDERTSTRSLT2 ANTHRAXEPICREXPRISKOTHPOWDERTSTRSLT3	If substance was tested, what was the result of testing for B. anthracis?	DropDownList	Confirmed Negative Not Done	CONF NEG NOT
Date	ANTHRAXEPICREXPRISKOTHPOWDERTSTDT1 ANTHRAXEPICREXPRISKOTHPOWDERTSTDT2 ANTHRAXEPICREXPRISKOTHPOWDERTSTDT3	Date of testing	Date (MM/DD/YYYY)		
Suspicious letter/package	ANTHRAXEPICREXPRISKOTHPACKAGE1 ANTHRAXEPICREXPRISKOTHPACKAGE2 ANTHRAXEPICREXPRISKOTHPACKAGE3	Did the patient come into contact with any suspicious letter or packages during the incubation period?	DropDownList	Yes No Unknown	Y N U
Was substance tested?	ANTHRAXEPICREXPRISKOTHPACKAGETESTED1 ANTHRAXEPICREXPRISKOTHPACKAGETESTED2 ANTHRAXEPICREXPRISKOTHPACKAGETESTED3	Was the letter or package tested?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – ANTHRAX					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Result of testing for B. anthracis	ANTHRAXEPICREXPRISKOTHPACKAGETSTRSLT1 ANTHRAXEPICREXPRISKOTHPACKAGETSTRSLT2 ANTHRAXEPICREXPRISKOTHPACKAGETSTRSLT3	If the letter or package was tested, what was the result of testing for B. anthracis?	DropDownList	Confirmed Negative Not Done	CONF NEG NOT
Date	ANTHRAXEPICREXPRISKOTHPACKAGETSTDT1 ANTHRAXEPICREXPRISKOTHPACKAGETSTDT2 ANTHRAXEPICREXPRISKOTHPACKAGETSTDT3	Date of testing	Date (MM/DD/YYYY)		
Other suspicious event or item	ANTHRAXEPICREXPRISKOTHOTHITEM1 ANTHRAXEPICREXPRISKOTHOTHITEM2 ANTHRAXEPICREXPRISKOTHOTHITEM3	Did the patient come into contact with any other suspicious event or item during the incubation period?	DropDownList	Yes No Unknown	Y N U
Specify	ANTHRAXEPICREXPRISKOTHOTHITEMSPFYITEM1 ANTHRAXEPICREXPRISKOTHOTHITEMSPFYITEM2 ANTHRAXEPICREXPRISKOTHOTHITEMSPFYITEM3	If Yes, specify the suspicious event or item	FreeText		
Was substance tested?	ANTHRAXEPICREXPRISKOTHOTHITEMTESTED1 ANTHRAXEPICREXPRISKOTHOTHITEMTESTED2 ANTHRAXEPICREXPRISKOTHOTHITEMTESTED3	Was the suspicious item or event tested?	DropDownList	Yes No Unknown	Y N U
Result of testing for B. anthracis	ANTHRAXEPICREXPRISKOTHOTHITEMTSTRSLT1 ANTHRAXEPICREXPRISKOTHOTHITEMTSTRSLT2 ANTHRAXEPICREXPRISKOTHOTHITEMTSTRSLT3	If the item was tested, what was the result of testing for B. anthracis?	FreeText		
Date	ANTHRAXEPICREXPRISKOTHOTHITEMTSTDT 1 ANTHRAXEPICREXPRISKOTHOTHITEMTSTDT 2 ANTHRAXEPICREXPRISKOTHOTHITEMTSTDT 3	Date of testing	Date (MM/DD/YYYY)		
TRAVEL HISTORY					
Travel during incubation period?	TRVHXTRAVEL	Did patient travel outside of county of residence during the incubation period?	DropDownList	Yes No Unknown	Y N U
Incubation period	TRVHXINCUBPERIOD	Incubation period (This value is automatically populated)	FreeText		The value for this variable is not included in the DDP export.
TRAVEL HISTORY – DETAILS					
Location	TRVHXDTLLOCATION1 TRVHXDTLLOCATION2 TRVHXDTLLOCATION3	Specify location (city, county, state, country) of patient travel	FreeText		

EPIDEMIOLOGIC INFO – ANTHRAX					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Date travel started	TRVHXDTLSTARTDT1 TRVHXDTLSTARTDT2 TRVHXDTLSTARTDT3	Date travel started	Date (MM/DD/YYYY)		
Date travel ended	TRVHXDTLENDDT1 TRVHXDTLENDDT2 TRVHXDTLENDDT3	Date travel ended	Date (MM/DD/YYYY)		
CONTACTS/OTHER ILL PERSONS					
Contacts with similar illness?	CONTOTHCONTACT	Any contacts with similar illness?	DropDownList	Yes No Unknown	Y N U
REPORTING AGENCY					
Investigator name	REPAGENCYNAME	Investigator name	FreeText		
Local health jurisdiction	REPAGENCYLHJUR	Local health jurisdiction	FreeText		
Telephone number	REPAGENCYPHONE	Telephone number	FreeText		
Date	REPAGENCYDT	Date of report	Date (MM/DD/YYYY)		
First reported by	REPAGENCYREPORTEDBY	First reported by	DropDownList	Clinician Laboratory Other	CLI LAB OTH
If Other, specify	REPAGENCYREPORTEDBYSPFY	If Other, specify	FreeText		
EPIDEMIOLOGICAL LINKAGE					
Epi-linked case	EPILINKKNOWNCASE	Epi-linked to known case of anthrax?	DropDownList	Yes No Unknown	Y N U
Contact name / Case #	EPILINKCONTNAMECASENUM	Contact name / case #	FreeText		
OUTBREAK					

EPIDEMIOLOGIC INFO – ANTHRAX					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Part of known outbreak?	OBPARTOF	Is this anthrax case part of a known outbreak?	DropDownList	Yes No Unknown	Y N U
Extent of outbreak	OBEXTENTOF_1 OBEXTENTOF_2 OBEXTENTOF_3 OBEXTENTOF_4 OBEXTENTOF_5 OBEXTENTOF_6	If Yes, what is the extent of the outbreak?	CheckBoxList (more than one choice is possible)	One CA jurisdiction Multiple CA jurisdictions Multistate International Unknown Other	ONEJUR MULJUR MULSTAT INTR UNK OTH
If Other, specify	OBEXTENTOFSPFY	If Other, please specify	FreeText		
Mode of transmission	OBTRANSMOD_1 OBTRANSMOD_2 OBTRANSMOD_3 OBTRANSMOD_4	What is the mode of transmission?	CheckBoxList (more than one choice is possible)	Point source Person-to-person Unknown Other	SRC P2P UNK OTH
If Other, specify	OBTRANSMODSPFY	If Other mode, please specify	FreeText		
Vehicle of outbreak	OBVEHICLE	Vehicle of outbreak	FreeText		
Pattern 1 ID #	OBPAT1IDNUM	Pattern 1 ID number	FreeText		
Pattern 2 ID #	OBPAT2IDNUM	Pattern 2 ID number	FreeText		

Babesiosis

CLINICAL INFO – BABESIOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
SIGNS AND SYMPTOMS					
Symptomatic	BABESIOSISCLICRSignSxSymptomatic	Symptomatic?	DropDownList	Yes No Unknown	Y N U
Onset Date	BABESIOSISCLICRSignSxOnsetDt	Onset date	FreeText		
Is the Patient Asplenic?	BABESIOSISCLICRSignSxAsp	Is the patient asplenic?	DropDownList	Yes No Unknown N/A	Y N U NA
Splenectomy Date	BABESIOSISCLICRSignSxSplenDt	If the patient had splenectomy, date of surgery	Date (MM/DD/YYYY)		
Fever	BABESIOSISCLICRSignSxFever	Fever	DropDownList	Yes No Unknown	Y N U
Anemia	BABESIOSISCLICRSignSxAnemia	Anemia	DropDownList	Yes No Unknown	Y N U
Thrombocytopenia	BABESIOSISCLICRSignSxThrom	Thrombocytopenia	DropDownList	Yes No Unknown	Y N U
Headache	BABESIOSISCLICRSignSxHead	Headache	DropDownList	Yes No Unknown	Y N U
Chills	BABESIOSISCLICRSignSxChills	Chills	DropDownList	Yes No Unknown	Y N U
Sweats	BABESIOSISCLICRSignSxSweats	Sweats	DropDownList	Yes No Unknown	Y N U
Myalgia	BABESIOSISCLICRSignSxMyalgia	Myalgia	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – BABESIOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Arthralgia	BABESIOSISCLICRSignSxArthralgia	Arthralgia	DropDownList	Yes No Unknown	Y N U
Other Signs/Symptoms	BABESIOSISCLICRSignSxOth	Other signs/symptoms (specify)	FreeText		
Complications	BABESIOSISCLICRSignSxComp_0 BABESIOSISCLICRSignSxComp_1 BABESIOSISCLICRSignSxComp_2 BABESIOSISCLICRSignSxComp_3 BABESIOSISCLICRSignSxComp_4 BABESIOSISCLICRSignSxComp_5 BABESIOSISCLICRSignSxComp_6	Specify any complications in the clinical course of infection	CheckBoxList (more than one choice is possible)	Acute respiratory distress Congestive heart failure Myocardial infarction Disseminated intravascular coagulation (DIC) Renal failure None Other	RESP CONG MYOCARD DIC RENAL NONE OTH
Specify other Complications	BABESIOSISCLICRSignSxCompSpcfy	Specify any complications in the clinical course of infection: **If Other, specify**	FreeText		
HOSPITALIZATION					
Emergency Room	HOSPER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U
Patient Hospitalized	HOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
Total Nights in the Hospital	HOSPDAYSHOSP	If Yes, how many total hospital nights?	FreeText		
HOSPITALIZATION-DETAILS					
Hospital Name	HOSPDTLNAME1 HOSPDTLNAME2 HOSPDTLNAME3	Hospital name	FreeText		
Street Address	HOSPDTLADDRESS1 HOSPDTLADDRESS2 HOSPDTLADDRESS3	Street address	FreeText		

CLINICAL INFO – BABESIOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
City	HOSPDTLCITY1 HOSPDTLCITY2 HOSPDTLCITY3	City	FreeText		
State	HOSPDTLSTATE1 HOSPDTLSTATE2 HOSPDTLSTATE3	State	FreeText		
Zip Code	HOSPDTLZIPCODE1 HOSPDTLZIPCODE2 HOSPDTLZIPCODE3	Zip code	FreeText		
Telephone	HOSPDTLPHONE1 HOSPDTLPHONE2 HOSPDTLPHONE3	Telephone	FreeText		
Admit Date	HOSPDTLADMITDT1 HOSPDTLADMITDT2 HOSPDTLADMITDT3	Admit date	Date (MM/DD/YYYY)		
Discharge / Transfer Date	HOSPDTLDISCHDT1 HOSPDTLDISCHDT2 HOSPDTLDISCHDT3	Discharge / transfer date	Date (MM/DD/YYYY)		
Medical Record #	HOSPDTLMRN1 HOSPDTLMRN2 HOSPDTLMRN3	Medical record number	FreeText		
Discharge Diagnosis	HOSPDTLDISCHDX1 HOSPDTLDISCHDX2 HOSPDTLDISCHDX3	Discharge diagnosis	FreeText		
TREATMENT/MANAGEMENT					
Antimicrobial Treatment	BABESIOSISCLICRTxMgtMicrobeTx	Received antimicrobial treatment?	DropDownList	Yes No Unknown	Y N U
If Yes, which drugs?	BABESIOSISCLICRTxMgtMicrob_0 BABESIOSISCLICRTxMgtMicrob_1 BABESIOSISCLICRTxMgtMicrob_2 BABESIOSISCLICRTxMgtMicrob_3 BABESIOSISCLICRTxMgtMicrob_4	If Yes, which drugs?	CheckBoxList (more than one choice is possible)	Clindamycin Quinine Atovaquone Azithromycin Other	CLIND QUIN ATOVAQ AZITH OTH
Other Drugs	BABESIOSISCLICRTxMgtMicrobSpcfy	If Other, specify	FreeText		
OUTCOME					

CLINICAL INFO – BABESIOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Outcome	BABESIOSISCLICROutcomeFinal	Outcome?	DropDownList	Survived Died Unknown	S D U
Survived as of	BABESIOSISCLICROutcomeFinalSurvDt	Survived as of	Date (MM/DD/YYYY)		
Date of Death	BABESIOSISCLICROutcomeFinalDeathDt	Date of death	Date (MM/DD/YYYY)		
Death Related to Infection	BABESIOSISCLICROutcomeFinalDeathRltd	Was the death related to the infection?	DropDownList	Yes No Unknown	Y N U

LABORATORY INFO – BABESIOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY RESULTS SUMMARY – SEROLOGY (WERE THE FOLLOWING LABORATORY TESTS PERFORMED?)					
IFA – total antibody (Ig)					
Test Done	BABESIOSISLABCRResSumSerIFA	Were the following laboratory tests performed? **IFA - total antibody (Ig)**	DropDownList	Done Not done Unknown	DONE NOT UNK
Test Result	BABESIOSISLABCRResSumSerIFARes	Result	DropDownList	Positive Negative Indeterminate Unknown Pending	POS NEG IND UNK PEND
Babesia Species	BABESIOSISLABCRResSumSerIFAResSpcfy	If Positive, specify Babesia species	FreeText		
Titer	BABESIOSISLABCRResSumSerIFATiter	Titer	FreeText		
Collection Date	BABESIOSISLABCRResSumSerIFACollDt	Collection date	Date (MM/DD/YYYY)		
Lab Name	BABESIOSISLABCRResSumSerIFALab	Laboratory name	FreeText		

LABORATORY INFO – BABESIOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Telephone #	BABESIOSISLABCRResSumSerIFALabPhone	Telephone number	FreeText		
IFA – IgG					
Test done	BABESIOSISLABCRResSumSerIgG	Were the following laboratory tests performed? **IFA - IgG**	DropDownList	Done Not done Unknown	DONE NOT UNK
Test Result	BABESIOSISLABCRResSumSerIgGRes	Result	DropDownList	Positive Negative Indeterminate Unknown Pending	POS NEG IND UNK PEND
Babesia Species	BABESIOSISLABCRResSumSerIgGResSpcfy	If Positive, specify Babesia species	FreeText		
Titer	BABESIOSISLABCRResSumSerIgGTiter	Titer	FreeText		
Collection Date	BABESIOSISLABCRResSumSerIgGCollDt	Collection date	Date (MM/DD/YYYY)		
Lab Name	BABESIOSISLABCRResSumSerIgGLab	Laboratory name	FreeText		
Telephone #	BABESIOSISLABCRResSumSerIgGLabPhone	Telephone number	FreeText		
IFA – IgM					
Test done	BABESIOSISLABCRResSumSerIgM	Were the following laboratory tests performed? **IFA-IgM**	DropDownList	Done Not done Unknown	DONE NOT UNK
Test Result	BABESIOSISLABCRResSumSerIgMRes	Result	DropDownList	Positive Negative Indeterminate Unknown Pending	POS NEG IND UNK PEND
Babesia Species	BABESIOSISLABCRResSumSerIgMResSpcfy	If Positive, specify Babesia species	FreeText		
Titer	BABESIOSISLABCRResSumSerIgMTiter	Titer	FreeText		

LABORATORY INFO – BABESIOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Collection Date	BABESIOSISLABCRResSumSerIgMCollDt	Collection date	Date (MM/DD/YYYY)		
Lab Name	BABESIOSISLABCRResSumSerIgMLab	Laboratory name	FreeText		
Telephone #	BABESIOSISLABCRResSumSerIgMLabPhone	Telephone number	FreeText		
Immunoblot					
Test done	BABESIOSISLABCRResSumSerImmu	Were the following laboratory tests performed? **Immunoblot**	DropDownList	Done Not done Unknown	DONE NOT UNK
Test Result	BABESIOSISLABCRResSumSerImmuRes	Result	DropDownList	Positive Negative Indeterminate Unknown Pending	POS NEG IND UNK PEND
Babesia Species	BABESIOSISLABCRResSumSerImmuResSpcfy	If Positive, specify Babesia species	FreeText		
Collection Date	BABESIOSISLABCRResSumSerImmuCollDt	Collection date	Date (MM/DD/YYYY)		
Lab Name	BABESIOSISLABCRResSumSerImmuLab	Laboratory name	FreeText		
Telephone #	BABESIOSISLABCRResSumSerImmuLabPhone	Telephone number	FreeText		
Blood smear					
Test done	BABESIOSISLABCRResSumSerBld	Were the following laboratory tests performed? **Blood smear**	DropDownList	Done Not done Unknown	DONE NOT UNK
Test Result	BABESIOSISLABCRResSumSerBldRes	Result	DropDownList	Positive Negative Indeterminate Unknown Pending	POS NEG IND UNK PEND
Babesia Species	BABESIOSISLABCRResSumSerBldResSpcfy	If Positive, specify Babesia species	FreeText		

LABORATORY INFO – BABESIOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Collection Date	BABESIOSISLABCRResSumSerBldCollDt	Collection date	Date (MM/DD/YYYY)		
Lab Name	BABESIOSISLABCRResSumSerBldLab	Laboratory name	FreeText		
Telephone #	BABESIOSISLABCRResSumSerBldLabPhone	Telephone number	FreeText		
PCR					
Test done	BABESIOSISLABCRResSumSerPCR	Were the following laboratory tests performed? **PCR**	DropDownList	Done Not done Unknown	DONE NOT UNK
Test Result	BABESIOSISLABCRResSumSerPCRRes	Result	DropDownList	Positive Negative Indeterminate Unknown Pending	POS NEG IND UNK PEND
Babesia Species	BABESIOSISLABCRResSumSerPCRResSpcfy	If Positive, specify Babesia species	FreeText		
Collection Date	BABESIOSISLABCRResSumSerPCRCollDt	Collection date	Date (MM/DD/YYYY)		
Specimen type	BABESIOSISLABCRResSumSerPCRSpecType	Specimen type	FreeText		
Lab name	BABESIOSISLABCRResSumSerPCRLab	Laboratory name	FreeText		
Telephone #	BABESIOSISLABCRResSumSerPCRLabPhone	Telephone number	FreeText		
LABORATORY RESULTS SUMMARY – OTHER TESTS					
Type of Test	BABESIOSISLABCRResSumOthTypeTst1 BABESIOSISLABCRResSumOthTypeTst2 BABESIOSISLABCRResSumOthTypeTst3	Type of test	FreeText		
Result	BABESIOSISLABCRResSumOthRes1 BABESIOSISLABCRResSumOthRes2 BABESIOSISLABCRResSumOthRes3	Result	DropDownList	Positive Negative Indeterminate Unknown Pending	POS NEG IND UNK PEND

LABORATORY INFO – BABESIOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Babesia Species	BABESIOSISLABCRResSumOthResSpcfy1 BABESIOSISLABCRResSumOthResSpcfy2 BABESIOSISLABCRResSumOthResSpcfy3	If Positive, specify Babesia species	FreeText		
Collection Date	BABESIOSISLABCRResSumOthCollDt1 BABESIOSISLABCRResSumOthCollDt2 BABESIOSISLABCRResSumOthCollDt3	Collection date	Date (MM/DD/YYYY)		
Specimen Type	BABESIOSISLABCRResSumOthSpecType1 BABESIOSISLABCRResSumOthSpecType2 BABESIOSISLABCRResSumOthSpecType3	Specimen type	FreeText		
Laboratory Name	BABESIOSISLABCRResSumOthLab1 BABESIOSISLABCRResSumOthLab2 BABESIOSISLABCRResSumOthLab3	Laboratory name	FreeText		
Telephone Number	BABESIOSISLABCRResSumOthLabPhone1 BABESIOSISLABCRResSumOthLabPhone2 BABESIOSISLABCRResSumOthLabPhone3	Telephone number	FreeText		

EPIDEMIOLOGIC INFO - BABESIOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
EXPOSURES / RISK FACTORS - TRANSFUSION					
Transfusion	BABESIOSISEPICRRiskFactInfTrans	Was patient's infusion transfusion associated?	DropDownList	Yes No Unknown	Y N U
Describe Transfusion	BABESIOSISEPICRRiskFactInfTransSpcfy	If Yes, describe	FreeText		
Donor	BABESIOSISEPICRRiskFactInfTransDonor	Was patient a blood donor identified during a transfusion investigation?	DropDownList	Yes No Unknown	Y N U
Describe if donor	BABESIOSISEPICRRiskFactInfTransDonorSpcfy	If Yes, describe	FreeText		
EXPOSURES / RISK FACTORS - OUTDOOR EXPOSURES					
Outdoor Activities	BABESIOSISEPICRRiskFactOutAct	In the 8 weeks before symptom onset or diagnosis (use earlier date, did the patient: **Engage in outdoor activities**	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO - BABESIOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Type of activities	BABESIOSISEPICRRiskFactOutActType_0 BABESIOSISEPICRRiskFactOutActType_1 BABESIOSISEPICRRiskFactOutActType_2 BABESIOSISEPICRRiskFactOutActType_3 BABESIOSISEPICRRiskFactOutActType_4	If Yes, specify type of activities below:	CheckBoxList (more than one selection is possible)	Camping Hiking Hunting Yard Work Other	CAMP HIKE HUNT YARD OTH
Describe Activites	BABESIOSISEPICRRiskFactOutActTypeSpcfy	If Other, describe	FreeText		
Wooded/Brushy Areas	BABESIOSISEPICRRiskFactOutWood	Spend time outdoors in or near wooded or brushy areas?	DropDownList	Yes No Unknown	Y N U
Describe Area	BABESIOSISEPICRRiskFactOutWoodSpcfy	If Yes, describe	FreeText		
Tick Bites	BABESIOSISEPICRRiskFactOutTick	Notice any tick bites?	DropDownList	Yes No Unknown	Y N U
Date Noticed	BABESIOSISEPICRRiskFactOutTickDt	If Yes, specify below: **Date noticed**	Date (MM/DD/YYYY)		
Duration of Attachment	BABESIOSISEPICRRiskFactOutTickDuration	If Yes, specify below: **Approximate duration of attachment**	FreeText		
Geographic Location	BABESIOSISEPICRRiskFactOutTickWhere	If Yes, specify below: **Where obtained (geographic location)**	FreeText		
TRAVEL HISTORY					
Travel Outside of County	BABESIOSISEPICRTrvHXCounty	Did the patient travel *outside of county of residence* during the incubation period?	DropDownList	Yes No Unknown	Y N U
Travel Outside of U.S.	BABESIOSISEPICRTrvHXUS	Did the patient travel *outside the U.S.* during the incubation period?	DropDownList	Yes No Unknown	Y N U
TRAVEL HISTORY - DETAILS					
Location	BABESIOSISEPICRTrvHXDtlLoc1 BABESIOSISEPICRTrvHXDtlLoc2 BABESIOSISEPICRTrvHXDtlLoc3	Location (city, county, state, country)	FreeText		

EPIDEMIOLOGIC INFO - BABESIOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Date Travel Started	BABESIOSISEPICRTrvHXDtlStartDt1 BABESIOSISEPICRTrvHXDtlStartDt2 BABESIOSISEPICRTrvHXDtlStartDt3	Date travel started	Date (MM/DD/YYYY)		
Date Travel Ended	BABESIOSISEPICRTrvHXDtlEndDt1 BABESIOSISEPICRTrvHXDtlEndDt2 BABESIOSISEPICRTrvHXDtlEndDt3	Date travel ended	Date (MM/DD/YYYY)		
REPORTING AGENCY					
Investigator Name	REPAGENCYNAME	Investigator name	FreeText		The variables in this section may not be included in the DDP export.
Local Health Jurisdiction	REPAGENCYLHJUR	Local health jurisdiction	FreeText		
Telephone Number	REPAGENCYPHONE	Telephone number	FreeText		
Date	REPAGENCYDT	Date	Date (MM/DD/YYYY)		
First Reported By	REPAGENCYREPORTEDBY	First reported by	DropDownList	Clinician Laboratory Other	
If Other, Specify	REPAGENCYREPORTEDBYSPFY	If Other, specify	FreeText		
OUTBREAK					
Part of Known Outbreak	BABESIOSISEPICROBPartOf	Part of known Outbreak	DropDownList	Yes No Unknown	Y N U
Extent of Outbreak	BABESIOSISEPICROBPartOfExt	If Yes, extent of outbreak	DropDownList	One CA jurisdiction Multiple CA jurisdiction Multistate International Unknown Other	ONECA MULTICA MULTIS INTER UNK OTH
If Other, Specify	BABESIOSISEPICROBPartOfExtSpcfy	If Other, specify	FreeText		

Botulism

CLINICAL INFO – BOTULISM, FOODBORNE / BOTULISM, OTHER / BOTULISM, UNKNOWN / BOTULISM, WOUND **NO CLINICAL TAB FOR BOTULISM, INFANT**					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
CLINICAL CONTACT INFORMATION					
Physician last name	BOTCLICRCLICONTINFOPHYSLASTNAME1 BOTCLICRCLICONTINFOPHYSLASTNAME2 BOTCLICRCLICONTINFOPHYSLASTNAME3	Last name of physician treating patient	FreeText		
Physician first name	BOTCLICRCLICONTINFOPHYSFIRSTNAME1 BOTCLICRCLICONTINFOPHYSFIRSTNAME2 BOTCLICRCLICONTINFOPHYSFIRSTNAME3	First name of physician treating patient	FreeText		
Clinician specialty	BOTCLICRCLICONTINFOSPECIALTY1 BOTCLICRCLICONTINFOSPECIALTY2 BOTCLICRCLICONTINFOSPECIALTY3	What is the medical specialty of the treating physician?	DropDownList	Infectious disease Neurologist Other	INFDIS NEURO OTH
If Other, specify	BOTCLICRCLICONTINFOSPECIALTYSPFY1 BOTCLICRCLICONTINFOSPECIALTYSPFY2 BOTCLICRCLICONTINFOSPECIALTYSPFY3	If Other, please specify the area of specialty	FreeText		
Telephone number	BOTCLICRCLICONTINFOPHONE1 BOTCLICRCLICONTINFOPHONE2 BOTCLICRCLICONTINFOPHONE3	Telephone number of treating physician	FreeText		
Fax number	BOTCLICRCLICONTINFOFAX1 BOTCLICRCLICONTINFOFAX2 BOTCLICRCLICONTINFOFAX3	FAX number of treating physician	FreeText		
SIGNS AND SYMPTOMS					
Symptomatic?	BOTCLICRSIGNSXSYMPTOMATIC	Does the patient have clinical signs or symptoms compatible with botulism?	DropDownList	Yes No Unknown	Y N U
Onset date	BOTCLICRSIGNSXONSETDT	Onset date of symptoms of botulism	System Defined Field Link		
Onset time	BOTCLICRSIGNSXONSETHOUR	What was the approximate onset time of the symptoms?	FreeText (HH:MM AM/PM)		
Date of neurologic symptoms	BOTCLICRSIGNSXNEUROSYMPDT	Date when the first neurologic symptoms appeared?	Date (MM/DD/YYYY)		

CLINICAL INFO – BOTULISM, FOODBORNE / BOTULISM, OTHER / BOTULISM, UNKNOWN / BOTULISM, WOUND **NO CLINICAL TAB FOR BOTULISM, INFANT**					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Date sought medical care	BOTCLICRSIGNSXSGTMEDCAREDT	Date first sought medical care	Date (MM/DD/YYYY)		
Nausea	BOTCLICRSIGNSXNAUSEA	Botulism signs and symptoms: **Nausea**	DropDownList	Yes No Unknown	Y N U
Change in voice	BOTCLICRSIGNSXCHANGEVOICE	Botulism signs and symptoms: **Change in sound of voice**	DropDownList	Yes No Unknown	Y N U
Vomiting	BOTCLICRSIGNSXVOMIT	Botulism signs and symptoms: **Vomiting**	DropDownList	Yes No Unknown	Y N U
Hoarseness	BOTCLICRSIGNSXHOARSE	Botulism signs and symptoms: **Hoarseness**	DropDownList	Yes No Unknown	Y N U
Abdominal pain	BOTCLICRSIGNSXABPAIN	Botulism signs and symptoms: **Abdominal pain**	DropDownList	Yes No Unknown	Y N U
Dry mouth	BOTCLICRSIGNSXDRYMOUTH	Botulism signs and symptoms: **Dry mouth**	DropDownList	Yes No Unknown	Y N U
Diarrhea	BOTCLICRSIGNSXDIARRHEA	Botulism signs and symptoms: **Diarrhea**	DropDownList	Yes No Unknown	Y N U
Dysphagia	BOTCLICRSIGNSXSWALLOWTROUB	Botulism signs and symptoms: **Dysphagia (trouble swallowing)**	DropDownList	Yes No Unknown	Y N U
Constipation	BOTCLICRSIGNSXCONSTIPATION	Botulism signs and symptoms: **Constipation**	DropDownList	Yes No Unknown	Y N U
Shortness of breath	BOTCLICRSIGNSXBRTHTROUBLE	Botulism signs and symptoms: **Shortness of breath /trouble breathing**	DropDownList	Yes No Unknown	Y N U
Diplopia	BOTCLICRSIGNSXBLURVISION	Botulism signs and symptoms: **Diplopia (double vision)/blurred vision**	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – BOTULISM, FOODBORNE / BOTULISM, OTHER / BOTULISM, UNKNOWN / BOTULISM, WOUND **NO CLINICAL TAB FOR BOTULISM, INFANT**					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Subjective weakness	BOTCLICRSIGNSXWEAKNESS	Botulism signs and symptoms: **Subjective weakness**	DropDownList	Yes No Unknown	Y N U
Dizziness	BOTCLICRSIGNSXDIZZY	Botulism signs and symptoms: **Dizziness**	DropDownList	Yes No Unknown	Y N U
Fatigue	BOTCLICRSIGNSXFATIGUE	Botulism signs and symptoms: **Fatigue**	DropDownList	Yes No Unknown	Y N U
Slurred speech	BOTCLICRSIGNSXSPEECHDIFF	Botulism signs and symptoms: **Slurred speech**	DropDownList	Yes No Unknown	Y N U
Paresthesia	BOTCLICRSIGNSXPARESTHESIA	Botulism signs and symptoms: **Paresthesia** (abnormal sensation, e.g. numbness)	DropDownList	Yes No Unknown	Y N U
Thick tongue	BOTCLICRSIGNSXTHICKTONGUE	Botulism signs and symptoms: **Thick tongue**	DropDownList	Yes No Unknown	Y N U
Other	BOTCLICRSIGNSXOTH	**Other signs or symptoms** of botulism	DropDownList	Yes No Unknown	Y N U
If Yes, specify	BOTCLICRSIGNSXPARALYPROGSPFY	If Yes, specify	FreeText		
PHYSICAL EXAM FINDINGS					
Alert and oriented	BOTCLICRPHYEXAMALERT	Is patient alert and oriented?	DropDownList	Yes No Unknown	Y N U
Extraocular palsy	BOTCLICRPHYEXAMEXOCPALSY	Does patient have extraocular palsy (paralysis of eye muscles)	DropDownList	Yes No Unknown	Y N U
Is it bilateral?	BOTCLICRPHYEXAMEXOCPALSYBI	Is the extraocular palsy bilateral?	DropDownList	Yes No Unknown	Y N U
Ptosis	BOTCLICRPHYEXAMPTSOSIS	Does patient have ptosis (drooping eyelids)?	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – BOTULISM, FOODBORNE / BOTULISM, OTHER / BOTULISM, UNKNOWN / BOTULISM, WOUND **NO CLINICAL TAB FOR BOTULISM, INFANT**					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Is it bilateral?	BOTCLICRPHYEXAMPTOSISBI	Is the ptosis bilateral?	DropDownList	Yes No Unknown	Y N U
Pupil abnormality	BOTCLICRPHYEXAMPUPILABNORMAL	Does patient have pupil abnormality?	DropDownList	Yes No Unknown	Y N U
Abnormality	BOTCLICRPHYEXAMPUPILABNORMALAB	Describe the pupil abnormality	DropDownList	Dilated Constricted Non-reactive	D C NR
Is it bilateral?	BOTCLICRPHYEXAMPUPILABNOMRALBI	Is the pupil abnormality bilateral?	DropDownList	Yes No Unknown	Y N U
Facial paralysis	BOTCLICRPHYEXAMFACIALPAR	Does patient have facial paralysis?	DropDownList	Yes No Unknown	Y N U
Is it bilateral?	BOTCLICRPHYEXAMFACIALPARBI	Is the facial paralysis bilateral?	DropDownList	Yes No Unknown	Y N U
Palatal weakness	BOTCLICRPHYEXAMPALATALWEAK	Does patient have palatal weakness?	DropDownList	Yes No Unknown	Y N U
Is it bilateral?	BOTCLICRPHYEXAMPALATALWEAKBI	Is the palatal weakness bilateral?	DropDownList	Yes No Unknown	Y N U
Impaired gag reflex	BOTCLICRPHYEXAMIMPGAGREF	Does patient have an impaired gag reflex?	DropDownList	Yes No Unknown	Y N U
Sensory deficit(s)	BOTCLICRPHYEXAMSENSORYDEF	Does patient have sensory deficit(s)?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	BOTCLICRPHYEXAMSENSORYDEFSPECIFY	If Yes, specify	FreeText	Yes No Unknown	Y N U
Muscle weakness / paralysis	BOTCLICRPHYEXAMMUSCWEAK	Does patient have muscle weakness and/or paralysis?	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – BOTULISM, FOODBORNE / BOTULISM, OTHER / BOTULISM, UNKNOWN / BOTULISM, WOUND **NO CLINICAL TAB FOR BOTULISM, INFANT**					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Progression of weakness	BOTCLICRPHYEXAMMUSCWEAKPROGRESS	If muscle weakness/ paralysis present, describe progression	DropDownList	Ascending, ending with cranial nerves Descending, beginning with cranial nerves Other	ASC DESC OTH
If Other, specify	BOTCLICRPHYEXAMMUSCWEAKPROGRESSSPECIFY	If Other, specify	FreeText		
Is it bilateral?	BOTCLICRPHYEXAMMUSCWEAKBI	Is the muscle weakness/ paralysis bilateral?	DropDownList	Yes No Unknown	Y N U
Ataxia	BOTCLICRPHYEXAMATAXIA	Does patient have ataxia?	DropDownList	Yes No Unknown	Y N U
Abnormal reflexes	BOTCLICRPHYEXAMABNORMALTENDON	Does patient have abnormal deep tendon reflexes?	DropDownList	Yes No Unknown	Y N U
If Yes, describe	BOTCLICRPHYEXAMABNORMALTENDONDESC	If Yes, describe	FreeText		
Other signs/symptoms	BOTCLICRPHYEXAMOTHERSS	Does patient have other signs/symptoms? (specify)	FreeText		
MUSCLE STRENGTH EXAM					
Proximal upper extremity (R)	BOTCLICRMUSCLEEXAMPROXUPEXTRR	Results of muscle strength exam: **Proximal upper extremity - RIGHT**	DropDown List	0/5 = no evidence of contractility 1/5 = slight contractility, no movement 2/5 = full range of motion, gravity eliminated 3/5 = full range of motion, w/ gravity 4/5 = full range of motion against gravity, some resistance 5/5 = full range of motion against gravity, full resistance 9 = unknown	0 1 2 3 4 5 9
Proximal upper extremity (L)	BOTCLICRMUSCLEEXAMPROXUPEXTRL	Results of muscle strength exam: **Proximal upper extremity - LEFT**	DropDown List	0/5 = no evidence of contractility 1/5 = slight contractility, no movement 2/5 = full range of motion, gravity eliminated 3/5 = full range of motion, w/ gravity 4/5 = full range of motion against gravity, some resistance	0 1 2 3 4

CLINICAL INFO – BOTULISM, FOODBORNE / BOTULISM, OTHER / BOTULISM, UNKNOWN / BOTULISM, WOUND **NO CLINICAL TAB FOR BOTULISM, INFANT**					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				5/5 = full range of motion against gravity, full resistance	5
				9 = unknown	9
Distal upper extremity (R)	BOTCLICRMUSCLEEXAMDISTUPEXTRR	Results of muscle strength exam: **Distal upper extremity - RIGHT**	DropDown List	0/5 = no evidence of contractility	0
				1/5 = slight contractility, no movement	1
				2/5 = full range of motion, gravity eliminated	2
				3/5 = full range of motion, w/ gravity	3
				4/5 = full range of motion against gravity, some resistance	4
				5/5 = full range of motion against gravity, full resistance	5
				9 = unknown	9
Distal upper extremity (L)	BOTCLICRMUSCLEEXAMDISTUPEXTRL	Results of muscle strength exam: **Distal upper extremity - LEFT**	DropDown List	0/5 = no evidence of contractility	0
				1/5 = slight contractility, no movement	1
				2/5 = full range of motion, gravity eliminated	2
				3/5 = full range of motion, w/ gravity	3
				4/5 = full range of motion against gravity, some resistance	4
				5/5 = full range of motion against gravity, full resistance	5
				9 = unknown	9
Proximal lower extremity (R)	BOTCLICRMUSCLEEXAMPROXLOWEXTRR	Results of muscle strength exam: **Proximal lower extremity - RIGHT**	DropDown List	0/5 = no evidence of contractility	0
				1/5 = slight contractility, no movement	1
				2/5 = full range of motion, gravity eliminated	2
				3/5 = full range of motion, w/ gravity	3
				4/5 = full range of motion against gravity, some resistance	4
				5/5 = full range of motion against gravity, full resistance	5
				9 = unknown	9
Proximal lower extremity (L)	BOTCLICRMUSCLEEXAMPROXLOWEXTRL	Results of muscle strength exam: **Proximal lower extremity - LEFT**	DropDown List	0/5 = no evidence of contractility	0
				1/5 = slight contractility, no movement	1
				2/5 = full range of motion, gravity eliminated	2
				3/5 = full range of motion, w/ gravity	3
				4/5 = full range of motion against gravity, some resistance	4
				5/5 = full range of motion against gravity, full resistance	5
				9 = unknown	9

CLINICAL INFO – BOTULISM, FOODBORNE / BOTULISM, OTHER / BOTULISM, UNKNOWN / BOTULISM, WOUND **NO CLINICAL TAB FOR BOTULISM, INFANT**					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Distal lower extremity (R)	BOTCLICRMUSCLEEXAMDISTLOWEXTRR	Results of muscle strength exam: **Distal lower extremity - RIGHT**	DropDown List	0/5 = no evidence of contractility	0
				1/5 = slight contractility, no movement	1
				2/5 = full range of motion, gravity eliminated	2
				3/5 = full range of motion, w/ gravity	3
				4/5 = full range of motion against gravity, some resistance	4
				5/5 = full range of motion against gravity, full resistance	5
				9 = unknown	9
Distal lower extremity (L)	BOTCLICRMUSCLEEXAMDISTLOWEXTRL	Results of muscle strength exam: **Distal lower extremity - LEFT**	DropDown List	0/5 = no evidence of contractility	0
				1/5 = slight contractility, no movement	1
				2/5 = full range of motion, gravity eliminated	2
				3/5 = full range of motion, w/ gravity	3
				4/5 = full range of motion against gravity, some resistance	4
				5/5 = full range of motion against gravity, full resistance	5
				9 = unknown	9
CLINICAL TESTS					
Lumbar puncture	BOTCLICRCLITSTLUMBARPUNCT	Was a lumbar puncture (CSF analysis) performed?	DropDownList	Yes No Unknown	Y N U
WBC count	BOTCLICRCLITSTWBCCOUNT	If lumbar puncture performed, results of WBC count (highest)?	FreeText		
RBC count	BOTCLICRCLITSTLUMBARPUNCTRBC	If lumbar puncture performed, RBC count?	FreeText		
Opening pressure	BOTCLICRCLITSTOPENPRES	If lumbar puncture performed, opening pressure?	FreeText		
Protein	BOTCLICRCLITSTPROTEIN	If lumbar puncture performed, protein (highest)>	FreeText		
Glucose	BOTCLICRCLITSTLUMBARPUNCTGLU	If lumbar puncture performed, glucose?	FreeText		
Date	BOTCLICRCLITSTLUMBARPUNCTDATE	Date of lumbar puncture	Date (MM/DD/YYYY)		

CLINICAL INFO – BOTULISM, FOODBORNE / BOTULISM, OTHER / BOTULISM, UNKNOWN / BOTULISM, WOUND **NO CLINICAL TAB FOR BOTULISM, INFANT**					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
EMG	BOTCLICRCLITSTEMG	Was an EMG performed?	DropDownList	Yes No Unknown	Y N U
Result	BOTCLICRCLITSTEMGSPFYRSLT	If an EMG was performed, what was the result?	DropDownList	Suggestive of / consistent with botulism Not consistent with botulism Unknown	CONSISTANT NOT UNK
EMG with rapid stimulation	BOTCLICRCLITSTEMGRAPID	If an EMG was performed, was it done with rapid stimulation?	DropDownList	Yes No Unknown	Y N U
Specify Hertz	BOTCLICRCLITSTEMGHZ	If Yes, specify Hertz	FreeText		
Date	BOTCLICRCLITSTEMGDATE	Date of EMG	Date (MM/DD/YYYY)		
Edrophonium	BOTCLICRCLITSTEDROPH	Was edrophonium (Tensilon) administered?	DropDownList	Yes No Unknown	Y N U
Describe results	BOTCLICRCLITSTEDROPHRSLT	If Yes, describe results	FreeText		
Date	BOTCLICRCLITSTEDROPHDATE	Date of edrophonium injection	Date (MM/DD/YYYY)		
CT / MRI scan	BOTCLICRCLITSTCTMRI	Was a CT or MRI scan performed?	DropDownList	Yes No Unknown	Y N U
Describe results	BOTCLICRCLITSTCTMRIRSLT	If Yes, describe results of CT/MRI scan	FreeText		
Date	BOTCLICRCLITSTCTMRIDATE	Date of CT or MRI scan	Date (MM/DD/YYYY)		
PAST MEDICAL HISTORY					
Prior botulism diagnosis	BOTCLICRPASMEDHXPRIORDX	Has patient ever had a prior botulism diagnosis?	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – BOTULISM, FOODBORNE / BOTULISM, OTHER / BOTULISM, UNKNOWN / BOTULISM, WOUND **NO CLINICAL TAB FOR BOTULISM, INFANT**					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Yes, Diagnosis date	BOTCLICRPASMEDHXPRIORDXDT	If Yes, specify prior botulism diagnosis date	Date (MM/DD/YYYY)		
Prior neurological impairment	BOTCLICRPASMEDHXNEURO	Has there been prior neurological impairment?	DropDownList	Yes No Unknown	Y N U
If Yes, describe impairment	BOTCLICRPASMEDHXNEUROSPEC	If Yes, describe impairment	FreeText		
Allergy to equine products	BOTCLICRPASMEDHXEQUINE	Does patient have a history of any allergy to equine products?	DropDownList	Yes No Unknown	Y N U
If Yes, describe	BOTCLICRPASMEDHXEQUINEDESC	If Yes, describe the allergy	FreeText		
Immuno-compromised	BOTCLICRPASMEDHXIMMUNO	Is patient immuno-compromised?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	BOTCLICRPASMEDHXIMMUNOCOND	If Yes, specify condition	FreeText		
Other (specify)	BOTCLICRPASMEDHXOTH	Does patient have any other relevant past medical history? (specify)	FreeText		
Myobloc (toxin-type B)	BOTCLICRPASMEDHXMYOBLOC	Did patient use any drugs that could cause muscular paralysis within 30 days before illness onset? **Myobloc (toxin-type B)**	DropDownList	Yes No Unknown	Y N U
Botox (toxin-type A)	BOTCLICRPASMEDHXBOTOX	Did patient use any drugs that could cause muscular paralysis within 30 days before illness onset? **Botox (toxin-type A)**	DropDownList	Yes No Unknown	Y N U
Aminoglycoside	BOTCLICRPASMEDHXAMINO	Did patient use any drugs that could cause muscular paralysis within 30 days before illness onset? **Aminoglycoside (gentamicin, tobramycin)**	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – BOTULISM, FOODBORNE / BOTULISM, OTHER / BOTULISM, UNKNOWN / BOTULISM, WOUND **NO CLINICAL TAB FOR BOTULISM, INFANT**					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Anticholinergic	BOTCLICRPASMEDHXANTICHOLIN	Did patient use any drugs that could cause muscular paralysis within 30 days before illness onset? **Anticholinergic**	DropDownList	Yes No Unknown	Y N U
Other (specify)	BOTCLICRPASMEDHXOTHER	Did patient use any **other drugs** that could cause muscular paralysis within 30 days before illness onset?	FreeText		
HOSPITALIZATION					
Patient visit ER?	HOSPER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U
Was patient hospitalized?	HOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
Total hospital nights	HOSPDAYSHOSP	If Yes, how many total hospital nights?	FreeText		
HOSPITALIZATION – DETAILS					
Hospital name	HOSPDTLNAME1 HOSPDTLNAME2 HOSPDTLNAME3	Name of facility where patient was hospitalized	FreeText		
Street address	HOSPDTLADDRESS1 HOSPDTLADDRESS2 HOSPDTLADDRESS3	Street address of hospital	FreeText		
City	HOSPDTLCITY1 HOSPDTLCITY2 HOSPDTLCITY3	City where hospital located	FreeText		
State	HOSPDTLSTATE1 HOSPDTLSTATE2 HOSPDTLSTATE3	State	FreeText		
Zip code	HOSPDTLZIPCODE1 HOSPDTLZIPCODE2 HOSPDTLZIPCODE3	Zip code	FreeText		

CLINICAL INFO – BOTULISM, FOODBORNE / BOTULISM, OTHER / BOTULISM, UNKNOWN / BOTULISM, WOUND **NO CLINICAL TAB FOR BOTULISM, INFANT**					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Telephone	HOSPDTLPHONE1 HOSPDTLPHONE2 HOSPDTLPHONE3	Telephone number for hospital	FreeText		
Admit date	HOSPDTLADMITDT1 HOSPDTLADMITDT2 HOSPDTLADMITDT3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPDTLDISCHDT1 HOSPDTLDISCHDT2 HOSPDTLDISCHDT3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		
Medical record number	HOSPDTLMRN1 HOSPDTLMRN2 HOSPDTLMRN3	Medical record number for patient	FreeText		
Discharge diagnosis	HOSPDTLDISCHDX1 HOSPDTLDISCHDX2 HOSPDTLDISCHDX3	What was the patient's final diagnosis at the time of discharge?	FreeText		
TREATMENT / MANAGEMENT					
Was antitoxin released?	BOTCLICRTXMGTRELEASED	Was antitoxin released / authorized?	DropDownList	Yes No Unknown	Y N U
Date of antitoxin release	BOTCLICRTXMGTRELEASEDDT	Date of antitoxin release	Date (MM/DD/YYYY)		
Time of antitoxin release	BOTCLICRTXMGTRELEASEDTIME	Time of antitoxin release (HH:MM AM/PM)	FreeText		
Officer releasing antitoxin	BOTCLICRTXMGTOffName	Officer releasing antitoxin (last name, first name)	FreeText		
Pharmacy receiving antitoxin	BOTCLICRTXMGTPHARM	Name of hospital or pharmacy that received antitoxin	FreeText		
Pharmacy phone number	BOTCLICRTXMGTPHARMPHONE	Pharmacy phone number	FreeText		
Received botulinum antitoxin?	BOTCLICRTXMGTRECEIVEDANTITOX	Did the patient receive botulinum antitoxin?	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – BOTULISM, FOODBORNE / BOTULISM, OTHER / BOTULISM, UNKNOWN / BOTULISM, WOUND **NO CLINICAL TAB FOR BOTULISM, INFANT**					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
# doses used	BOTCLICRTXMGTNUMDOSES	If yes, specify the number of doses used	FreeText		
Antitoxin type – 1st dose	BOTCLICRTXMGTTYPEFIRST	What type of antitoxin was administered for the 1st dose?	DropDownList	Cangene heptavalent Unknown Other	CHEPT U or UNK OTH
If Other, specify	BOTCLICRTXMGTTYPEFIRSTSPEC	If Other type of antitoxin administered for 1st dose, please specify	FreeText		
Date administered	BOTCLICRTXMGTTYPEFIRSTDT	Date 1st antitoxin dose was administered	Date (MM/DD/YYYY)		
Antitoxin type – 2nd dose	BOTCLICRTXMGTTYPESECOND	What type of antitoxin was administered for the second dose?	DropDownList	Cangene heptavalent Unknown Other	CHEPT U OTH
If Other, specify	BOTCLICRTXMGTTYPESECONDDTSPEC	If Other type of antitoxin administered for 2nd dose, please specify	FreeText		
Date administered	BOTCLICRTXMGTTYPESECONDDT	Date 2nd antitoxin dose was administered	Date (MM/DD/YYYY)		
Admitted to ICU?	BOTCLICRTXMGTADMICU	Was the patient admitted to the ICU?	DropDownList	Yes No Unknown	Y N U
Admit date	BOTCLICRTXMGTADMICUDATE	If Yes, what was the ICU admit date?	Date (MM/DD/YYYY)		
Intubated	BOTCLICRTXMGTINTUBATED	Was the patient intubated and placed on ventilator?	DropDownList	Yes No Unknown	Y N U
Intubation date	BOTCLICRTXMGTINTUBATEDDATE	If Yes, what was the intubation date?	Date (MM/DD/YYYY)		
OUTCOME					
Outcome?	OUTCOMEOUTCOME	What was the clinical outcome for this case?	DropDownList	Survived Died Unknown	S D U

CLINICAL INFO – BOTULISM, FOODBORNE / BOTULISM, OTHER / BOTULISM, UNKNOWN / BOTULISM, WOUND **NO CLINICAL TAB FOR BOTULISM, INFANT**					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Survived as of	OUTCOMESURVIVEDT	If patient survived, what was the date patient was known to still be living?	Date (MM/DD/YYYY)		
Date of death	OUTCOMEDEATHDT	If patient died, what was the date of death?	System Defined Field Link		
ADDITIONAL COMMENTS					
Comments	BOTCLICRADDCOMCOMMENTS	Additional comments related to the case	Text Box		

LABORATORY INFO – BOTULISM, FOODBORNE / BOTULISM, OTHER / BOTULISM, UNKNOWN / BOTULISM, WOUND **NO LABORATORY TAB FOR BOTULISM, INFANT**					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
CLINICAL SPECIMENS – DIRECT TOXIN TESTING					
Specimen type	BOTLABCRCLISPECDTOXTSTSPECTYPE1 BOTLABCRCLISPECDTOXTSTSPECTYPE2 BOTLABCRCLISPECDTOXTSTSPECTYPE3	Type of clinical specimen submitted for direct toxin testing	DropDownList	Gastric aspirate Serum (pre-antitoxin) Serum (post-antitoxin) Stool	GAST SERPRE SERPOST STOOL
Result	BOTLABCRCLISPECDTOXTSTRSLT1 BOTLABCRCLISPECDTOXTSTRSLT2 BOTLABCRCLISPECDTOXTSTRSLT3	Direct toxin testing results	DropDownList	No botulinum toxin detected Botulinum toxin detected Other or unknown toxin detected Insufficient or unsatisfactory sample Test cancelled Unknown	NOCLOST CLOST OTHUNK INSUFF CANCEL UNK
Toxin type detected	BOTLABCRCLISPECDTOXTSTTYPE1 BOTLABCRCLISPECDTOXTSTTYPE2 BOTLABCRCLISPECDTOXTSTTYPE3	What type of toxin was detected?	DropDownList	Type A Type B Type ABE Type C Type D Type E Type F Type G Untypeable	A B ABE C D E F G UNTYP

LABORATORY INFO – BOTULISM, FOODBORNE / BOTULISM, OTHER / BOTULISM, UNKNOWN / BOTULISM, WOUND **NO LABORATORY TAB FOR BOTULISM, INFANT**					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				Unknown	UNK
Collection date	BOTLABCRCLISPECDTOXTSTDT1 BOTLABCRCLISPECDTOXTSTDT2 BOTLABCRCLISPECDTOXTSTDT3	Date clinical specimen was collected	Date (MM/DD/YYYY)		
Laboratory name	BOTLABCRCLISPECDTOXTSTLABNAME1 BOTLABCRCLISPECDTOXTSTLABNAME2 BOTLABCRCLISPECDTOXTSTLABNAME3	Name of lab where direct toxin testing was performed	FreeText		
Telephone	BOTLABCRCLISPECDTOXTSTLABPHONE1 BOTLABCRCLISPECDTOXTSTLABPHONE2 BOTLABCRCLISPECDTOXTSTLABPHONE3	Telephone number of lab	FreeText		
CLINICAL SPECIMEN – CULTURE TESTING					
Specimen type	BOTLABCRCLISPECCULTTSTSPECTYPE1 BOTLABCRCLISPECCULTTSTSPECTYPE2 BOTLABCRCLISPECCULTTSTSPECTYPE3	Type of clinical specimen submitted for culture testing	DropDownList	Abscess biopsy Gastric aspirate Stool Wound aspirate Other	ABSBIOP GAST STOOL WOUND OTH
If Other, specify	BOTLABCRCLISPECCULTTSTSPECTYPESPFY1 BOTLABCRCLISPECCULTTSTSPECTYPESPFY2 BOTLABCRCLISPECCULTTSTSPECTYPESPFY3	If Other type of clinical specimen, specify	FreeText		
Abscess biopsy site	BOTLABCRCLISPECCULTTSTABSCESSSITE1 BOTLABCRCLISPECCULTTSTABSCESSSITE2 BOTLABCRCLISPECCULTTSTABSCESSSITE3	If Abscess biopsy, specify site of abscess	FreeText		
Wound aspirate site	BOTLABCRCLISPECCULTTSTWOUNDSITE1 BOTLABCRCLISPECCULTTSTWOUNDSITE2 BOTLABCRCLISPECCULTTSTWOUNDSITE3	If wound aspirate, specify site of wound	FreeText		
Result	BOTLABCRCLISPECCULTTSTRSLT1 BOTLABCRCLISPECCULTTSTRSLT2 BOTLABCRCLISPECCULTTSTRSLT3	Culture testing results	DropDownList	No Clostridium organism isolateD Clostridium botulinum organism isolated Clostridium baratii organism isolated Clostridium butyricum organism isolated	NOCLOST CLOSTBOT CLOSTBAR CLOSTBUT

LABORATORY INFO – BOTULISM, FOODBORNE / BOTULISM, OTHER / BOTULISM, UNKNOWN / BOTULISM, WOUND **NO LABORATORY TAB FOR BOTULISM, INFANT**					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				Other Clostridial species organism isolated	OTHCLOST
				Insufficient or unsatisfactory sample	INSUFF
				Test cancelled	CANCEL
				Unknown	UNK
Toxin type produced	BOTLABCRCLISPECCULTTSTTOXINTYPE1 BOTLABCRCLISPECCULTTSTTOXINTYPE2 BOTLABCRCLISPECCULTTSTTOXINTYPE3	Type of toxin produced by organism	DropDownList	Type A	A
				Type B	B
				Type ABE	ABE
				Type C	C
				Type D	D
				Type E	E
				Type F	F
				Type G	G
				None	NONE
				Untypeable	UNTYP
				Unknown	UNK
Collection date	BOTLABCRCLISPECCULTTSTDT1 BOTLABCRCLISPECCULTTSTDT2 BOTLABCRCLISPECCULTTSTDT3	Date clinical specimen was collected	Date (MM/DD/YYYY)		
Laboratory name	BOTLABCRCLISPECCULTTSTLABNAME1 BOTLABCRCLISPECCULTTSTLABNAME2 BOTLABCRCLISPECCULTTSTLABNAME3	Name of lab where culture testing was performed	FreeText		
Telephone	BOTLABCRCLISPECCULTTSTLABPHONE1 BOTLABCRCLISPECCULTTSTLABPHONE2 BOTLABCRCLISPECCULTTSTLABPHONE3	Telephone number of lab	FreeText		
FOOD SPECIMENS					
Food item	BOTLABCRFOODSPECTYPEFOOD1 BOTLABCRFOODSPECTYPEFOOD2 BOTLABCRFOODSPECTYPEFOOD3	Type of food item tested	FreeText		
Food ID number	BOTLABCRFOODSPECFOODIDNUM1 BOTLABCRFOODSPECFOODIDNUM2 BOTLABCRFOODSPECFOODIDNUM3	Food identification number	FreeText		
Eat item week before	BOTLABCRFOODSPECEATWEEKPRIOR1 BOTLABCRFOODSPECEATWEEKPRIOR2 BOTLABCRFOODSPECEATWEEKPRIOR3	Did the patient eat this item in the week before illness onset?	DropDownList	Yes No Unknown	Y N U

LABORATORY INFO – BOTULISM, FOODBORNE / BOTULISM, OTHER / BOTULISM, UNKNOWN / BOTULISM, WOUND **NO LABORATORY TAB FOR BOTULISM, INFANT**					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Anyone else eat item	BOTLABCRFOODSPECOTHERPERSONEAT1 BOTLABCRFOODSPECOTHERPERSONEAT2 BOTLABCRFOODSPECOTHERPERSONEAT3	Did anyone else eat this item in the week before patient's illness onset?	DropDownList	Yes No Unknown	Y N U
Direct toxin testing result	BOTLABCRFOODSPECDIRTOXTSTRSLT1 BOTLABCRFOODSPECDIRTOXTSTRSLT2 BOTLABCRFOODSPECDIRTOXTSTRSLT3	What was the result of direct toxin testing on the food item?	DropDownList	No botulinum toxin detected	NOCLOST
				Botulinum toxin detected	CLOST
				Other or unknown toxin detected	OTHUNK
				Insufficient or unsatisfactory sample	INSUFF
				Test cancelled	CANCEL
				Unknown	UNK
Toxin type detected	BOTLABCRFOODSPECTYPETOXINDETECT1 BOTLABCRFOODSPECTYPETOXINDETECT2 BOTLABCRFOODSPECTYPETOXINDETECT3	What type of toxin was detected in the food item?	DropDownList	Type A	A
				Type B	B
				Type ABE	ABE
				Type C	C
				Type D	D
				Type E	E
				Type F	F
				Type G	G
				Untypeable	UNTYP
				Unknown	UNK
Culture testing result	BOTLABCRFOODSPECCULTRSLT1 BOTLABCRFOODSPECCULTRSLT2 BOTLABCRFOODSPECCULTRSLT3	What was the result of culture testing on the food item?	DropDownList	No Clostridium organism isolated	NOCLOST
				Clostridium botulinum organism isolated	CLOSTBOT
				Clostridium baratii organism isolated	CLOSTBAR
				Clostridium butyricum organism isolated	CLOSTBUT
				Other Clostridial species organism isolated	OTHCLOST
				Insufficient or unsatisfactory sample	INSUFF
				Test cancelled	CANCEL
				Unknown	UNK
Toxin type produced by organism	BOTLABCRFOODSPECTYPETOXINPROD1 BOTLABCRFOODSPECTYPETOXINPROD2 BOTLABCRFOODSPECTYPETOXINPROD3	Type of toxin produced by organism	DropDownList	Type A	A
				Type B	B
				Type ABE	ABE
				Type C	C
				Type D	D
				Type E	E
				Type F	F
				Type G	G

LABORATORY INFO – BOTULISM, FOODBORNE / BOTULISM, OTHER / BOTULISM, UNKNOWN / BOTULISM, WOUND **NO LABORATORY TAB FOR BOTULISM, INFANT**					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				None Untypeable Unknown	NONE UNTYP UNK
Collection date	BOTLABCRFOODSPECDT1 BOTLABCRFOODSPECDT2 BOTLABCRFOODSPECDT3	Date food item was collected	Date (MM/DD/YYYY)		
Laboratory name	BOTLABCRFOODSPECLABNAME1 BOTLABCRFOODSPECLABNAME2 BOTLABCRFOODSPECLABNAME3	Name of lab where testing was performed	FreeText		
Telephone	BOTLABCRFOODSPECLABPHONE1 BOTLABCRFOODSPECLABPHONE2 BOTLABCRFOODSPECLABPHONE3	Telephone number of lab	FreeText		
ADDITIONAL INFORMATION					
Post-antitoxin test	BOTLABCRADDINFODESC1 BOTLABCRADDINFODESC2 BOTLABCRADDINFODESC3	If post-antitoxin test was performed and was positive, describe circumstances	Text Box		
Additional antitoxin given?	BOTLABCRADDINFOADDANTITOX1 BOTLABCRADDINFOADDANTITOX2 BOTLABCRADDINFOADDANTITOX3	Was additional antitoxin given to the patient?	DropDownList	Yes No Unknown	Y N U
ADDITIONAL COMMENTS					
Comments	BOTLABCRADDCOMCOMMENTS	Comments	Text Box		

EPIDEMIOLOGIC INFO – BOTULISM, FOODBORNE / BOTULISM, OTHER / BOTULISM, UNKNOWN / BOTULISM, WOUND / *NO EPIDEMIOLOGIC TAB FOR BOTULISM, INFANT					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
EXPOSURES / RISK FACTORS – WOUND AND DRUG USE / Provide information regarding the patient's wound and drug use					
Wound or abscess	BOTEPICREXPRISKFACTWDRGWOUND	Does patient have a wound or abscess?	DropDownList	Yes No Unknown	Y N U
Date of injury	BOTEPICREXPRISKFACTWDRGWOUNDDT	If Yes, what was the date of injury?	Date (MM/DD/YYYY)		
Location(s)	BOTEPICREXPRISKFACTWDRGWOUNDLOC	What is the wound location(s)?	FreeText		
Description	BOTEPICREXPRISKFACTWDRGWOUNDDESC	Provide a description of the wound	FreeText		
How wound occurred	BOTEPICREXPRISKFACTWDRGWOUNDORIGIN	How did the wound occur?	FreeText		
Wound appear infected?	BOTEPICREXPRISKFACTWDRGWOUNDINFECT	Did / does wound appear infected? Are there signs of infection?	DropDownList	Yes No Unknown	Y N U
Injects black tar heroin	BOTEPICREXPRISKFACTWDRGCHIBA	Does patient inject black tar heroin (chiba)?	DropDownList	Yes No Unknown	Y N U
Date last used	BOTEPICREXPRISKFACTWDRGCHIBADT	If Yes, specify date last used	Date (MM/DD/YYYY)		
Injection method	BOTEPICREXPRISKFACTWDRGCHIBAMETHOD_0 BOTEPICREXPRISKFACTWDRGCHIBAMETHOD_1 BOTEPICREXPRISKFACTWDRGCHIBAMETHOD_2 BOTEPICREXPRISKFACTWDRGCHIBAMETHOD_3 BOTEPICREXPRISKFACTWDRGCHIBAMETHOD_4	Method of injecting black tar heroin	CheckBoxList (more than one choice is possible)	Intravenous Intramuscular Subcutaneous (skin-pop) Unknown Other	INTVEN INTMUS SUBCUT UNK OTH
If Other, specify	BOTEPICREXPRISKFACTWDRGCHIBAMETHODOTH	If Other method, specify	FreeText		
Injects other drugs	BOTEPICREXPRISKFACTWDRGOTHDRG	Does patient inject other drugs?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – BOTULISM, FOODBORNE / BOTULISM, OTHER / BOTULISM, UNKNOWN / BOTULISM, WOUND / *NO EPIDEMIOLOGIC TAB FOR BOTULISM, INFANT					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Drugs injected	BOTEPICREXPRISKFACTWDRGOTHDRGSPFY_0 BOTEPICREXPRISKFACTWDRGOTHDRGSPFY_1 BOTEPICREXPRISKFACTWDRGOTHDRGSPFY_2 BOTEPICREXPRISKFACTWDRGOTHDRGSPFY_3 BOTEPICREXPRISKFACTWDRGOTHDRGSPFY_4	If Yes, indicate other drugs injected	CheckBoxList (more than one choice is possible)	Heroin Cocaine Methamphetamine Unknown Other	HERO COCA METH UNK OTH
If Other, specify	BOTEPICREXPRISKFACTWDRGOTHDRGSPFYOTH	If Other drugs injected, specify	FreeText		
Injection method	BOTEPICREXPRISKFACTWDRGOTHDRGINJMETHOD_0 BOTEPICREXPRISKFACTWDRGOTHDRGINJMETHOD_1 BOTEPICREXPRISKFACTWDRGOTHDRGINJMETHOD_2 BOTEPICREXPRISKFACTWDRGOTHDRGINJMETHOD_3 BOTEPICREXPRISKFACTWDRGOTHDRGINJMETHOD_4	Method of injecting other drugs	CheckBoxList (more than one choice is possible)	Intravenous Intramuscular Subcutaneous (skin-pop) Unknown Other	INTVEN INTMUS SUBCUT UNK OTH
If Other, specify	BOTEPICREXPRISKFACTWDRGOTHDRGMETHODOTH	If Other method, specify	FreeText		
Sniffs / snorts drugs	BOTEPICREXPRISKFACTWDRGSNORTSPFY	Does patient sniff or snort drugs?	DropDownList	Yes No Unknown	Y N U
Drugs sniffed / snorted	BOTEPICREXPRISKFACTWDRGSNORT_0 BOTEPICREXPRISKFACTWDRGSNORT_1 BOTEPICREXPRISKFACTWDRGSNORT_2 BOTEPICREXPRISKFACTWDRGSNORT_3 BOTEPICREXPRISKFACTWDRGSNORT_4	If Yes, specify drugs sniffed / snorted	CheckBoxList (more than one choice is possible)	Heroin Cocaine Methamphetamine Unknown Other	HERO COCA METH UNK OTH
If Other, specify	BOTEPICREXPRISKFACTWDRGSNORTSPFYOTH	If Other drug, specify	FreeText		
Uses other drugs	BOTEPICREXPRISKFACTWDRGUSESOTHDRG	Does patient use other drugs?	DropDownList	Yes No Unknown	Y N U
Describe	BOTEPICREXPRISKFACTWDRGOTHDRG1	If Yes, describe type of use and drugs	FreeText		
EXPOSURES / RISK FACTORS – POTENTIAL HIGH RISK FOOD PRODUCTS / Provide information regarding potential high risk food products consumed two weeks prior to illness onset.					
Home canned food products	BOTEPICREXPRISKFACTHRFPHOMECAN	Did patient consume home canned, jarred, or preserved food products?	DropDownList	Yes No Unknown	Y N U
If Yes, describe	BOTEPICREXPRISKFACTHRFPHOMECANDESCR	If Yes, describe	FreeText		

EPIDEMIOLOGIC INFO – BOTULISM, FOODBORNE / BOTULISM, OTHER / BOTULISM, UNKNOWN / BOTULISM, WOUND / *NO EPIDEMIOLOGIC TAB FOR BOTULISM, INFANT					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Fermented food products	BOTEPICREXPRISKFACTHRFPFERMENTED	Did patient consume fermented food products?	DropDownList	Yes No Unknown	Y N U
If Yes, describe	BOTEPICREXPRISKFACTHRFPFERMENTEDDESCR	If Yes, describe	FreeText		
Dried/smoked fish products	BOTEPICREXPRISKFACTHRFPDRIEDFISH	Did patient consume dried or smoked fish products?	DropDownList	Yes No Unknown	Y N U
If Yes, describe	BOTEPICREXPRISKFACTHRFPDRIEDFISHDESCR	If Yes, describe	FreeText		
Marinated food products	BOTEPICREXPRISKFACTHRFPMARINATED	Did patient consume marinated food products?	DropDownList	Yes No Unknown	Y N U
If Yes, describe	BOTEPICREXPRISKFACTHRFPMARINATEDDESCR	If Yes, describe	FreeText		
Suspicious commercial products	BOTEPICREXPRISKFACTHRFPSUSPICIOUS	Did patient consume suspicious commercial products?	DropDownList	Yes No Unknown	Y N U
If Yes, describe	BOTEPICREXPRISKFACTHRFPSUSPICIOUSDESCR	If Yes, describe	FreeText		
EXPOSURES / RISK FACTORS – SPECIFIC FOOD ITEMS					
Food item	BOTEPICREXPRISKFACTSPFIITEM1 BOTEPICREXPRISKFACTSPFIITEM2 BOTEPICREXPRISKFACTSPFIITEM3	Any suspect food item consumed prior to illness onset?	FreeText		
Date eaten	BOTEPICREXPRISKFACTSPFIDT1 BOTEPICREXPRISKFACTSPFIDT2 BOTEPICREXPRISKFACTSPFIDT3	Date food item was eaten	Date (MM/DD/YYYY)		
Time eaten	BOTEPICREXPRISKFACTSPFITIMEEATEN1 BOTEPICREXPRISKFACTSPFITIMEEATEN2 BOTEPICREXPRISKFACTSPFITIMEEATEN3	Time food item was eaten (HH:MM AM/PM)	FreeText		
Type of food	BOTEPICREXPRISKFACTSPFITYPE1 BOTEPICREXPRISKFACTSPFITYPE2 BOTEPICREXPRISKFACTSPFITYPE3	Type of food	DropDownList	Homemade Restaurant-associated Commercial product Unknown	HOME REST COMM UNK

EPIDEMIOLOGIC INFO – BOTULISM, FOODBORNE / BOTULISM, OTHER / BOTULISM, UNKNOWN / BOTULISM, WOUND / *NO EPIDEMIOLOGIC TAB FOR BOTULISM, INFANT					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Brand	BOTEPICREXPRISKFACTSPFIBRAND1 BOTEPICREXPRISKFACTSPFIBRAND2 BOTEPICREXPRISKFACTSPFIBRAND3	If Commercial product, what brand was the suspect food item?	FreeText		
Lot number	BOTEPICREXPRISKFACTSPFILOTNUM1 BOTEPICREXPRISKFACTSPFILOTNUM2 BOTEPICREXPRISKFACTSPFILOTNUM3	What was the lot number?	FreeText		
How was item stored?	BOTEPICREXPRISKFACTSPFIHOWSTORED1 BOTEPICREXPRISKFACTSPFIHOWSTORED2 BOTEPICREXPRISKFACTSPFIHOWSTORED3	How was the food item stored?	DropDownList	Unrefrigerated Refrigerated Frozen Other Unknown	UNREF REFR FROZ OTH UNK
If Other, specify	BOTEPICREXPRISKFACTSPFIHOWSTOREDSPFY1 BOTEPICREXPRISKFACTSPFIHOWSTOREDSPFY2 BOTEPICREXPRISKFACTSPFIHOWSTOREDSPFY3	If Other storage method, specify	FreeText		
How was item preserved?	BOTEPICREXPRISKFACTSPFIHOWPRES1 BOTEPICREXPRISKFACTSPFIHOWPRES2 BOTEPICREXPRISKFACTSPFIHOWPRES3	How was food item preserved?	DropDownList	Canned Dried Fermented Salted Pickled No preservation method Other Unknown	CAN DRIED FERM SALT PICKL NOPRES OTH UNK
If Other, specify	BOTEPICREXPRISKFACTSPFIHOWPRESSPFY1 BOTEPICREXPRISKFACTSPFIHOWPRESSPFY2 BOTEPICREXPRISKFACTSPFIHOWPRESSPFY3	If Other preservation method, specify	FreeText		
How was item served?	BOTEPICREXPRISKFACTSPFIHOWSERV1 BOTEPICREXPRISKFACTSPFIHOWSERV2 BOTEPICREXPRISKFACTSPFIHOWSERV3	How was food item served?	DropDownList	Unheated Only warmed Microwaved Heated Boiled Fried Other Unknown	UNHEAT WARM MICRO HEAT BOIL FRY OTH UNK
If Other, specify	BOTEPICREXPRISKFACTSPFIHOWSERVSPFY1 BOTEPICREXPRISKFACTSPFIHOWSERVSPFY2 BOTEPICREXPRISKFACTSPFIHOWSERVSPFY3	If Other, specify	FreeText		

EPIDEMIOLOGIC INFO – BOTULISM, FOODBORNE / BOTULISM, OTHER / BOTULISM, UNKNOWN / BOTULISM, WOUND / *NO EPIDEMIOLOGIC TAB FOR BOTULISM, INFANT					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
# persons shared item	BOTEPICREXPRISKFACTSPFINUMPERSONSSHARE1 BOTEPICREXPRISKFACTSPFINUMPERSONSSHARE2 BOTEPICREXPRISKFACTSPFINUMPERSONSSHARE3	Number of persons who shared the food item	FreeText		
# persons ill	BOTEPICREXPRISKFACTSPFINUMPERSONSILL1 BOTEPICREXPRISKFACTSPFINUMPERSONSILL2 BOTEPICREXPRISKFACTSPFINUMPERSONSILL3	Number of persons ill	FreeText		
Samples available?	BOTEPICREXPRISKFACTSPFISAMPLESAVAIL1 BOTEPICREXPRISKFACTSPFISAMPLESAVAIL2 BOTEPICREXPRISKFACTSPFISAMPLESAVAIL3	Are samples of the suspect food item available?	DropDownList	Yes No Unknown	Y N U
Samples tested for botulism?	BOTEPICREXPRISKFACTSPFISAMPLESSUBM1 BOTEPICREXPRISKFACTSPFISAMPLESSUBM2 BOTEPICREXPRISKFACTSPFISAMPLESSUBM3	Were samples of the food item submitted for botulism testing?	DropDownList	Yes No Unknown	Y N U
Food recalled?	BOTEPICREXPRISKFACTSPFIRECALLED1 BOTEPICREXPRISKFACTSPFIRECALLED2 BOTEPICREXPRISKFACTSPFIRECALLED3	Foods of same batch / lot recovered or recalled?	DropDownList	Yes No Unknown	Y N U
EXPOSURES / RISK FACTORS – OTHER POTENTIAL EXDPOSURES OF INTEREST					
Exposure	BOTEPICREXPRISKFACTOTHEXPOSURE1 BOTEPICREXPRISKFACTOTHEXPOSURE2 BOTEPICREXPRISKFACTOTHEXPOSURE3	Are there any other potential exposures of interest?	FreeText		
Description	BOTEPICREXPRISKFACTOTHDESC1 BOTEPICREXPRISKFACTOTHDESC2 BOTEPICREXPRISKFACTOTHDESC3	Describe the other potential exposures of interest	FreeText		
TRAVEL HISTORY					
Travel outside of county	BOTEPICRTRVHXTRAVEL	Did patient travel outside of county of residence during incubation period?	DropDownList	Yes No Unknown	Y N U
TRAVEL HISTORY - DETAILS					
Location	TRVHXDTLLOCATION1 TRVHXDTLLOCATION2 TRVHXDTLLOCATION3	Specify location (city, county, state, country) of patient travel	FreeText		

EPIDEMIOLOGIC INFO – BOTULISM, FOODBORNE / BOTULISM, OTHER / BOTULISM, UNKNOWN / BOTULISM, WOUND / *NO EPIDEMIOLOGIC TAB FOR BOTULISM, INFANT					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Date travel started	TRVHXDTLSTARTDT1 TRVHXDTLSTARTDT2 TRVHXDTLSTARTDT3	Date travel started	Date (MM/DD/YYYY)		
Date travel ended	TRVHXDTLENDDT1 TRVHXDTLENDDT2 TRVHXDTLENDDT3	Date travel ended	Date (MM/DD/YYYY)		
CONTACTS / OTHER ILL PERSONS					
Contacts with similar illness	CONTOTHCONTACT	Any contacts with similar illness?	DropDownList	Yes No Unknown	Y N U
REPORTING AGENCY					
Investigator name	REPAGENCYNAME	LHD Investigator name	FreeText		
Local health jurisdiction	REPAGENCYLHJUR	Local health jurisdiction	FreeText		
Telephone number	REPAGENCYPHONE	Telephone number of LHD investigator	FreeText		
Date	REPAGENCYDT	Date agency reported the case	Date (MM/DD/YYYY)		
First reported by	REPAGENCYREPORTEDBY	What reporting agency first reported the case?	DropDownList	Clinician Laboratory Other	CLI LAB OTH
If Other, specify	REPAGENCYREPORTEDBYSPFY	If Other, specify	FreeText		
EPIDEMIOLOGICAL LINKAGE					
Epi-linked case	EPILINKKNOWNCASE	Epi-linked to known case of botulism?	DropDownList	Yes No Unknown	Y N U
Contact name / Case #	EPILINKCONTNAMECASENUM	Contact name / case #	FreeText		
DISEASE CASE CLASSIFICATION					

EPIDEMIOLOGIC INFO – BOTULISM, FOODBORNE / BOTULISM, OTHER / BOTULISM, UNKNOWN / BOTULISM, WOUND / *NO EPIDEMIOLOGIC TAB FOR BOTULISM, INFANT					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Case classification	BOTEPICRDCCLASSSPEC	Disease case classification	DropDownList	Confirmed Probable Suspect	CONF PROB SUSP
OUTBREAK					
Part of outbreak	BOTEPICROBPARTOF	Is this case part of a known botulism outbreak?	DropDownList	Yes No Unknown	Y N U
Extent of outbreak	BOTEPICROBEXTENTOF_0 BOTEPICROBEXTENTOF_1 BOTEPICROBEXTENTOF_2 BOTEPICROBEXTENTOF_3 BOTEPICROBEXTENTOF_4 BOTEPICROBEXTENTOF_5	If Yes, what is the extent of the outbreak?	CheckBoxList (more than one choice is possible)	One CA jurisdiction Multiple CA jurisdictions Multistate International Unknown Other	ONEJUR MULJUR MULSTAT INTR UNK OTH
If Other, specify	BOTEPICROBEXTENTOFSPFY	If Other, specify	FreeText		
Vehicle of outbreak	BOTEPICROBVEHICLE	What is the vehicle of the botulism outbreak?	FreeText		
Pattern 1 ID #	BOTEPICROBPAT1IDNUM	Pattern 1 ID number	FreeText		
Pattern 2 ID #	BOTEPICROBPAT2IDNUM	Pattern 2 ID number	FreeText		
ADDITIONAL COMMENTS					
Comments	BOTEPICRADDCOMCOMMENTS	Comments	Text Box		

Brucellosis

CLINICAL INFO – BRUCELLOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
SIGNS AND SYMPTOMS					
Symptomatic?	BRUCELOSCLICRSIGNSXSYMPTOMATIC	Does the patient have clinical signs or symptoms compatible with brucellosis?	DropDownList	Yes No Unknown	Y N U
Onset Date	BRUCELOSCLICRSIGNSXONSETDT	Onset date of symptoms of brucellosis	System Defined Field Link		
Date sought medical care	BRUCELOSCLICRSIGNSXSGTMEDCAREDT	Date first sought medical care for symptoms	Date (MM/DD/YYYY)		
Fever	BRUCELOSCLICRSIGNSXFEVER	Did patient have a fever?	DropDownList	Yes No Unknown	Y N U
Highest Temperature	BRUCELOSCLICRSIGNSXFEVERHIGHTEMP	If Yes, highest temperature (specify F/C)	FreeText		
Chills	BRUCELOSCLICRSIGNSXCHILLS	Brucellosis signs and symptoms: **Chills**	DropDownList	Yes No Unknown	Y N U
Headache	BRUCELOSCLICRSIGNSXHEADACHE	Brucellosis signs and symptoms: **Headache**	DropDownList	Yes No Unknown	Y N U
Severe malaise	BRUCELOSCLICRSIGNSXSEVMALAISE	Brucellosis signs and symptoms: **Severe malaise**	DropDownList	Yes No Unknown	Y N U
Arthritis / arthralgia	BRUCELOSCLICRSIGNSXARTHR	Brucellosis signs and symptoms: **Arthritis or arthralgia**	DropDownList	Yes No Unknown	Y N U
Specify joint(s)	BRUCELOSCLICRSIGNSXARTHRJOINT	If Yes, specify joint(s)	FreeText		
Weight loss	BRUCELOSCLICRSIGNSXWEIGHTLOSS	Brucellosis signs and symptoms: **Weight loss**	DropDownList	Yes No Unknown	Y N U
Diarrhea	BRUCELOSCLICRSIGNSXDIARRHEA	Brucellosis signs and symptoms: **Diarrhea**	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – BRUCELLOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Sweats	BRUCELOSCLICRSIGNSXSWEATS	Brucellosis signs and symptoms: **Sweats**	DropDownList	Yes No Unknown	Y N U
Anemia	BRUCELOSCLICRSIGNSXANEMIA	Brucellosis signs and symptoms: **Anemia**	DropDownList	Yes No Unknown	Y N U
Abdominal pain	BRUCELOSCLICRSIGNSXABNMPAIN	Brucellosis signs and symptoms: **Abdominal pain**	DropDownList	Yes No Unknown	Y N U
Abscess	BRUCELOSCLICRSIGNSXABSESS	Brucellosis signs and symptoms: **Abscess**	DropDownList	Yes No Unknown	Y N U
Specify location(s)	BRUCELOSCLICRSIGNSXABSESSLOC	If Yes, specify location(s)	FreeText		
Splenomegaly	BRUCELOSCLICRSIGNSXSPLENOM	Brucellosis signs and symptoms: **Splenomegaly**	DropDownList	Yes No Unknown	Y N U
Leukopenia	BRUCELOSCLICRSIGNSXLEUKOP	Brucellosis signs and symptoms: **Leukopenia**	DropDownList	Yes No Unknown	Y N U
Hepatomegaly	BRUCELOSCLICRSIGNSXHEPATOM	Brucellosis signs and symptoms: **Hepatomegaly**	DropDownList	Yes No Unknown	Y N U
Appetite loss	BRUCELOSCLICRSIGNSXLOSSOFAPP	Brucellosis signs and symptoms: **Loss of appetite**	DropDownList	Yes No Unknown	Y N U
Other	BRUCELOSCLICRSIGNSXOTH	**Other signs or symptoms** of brucellosis	DropDownList	Yes No Unknown	Y N U
If Yes, specify	BRUCELOSCLICRSIGNSXOTHSPFY	Specify other brucellosis symptoms	FreeText		
PAST MEDICAL HISTORY					
Prior Brucella diagnosis	BRUCELOSCLICRPASMEDHXBRUCELLADX	Has patient had any prior Brucella diagnosis?	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – BRUCELLOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Specify diagnosis date	BRUCELOSCLICRPASMEDHXBRUCELLADXDT	If Yes, specify diagnosis date	Date (MM/DD/YYYY)		
Immunocompromised	BRUCELOSCLICRPASMEDHXIMMUNO	Is patient immunocompromised?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	BRUCELOSCLICRPASMEDHXIMMUNOCONDITION	If Yes, specify condition	FreeText		
Other	BRUCELOSCLICRPASMEDHXOTH	Does patient have any other relevant past medical history? (specify)	Text Box		
HOSPITALIZATION					
Patient visit ER?	HOSPER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U
Was patient hospitalized?	HOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
Total hospital nights	HOSPDAYSHOSP	If Yes, how many total hospital nights?	FreeText		
HOSPITALIZATION – DETAILS					
Hospital name	HOSPDTLNAME1 HOSPDTLNAME2 HOSPDTLNAME3	Name of facility where patient was hospitalized	FreeText		
Street address	HOSPDTLADDRESS1 HOSPDTLADDRESS2 HOSPDTLADDRESS3	Street address of hospital	FreeText		
City	HOSPDTLCITY1 HOSPDTLCITY2 HOSPDTLCITY3	City where hospital located	FreeText		
State	HOSPDTLSTATE1 HOSPDTLSTATE2 HOSPDTLSTATE3	State	FreeText		
Zip code	HOSPDTLZIPCODE1 HOSPDTLZIPCODE2 HOSPDTLZIPCODE3	Zip code	FreeText		

CLINICAL INFO – BRUCELLOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Telephone	HOSPDTLPHONE1 HOSPDTLPHONE2 HOSPDTLPHONE3	Telephone number for hospital	FreeText		
Admit date	HOSPDTLADMITDT1 HOSPDTLADMITDT2 HOSPDTLADMITDT3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPDTLDISCHDT1 HOSPDTLDISCHDT2 HOSPDTLDISCHDT3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		
Medical record number	HOSPDTLMRN1 HOSPDTLMRN2 HOSPDTLMRN3	Medical record number for patient	FreeText		
Discharge diagnosis	HOSPDTLDISCHDX1 HOSPDTLDISCHDX2 HOSPDTLDISCHDX3	What was the patient's final diagnosis at the time of discharge?	FreeText		
TREATMENT/MANAGEMENT					
Received Treatment	TXMGTTREATMENT	Did the patient receive treatment for brucellosis?	DropDownList	Yes No Unknown	Y N U
TREATMENT/MANAGMENT - DETAILS					
Treatment type	BRUCELOSCLICRTXMGTDTLTYPE1 BRUCELOSCLICRTXMGTDTLTYPE2 BRUCELOSCLICRTXMGTDTLTYPE3	What was the general treatment type?	DropDownList	Antibiotic Other	ABX OTH
Treatment name	BRUCELOSCLICRTXMGTDTLNAME1 BRUCELOSCLICRTXMGTDTLNAME2 BRUCELOSCLICRTXMGTDTLNAME3	What was the specific name of the treatment?	FreeText		
Start date	BRUCELOSCLICRTXMGTDTLSTARTDT1 BRUCELOSCLICRTXMGTDTLSTARTDT2 BRUCELOSCLICRTXMGTDTLSTARTDT3	Date treatment started	Date (MM/DD/YYYY)		
End date	BRUCELOSCLICRTXMGTDTLENDDT1 BRUCELOSCLICRTXMGTDTLENDDT2 BRUCELOSCLICRTXMGTDTLENDDT3	Date treatment ended	Date (MM/DD/YYYY)		

CLINICAL INFO – BRUCELLOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
OUTCOME					
Outcome?	OUTCOMEOUTCOME	What was the clinical outcome for this case?	DropDownList	Survived Died Unknown	S D U
Survived as of	OUTCOMESURVIVEDT	If patient survived, what was the date patient was known to still be living?	Date (MM/DD/YYYY)		
Date of death	OUTCOMEDEATHDT	If patient died, what was the date of death?	System Defined Field Link		

LABORATORY INFO – BRUCELLOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY RESULTS SUMMARY					
Specimen type: Blood	BRUCELOSLABCRLABRSLTSUMBLDSPECTYPE1 BRUCELOSLABCRLABRSLTSUMBLDSPECTYPE2 BRUCELOSLABCRLABRSLTSUMBLDSPECTYPE3	Blood submitted for testing?	CheckBoxList	Unchecked Checked	(blank) Y
Type of test	BRUCELOSLABCRLABRSLTSUMBLDTSTTYPE1 BRUCELOSLABCRLABRSLTSUMBLDTSTTYPE2 BRUCELOSLABCRLABRSLTSUMBLDTSTTYPE3	Type of laboratory test	FreeText		
Interpretation	BRUCELOSLABCRLABRSLTSUMBLDINTERPRET1 BRUCELOSLABCRLABRSLTSUMBLDINTERPRET2 BRUCELOSLABCRLABRSLTSUMBLDINTERPRET3	Interpretation of lab test results	DropDownList	Positive Negative	POS NEG
Collection date	BRUCELOSLABCRLABRSLTSUMBLDCOLLECTDT1 BRUCELOSLABCRLABRSLTSUMBLDCOLLECTDT2 BRUCELOSLABCRLABRSLTSUMBLDCOLLECTDT3	Date specimen was collected	Date (MM/DD/YYYY)		
Results	BRUCELOSLABCRLABRSLTSUMBLDRESULT1 BRUCELOSLABCRLABRSLTSUMBLDRESULT2 BRUCELOSLABCRLABRSLTSUMBLDRESULT3	Results of laboratory testing	DropDownList	Brucella species unknown Brucella abortus Brucella melitensis Brucella suis Brucella canis Brucella species other	UNK ABO MEL SUI CAN OTH

LABORATORY INFO – BRUCELLOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Laboratory name	BRUCELOSLABCRLABRSLTSUMBLDLABNAME1 BRUCELOSLABCRLABRSLTSUMBLDLABNAME2 BRUCELOSLABCRLABRSLTSUMBLDLABNAME3	Name of lab where testing was performed	FreeText		
Telephone	BRUCELOSLABCRLABRSLTSUMBLDLABPHONE1 BRUCELOSLABCRLABRSLTSUMBLDLABPHONE2 BRUCELOSLABCRLABRSLTSUMBLDLABPHONE3	Telephone number of lab	FreeText		
Specimen type: Clinical specimen	BRUCELOSLABCRLABRSLTSUMCLISPECTYPE1 BRUCELOSLABCRLABRSLTSUMCLISPECTYPE2 BRUCELOSLABCRLABRSLTSUMCLISPECTYPE3	Clinical specimen submitted for testing	CheckBoxList	Unchecked Checked	(blank) Y
Specify	BRUCELOSLABCRLABRSLTSUMCLISPFY1 BRUCELOSLABCRLABRSLTSUMCLISPFY2 BRUCELOSLABCRLABRSLTSUMCLISPFY3	Specify the type of specimen submitted	FreeText		
Type of test	BRUCELOSLABCRLABRSLTSUMCLITSTTYPE1 BRUCELOSLABCRLABRSLTSUMCLITSTTYPE2 BRUCELOSLABCRLABRSLTSUMCLITSTTYPE3	Type of laboratory test	DropDownList	Culture IFA PCR Other	CULT IFA PCR OTH
If Other, specify	BRUCELOSLABCRLABRSLTSUMCLIOTHSPFY1 BRUCELOSLABCRLABRSLTSUMCLIOTHSPFY2 BRUCELOSLABCRLABRSLTSUMCLIOTHSPFY3	Specify other type of test	FreeText		
Interpretation	BRUCELOSLABCRLABRSLTSUMCLIINTERPRET1 BRUCELOSLABCRLABRSLTSUMCLIINTERPRET2 BRUCELOSLABCRLABRSLTSUMCLIINTERPRET3	Interpretation of lab test results	DropDownList	Positive Negative Equivocal	POS NEG EQU
Brucella Species	BRUCELOSLABCRLABRSLTSUMCLIBRUCSPECIE1 BRUCELOSLABCRLABRSLTSUMCLIBRUCSPECIE2 BRUCELOSLABCRLABRSLTSUMCLIBRUCSPECIE3	Brucella Species identified by lab testing	DropDownList	Brucella species unknown Brucella abortus Brucella melitensis Brucella suis Brucella canis Brucella species other	UNK ABO MEL SUI CAN OTH
Collection date	BRUCELOSLABCRLABRSLTSUMCLICOLLECTDT1 BRUCELOSLABCRLABRSLTSUMCLICOLLECTDT2 BRUCELOSLABCRLABRSLTSUMCLICOLLECTDT3	Date specimen was collected	Date (MM/DD/YYYY)		
Results	BRUCELOSLABCRLABRSLTSUMCLIRESULT1 BRUCELOSLABCRLABRSLTSUMCLIRESULT2 BRUCELOSLABCRLABRSLTSUMCLIRESULT3	Results of laboratory testing	FreeText		
Laboratory name	BRUCELOSLABCRLABRSLTSUMCLILABNAME1 BRUCELOSLABCRLABRSLTSUMCLILABNAME2 BRUCELOSLABCRLABRSLTSUMCLILABNAME3	Name of lab where testing was performed	FreeText		

LABORATORY INFO – BRUCELLOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Telephone	BRUCELOSLABCRLABRSLTSUMCLILABPHONE1 BRUCELOSLABCRLABRSLTSUMCLILABPHONE2 BRUCELOSLABCRLABRSLTSUMCLILABPHONE3	Telephone number of lab	FreeText		
Specimen type: Serum (acute) *Brucella IgM*	BRUCELOSLABCRLABRSLTSUMACUTIGM1 BRUCELOSLABCRLABRSLTSUMACUTIGM2 BRUCELOSLABCRLABRSLTSUMACUTIGM3	Serum collected during acute phase submitted for testing (*Brucella IgM)*	CheckBoxList	Unchecked Checked	(blank) Y
Type of test	BRUCELOSLABCRLABRSLTSUMACUTIGMTST1 BRUCELOSLABCRLABRSLTSUMACUTIGMTST2 BRUCELOSLABCRLABRSLTSUMACUTIGMTST3	Type of laboratory test (Brucella IgM)	DropDownList	ELISA IFA Agglutination CF Other	ELI IFA AGG CF OTH
Interpretation	BRUCELOSLABCRLABRSLTSUMACUTIGMINTRPRET1 BRUCELOSLABCRLABRSLTSUMACUTIGMINTRPRET2 BRUCELOSLABCRLABRSLTSUMACUTIGMINTRPRET3	Interpretation of lab test results	DropDownList	Positive Negative Equivocal	POS NEG EQU
Collection date	BRUCELOSLABCRLABRSLTSUMACUTIGMCOLLECDT1 BRUCELOSLABCRLABRSLTSUMACUTIGMCOLLECDT2 BRUCELOSLABCRLABRSLTSUMACUTIGMCOLLECDT3	Date specimen was collected	Date (MM/DD/YYYY)		
Results	BRUCELOSLABCRLABRSLTSUMACUTIGMRESULT1 BRUCELOSLABCRLABRSLTSUMACUTIGMRESULT2 BRUCELOSLABCRLABRSLTSUMACUTIGMRESULT3	Results of laboratory testing	FreeText		
Specify result unit	BRUCELOSLABCRLABRSLTSUMACUTIGMRUNIT1 BRUCELOSLABCRLABRSLTSUMACUTIGMRUNIT2 BRUCELOSLABCRLABRSLTSUMACUTIGMRUNIT3	Specify result unit	RadioButtonList	Titer O.D.	TITER OD
Laboratory name	BRUCELOSLABCRLABRSLTSUMACUTIGMLABNAME1 BRUCELOSLABCRLABRSLTSUMACUTIGMLABNAME2 BRUCELOSLABCRLABRSLTSUMACUTIGMLABNAME3	Name of lab where testing was performed	FreeText		
Telephone	BRUCELOSLABCRLABRSLTSUMACUTIGMLABPHONE1 BRUCELOSLABCRLABRSLTSUMACUTIGMLABPHONE2 BRUCELOSLABCRLABRSLTSUMACUTIGMLABPHONE3	Telephone number of lab	FreeText		
Specimen type: serum (acute) *Brucella IgG*	BRUCELOSLABCRLABRSLTSUMACUTIGG1 BRUCELOSLABCRLABRSLTSUMACUTIGG2 BRUCELOSLABCRLABRSLTSUMACUTIGG3	Serum collected during acute phase submitted for testing (*Brucella IgG)*	CheckBoxList	Unchecked Checked	(blank) Y

LABORATORY INFO – BRUCELLOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Type of test	BRUCELOSLABCRLABRSLTSUMACUTIGGTST1 BRUCELOSLABCRLABRSLTSUMACUTIGGTST2 BRUCELOSLABCRLABRSLTSUMACUTIGGTST3	Type of laboratory test (Brucella IgG)	DropDownList	ELISA IFA Agglutination CF Other	ELI IFA AGG CF OTH
Interpretation	BRUCELOSLABCRLABRSLTSUMACUTIGGINTRPRET1 BRUCELOSLABCRLABRSLTSUMACUTIGGINTRPRET2 BRUCELOSLABCRLABRSLTSUMACUTIGGINTRPRET3	Interpretation of lab test results	DropDownList	Positive Negative Equivocal	POS NEG EQU
Collection date	BRUCELOSLABCRLABRSLTSUMACUTIGGCOLLECDT1 BRUCELOSLABCRLABRSLTSUMACUTIGGCOLLECDT2 BRUCELOSLABCRLABRSLTSUMACUTIGGCOLLECDT3	Date specimen was collected	Date (MM/DD/YYYY)		
Results	BRUCELOSLABCRLABRSLTSUMACUTIGGRESULT1 BRUCELOSLABCRLABRSLTSUMACUTIGGRESULT2 BRUCELOSLABCRLABRSLTSUMACUTIGGRESULT3	Results of laboratory testing	FreeText		
Specify result unit	BRUCELOSLABCRLABRSLTSUMACUTIGGRUNIT1 BRUCELOSLABCRLABRSLTSUMACUTIGGRUNIT2 BRUCELOSLABCRLABRSLTSUMACUTIGGRUNIT3	Specify result unit	RadioButtonList	Titer O.D.	TITER OD
Laboratory name	BRUCELOSLABCRLABRSLTSUMACUTIGGLABNAME1 BRUCELOSLABCRLABRSLTSUMACUTIGGLABNAME2 BRUCELOSLABCRLABRSLTSUMACUTIGGLABNAME3	Name of lab where testing was performed	FreeText		
Telephone	BRUCELOSLABCRLABRSLTSUMACUTIGGLABPHONE1 BRUCELOSLABCRLABRSLTSUMACUTIGGLABPHONE2 BRUCELOSLABCRLABRSLTSUMACUTIGGLABPHONE3	Telephone number of lab	FreeText		
Specimen type: serum (convalescent) *Brucella IgM*	BRUCELOSLABCRLABRSLTSUMCONVIGM1 BRUCELOSLABCRLABRSLTSUMCONVIGM2 BRUCELOSLABCRLABRSLTSUMCONVIGM3	Serum collected during convalescent phase submitted for testing (*Brucella IgM*)	CheckBoxList	Unchecked Checked	(blank) Y
Type of test	BRUCELOSLABCRLABRSLTSUMCONVIGMTST1 BRUCELOSLABCRLABRSLTSUMCONVIGMTST2 BRUCELOSLABCRLABRSLTSUMCONVIGMTST3	Type of laboratory test (Brucella IgM)	DropDownList	ELISA IFA Agglutination CF Other	ELI IFA AGG CF OTH
Interpretation	BRUCELOSLABCRLABRSLTSUMCONVIGMINTRPRET1 BRUCELOSLABCRLABRSLTSUMCONVIGMINTRPRET2 BRUCELOSLABCRLABRSLTSUMCONVIGMINTRPRET3	Interpretation of lab test results	DropDownList	Positive Negative Equivocal	POS NEG EQU

LABORATORY INFO – BRUCELLOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Collection date	BRUCELOSLABCRLABRSLTSUMCONVIGMCOLLECDT1 BRUCELOSLABCRLABRSLTSUMCONVIGMCOLLECDT2 BRUCELOSLABCRLABRSLTSUMCONVIGMCOLLECDT3	Date specimen was collected	Date (MM/DD/YYYY)		
Results	BRUCELOSLABCRLABRSLTSUMCONVIGMRESULT1 BRUCELOSLABCRLABRSLTSUMCONVIGMRESULT2 BRUCELOSLABCRLABRSLTSUMCONVIGMRESULT3	Results of laboratory testing	FreeText		
Specify result unit	BRUCELOSLABCRLABRSLTSUMCONVIGMUNIT1 BRUCELOSLABCRLABRSLTSUMCONVIGMUNIT2 BRUCELOSLABCRLABRSLTSUMCONVIGMUNIT3	Specify result unit	RadioButtonList	Titer O.D.	TITER OD
Laboratory name	BRUCELOSLABCRLABRSLTSUMCONVIGMLABNAME1 BRUCELOSLABCRLABRSLTSUMCONVIGMLABNAME2 BRUCELOSLABCRLABRSLTSUMCONVIGMLABNAME3	Name of lab where testing was performed	FreeText		
Telephone	BRUCELOSLABCRLABRSLTSUMCONVIGMLABPHONE1 BRUCELOSLABCRLABRSLTSUMCONVIGMLABPHONE2 BRUCELOSLABCRLABRSLTSUMCONVIGMLABPHONE3	Telephone number of lab	FreeText		
Specimen type: serum (convalescent) *Brucella IgG*	BRUCELOSLABCRLABRSLTSUMCONVIGG1 BRUCELOSLABCRLABRSLTSUMCONVIGG2 BRUCELOSLABCRLABRSLTSUMCONVIGG3	Serum collected during convalescent phase submitted for testing (*Brucella IgG)*	CheckBoxList	Unchecked Checked	(blank) Y
Type of test	BRUCELOSLABCRLABRSLTSUMCONVIGGTST1 BRUCELOSLABCRLABRSLTSUMCONVIGGTST2 BRUCELOSLABCRLABRSLTSUMCONVIGGTST3	Type of laboratory test (Brucella IgG)	DropDownList	ELISA IFA Agglutination CF Other	ELI IFA AGG CF OTH
Interpretation	BRUCELOSLABCRLABRSLTSUMCONVIGGINTRPRET1 BRUCELOSLABCRLABRSLTSUMCONVIGGINTRPRET2 BRUCELOSLABCRLABRSLTSUMCONVIGGINTRPRET3	Interpretation of lab test results	DropDownList	Positive Negative Equivocal	POS NEG EQU
Collection date	BRUCELOSLABCRLABRSLTSUMCONVIGGCOLLECDT1 BRUCELOSLABCRLABRSLTSUMCONVIGGCOLLECDT2 BRUCELOSLABCRLABRSLTSUMCONVIGGCOLLECDT3	Date specimen was collected	Date (MM/DD/YYYY)		
Results	BRUCELOSLABCRLABRSLTSUMCONVIGGRESULT1 BRUCELOSLABCRLABRSLTSUMCONVIGGRESULT2 BRUCELOSLABCRLABRSLTSUMCONVIGGRESULT3	Results of laboratory testing	FreeText		
Specify result unit	BRUCELOSLABCRLABRSLTSUMCONVIGGRUNIT1 BRUCELOSLABCRLABRSLTSUMCONVIGGRUNIT2 BRUCELOSLABCRLABRSLTSUMCONVIGGRUNIT3	Specify result unit	RadioButtonList	Titer O.D.	TITER OD

LABORATORY INFO – BRUCELLOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Laboratory name	BRUCELOSLABCRLABRSLTSUMCONVIGGLABNAME1 BRUCELOSLABCRLABRSLTSUMCONVIGGLABNAME2 BRUCELOSLABCRLABRSLTSUMCONVIGGLABNAME3	Name of lab where testing was performed	FreeText		
Telephone	BRUCELOSLABCRLABRSLTSUMCONVIGGLABPHONE1 BRUCELOSLABCRLABRSLTSUMCONVIGGLABPHONE2 BRUCELOSLABCRLABRSLTSUMCONVIGGLABPHONE3	Telephone number of lab	FreeText		

EPIDEMIOLOGIC INFO – BRUCELLOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
EXPOSURES / RISK FACOTRS - MILK					
DID THE PATIENT EAT OR DRINK ANY OF THE FOLLOWING ITEMS DURING THE INCUBATION PERIOD?					
Milk	BRUCELOSEPICREXPRISKFACMILKMILK1 BRUCELOSEPICREXPRISKFACMILKMILK2 BRUCELOSEPICREXPRISKFACMILKMILK3	Did patient drink milk during the incubation period?	DropDownList	Yes No Unknown	Y N U
Milk source	BRUCELOSEPICREXPRISKFACMILKMILKSRC1 BRUCELOSEPICREXPRISKFACMILKMILKSRC2 BRUCELOSEPICREXPRISKFACMILKMILKSRC3	If Yes, specify Milk source	DropDownList	Cow Goat Other Unknown	COW GOAT OTH UNK
If Other, specify	BRUCELOSEPICREXPRISKFACMILKMILKSRCOTH1 BRUCELOSEPICREXPRISKFACMILKMILKSRCOTH2 BRUCELOSEPICREXPRISKFACMILKMILKSRCOTH3	Specify other milk source	FreeText		
Process type	BRUCELOSEPICREXPRISKFACMILKPROCESSTYPE1 BRUCELOSEPICREXPRISKFACMILKPROCESSTYPE2 BRUCELOSEPICREXPRISKFACMILKPROCESSTYPE3	What type of processing did milk undergo?	DropDownList	Pasteurized Unpasteurized (raw) Other Unknown	PAST UNPAST OTH UNK
If Other, specify	BRUCELOSEPICREXPRISKFACMILKPROCESSTYPEOTH1 BRUCELOSEPICREXPRISKFACMILKPROCESSTYPEOTH2 BRUCELOSEPICREXPRISKFACMILKPROCESSTYPEOTH3	Specify other type of processing	FreeText		
Source	BRUCELOSEPICREXPRISKFACMILKSRC1 BRUCELOSEPICREXPRISKFACMILKSRC2 BRUCELOSEPICREXPRISKFACMILKSRC3	What was the source where the milk was obtained?	DropDownList	Dairy/ranch/farm Retail store Other Unknown	DRF RET OTH UNK

EPIDEMIOLOGIC INFO – BRUCELLOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Other, specify	BRUCELOSEPICREXPRISKFACMILKSRCOTH1 BRUCELOSEPICREXPRISKFACMILKSRCOTH2 BRUCELOSEPICREXPRISKFACMILKSRCOTH3	Specify other source	FreeText		
Source name	BRUCELOSEPICREXPRISKFACMILKSRCNAME1 BRUCELOSEPICREXPRISKFACMILKSRCNAME2 BRUCELOSEPICREXPRISKFACMILKSRCNAME3	Name of source location where milk was obtained or purchased	FreeText		
Source address	BRUCELOSEPICREXPRISKFACMILKSRCADRESS1 BRUCELOSEPICREXPRISKFACMILKSRCADRESS2 BRUCELOSEPICREXPRISKFACMILKSRCADRESS3	Address of source location	FreeText		
EXPOSURES/RISK FACTORS – OTHER DAIRY PRODUCTS					
Other dairy products	BRUCELOSEPICREXPRISKFACOTHDAIRYPROD1 BRUCELOSEPICREXPRISKFACOTHDAIRYPROD2 BRUCELOSEPICREXPRISKFACOTHDAIRYPROD3	Did patient consume other dairy products during the incubation period?	DropDownList	Yes No Unknown	Y N U
Dairy product type	BRUCELOSEPICREXPRISKFACOTHDAIRYPRODTYPE1 BRUCELOSEPICREXPRISKFACOTHDAIRYPRODTYPE2 BRUCELOSEPICREXPRISKFACOTHDAIRYPRODTYPE3	If yes, please specify the type of other dairy product	DropDownList	Soft cheese Queso Fresco Crema Other	SOFT QUES CREM OTH
If Other, specify	BRUCELOSEPICREXPRISKFACOTHDAIRYOTH1 BRUCELOSEPICREXPRISKFACOTHDAIRYOTH2 BRUCELOSEPICREXPRISKFACOTHDAIRYOTH3	Specify other dairy product	FreeText		
Product source	BRUCELOSEPICREXPRISKFACOTHDAIRYSRC1 BRUCELOSEPICREXPRISKFACOTHDAIRYSRC2 BRUCELOSEPICREXPRISKFACOTHDAIRYSRC3	Specify other dairy product source	DropDownList	Cow Goat Other Unknown	COW GOAT OTH UNK
If Other, specify	BRUCELOSEPICREXPRISKFACOTHDAIRYSRCOTH1 BRUCELOSEPICREXPRISKFACOTHDAIRYSRCOTH2 BRUCELOSEPICREXPRISKFACOTHDAIRYSRCOTH3	Specify other dairy product source	FreeText		
Process type	BRUCELOSEPICREXPRISKFACOTHPROCESSTYPE1 BRUCELOSEPICREXPRISKFACOTHPROCESSTYPE2 BRUCELOSEPICREXPRISKFACOTHPROCESSTYPE3	What type of processing did the other dairy product undergo?	DropDownList	Pasteurized Unpasteurized (raw) Other Unknown	PAST UNPAST OTH UNK

EPIDEMIOLOGIC INFO – BRUCELLOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Other, specify	BRUCELOSEPICREXPRISKFACOTHPROCESSTYPEOTH1 BRUCELOSEPICREXPRISKFACOTHPROCESSTYPEOTH2 BRUCELOSEPICREXPRISKFACOTHPROCESSTYPEOTH3	Specify other type of processing	FreeText		
Source	BRUCELOSEPICREXPRISKFACOTHSRC1 BRUCELOSEPICREXPRISKFACOTHSRC2 BRUCELOSEPICREXPRISKFACOTHSRC3	What was the source where the other dairy product was obtained?	DropDownList	Dairy / ranch / farm Retail store Street vendor Swap meet Other	FARM RETL STVEND SWAP OTH
If Other, specify	BRUCELOSEPICREXPRISKFACOTHSRCOTH1 BRUCELOSEPICREXPRISKFACOTHSRCOTH2 BRUCELOSEPICREXPRISKFACOTHSRCOTH3	Specify other source	FreeText		
Source location	BRUCELOSEPICREXPRISKFACOTHSRCLOC1 BRUCELOSEPICREXPRISKFACOTHSRCLOC2 BRUCELOSEPICREXPRISKFACOTHSRCLOC3	What was the location of the source where the other dairy product was obtained?	DropDownList	California U.S. State Outside U.S.	CA US OUTUS
Specify other location	BRUCELOSEPICREXPRISKFACOTHSRCLOCOTH1 BRUCELOSEPICREXPRISKFACOTHSRCLOCOTH2 BRUCELOSEPICREXPRISKFACOTHSRCLOCOTH3	If Outside California, specify other location(s)	FreeText		
Consumed and produced	BRUCELOSEPICREXPRISKFACOTHCONINPRODOUTUS1 BRUCELOSEPICREXPRISKFACOTHCONINPRODOUTUS2 BRUCELOSEPICREXPRISKFACOTHCONINPRODOUTUS3	Was the other dairy product consumed in the U.S. but produced outside of the U.S.?	DropDownList	Yes No Unknown	Y N U
Source name	BRUCELOSEPICREXPRISKFACOTHSRCNAME1 BRUCELOSEPICREXPRISKFACOTHSRCNAME2 BRUCELOSEPICREXPRISKFACOTHSRCNAME3	Name of source location where other dairy product was obtained or purchased	FreeText		
Source address	BRUCELOSEPICREXPRISKFACOTHSRCADRESS1 BRUCELOSEPICREXPRISKFACOTHSRCADRESS2 BRUCELOSEPICREXPRISKFACOTHSRCADRESS3	Address of source location	FreeText		
EXPOSURES/RISK FACTORS - MEAT					
Meat	BRUCELOSEPICREXPRISKFACMEATMEAT1	Did patient eat meat (not from store or restaurant) during the incubation period?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – BRUCELLOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Animal species	BRUCELOSEPICREXPRISKFACMEATANIMLSPEC1	If Yes, specify animal species	FreeText		
Meat product	BRUCELOSEPICREXPRISKFACMEATMEATPROD1	What meat product was consumed?	FreeText		
Other exposure	BRUCELOSEPICREXPRISKFACMEATOTHFOODDRNKEXP1	Did patient have any other food or drink exposure during the incubation period?	FreeText		
EXPOSURE/RISK FACTORS – OCCUPATIONAL/OTHER CONTACT					
WAS THE PATIENT EMPLOYED IN (OR SPEND SIGNIFICANT TIME IN) ANY OF THE FOLLOWING ACTIVITIES DURING THE INCUBATION PERIOD?					
Animal farm or dairy	BRUCELOSEPICREXPRISKFACOCUPFARM1	Was patient employed (or spend significant time) on an animal farm or dairy during the incubation period?	DropDownList	Yes No Unknown	Y N U
Livestock species	BRUCELOSEPICREXPRISKFACOCUPFARMANIML1_0 BRUCELOSEPICREXPRISKFACOCUPFARMANIML1_1 BRUCELOSEPICREXPRISKFACOCUPFARMANIML1_2 BRUCELOSEPICREXPRISKFACOCUPFARMANIML1_3	If yes, specify livestock species	CheckBoxList (more than one choice is possible)	Cow Goat Pig Other	COW GOAT PIG OTH
If Other, specify	BRUCELOSEPICREXPRISKFACOCUPFARMANIMLOTH1	Specify other livestock species	FreeText		
Location	BRUCELOSEPICREXPRISKFACOCUPFARMLOC1	Location of animal farm or dairy	FreeText		
Microbiology laboratory	BRUCELOSEPICREXPRISKFACOCUPMICROLAB1	Was patient employed by (or spend significant time in) a microbiology lab during the incubation period?	DropDownList	Yes No Unknown	Y N U
Meat product	BRUCELOSEPICREXPRISKFACOCUPMICROLABSPFYBLW1	Meat product	FreeText		
Laboratory name	BRUCELOSEPICREXPRISKFACOCUPMICROLABNAME1	Name of microbiology lab	FreeText		
Location	BRUCELOSEPICREXPRISKFACOCUPMICROLABLOC1	Location of microbiology lab	FreeText		
DID THE PATIENT HAVE CONTACT WITH ANY OF THE FOLLOWING DURING THE INCUBATION PERIOD?					

EPIDEMIOLOGIC INFO – BRUCELLOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Infected herd	BRUCELOSEPICREXPRISKFACOCUPHERD1	Did patient have contact with a known brucellosis infected herd during the incubation period?	DropDownList	Yes No Unknown	Y N U
Livestock species	BRUCELOSEPICREXPRISKFACOCUPHERDANIML1_0 BRUCELOSEPICREXPRISKFACOCUPHERDANIML1_1 BRUCELOSEPICREXPRISKFACOCUPHERDANIML1_2 BRUCELOSEPICREXPRISKFACOCUPHERDANIML1_3	If Yes, specify livestock species	CheckBoxList (more than one choice is possible)	Cow Goat Pig Other	COW GOAT PIG OTH
If Other, specify	BRUCELOSEPICREXPRISKFACOCUPHERDOTH1	Specify other livestock species	FreeText		
Location	BRUCELOSEPICREXPRISKFACOCUPHERDLOC1	Location of known brucellosis infected herd	FreeText		
Aborting animal or birthing products	BRUCELOSEPICREXPRISKFACOCUPABORT1	Did patient have contact with an aborting animal or birthing products during the incubation period?	DropDownList	Yes No Unknown	Y N U
Livestock species	BRUCELOSEPICREXPRISKFACOCUPABORTANIML1_0 BRUCELOSEPICREXPRISKFACOCUPABORTANIML1_1 BRUCELOSEPICREXPRISKFACOCUPABORTANIML1_2 BRUCELOSEPICREXPRISKFACOCUPABORTANIML1_3	If Yes, specify livestock species	CheckBoxList (more than one choice is possible)	Cow Goat Pig Other	COW GOAT PIG OTH
If Other, specify	BRUCELOSEPICREXPRISKFACOCUPABORTOTH1	Specify other livestock species	FreeText		
Location	BRUCELOSEPICREXPRISKFACOCUPABORTLOC1	Location of animal or birthing products	FreeText		
Brucella vaccine	BRUCELOSEPICREXPRISKFACOCUPVAC1	Did patient have contact with brucella vaccine or recently vaccinated animal during the incubation period?	DropDownList	Yes No Unknown	Y N U
Vaccine name	BRUCELOSEPICREXPRISKFACOCUPVACNAME1	If yes, specify vaccine name	FreeText		
Animal species	BRUCELOSEPICREXPRISKFACOCUPVACANIML1	Animal species receiving vaccine	FreeText		
Exposure date	BRUCELOSEPICREXPRISKFACOCUPVACEXPDT1	Date of exposure to vaccine/vaccinated animal	Date (MM/DD/YYYY)		

EPIDEMIOLOGIC INFO – BRUCELLOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Household member	BRUCELOSEPICREXPRISKFACOCUPHHMEM1	Did patient have contact with a household member who works at an animal farm or dairy during the incubation period?	DropDownList	Yes No Unknown	Y N U
Livestock species	BRUCELOSEPICREXPRISKFACOCUPHHMEMANIML1_0 BRUCELOSEPICREXPRISKFACOCUPHHMEMANIML1_1 BRUCELOSEPICREXPRISKFACOCUPHHMEMANIML1_2 BRUCELOSEPICREXPRISKFACOCUPHHMEMANIML1_3	If Yes, specify livestock species	CheckBoxList (more than one choice is possible)	Cow Goat Pig Other	COW GOAT PIG OTH
If Other, specify	BRUCELOSEPICREXPRISKFACOCUPHHMEMOTH1	Specify other livestock species	FreeText		
Location	BRUCELOSEPICREXPRISKFACOCUPHHMEMLOC1	Location of animal farm or dairy	FreeText		
Animal contact	BRUCELOSEPICREXPRISKFACOCUPANIMLCONT1	Did patient have animal contact during the incubation period?	DropDownList	Yes No Unknown	Y N U
Animal species	BRUCELOSEPICREXPRISKFACOCUPANIMLCONTSPEC1	If Yes, specify animal species	FreeText		
Nature of contact	BRUCELOSEPICREXPRISKFACOCUPANIMLCONTNATURE1	Nature of contact with animal	FreeText		
Other contact / exposure	BRUCELOSEPICREXPRISKFACOCUPOTHCONTEXP1	Did patient have other contact or exposure during the incubation period?	FreeText		
TRAVEL HISTORY					
Arrive in California	BRUCELOSEPICRTRVHXTRAVEL	Did patient arrive in California during the incubation period?	DropDownList	Yes No Unknown	Y N U
Incubation period	BRUCELOSEPICRTRVHXINCUBPERIOD	Incubation period (This value is automatically populated)	FreeText	6 months prior to illness onset	The value for this variable is not included in the DDP export.

EPIDEMIOLOGIC INFO – BRUCELLOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Origin location	BRUCELOSEPICRTRVHXORIGLOC	If Yes, specify origin location (city, county, state, country)	FreeText		
Arrival date	BRUCELOSEPICRTRVHXARRIVALDT	Arrival date to California from origin location	Date (MM/DD/YYYY)		
Travel outside of county	BRUCELOSEPICRTRVHXTRAVELOUT	Did patient travel outside of county of residence during incubation period?	DropDownList	Yes No Unknown	Y N U
TRAVEL HISTORY - DETAILS					
Location	TRVHXDTLLOCATION1 TRVHXDTLLOCATION2 TRVHXDTLLOCATION3	Specify location (city, county, state, country) of patient travel	FreeText		
Date travel started	TRVHXDTLSTARTDT1 TRVHXDTLSTARTDT2 TRVHXDTLSTARTDT3	Date travel started	Date (MM/DD/YYYY)		
Date travel ended	TRVHXDTLENDDT1 TRVHXDTLENDDT2 TRVHXDTLENDDT3	Date travel ended	Date (MM/DD/YYYY)		
CONTACTS/OTHER ILL PERSONS					
Contacts with similar illnesses	CONTOTHCONTACT	Any contacts with similar illnesses?	DropDownList	Yes No Unknown	Y N U
REPORTING AGENCY					
Investigator name	REPAGENCYNAME	LHD Investigator name	FreeText		
Local health jurisdiction	REPAGENCYLHJUR	Local health jurisdiction	FreeText		
Telephone number	REPAGENCYPHONE	Telephone number of LHD investigator	FreeText		
Date	REPAGENCYDT	Date agency reported the case	Date (MM/DD/YYYY)		

EPIDEMIOLOGIC INFO – BRUCELLOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
First reported by	REPAGENCYREPORTEDBY	What reporting agency first reported the case?	DropDownList	Clinician Laboratory Other	CLI LAB OTH
If Other, specify	REPAGENCYREPORTEDBYSPFY	If Other, specify	FreeText		
EPIDEMIOLOGICAL LINKAGE					
Epi-linked case	EPILINKKNOWNCASE	Epi-linked to known case of brucellosis?	DropDownList	Yes No Unknown	Y N U
Contact name / Case #	EPILINKCONTNAMECASENUM	Contact name / case #	FreeText		
DISEASE CASE CLASSIFICATION					
Brucella species	BRUCELOSEPICRCASECLASSBRUCELASPEC	Brucella species identified	DropDownList	B. abortus B. melitensis B. suis Other Brucella species	ABO MEL SUI OTH
If Other, specify	BRUCELOSEPICRCASECLASSBRUCELASPECSPFY	If other Brucella species, specify	FreeText		
OUTBREAK					
Part of outbreak	OBPARTOF	Is this case part of a known brucellosis outbreak?	DropDownList	Yes No Unknown	Y N U
Extent of outbreak	OBEXTENTOF_1 OBEXTENTOF_2 OBEXTENTOF_3 OBEXTENTOF_4 OBEXTENTOF_5 OBEXTENTOF_6	If Yes, what is the extent of the outbreak?	CheckBoxList (more than one choice is possible)	One CA jurisdiction Multiple CA jurisdictions Multistate International Unknown Other	ONEJUR MULJUR MULSTAT INTR UNK OTH
If Other, specify	OBEXTENTOFSPFY	If Other, specify	FreeText		

EPIDEMIOLOGIC INFO – BRUCELLOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Mode of transmission	OBTRANSMOD_1 OBTRANSMOD_2 OBTRANSMOD_3 OBTRANSMOD_4	What is the mode of transmission for the brucellosis outbreak?	CheckBoxList (more than one choice is possible)	Point source Person-to-person Unknown Other	SRC P2P UNK OTH
If Other, specify	OBTRANSMODSPFY	Specify other mode of transmission	FreeText		
Vehicle of outbreak	OBVEHICLE	What is the vehicle of the brucellosis outbreak?	FreeText		
Pattern 1 ID #	OBPAT1IDNUM	Pattern 1 ID number	FreeText		
Pattern 2 ID #	OBPAT2IDNUM	Pattern 2 ID number	FreeText		

Chancroid / Contact to Chancroid

See User Defined Form sections (Clinical, STD Contacts) under the STD Group entry

Chlamydia / Chlamydia with PID / Contact to Chlamydia

See User Defined Form sections (Clinical, STD Contacts) under the STD Group entry

Chikungunya Virus Infection

CLINICAL INFO – CHIKUNGUNYA VIRUS INFECTION					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
SIGNS AND SYMPTOMS					
Symptomatic?	CliCRSignSxSymptomatic	Symptomatic?	DropDownList	Yes No Unknown	Y N U
Date medical care	CliCRSignSxSgtMedCareDt	Date first sought medical care (mm/dd/yyyy)	Date (MM/DD/YYYY)		
Fever	CliCRSignSxFever	Fever	DropDownList	Yes No Unknown	Y N U
Highest temperature	CliCRSignSxHighTemp	Highest temperature (specify F/C)	FreeText		
Headache	CliCRSignSxHead	Headache	DropDownList	Yes No Unknown	Y N U
Eye pain	CliCRSignSxEyePain	Eye pain	DropDownList	Yes No Unknown	Y N U
Muscle ache	CliCRSignSxMuscAche	Muscle Ache	DropDownList	Yes No Unknown	Y N U
Joint pain	CliCRSignSxJointPain	Joint pain	DropDownList	Yes No Unknown	Y N U
Joint(s)	CliCRSignSxJointPainSpcfy	Joint(s)	FreeText		

CLINICAL INFO – CHIKUNGUNYA VIRUS INFECTION					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Joint swelling	CliCRSignSxJointSwell	Joint swelling	DropDownList	Yes No Unknown	Y N U
Arthritis	CliCRSignSxArthritis	Arthritis	DropDownList	Yes No Unknown	Y N U
Rash	CliCRSignSxRash	Rash	DropDownList	Yes No Unknown	Y N U
Maculopapular	CliCRSignSxMaculo	Maculopapular	DropDownList	Yes No Unknown	Y N U
Nausea / vomiting	CliCRSignSxNausea	Nausea / vomiting	DropDownList	Yes No Unknown	Y N U
Diarrhea	CliCRSignSxDiarrhea	Diarrhea	DropDownList	Yes No Unknown	Y N U
Chills	CliCRSignSxChills	Chills	DropDownList	Yes No Unknown	Y N U
Cough	CliCRSignSxCough	Cough	DropDownList	Yes No Unknown	Y N U
Abdominal pain	CliCRSignSxAbPain	Abdominal pain	DropDownList	Yes No Unknown	Y N U
Fatigue	CliCRSignSxFatigue	Fatigue	DropDownList	Yes No Unknown	Y N U
Other symptom	CliCRSignSxOther	Other symptom (specify):	DropDownList	Yes No Unknown	Y N U
PAST MEDICAL HISTORY					

CLINICAL INFO – CHIKUNGUNYA VIRUS INFECTION					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Previously diagnosed?	CliCRPasMedHxPrevDx	Has the patient been previously diagnosed with chikungunya?	DropDownList	Yes No Unknown	Y N U
If Yes, date	CliCRPasMedHxPrevDxDt	If Yes, date of diagnosis (mm/dd/yyyy)	Date (MM/DD/YYYY)		
History of cardiovascular disease	CliCRPasMedHxCvsHx	Does the patient have a history of cardiovascular disease?	DropDownList	Yes No Unknown	Y N U
Hypertension	CliCRPasMedHxHypertension	Hypertension	DropDownList	Yes No Unknown	Y N U
Diabetes	CliCRPasMedHxDiabetes	Diabetes	DropDownList	Yes No Unknown	Y N U
If Yes, Type	CliCRPasMedHxDiabetesType	If Yes, Type	DropDownList	Type 1 Type 2	1 2
Other significant history	CliCRPasMedHxOth	Other significant history/exposures:	FreeText		
HOSPITALIZATION					
Emergency room	CliCRHospEmgVisit	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U
Hospitalized?	CliCRHospHospitalized	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
If Yes, total nights	CliCRHospNightsHosp	If Yes, how many total hospital nights?	FreeText		
Respiratory isolation?	CliCRHospRespIsolation	Was patient placed in respiratory isolation?	DropDownList	Yes No Unknown	Y N U
HOSPITALIZATION – DETAILS					

CLINICAL INFO – CHIKUNGUNYA VIRUS INFECTION					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Hospital name	HOSPDTLNAME_1 HOSPDTLNAME_2 HOSPDTLNAME_3	Hospital name	FreeText		
Street address	HOSPDTLADDRESS_1 HOSPDTLADDRESS_2 HOSPDTLADDRESS_3	Street address	FreeText		
City	HOSPDTLCITY_1 HOSPDTLCITY_2 HOSPDTLCITY_3	City	FreeText		
State	HOSPDTLSTATE_1 HOSPDTLSTATE_2 HOSPDTLSTATE_3	State	FreeText		
Zip code	HOSPDTLZIPCODE_1 HOSPDTLZIPCODE_2 HOSPDTLZIPCODE_3	Zip code	FreeText		
Telephone	HOSPDTLPHONE_1 HOSPDTLPHONE_2 HOSPDTLPHONE_3	Telephone	FreeText		
Admit date	HOSPDTLADMITDT_1 HOSPDTLADMITDT_2 HOSPDTLADMITDT_3	Admit date	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPDTLDISCHDT_1 HOSPDTLDISCHDT_2 HOSPDTLDISCHDT_3	Discharge / transfer date	Date (MM/DD/YYYY)		
Medical record number	HOSPDTLMRN_1 HOSPDTLMRN_2 HOSPDTLMRN_3	Medical record number	FreeText		
Discharge diagnosis	HOSPDTLDISCHDX_1 HOSPDTLDISCHDX_2 HOSPDTLDISCHDX_3	Discharge diagnosis	FreeText		
OUTCOME					
Outcome	OUTCOMEOUTCOME	Outcome	DropDownList	Survived Died Unknown	S D U

CLINICAL INFO – CHIKUNGUNYA VIRUS INFECTION					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Survived	OUTCOMESURVIVEDT	Survived as of	Date (MM/DD/YYYY)		
Death	OUTCOMEDEATHDT	Date of death	FreeText		

LABORATORY INFO – CHIKUNGUNYA VIRUS INFECTION					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY RESULTS SUMMARY					
Laboratory Type	LabCRLabRsltSumLabType_1 LabCRLabRsltSumLabType_2 LabCRLabRsltSumLabType_3	Laboratory Type	DropDownList	State PH lab Local PH lab Commercial lab CDC lab Blood bank Other	STATE LOCAL COMM CDC BB OTH
If Other, specify	LabCRLabRsltSumLabTypeSpcfy_1 LabCRLabRsltSumLabTypeSpcfy_2 LabCRLabRsltSumLabTypeSpcfy_3	If other laboratory type, specify	FreeText		
Specimen Type	LabCRLabRsltSumSpecType_1 LabCRLabRsltSumSpecType_2 LabCRLabRsltSumSpecType_3	Specimen Type	DropDownList	Serum CSF Other	SER CSF OTH
If Other, specify	LabCRLabRsltSumSpecTypeSpcfy_1 LabCRLabRsltSumSpecTypeSpcfy_2 LabCRLabRsltSumSpecTypeSpcfy_3	If Other, specify	FreeText		
Type of Test	LabCRLabRsltSumTestType_1 LabCRLabRsltSumTestType_2 LabCRLabRsltSumTestType_3	Type of Test	DropDownList	PCR ELISA-IgM ELISA-IgG IFA-IgM IFA-IgG	PCR ELISAIGM ELISAIGG IFAIGM IFAIGG

LABORATORY INFO – CHIKUNGUNYA VIRUS INFECTION					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				PRNT Other	PRNT OTH
If Other, specify	LabCRLabRsltSumTestTypeSpcfy_1 LabCRLabRsltSumTestTypeSpcfy_2 LabCRLabRsltSumTestTypeSpcfy_3	If Other, specify	FreeText		
Interpretation	LabCRLabRsltSumInterp_1 LabCRLabRsltSumInterp_2 LabCRLabRsltSumInterp_3	Interpretation	DropDownList	Positive Negative Equivocal	POS NEG EQUIV
Results	LabCRLabRsltSumResult_1 LabCRLabRsltSumResult_2 LabCRLabRsltSumResult_3	Results	FreeText		
Collection Date	LabCRLabRsltSumColDt_1 LabCRLabRsltSumColDt_2 LabCRLabRsltSumColDt_3	Collection Date (mm/dd/yyyy)	Date (MM/DD/YYYY)		
Laboratory Name	LabCRLabRsltSumLabName_1 LabCRLabRsltSumLabName_2 LabCRLabRsltSumLabName_3	Laboratory Name	FreeText		
Telephone Number	LabCRLabRsltSumPhone_1 LabCRLabRsltSumPhone_2 LabCRLabRsltSumPhone_3	Telephone Number	FreeText		
LABORATORY RESULTS SUMMARY - OTHER					
Hematology	LabCRLabRsltSumOthHema	Hematology	RadioButtonList	Yes No Unknown	Y N U
Date Collected	LabCRLabRsltSumOthColDt	Date Collected (mm/dd/yyyy)	Date (MM/DD/YYYY)		
WBC	LabCRLabRsltSumOthWBC	WBC	FreeText		
HCT	LabCRLabRsltSumOthHCT	HCT	FreeText		
Hb	LabCRLabRsltSumOthHb	Hb	FreeText		
Platelets	LabCRLabRsltSumOthPlat	Platelets	FreeText		

LABORATORY INFO – CHIKUNGUNYA VIRUS INFECTION					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Other laboratory diagnositcs	LabCRLabRsltSumOthLabDx	Other laboratory diagnostics performed (e.g. IHC, virus isolation)?	RadioButtonList	Yes No Unknown	Y N U
If Yes, describe	LabCRLabRsltSumOthLabDxSpcfy	If Yes, describe	FreeText		

EPIDEMIOLOGIC INFO – CHIKUNGUNYA VIRUS INFECTION					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
INCUBATION PERIOD - INCUBATION PERIOD IS UP TO 12 DAYS BEFORE ILLNESS ONSET					
BLOOD AND ORGAN DONATION					
Blood donation	EpiCRBODDonBlood	Did patient donate blood during the incubation period?	DropDownList	Yes No Unknown	Y N U
Blood donation date	EpiCRBODDonBloodDt	If Yes, Date	Date (MM/DD/YYYY)		
Organ donation	EpiCRBODDonOrgan	Did patient donate an organ during the incubation period?	DropDownList	Yes No Unknown	Y N U
Organ donation date	EpiCRBODDonOrganDt	If Yes, Date	Date (MM/DD/YYYY)		
Blood transfusion	EpiCRBODTransBlood	Did patient receive a blood transfusion during the incubation period?	DropDownList	Yes No Unknown	Y N U
Transfusion date	EpiCRBODTransBloodDt	If Yes, Date	Date (MM/DD/YYYY)		
Organ transplant	EpiCRBODTransOrgan	Did patient receive an organ transplant during the incubation period?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – CHIKUNGUNYA VIRUS INFECTION					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Transplant date	EpiCRBODTransOrganDt	If Yes, Date	Date (MM/DD/YYYY)		
TRAVEL HISTORY					
Travel outside of county of residence?	EpiCRTrvHxCounty	Did patient travel outside of county of residence during the incubation period?	DropDownList	Yes No Unknown	Y N U
Traveled outside of California?	EpiCRTrvHxCali	Has the patient traveled outside of California during the incubation period?	DropDownList	Yes No Unknown	Y N U
Traveled outside the U.S.?	EpiCRTrvHxUS	Has the patient traveled outside the U.S. during the incubation period?	DropDownList	Yes No Unknown	Y N U
EXPOSURE / RISK FACTORS					
Mosquito bites?	EpiCRExpMosqBite	Did patient recall any mosquito bites during the incubation period?	DropDownList	Yes No Unknown	Y N U
Location	EpiCRExpMosqBiteLoc	Location (city, county, state, country)	FreeText		
Date	EpiCRExpMosqBiteDt	Date Mosquito Bite (mm/dd/yyyy)	Date (MM/DD/YYYY)		
TRAVEL HISTORY – DETAILS					
Travel Type	TRVHXDTLType_1 TRVHXDTLType_2 TRVHXDTLType_3	Travel type	RadioButtonList	Domestic International Unknown	DOM INT UNK
Location	TRVHXDTLLOCATION_1 TRVHXDTLLOCATION_2 TRVHXDTLLOCATION_3	Location (city, county, state, country)	FreeText		
Date travel started	TRVHXDTLSTARTDT_1 TRVHXDTLSTARTDT_2 TRVHXDTLSTARTDT_3	Date travel started	Date (MM/DD/YYYY)		

EPIDEMIOLOGIC INFO – CHIKUNGUNYA VIRUS INFECTION					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Date travel ended	TRVHXDTLENDDT_1 TRVHXDTLENDDT_2 TRVHXDTLENDDT_3	Date travel ended	Date (MM/DD/YYYY)		
Did patient fly while infectious?	TRVHXDTLPatFly_1 TRVHXDTLPatFly_2 TRVHXDTLPatFly_3	Did patient fly while infectious?	DropDownList	Yes No Unknown	Y N U
Airline(s)	TRVHXDTLPatFlyAirline_1 TRVHXDTLPatFlyAirline_2 TRVHXDTLPatFlyAirline_3	Airline(s)	FreeText		
Flight number(s)	TRVHXDTLPatFlyNumber_1 TRVHXDTLPatFlyNumber_2 TRVHXDTLPatFlyNumber_3	Flight number(s)	FreeText		
Departure Date	TRVHXDTLPatFlyDepDt_1 TRVHXDTLPatFlyDepDt_2 TRVHXDTLPatFlyDepDt_3	Departure Date	Date (MM/DD?YYYY		
Arrival date	TRVHXDTLPatFlyArrDt_1 TRVHXDTLPatFlyArrDt_2 TRVHXDTLPatFlyArrDt_3	Arrival date	Date (MM/DD/YYYY)		
Imported Country	ArboTrvHxDtlImportCountry	Imported Country	DropDownList	See Appendix D	See Appendix D
Imported State	ArboTrvHxDtlImportState	Imported State	DropDownList	See Appendix J	See Appendix J
REPORTING AGENCY					
Investigator name	REPAGENCYNAME	Investigator name	FreeText		
Local health jurisdiction	REPAGENCYLHJUR	Local health jurisdiction	FreeText		
Telephone number	REPAGENCYPHONE	Telephone number	FreeText		
Date	REPAGENCYDT	Date	Date (MM/DD/YYYY)		
First reported by	REPAGENCYREPORTEDBY1 REPAGENCYREPORTEDBY2 REPAGENCYREPORTEDBY3	First reported by	DropDownList	Clinician Laboratory Other	CLI LAB OTH

EPIDEMIOLOGIC INFO – CHIKUNGUNYA VIRUS INFECTION					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Other, specify	REPAGENCYREPORTEDBYSPFY	If Other, specify	FreeText		
OUTBREAK					
Part of known outbreak?	OBPARTOF	Part of known outbreak?	DropDownList	Yes No Unknown	
If Yes, extent of outbreak	OBEXTENTOF_ONEJUR OBEXTENTOF_MULJUR OBEXTENTOF_MULSTAT OBEXTENTOF_INTR OBEXTENTOF_UNK OBEXTENTOF_OTH	If Yes, extent of outbreak	CheckBoxList (more than one choice is possible)	One CA jurisdiction Multiple CA jurisdictions Multistate International Unknown Other	ONEJUR MULJUR MULSTAT INTR UNK OTH
If Other, specify	OBSHORTEXTENTOFSPFY	If Other, specify	FreeText		
Mode of transmission	OBTRANSMOD_SRC OBTRANSMOD_P2P OBTRANSMOD_UNK OBTRANSMOD_OTH	Mode of transmission	CheckBoxList (more than one choice is possible)	Point source Person-to-person Unknown Other	SRC P2P UNK OTH
If Other, specify	OBTRANSMODSPFY	If Other, specify	FreeText		
Vehicle of outbreak	OBVEHICLE	Vehicle of outbreak	FreeText		
Pattern 1 ID number	OBPAT1IDNUM	Pattern 1 ID number	FreeText		
Pattern 2 ID number	OBPAT2IDNUM	Pattern 2 ID number	FreeText		
Notes	Notes	Notes	TextBox		

Cholera / Vibrio Infections (Non-Cholera)

CLINICAL INFO – CHOLERA / VIBRIO INFECTIONS (NON-CHOLERA)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
SIGNS AND SYMPTOMS					
Symptomatic?	CHOLERACLICRSIGNSXSYMPTOMATIC	Does the patient have clinical signs or symptoms compatible with cholera?	DropDownList	Yes No Unknown	Y N U
Onset date	CHOLERACLICRSIGNSXONSETDT	Onset date of symptoms of cholera	System Defined Field Link		
Date sought medical care	CHOLERACLICRSIGNSXSGTMEDCAREDT	Date first sought medical care for symptoms	Date (MM/DD/YYYY)		
Fever	CHOLERACLICRSIGNSXFEVER	Did patient have a fever?	DropDownList	Yes No Unknown	Y N U
Highest temperature	CHOLERACLICRSIGNSXFEVERHIGHTEMP	If Yes, highest temperature (specify F/C)	FreeText		
Chills	CHOLERACLICRSIGNSXCHILLS	Cholera signs and symptoms: **Chills**	DropDownList	Yes No Unknown	Y N U
Vomiting	CHOLERACLICRSIGNSXVOMIT	Cholera signs and symptoms: **Vomiting**	DropDownList	Yes No Unknown	Y N U
Diarrhea	CHOLERACLICRSIGNSXDIARRHEA	Cholera signs and symptoms: **Diarrhea**	DropDownList	Yes No Unknown	Y N U
# of stools	CHOLERACLICRSIGNSXDIARRHEAMAXSTL	If Yes, max # of stools / 24 hours	FreeText		
Bloody stools	CHOLERACLICRSIGNSXBLDYSTOOL	Cholera signs and symptoms: **Bloody stools**	DropDownList	Yes No Unknown	Y N U
Muscle pain	CHOLERACLICRSIGNSXMUSCPAIN	Cholera signs and symptoms: **Muscle pain**	DropDownList	Yes No Unknown	Y N U
Cellulitis	CHOLERACLICRSIGNSXCELLULITIS	Cholera signs and symptoms: **Cellulitis**	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – CHOLERA / VIBRIO INFECTIONS (NON-CHOLERA)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Location	CHOLERACLICRSIGNSXCELLULITISLOC	If Yes, location of cellulitis	FreeText		
Bullae	CHOLERACLICRSIGNSXBULLAE	Cholera signs and symptoms: **Bullae**	DropDownList	Yes No Unknown	Y N U
Location	CHOLERACLICRSIGNSXBULLAELOC	If Yes, location of bullae	FreeText		
Shock	CHOLERACLICRSIGNSXSHOCK	Cholera signs and symptoms: **Shock** (systolic BP < 90)	DropDownList	Yes No Unknown	Y N U
Other	CHOLERACLICRSIGNSXOTH	**Other** signs or symptoms of cholera	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CHOLERACLICRSIGNSXOTHSPFY	Specify other symptoms	FreeText		
PAST MEDICAL HISTORY					
Alcoholism	CHOLERACLICRPASMEDHXALCOHOLISM	Does patient have past medical history of alcoholism?	DropDownList	Yes No Unknown	Y N U
Diabetes	CHOLERACLICRPASMEDHXDIABETES	Does patient have past medical history of diabetes?	DropDownList	Yes No Unknown	Y N U
If Yes, on insulin?	CHOLERACLICRPASMEDHXDIABETESINSULIN	If patient has diabetes, is patient on insulin?	DropDownList	Yes No Unknown	Y N U
Peptic ulcer	CHOLERACLICRPASMEDHXULCER	Does patient have past medical history of peptic ulcer?	DropDownList	Yes No Unknown	Y N U
Gastric surgery	CHOLERACLICRPASMEDHXGASTRICSURG	Does patient have past medical history of gastric surgery?	DropDownList	Yes No Unknown	Y N U
If Yes, specify type	CHOLERACLICRPASMEDHXGASTRICSURGTYPE	Specify type of gastric surgery	FreeText		
Heart disease	CHOLERACLICRPASMEDHXHEARTDIS	Does patient have past medical history of heart disease?	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – CHOLERA / VIBRIO INFECTIONS (NON-CHOLERA)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Yes, heart failure?	CHOLERACLICRPASMEDHXHEARTFAIL	If patient has heart disease, does patient have heart failure?	DropDownList	Yes No Unknown	Y N U
Liver disease	CHOLERACLICRPASMEDHXLIVERDIS	Does patient have past medical history of liver disease?	DropDownList	Yes No Unknown	Y N U
If Yes, specify type	CHOLERACLICRPASMEDHXLIVERDISTYPE	Specify type of liver disease	FreeText		
Malignancy	CHOLERACLICRPASMEDHXMALIGNANCY	Does patient have past medical history of malignancy?	DropDownList	Yes No Unknown	Y N U
If Yes, specify type	CHOLERACLICRPASMEDHXMALIGNANCYTYPE	Specify type of malignancy	FreeText		
Renal disease	CHOLERACLICRPASMEDHXRENALDIS	Does patient have past medical history of renal disease?	DropDownList	Yes No Unknown	Y N U
If Yes, specify type	CHOLERACLICRPASMEDHXRENALDISTYPE	Specify type of renal disease	FreeText		
Hematologic disease	CHOLERACLICRPASMEDHXHEMATDIS	Does patient have past medical history of hematologic disease?	DropDownList	Yes No Unknown	Y N U
If Yes, specify type	CHOLERACLICRPASMEDHXHEMATDISTYPE	Specify type of hematological disease	FreeText		
Immunodeficiency	CHOLERACLICRPASMEDHXIMMUNODEF	Does patient have past medical history of immunodeficiency?	DropDownList	Yes No Unknown	Y N U
If Yes, specify type	CHOLERACLICRPASMEDHXIMMUNODEFTYPE	Specify type of immunodeficiency	FreeText		
Other	CHOLERACLICRPASMEDHXOTH	Does patient have past medical history of other condition(s)?	DropDownList	Yes No Unknown	Y N U
If Yes, specify type	CHOLERACLICRPASMEDHXOTHSPFY	Specify other condition(s)	FreeText		
RECENT TREATMENT HISTORY					
Antibiotics	CHOLERACLICRTXHXABX	Does patient have recent treatment history of antibiotics?	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – CHOLERA / VIBRIO INFECTIONS (NON-CHOLERA)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Treatment	CHOLERACLICRTXHXABXSPFYTX	If Yes, specify antibiotic treatment	FreeText		
Date started	CHOLERACLICRTXHXABXSPFYSTARTDT	Date treatment started	Date (MM/DD/YYYY)		
Date ended	CHOLERACLICRTXHXABXSPFYENDDT	Date treatment ended	Date (MM/DD/YYYY)		
Chemotherapy	CHOLERACLICRTXHXCHEM	Does patient have recent treatment history of chemotherapy?	DropDownList	Yes No Unknown	Y N U
Treatment	CHOLERACLICRTXHXCHEMSPFYTX	If Yes, specify chemotherapy treatment	FreeText		
Date started	CHOLERACLICRTXHXCHEMSPFYSTARTDT	Date treatment started	Date (MM/DD/YYYY)		
Date ended	CHOLERACLICRTXHXCHEMSPFYENDDT	Date treatment ended	Date (MM/DD/YYYY)		
Radiotherapy	CHOLERACLICRTXHXRAD	Does patient have recent treatment history of radiotherapy?	DropDownList	Yes No Unknown	Y N U
Treatment	CHOLERACLICRTXHXRADSPFYTX	If Yes, specify radiotherapy treatment	FreeText		
Date started	CHOLERACLICRTXHXRADSPFYSTARTDT	Date treatment started	Date (MM/DD/YYYY)		
Date ended	CHOLERACLICRTXHXRADSPFYENDDT	Date treatment ended	Date (MM/DD/YYYY)		
Systemic steroids	CHOLERACLICRTXHXSTER	Does patient have recent treatment history of systemic steroids?	DropDownList	Yes No Unknown	Y N U
Treatment	CHOLERACLICRTXHXSTERSPFYTX	If Yes, specify systemic steroid treatment	FreeText		
Date started	CHOLERACLICRTXHXSTERSPFYSTARTDT	Date treatment started	Date (MM/DD/YYYY)		

CLINICAL INFO – CHOLERA / VIBRIO INFECTIONS (NON-CHOLERA)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Date ended	CHOLERACLICRTXHXSTERSPFYENDDT	Date treatment ended	Date (MM/DD/YYYY)		
Immunosu-ppressants	CHOLERACLICRTXHXIMM	Does patient have recent treatment history of immunosuppressants?	DropDownList	Yes No Unknown	Y N U
Treatment	CHOLERACLICRTXHXIMMSPFYTX	If Yes, specify immunosuppressant treatment	FreeText		
Date started	CHOLERACLICRTXHXIMMSPFYSTARTDT	Date treatment started	Date (MM/DD/YYYY)		
Date ended	CHOLERACLICRTXHXIMMSPFYENDDT	Date treatment ended	Date (MM/DD/YYYY)		
Antacids	CHOLERACLICRTXHXANTA	Does patient have recent treatment history of antacids?	DropDownList	Yes No Unknown	Y N U
Treatment	CHOLERACLICRTXHXANTASPFYTX	If Yes, specify antacid treatment	FreeText		
Date started	CHOLERACLICRTXHXANTASPFYSTARTDT	Date treatment started	Date (MM/DD/YYYY)		
Date ended	CHOLERACLICRTXHXANTASPFYENDDT	Date treatment ended	Date (MM/DD/YYYY)		
H2 blocker	CHOLERACLICRTXHXH2BK	Does patient have recent treatment history of H2 blocker or other ulcer medications (e.g., cimetidine, omeprazole)?	DropDownList	Yes No Unknown	Y N U
Treatment	CHOLERACLICRTXHXH2BKSPFYTX	If Yes, specify H2 blocker/ulcer medication treatment	FreeText		
Date started	CHOLERACLICRTXHXH2BKSPFYSTARTDT	Date treatment started	Date (MM/DD/YYYY)		
Date ended	CHOLERACLICRTXHXH2BKSPFYENDDT	Date treatment ended	Date (MM/DD/YYYY)		

CLINICAL INFO – CHOLERA / VIBRIO INFECTIONS (NON-CHOLERA)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
HOSPITALIZATION					
Patient visit ER?	HOSPER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U
Was patient hospitalized?	HOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
Total hospital nights	HOSPDAYSHOSP	If Yes, how many total hospital nights?	Date (MM/DD/YYYY)		
HOSPITALIZATION DETAILS					
Hospital name	HOSPDTLNAME1 HOSPDTLNAME2 HOSPDTLNAME3	Name of facility where patient was hospitalized	FreeText		
Street address	HOSPDTLADDRESS1 HOSPDTLADDRESS2 HOSPDTLADDRESS3	Street address of hospital	FreeText		
City	HOSPDTLCITY1 HOSPDTLCITY2 HOSPDTLCITY3	City where hospital located	FreeText		
State	HOSPDTLSTATE1 HOSPDTLSTATE2 HOSPDTLSTATE3	State	FreeText		
Zip code	HOSPDTLZIPCODE1 HOSPDTLZIPCODE2 HOSPDTLZIPCODE3	Zip code	FreeText		
Telephone	HOSPDTLPHONE1 HOSPDTLPHONE2 HOSPDTLPHONE3	Telephone number for hospital	FreeText		
Admit date	HOSPDTLADMITDT1 HOSPDTLADMITDT2 HOSPDTLADMITDT3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPDTLDISCHDT1 HOSPDTLDISCHDT2 HOSPDTLDISCHDT3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		

CLINICAL INFO – CHOLERA / VIBRIO INFECTIONS (NON-CHOLERA)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Medical record number	HOSPDTLMRN1 HOSPDTLMRN2 HOSPDTLMRN3	Medical record number for patient	FreeText		
Discharge diagnosis	HOSPDTLDISCHDX1 HOSPDTLDISCHDX2 HOSPDTLDISCHDX3	What was the patient's final diagnosis at the time of discharge?	FreeText		
TREATMENT/MANAGEMENT					
Received treatment?	TXMGTTREATMENT	Did the patient receive treatment for cholera?	DropDownList	Yes No Unknown	Y N U
TREATMENT/MANAGEMENT – DETAILS					
Treatment type	CHOLERACLICRTXMGTDTLTXTYPE1 CHOLERACLICRTXMGTDTLTXTYPE2 CHOLERACLICRTXMGTDTLTXTYPE3	What was the general treatment type?	DropDownList	Antibiotic Other	ABX OTH
Treatment name	CHOLERACLICRTXMGTDTLTXNAME1 CHOLERACLICRTXMGTDTLTXNAME2 CHOLERACLICRTXMGTDTLTXNAME3	What was the specific name of the treatment?	FreeText		
Date started	CHOLERACLICRTXMGTDTLTXSTARTDT1 CHOLERACLICRTXMGTDTLTXSTARTDT2 CHOLERACLICRTXMGTDTLTXSTARTDT3	Date treatment started	Date (MM/DD/YYYY)		
Date ended	CHOLERACLICRTXMGTDTLTXENDDT1 CHOLERACLICRTXMGTDTLTXENDDT2 CHOLERACLICRTXMGTDTLTXENDDT3	Date treatment ended	Date (MM/DD/YYYY)		
OUTCOME					
Outcome?	OUTCOMEOUTCOME	What was the clinical outcome for this case?	DropDownList	Survived Died Unknown	S D U
Survived as of	OUTCOMESURVIVEDT	If patient survived, what was the date patient was known to still be living?	Date (MM/DD/YYYY)		
Date of death	OUTCOMEDEATHDT	If patient died, what was the date of death?	System Defined Field Link		

LABORATORY INFO – CHOLERA / VIBRIO INFECTIONS (NON-CHOLERA)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY RESULTS SUMMARY					
Specimen type	CHOLERALABCRLABRSLTSUMSPECTYP1 CHOLERALABCRLABRSLTSUMSPECTYP2 CHOLERALABCRLABRSLTSUMSPECTYP3	What type of specimen was submitted for lab testing?	FreeText		
If wound, specify site	CHOLERALABCRLABRSLTSUMWOUNDSITE1 CHOLERALABCRLABRSLTSUMWOUNDSITE2 CHOLERALABCRLABRSLTSUMWOUNDSITE3	If wound specimen, specify wound site	FreeText		
Type of test	CHOLERALABCRLABRSLTSUMTSTTYPE1 CHOLERALABCRLABRSLTSUMTSTTYPE2 CHOLERALABCRLABRSLTSUMTSTTYPE3	Type of laboratory test (method) performed	RadioButtonList	PCR Culture Other	PCR CULT OTH
If Other, specify	CHOLERALABCRLABRSLTSUMTSTTYPESPFY1 CHOLERALABCRLABRSLTSUMTSTTYPESPFY2 CHOLERALABCRLABRSLTSUMTSTTYPESPFY3	Specify other type of test method	FreeText		
Vibrio species isolated	CHOLERALABCRLABRSLTSUMSPECISO1 CHOLERALABCRLABRSLTSUMSPECISO2 CHOLERALABCRLABRSLTSUMSPECISO3	What *Vibrio* species was isolated from lab testing?	DropDownList	V. alginolyticus V. cholerae O1 V. cholerae O139 V. cholerae non-O1, non-O139 V. cincinnatiensis V. damsela V. fluvialis V. furnissii V. hollisae V. metschnikovii V. mimicus V. parahaemolyticus V. vulnificus Vibrio species - not identified	VALG VCHO01 VCHO0139 VCHONON VCINC VDAMS VFLU VFUR VHOL VMET VMIM VPAR VVUL NOT
Collection date	CHOLERALABCRLABRSLTSUMDT1 CHOLERALABCRLABRSLTSUMDT2 CHOLERALABCRLABRSLTSUMDT3	Date specimen was collected	Date (MM/DD/YYYY)		

LABORATORY INFO – CHOLERA / VIBRIO INFECTIONS (NON-CHOLERA)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Serotype	CHOLERALABCRLABRSLTSUMSEROTYPE1 CHOLERALABCRLABRSLTSUMSEROTYPE2 CHOLERALABCRLABRSLTSUMSEROTYPE3	If the isolate is *Vibrio cholerae* O1 or O139, specify serotype	DropDownList	Inaba Ogawa Hikojima Not done Unknown	INABA OGAWA HIKO NOT UNK
Bio type	CHOLERALABCRLABRSLTSUMBIOTYPE1 CHOLERALABCRLABRSLTSUMBIOTYPE2 CHOLERALABCRLABRSLTSUMBIOTYPE3	If the isolate is *Vibrio cholera* O1 or O139, specify biotype	DropDownList	El Tor Classical Not done Unknown	ET CL NOT UNK
Toxigenic	CHOLERALABCRLABRSLTSUMTOXIGEN1 CHOLERALABCRLABRSLTSUMTOXIGEN2 CHOLERALABCRLABRSLTSUMTOXIGEN3	If the isolate is *Vibrio cholera* O1 or O139, is it toxigenic?	DropDownList	Yes No Unknown	Y N U
Toxin positive by	CHOLERALABCRLABRSLTSUMTOXIGENSPFY1 CHOLERALABCRLABRSLTSUMTOXIGENSPFY2 CHOLERALABCRLABRSLTSUMTOXIGENSPFY3	If Yes, toxin positive by	DropDownList	ELISA Latex agglutination PCR Other	ELISA LA PCR OTH
If Other, specify	CHOLERALABCRLABRSLTSUMTOXIGENSPFYOTH1 CHOLERALABCRLABRSLTSUMTOXIGENSPFYOTH2 CHOLERALABCRLABRSLTSUMTOXIGENSPFYOTH3	Specify other method of toxin positive determination	FreeText		
Other organisms isolated	CHOLERALABCRLABRSLTSUMOTHORGISO1 CHOLERALABCRLABRSLTSUMOTHORGISO2 CHOLERALABCRLABRSLTSUMOTHORGISO3	Were other organisms isolated from the same specimen that yielded *Vibrio*?	RadioButtonList	Yes No Unknown	Y N U
If Yes, specify	CHOLERALABCRLABRSLTSUMOTHORGISOSPFY1 CHOLERALABCRLABRSLTSUMOTHORGISOSPFY2 CHOLERALABCRLABRSLTSUMOTHORGISOSPFY3	If Yes, specify organism(s)	FreeText		
Molecular fingerprinting?	CHOLERALABCRLABRSLTSUMPFGE1 CHOLERALABCRLABRSLTSUMPFGE2 CHOLERALABCRLABRSLTSUMPFGE3	Was molecular fingerprinting (e.g., PFGE) done?	RadioButtonList	Yes No Unknown	Y N U
Isolate pattern	CHOLERALABCRLABRSLTSUMPFGEISOPAT1 CHOLERALABCRLABRSLTSUMPFGEISOPAT2 CHOLERALABCRLABRSLTSUMPFGEISOPAT3	If Yes, describe *Vibrio* isolate pattern	FreeText		
Laboratory name	CHOLERALABCRLABRSLTSUMLABNAME1 CHOLERALABCRLABRSLTSUMLABNAME2 CHOLERALABCRLABRSLTSUMLABNAME3	Name of lab where testing was performed	FreeText		

LABORATORY INFO – CHOLERA / VIBRIO INFECTIONS (NON-CHOLERA)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Telephone	CHOLERALABCRLABRSLTSUMLABPHONE1 CHOLERALABCRLABRSLTSUMLABPHONE2 CHOLERALABCRLABRSLTSUMLABPHONE3	Telephone number of lab	FreeText		

EPIDEMIOLOGIC INFO – CHOLERA / VIBRIO INFECTIONS (NON-CHOLERA)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
FOOD HISTORY					
DID THE PATIENT EAT ANY OF THE FOLLOWING TYPES OF SEAFOOD DURING THE INCUBATION PERIOD?					
Clams	CHOLERAEPICRFOODHXCLAMS	Did patient eat clams during the incubation period?	DropDownList	Yes No Unknown	Y N U
Date eaten	CHOLERAEPICRFOODHXCLAMSSPFYDT	If Yes, specify date eaten	Date (MM/DD/YYYY)		
Eaten raw	CHOLERAEPICRFOODHXCLAMSSPFYRAW	Were the clams eaten raw?	DropDownList	Yes No Unknown	Y N U
Location purchased	CHOLERAEPICRFOODHXCLAMSSPFYPURLOC	Location clams were purchased	FreeText		
Location consumed	CHOLERAEPICRFOODHXCLAMSSPFYCONLOC	Location clams were consumed	FreeText		
Crab	CHOLERAEPICRFOODHXCRAB	Did patient eat crab during the incubation period?	DropDownList	Yes No Unknown	Y N U
Date eaten	CHOLERAEPICRFOODHXCRABSPFYDT	If Yes, specify date eaten	Date (MM/DD/YYYY)		
Eaten raw	CHOLERAEPICRFOODHXCRABSPFYRAW	Was the crab eaten raw?	DropDownList	Yes No Unknown	Y N U
Location purchased	CHOLERAEPICRFOODHXCRABSPFYPURLOC	Location crab was purchased	FreeText		
Location consumed	CHOLERAEPICRFOODHXCRABSPFYCONLOC	Location crab was consumed	FreeText		

EPIDEMIOLOGIC INFO – CHOLERA / VIBRIO INFECTIONS (NON-CHOLERA)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Lobster	CHOLERAEPICRFOODHXLOBST	Did patient eat lobster during the incubation period?	DropDownList	Yes No Unknown	Y N U
Date eaten	CHOLERAEPICRFOODHXLOBSTSPFYDT	If Yes, specify date eaten	Date (MM/DD/YYYY)		
Eaten raw	CHOLERAEPICRFOODHXLOBSTSPFYRAW	Was the lobster eaten raw?	DropDownList	Yes No Unknown	Y N U
Location purchased	CHOLERAEPICRFOODHXLOBSTSPFYPURLOC	Location lobster was purchased	FreeText		
Location consumed	CHOLERAEPICRFOODHXLOBSTSPFYCONLOC	Location lobster was consumed	FreeText		
Mussels	CHOLERAEPICRFOODHXMUSS	Did patient eat mussels during the incubation period?	DropDownList	Yes No Unknown	Y N U
Date eaten	CHOLERAEPICRFOODHXMUSSSPFYDT	If Yes, specify date eaten	Date (MM/DD/YYYY)		
Eaten raw	CHOLERAEPICRFOODHXMUSSSPFYRAW	Were the mussels eaten raw?	DropDownList	Yes No Unknown	Y N U
Location purchased	CHOLERAEPICRFOODHXMUSSSPFYPURLOC	Location mussels were purchased	FreeText		
Location consumed	CHOLERAEPICRFOODHXMUSSSPFYCONLOC	Location mussels were consumed	FreeText		
Oysters	CHOLERAEPICRFOODHXOYST	Did patient eat oysters during the incubation period?	DropDownList	Yes No Unknown	Y N U
Date eaten	CHOLERAEPICRFOODHXOYSTSPFYDT	If Yes, specify date eaten	Date (MM/DD/YYYY)		
Eaten raw	CHOLERAEPICRFOODHXOYSTSPFYRAW	Were the oysters eaten raw?	DropDownList	Yes No Unknown	Y N U
Location purchased	CHOLERAEPICRFOODHXOYSTSPFYPURLOC	Location oysters were purchased (restaurant/store name and address)	FreeText		
Location consumed	CHOLERAEPICRFOODHXOYSTSPFYCONLOC	Location oysters were consumed (restaurant/store name and address)	FreeText		

EPIDEMIOLOGIC INFO – CHOLERA / VIBRIO INFECTIONS (NON-CHOLERA)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Part of a dish?	EPICRFOODHXOYSTDish	Were the oysters part of a dish, like chef special, happy hour special, shooters, etc.?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	EPICRFOODHXOYSTDishSpcfy	If Yes, specify type of dish	FreeText		
Type of oysters	EPICRFOODHXOYSTType_ATL EPICRFOODHXOYSTType_BP EPICRFOODHXOYSTType_CRLS EPICRFOODHXOYSTType_CHRC EPICRFOODHXOYSTType_KUMA EPICRFOODHXOYSTType_PAC EPICRFOODHXOYSTType_OTH EPICRFOODHXOYSTType_UNK	Type of oysters	CheckBoxList	Atlantic Blue Point Carlsbad Church Point Kumamoto Pacific Other Unknown	ATL BP CRLS CHRC KUMA PAC OTH UNK
If Other, specify	EPICRFOODHXOYSTTypeSpcfy	If Other, specify type of oyster	FreeText		
If Unknown, details	EPICRFOODHXOYSTTypeUnk	If Unknown, please provide any other details you can remember (Pacific NW, East Coast, Canada, etc.)	FreeText		
Shrimp	CHOLERAEPICRFOODHXSHRMP	Did patient eat shrimp during the incubation period?	DropDownList	Yes No Unknown	Y N U
Date eaten	CHOLERAEPICRFOODHXSHRMPSPFYDT	If Yes, specify date eaten	Date (MM/DD/YYYY)		
Eaten raw	CHOLERAEPICRFOODHXSHRMPSPFYRAW	Was the shrimp eaten raw?	DropDownList	Yes No Unknown	Y N U
Location purchased	CHOLERAEPICRFOODHXSHRMPSPFYPURLOC	Location shrimp was purchased	FreeText		
Location consumed	CHOLERAEPICRFOODHXSHRMPSPFYCONLOC	Location shrimp was consumed	FreeText		
Crawfish	CHOLERAEPICRFOODHXCRAW	Did patient eat crawfish during the incubation period?	DropDownList	Yes No Unknown	Y N U
Date eaten	CHOLERAEPICRFOODHXCRAWSPFYDT	If Yes, specify date eaten	Date (MM/DD/YYYY)		

EPIDEMIOLOGIC INFO – CHOLERA / VIBRIO INFECTIONS (NON-CHOLERA)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Eaten raw	CHOLERAEPICRFOODHXCRAWSPFYRAW	Were crayfish eaten raw?	DropDownList	Yes No Unknown	Y N U
Location purchased	CHOLERAEPICRFOODHXCRAWSPFYPURLOC	Location crayfish were purchased	FreeText		
Location consumed	CHOLERAEPICRFOODHXCRAWSPFYCONLOC	Location crayfish were consumed	FreeText		
Other shellfish	CHOLERAEPICRFOODHXOTHSF	Did patient eat other shellfish during the incubation period?	DropDownList	Yes No Unknown	Y N U
Specify	CHOLERAEPICRFOODHXOTHSFSPFYTYPE	Specify other type of shellfish	FreeText		
Date eaten	CHOLERAEPICRFOODHXOTHSFSPFYDT	If Yes, specify date eaten	Date (MM/DD/YYYY)		
Eaten raw	CHOLERAEPICRFOODHXOTHSFSPFYRAW	Was the other shellfish eaten raw?	DropDownList	Yes No Unknown	Y N U
Location purchased	CHOLERAEPICRFOODHXOTHSFSPFYPURLOC	Location other shellfish purchased	FreeText		
Location consumed	CHOLERAEPICRFOODHXOTHSFSPFYCONLOC	Location other shellfish consumed	FreeText		
Fish	CHOLERAEPICRFOODHXFISH	Did patient eat fish during the incubation period?	DropDownList	Yes No Unknown	Y N U
Specify	CHOLERAEPICRFOODHXFISHSPFYTYPE	Specify type of fish eaten	FreeText		
Date eaten	CHOLERAEPICRFOODHXFISHSPFYDT	If Yes, specify date eaten	Date (MM/DD/YYYY)		
Eaten raw	CHOLERAEPICRFOODHXFISHSPFYRAW	Was the fish eaten raw?	DropDownList	Yes No Unknown	Y N U
Location purchased	CHOLERAEPICRFOODHXFISHSPFYPURLOC	Location fish was purchased	FreeText		
Location consumed	CHOLERAEPICRFOODHXFISHSPFYCONLOC	Location fish was consumed	FreeText		
SEAFOOD EXPOSURE / ENVIRONMENTAL HEALTH INVESTIGATION					

EPIDEMIOLOGIC INFO – CHOLERA / VIBRIO INFECTIONS (NON-CHOLERA)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Status of the environmental health investigation?	EPICRSFExpStat	What is the status of the Environmental Health investigation?	DropDownList	Completed In progress Not conducted	C IP NC
Has SIRF been uploaded?	EPICRSFExpSFFormUp	Has the Seafood Investigation Report Form been uploaded into the electronic filing cabinet?	DropDownList	Yes No Unknown	Y N U
Shellfish tags uploaded?	EPICRSFExpShlTagUp	If patient consumed oysters, clams, mussels, or scallops, have shellfish tags been uploaded into the electronic filing cabinet?	DropDownList	Yes No Unknown	Y N U
EXPOSURES/RISK FACTORS - OTHER					
DID THE PATIENT HAVE CONTACT WITH ANY OF THE FOLLOWING DURING THE INCUBATION PERIOD?					
Body of water	CHOLERAEPICREXPRISKFACTWATR	Did patient have contact with a body of water during the incubation period?	DropDownList	Yes No Unknown	Y N U
Water type	CHOLERAEPICREXPRISKFACTWATRSPFYTYPE	If Yes, specify type of body of water	DropDownList	Salt water Fresh water Brackish water Unknown Other	S F B UNK OTH
If Other, specify	CHOLERAEPICREXPRISKFACTWATRSPFYOTH	Specify other type of body of water	FreeText		
Name and location	CHOLERAEPICREXPRISKFACTWATRSPFYLOC	Name and location of body of water	FreeText		
Date of exposure	CHOLERAEPICREXPRISKFACTWATRSPFYDT	Date of exposure to body of water	Date (MM/DD/YYYY)		
Drippings from seafood	CHOLERAEPICREXPRISKFACTDRIP	Did patient have contact with drippings from raw or live seafood during the incubation period?	DropDownList	Yes No Unknown	Y N U
Type of seafood	CHOLERAEPICREXPRISKFACTDRIPSPFYTYPE	If Yes, specify type of seafood	FreeText		

EPIDEMIOLOGIC INFO – CHOLERA / VIBRIO INFECTIONS (NON-CHOLERA)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Describe exposure	CHOLERAEPICREXPRISKFACTDRIPSPFYEXP	Describe exposure to seafood drippings (e.g. handling or cleaning)	FreeText		
Date of exposure	CHOLERAEPICREXPRISKFACTDRIPSPFYDT	Date of exposure to seafood drippings	Date (MM/DD/YYYY)		
Contact with marine life	CHOLERAEPICREXPRISKFACTCONT	Did patient have contact with other marine or freshwater life during the incubation period?	DropDownList	Yes No Unknown	Y N U
Type of marine life	CHOLERAEPICREXPRISKFACTCONTSPFYTYPE	If Yes, specify type of marine or freshwater life	FreeText		
Describe exposure	CHOLERAEPICREXPRISKFACTCONTSPFYDESC	Describe exposure to other marine or freshwater life	FreeText		
Date of exposure	CHOLERAEPICREXPRISKFACTCONTSPFYDT	Date of exposure to other marine or freshwater life	Date (MM/DD/YYYY)		
Pre-existing wound	CHOLERAEPICREXPRISKFACTWOUND	Did the patient have a pre-existing wound at the site of exposure?	DropDownList	Yes No Unknown	Y N U
Specify wound site	CHOLERAEPICREXPRISKFACTWOUNDSITE	If Yes, specify anatomic site of pre-existing wound	FreeText		
New wound sustained	CHOLERAEPICREXPRISKFACTNEWWOUND	Did patient sustain a new wound at the site of exposure?	DropDownList	Yes No Unknown	Y N U
Specify wound site	CHOLERAEPICREXPRISKFACTNEWWOUNDSITE	If Yes, specify anatomic site of new wound	FreeText		
Other exposure of interest	CHOLERAEPICREXPRISKFACTOTHEXP	Are there any other exposure(s) of interest?	DropDownList	Yes No Unknown	Y N U
If Yes, describe	CHOLERAEPICREXPRISKFACTOTHEXPDESC	If Yes, describe other exposure(s) of interest	FreeText		
TRAVEL HISTORY					
Did patient travel	TRVHXTRAVEL	Did patient travel outside of county of residence during the incubation period?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – CHOLERA / VIBRIO INFECTIONS (NON-CHOLERA)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Incubation period	TRVHXINCUBPERIOD	Incubation period (This value is automatically populated)	FreeText	7 days prior to illness onset	The value for this variable is not included in the DDP export.
TRAVEL HISTORY - DETAILS					
Location	TRVHXDTLLOCATION1 TRVHXDTLLOCATION2 TRVHXDTLLOCATION3	Specify location (city, county, state, country) of patient travel	FreeText		
Date travel started	TRVHXDTLSTARTDT1 TRVHXDTLSTARTDT2 TRVHXDTLSTARTDT3	Date travel started	Date (MM/DD/YYYY)		
Date travel ended	TRVHXDTLENDDT1 TRVHXDTLENDDT2 TRVHXDTLENDDT3	Date travel ended	Date (MM/DD/YYYY)		
CONTACTS/OTHER ILL PERSONS					
Contacts with similar illness	CONTOTHCONTACT	Any contacts with similar illness?	DropDownList	Yes No Unknown	Y N U
REPORTING AGENCY					
Investigator name	REPAGENCYNAME	LHD Investigator name	FreeText		
Local health jurisdiction	REPAGENCYLHJUR	Local health jurisdiction	FreeText		
Telephone number	REPAGENCYPHONE	Telephone number of LHD investigator	FreeText		
Date	REPAGENCYDT	Date agency reported the case	Date (MM/DD/YYYY)		
First reported by	REPAGENCYREPORTEDBY	What reporting agency first reported the case?	DropDownList	Clinician Laboratory Other	CLI LAB OTH
If Other, specify	REPAGENCYREPORTEDBYSPFY	Specify other agency	FreeText		
EPIDEMIOLOGICAL LINKAGE					

EPIDEMIOLOGIC INFO – CHOLERA / VIBRIO INFECTIONS (NON-CHOLERA)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Epi-linked case	CHOLERAEPICREPILINKKNOWNCASE	Epi-Linked to known case of cholera?	DropDownList	Yes No Unknown	Y N U
Contact name / Case #	CHOLERAEPICREPILINKCONTNAMECASENUM	Contact name / case #	FreeText		
DISEASE CASE CLASSIFICATION					
Disease type	CHOLERAEPICRCASECLASSDISEASE_0 CHOLERAEPICRCASECLASSDISEASE_1 CHOLERAEPICRCASECLASSDISEASE_2 CHOLERAEPICRCASECLASSDISEASE_3	What type of cholera did the patient have?	CheckBoxList (more than one choice is possible)	Intestinal Cutaneous Septicemic Other	I C S O
If Other, specify	CHOLERAEPICRCASECLASSDISEASESPFY	Specify other disease type	FreeText		
OUTBREAK					
Part of outbreak	OBPARTOF	Is this case part of a known cholera outbreak?	DropDownList	Yes No Unknown	Y N U
Extent of outbreak	OBEXTENTOF_1 OBEXTENTOF_2 OBEXTENTOF_3 OBEXTENTOF_4 OBEXTENTOF_5 OBEXTENTOF_6	If Yes, what is the extent of the outbreak?	CheckBoxList (more than one choice is possible)	One CA jurisdiction Multiple CA jurisdictions Multistate International Unknown Other	ONEJUR MULJUR MULSTAT INTR UNK OTH
If Other, specify	OBEXTENTOFSPFY	Specify other extent of outbreak	FreeText		
Mode of transmission	OBTRANSMOD_1 OBTRANSMOD_2 OBTRANSMOD_3 OBTRANSMOD_4	What is the mode of transmission for the cholera outbreak?	CheckBoxList (more than one choice is possible)	Point source Person-to-person Unknown Other	SRC P2P UNK OTH
Specify Other	OBTRANSMODSPFY	Specify other mode of transmission	FreeText		
Vehicle of outbreak	OBVEHICLE	What is the vehicle of the cholera outbreak?	FreeText		
Pattern 1 ID	OBPAT1IDNUM	Pattern 1 ID number	FreeText		
Pattern 2 ID	OBPAT2IDNUM	Pattern 2 ID number	FreeText		

Coccidioidomycosis

CLINICAL INFO – COCCIDIOIDOMYCOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
SIGNS AND SYMPTOMS					
Symptomatic	COCCICLICRSignSxSymptomatic	Symptomatic?	DropDownList	Yes No Unknown	Y N U
Onset Date	COCCICLICRSignSxDtOnset	Onset Date	Date (MM/DD/YYYY)		
Medical Care	COCCICLICRSignSxMedCareDt	Date first sought medical care	Date (MM/DD/YYYY)		
Duration acute symptoms	COCCICLICRSignSxAcuteDur	Duration of acute symptoms	FreeText		
Specify units	COCCICLICRSignSxAcuteDurUnits	Specify units	RadioButtonList	Days Weeks Months	D W M
School/work missed days	COCCICLICRSignSxMiss	Did the patient miss school or work due to illness?	DropDownList	Yes No Unknown N/A	Y N U NA
# missed days	COCCICLICRSignSxMissSpcfy	If Yes, specify number of days	FreeText		
CLINICAL CONDITIONS					
Signs and symptoms	COCCICLICRSignSxFluSx	Influenza-like signs and symptoms (e.g., fever, chest pain, cough, myalgia, arthralgia, headache, and fatigue)	DropDownList	Yes No Unknown	Y N U
Pneumonia	COCCICLICRSignSxPneum	Pneumonia, diagnosed by chest radiograph or CT	DropDownList	Yes No Unknown	Y N U
Pulmonary lesion	COCCICLICRSignSxPulmLes	Other pulmonary lesion, diagnosed by chest radiograph or CT	DropDownList	Yes No Unknown	Y N U
Specify	COCCICLICRSignSxPulmLesSpcfy	If yes, specify type of lesion	FreeText		

CLINICAL INFO – COCCIDIOIDOMYCOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Rash	COCCICLICRSignSxRash	Rash	DropDownList	Yes No Unknown	Y N U
Specify	COCCICLICRSignSxRashSpcfy_0 COCCICLICRSignSxRashSpcfy_1 COCCICLICRSignSxRashSpcfy_2	If yes, specify	CheckBoxList (more than one choice is possible)	Erythema multiforme Erythema nodosum Other	MULTI NODOS OTH
Skin lesions	COCCICLICRSignSxSkin	Skin lesions (dissemination to skin)	DropDownList	Yes No Unknown	Y N U
Bones	COCCICLICRSignSxBones	Dissemination to bones	DropDownList	Yes No Unknown	Y N U
Specify	COCCICLICRSignSxBonesSpcfy	If Yes, specify	FreeText		
Joints	COCCICLICRSignSxJoints	Dissemination to joints	DropDownList	Yes No Unknown	Y N U
Specify	COCCICLICRSignSxJointsSpcfy	If Yes, specify	FreeText		
Meningitis	COCCICLICRSignSxMeng	Meningitis	DropDownList	Yes No Unknown	Y N U
Other disseminated site	COCCICLICRSignSxOth	Other disseminated site (specify)	FreeText		
EXISTING MEDICAL CONDITIONS / PAST MEDICAL HISTORY					
Conditions and treatments	COCCICLICRMedHxCond_0 COCCICLICRMedHxCond_1 COCCICLICRMedHxCond_2 COCCICLICRMedHxCond_3 COCCICLICRMedHxCond_4 COCCICLICRMedHxCond_5 COCCICLICRMedHxCond_6 COCCICLICRMedHxCond_7 COCCICLICRMedHxCond_8 COCCICLICRMedHxCond_9	At the time of disease onset, did the patient have any of the following conditions or treatments? (check all that apply)	CheckBoxList (more than one choice is possible)	Asthma Cancer (specify) Chemotherapy COPD/emphysema Corticosteroid Diabetes Immuno-compromised Organ recipient Tuberculosis Other (specify)	ASTHMA CANCER CHEMO COPD CORT DIAB IMMUNO ORGAN TB OTH

CLINICAL INFO – COCCIDIOIDOMYCOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Specify cancer	COCCICLICRMedHxCondCanc	If Cancer, specify type of cancer	FreeText		
Other specify	COCCICLICRMedHxCondOth	If Other, specify condition and/or treatment	FreeText		
HOSPITALIZATION					
Patient visit ER?	HOSPER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U
Was patient hospitalized?	HOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
Total hospital nights	HOSPDAYSHOSP	If Yes, how many total hospital nights?	FreeText		
HOSPITALIZATION – DETAILS					
Hospital name	HOSPDTLNAME1 HOSPDTLNAME2 HOSPDTLNAME3	Hospital name	FreeText		
Street	HOSPDTLADDRESS1 HOSPDTLADDRESS2 HOSPDTLADDRESS3	Street address	FreeText		
City	HOSPDTLCITY1 HOSPDTLCITY2 HOSPDTLCITY3	City	FreeText		
State	HOSPDTLSTATE1 HOSPDTLSTATE2 HOSPDTLSTATE3	State	FreeText		
Zip code	HOSPDTLZIPCODE1 HOSPDTLZIPCODE2 HOSPDTLZIPCODE3	Zip code	FreeText		
Telephone	HOSPDTLPHONE1 HOSPDTLPHONE2 HOSPDTLPHONE3	Telephone	FreeText		
Admit date	HOSPDTLADMITDT1 HOSPDTLADMITDT2 HOSPDTLADMITDT3	Admit date	Date (MM/DD/YYYY)		

CLINICAL INFO – COCCIDIOIDOMYCOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Discharge/ transfer	HOSPDTLDISCHDT1 HOSPDTLDISCHDT2 HOSPDTLDISCHDT3	Discharge/transfer date	Date (MM/DD/YYYY)		
Medical record number	HOSPDTLMRN1 HOSPDTLMRN2 HOSPDTLMRN3	Medical record number	FreeText		
Diagnosis	HOSPDTLDISCHDX1 HOSPDTLDISCHDX2 HOSPDTLDISCHDX3	Discharge diagnosis	FreeText		
TREATMENT / MANAGEMENT					
Received treatment	COCCICLICRTxMgtRecTx	Received treatment?	DropDownList	Yes No Unknown	Y N U
TREATMENT / MANAGEMENT - DETAILS					
Treatment type	COCCICLICRTxMgtdTLType1 COCCICLICRTxMgtdTLType2 COCCICLICRTxMgtdTLType3	Treatment type	CheckBoxList	Antifungal Other	FUNG OTH
Treatment name	COCCICLICRTxMgtdTLName1 COCCICLICRTxMgtdTLName2 COCCICLICRTxMgtdTLName3	Treatment name	FreeText		
Date started	COCCICLICRTxMgtdTLStartDt1 COCCICLICRTxMgtdTLStartDt2 COCCICLICRTxMgtdTLStartDt3	Date started	Date (MM/DD/YYYY)		
OUTCOME					
Outcome	COCCICLICROutcomeOut	Outcome?	DropDownList	Survived Died Unknown	SURV DIED UNK
Survived as of	COCCICLICROutcomeSurvDt	Survived as of	Date (MM/DD/YYYY)		
Date of death	COCCICLICROutcomeDthDt	Date of death	Date (MM/DD/YYYY)		
Death caused by cocci	COCCICLICROutcomeCaseDth	Was death caused by coccidioidomycosis?	DropDownList	Yes No Unknown	Y N U

LABORATORY INFO – COCCIDIOIDOMYCOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY RESULTS SUMMARY - BLOOD SPECIMENS (results from the time of diagnosis)					
Testing reason	COCCILABCRRsltSumBldReason	Reason for testing	DropDownList	Symptomatic Screening Other	SYMPT SCREEN OTH
Other, specify	COCCILABCRRsltSumBldReasonSpcfy	If Other, specify	FreeText		
WERE THE FOLLOWING LABORATORY TESTS PERFORMED?					
IgM EIA	COCCILABCRRsltSumBldIgMEIA	IgM enzyme immunoassay (EIA)	DropDownList	Done Not done Unknown	DONE NOT UNK
Collection date	COCCILABCRRsltSumBldIgMEIAColDt	Collection date	Date (MM/DD/YYYY)		
Laboratory name	COCCILABCRRsltSumBldIgMEIALab	Laboratory name	Link System Dictionary		
Interpretation	COCCILABCRRsltSumBldIgMEIAInt	Interpretation	DropDownList	Positive Negative Equivocal Unknown Pending Other	POS NEG EQUIV UNK PEND OTH
If Other, specify	COCCILABCRRsltSumBldIgMEIAIntSpcfy	If Other, specify	FreeText		
IgG EIA	COCCILABCRRsltSumBldIgGEIA	IgG enzyme immunoassay (EIA)	DropDownList	Done Not done Unknown	DONE NOT UNK
Collection date	COCCILABCRRsltSumBldIgGEIAColDt	Collection date	Date (MM/DD/YYYY)		
Laboratory name	COCCILABCRRsltSumBldIgGEIALab	Laboratory name	Link System Dictionary		

LABORATORY INFO – COCCIDIOIDOMYCOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Interpretation	COCCILABCRRsltSumBldIgGEIAInt	Interpretation	DropDownList	Positive Negative Equivocal Unknown Pending Other	POS NEG EQUIV UNK PEND OTH
Specify	COCCILABCRRsltSumBldIgGEIAIntSpcfy	If Other, specify	FreeText		
IgM ID	COCCILABCRRsltSumBldIgMID	IgM immunodiffusion (ID)	DropDownList	Done Not done Unknown	DONE NOT UNK
Collection date	COCCILABCRRsltSumBldIgMIDColDt	Collection date	Date (MM/DD/YYYY)		
Laboratory name	COCCILABCRRsltSumBldIgMIDLab	Laboratory name	Link System Dictionary		
Interpretation	COCCILABCRRsltSumBldIgMIDInt	Interpretation	DropDownList	Positive Negative Equivocal Unknown Pending Other	POS NEG EQUIV UNK PEND OTH
Specify	COCCILABCRRsltSumBldIgMIDIntSpcfy	If Other, specify	FreeText		
IgG ID	COCCILABCRRsltSumBldIgGID	IgG immunodiffusion (ID)	DropDownList	Done Not done Unknown	DONE NOT UNK
Collection date	COCCILABCRRsltSumBldIgGIDColDt	Collection date	Date (MM/DD/YYYY)		
Laboratory name	COCCILABCRRsltSumBldIgGIDLab	Laboratory name	Link System Dictionary		

LABORATORY INFO – COCCIDIOIDOMYCOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Interpretation	COCCILABCRRsltSumBldIgGIDInt	Interpretation	DropDownList	Positive Negative Equivocal Unknown Pending Other	POS NEG EQUIV UNK PEND OTH
Specify	COCCILABCRRsltSumBldIgGIDIntSpcfy	If Other, specify	FreeText		
IgG CF	COCCILABCRRsltSumBldIgGCF	IgG complement fixation (CF)	DropDownList	Done Not done Unknown	DONE NOT UNK
Collection date	COCCILABCRRsltSumBldIgGCFColDt	Collection date	Date (MM/DD/YYYY)		
Laboratory name	COCCILABCRRsltSumBldIgGCFLab	Laboratory name	Link System Dictionary		
Interpretation	COCCILABCRRsltSumBldIgGCFInt	Interpretation	DropDownList	Positive Negative Equivocal Unknown Pending Other	POS NEG EQUIV UNK PEND OTH
Specify	COCCILABCRRsltSumBldIgGCFIntSpcfy	If Other, specify	FreeText		
Titer	COCCILABCRRsltSumBldIgGCFTiter	Titer	FreeText		
LABORATORY RESULTS SUMMARY - OTHER SPECIMENS					
Specimen	COCCILABCRRsltSumOthSpec1 COCCILABCRRsltSumOthSpec2 COCCILABCRRsltSumOthSpec3	Specimen type	DropDownList	CSF Tissue Other	CSF TISS OTH
If Tissue, specify	COCCILABCRRsltSumOthSpecTiss1 COCCILABCRRsltSumOthSpecTiss2 COCCILABCRRsltSumOthSpecTiss3	If Tissue, specify type of tissue	FreeText		
If Other, specify	COCCILABCRRsltSumOthSpecOth1 COCCILABCRRsltSumOthSpecOth2 COCCILABCRRsltSumOthSpecOth3	If Other, specify type of specimen	FreeText		
Type of test	COCCILABCRRsltSumOthType1	Type of test	DropDownList	IgM EIA	IGMEIA

LABORATORY INFO – COCCIDIOIDOMYCOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
	COCCILABCRRsltSumOthType2 COCCILABCRRsltSumOthType3			IgG EIA	IGGGEIA
				IgM ID	IGMID
				IgG ID	IGGID
				IgG CF	IGGCF
				Culture	CULT
				Histopathology	HISTO
				Other	OTH
If Other, specify	COCCILABCRRsltSumOthTypeSpcfy1 COCCILABCRRsltSumOthTypeSpcfy2 COCCILABCRRsltSumOthTypeSpcfy3	If Other, specify type of test	FreeText		
Collection date	COCCILABCRRsltSumOthSpecColDt1 COCCILABCRRsltSumOthSpecColDt2 COCCILABCRRsltSumOthSpecColDt3	Collection date	Date (MM/DD/YYYY)		
Results	COCCILABCRRsltSumOthSpecRslt1 COCCILABCRRsltSumOthSpecRslt2 COCCILABCRRsltSumOthSpecRslt3	Results	FreeText		
Laboratory name	COCCILABCRRsltSumOthLab1 COCCILABCRRsltSumOthLab2 COCCILABCRRsltSumOthLab3	Laboratory name	Link System Dictionary		

EPIDEMIOLOGIC INFO – COCCIDIOIDOMYCOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
DUST EXPOSURES (If patient has no history of pulmonary illness, please skip DUST EXPOSURES section.)					
Setting of exposure	COCCIEPICRDustExpSett1 COCCIEPICRDustExpSett2 COCCIEPICRDustExpSett3	Setting of exposure	RadioButtonList	Home	HOME
				School	SCHOOL
				Worksite	WORKSITE
				Prision or jail	PRISION
				Long term care facility	LTC
				Outdoor event or facility	OUTDOOR
				Other	OTH
If Other, specify	COCCIEPICRDustExpSettOth1 COCCIEPICRDustExpSettOth2 COCCIEPICRDustExpSettOth3	If Other, specify setting of exposure	FreeText		

EPIDEMIOLOGIC INFO – COCCIDIOIDOMYCOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Name and address	COCCIEPICRDustExpSettName1 COCCIEPICRDustExpSettName2 COCCIEPICRDustExpSettName3	Name and address of facility, worksite, or event	FreeText		
Date(s) of exposure	COCCIEPICRDustExpSettDates1 COCCIEPICRDustExpSettDates2 COCCIEPICRDustExpSettDates3	Date(s) of exposure	FreeText		
Similar illness in others?	COCCIEPICRDustExpSettSimilar1 COCCIEPICRDustExpSettSimilar2 COCCIEPICRDustExpSettSimilar3	Similar illness in others at facility, worksite, or event?	DropDownList	Yes No Unknown	Y N U
Dust generating activity	COCCIEPICRDustExpSettSource_0_1 COCCIEPICRDustExpSettSource_0_2 COCCIEPICRDustExpSettSource_0_3	Source of dust: Dust generating activity	CheckBoxList	Checked Unchecked	ACT (blank)
Wind/dust/ earthquake	COCCIEPICRDustExpSettSource_1_1 COCCIEPICRDustExpSettSource_1_2 COCCIEPICRDustExpSettSource_1_3	Source of dust: Wind/dust storm/ earthquake	CheckBoxList	Checked Unchecked	WIND (blank)
Other	COCCIEPICRDustExpSettSource_2_1 COCCIEPICRDustExpSettSource_2_2 COCCIEPICRDustExpSettSource_2_3	Source of dust: Other	CheckBoxList	Checked Unchecked	OTH (blank)
Construction	COCCIEPICRDustExpSettSource_3_1 COCCIEPICRDustExpSettSource_3_2 COCCIEPICRDustExpSettSource_3_3	Source of dust: Construction	CheckBoxList	Checked Unchecked	CONSTR (blank)
Unknown	COCCIEPICRDustExpSettSource_4_1 COCCIEPICRDustExpSettSource_4_2 COCCIEPICRDustExpSettSource_4_3	Source of dust: Unknown	CheckBoxList	Checked Unchecked	UNK (blank)
If Other, specify	COCCIEPICRDustExpSettSourceOth1 COCCIEPICRDustExpSettSourceOth2 COCCIEPICRDustExpSettSourceOth3	If Other, specify source of dust	FreeText		
OTHER EPIDEMIOLOGIC INFORMATION					
Is patient a smoker?	COCCIEPICROthSmoke	Is the patient a current or former cigarette smoker?	DropDownList	Current Former Never smoked cigarettes Unknown	CURRENT FORMER NEVER UNK
Frequency of use	COCCIEPICROthSmokeFreq	If current or former cigarette smoker, describe frequency of use (pack years)	FreeText		

EPIDEMIOLOGIC INFO – COCCIDIOIDOMYCOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Heard of cocci?	COCCIEPICROthHeard	Had the patient heard of coccidioidomycosis or Valley Fever prior to diagnosis?	DropDownList	Yes No Unknown	Y N U
If Yes, source	COCCIEPICROthHeardSrc_0 COCCIEPICROthHeardSrc_1 COCCIEPICROthHeardSrc_2 COCCIEPICROthHeardSrc_3 COCCIEPICROthHeardSrc_4	If Yes, source of information	CheckBoxList (more than one choice is possible)	News source Provider Friend/word of mouth Other Website	NEWS PROV FRIEND WEB OTH
If Other, source	COCCIEPICROthHeardSrcSpcfy	If Other, specify source of information	FreeText		
PLACE OF RESIDENCE					
Reside outside current county	COCCIEPICRResMove	Did the patient reside outside of current county of residence in the year before illness onset?	DropDownList	Yes No Unknown	Y N U
PLACE OF RESIDENCE - DETAILS					
Location	COCCIEPICRResDtl1 COCCIEPICRResDtl2 COCCIEPICRResDtl3	Location (city, county, state, country)	FreeText		
Type of residence	COCCIEPICRResDtlType1 COCCIEPICRResDtlType2 COCCIEPICRResDtlType3	Type of residence	DropDownList	Permanent residence/home Temporary work residence Prison/jail School/university campus Long term care facility Other	PERM TEMP PRISION SCHOOL LTC OTH
If Other, specify	COCCIEPICRResDtlTypeSpcfy1 COCCIEPICRResDtlTypeSpcfy2 COCCIEPICRResDtlTypeSpcfy3	If Other, specify type of residence	FreeText		
Residence started	COCCIEPICRResDtlStart1 COCCIEPICRResDtlStart2 COCCIEPICRResDtlStart3	Month and year residence started	FreeText		
Residence ended	COCCIEPICRResDtlEnd1 COCCIEPICRResDtlEnd2 COCCIEPICRResDtlEnd3	Month and year residence ended	FreeText		

EPIDEMIOLOGIC INFO – COCCIDIOIDOMYCOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
TRAVEL HISTORY					
Travel outside county	COCCIEPICRTRVHXTRAVEL	Did patient travel outside of county of residence during the incubation period?	DropDownList	Yes No Unknown	Y N U
Patient travel outside U.S	COCCIEPICRTRVHXTravelUS	Did the patient travel outside the U.S. during the incubation period?	DropDownList	Yes No Unknown	Y N U
TRAVEL HISTORY – DETAILS					
Location	COCCIEPICRTRVHXDTLLOCATION1 COCCIEPICRTRVHXDTLLOCATION2 COCCIEPICRTRVHXDTLLOCATION3	Location (city, county, state, country)	FreeText		
Date started	COCCIEPICRTRVHXDTLSTARTDT1 COCCIEPICRTRVHXDTLSTARTDT2 COCCIEPICRTRVHXDTLSTARTDT3	Date travel started	Date (MM/DD/YYYY)		
Date ended	COCCIEPICRTRVHXDTLENDDT1 COCCIEPICRTRVHXDTLENDDT2 COCCIEPICRTRVHXDTLENDDT3	Date travel ended	Date (MM/DD/YYYY)		
REPORTING AGENCY					
Investigator name	COCCIEPICRRepAgencyName	Investigator name	FreeText		
Local health jurisdiction	COCCIEPICRRepAgencyLHJ	Local health jurisdiction	FreeText		
Telephone number	COCCIEPICRRepAgencyPhone	Telephone number	FreeText		
Date	COCCIEPICRRepAgencyDT	Date	Date (MM/DD/YYYY)		
First reported by	COCCIEPICRRepAgencyRepBy	First reported by	DropDownList	Clinician Laboratory Other	CLI LAB OTH
If Other, specify	COCCIEPICRRepAgencyRepBySpcfy	If Other, specify	FreeText		

EPIDEMIOLOGIC INFO – COCCIDIOIDOMYCOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Source of information	COCCIEPICRRepAgencySrc_0 COCCIEPICRRepAgencySrc_1 COCCIEPICRRepAgencySrc_2	Source of information (check all that apply)	CheckBoxList (more than one choice is possible)	Healthcare provider, medical record Patient interview Other	PROV PAT OTH
If Other, specify	COCCIEPICRRepAgencySrcSpcfy	If Other, specify	FreeText		
OUTBREAK					
Part of known outbreak?	COCCIEPICROBPartOf	Part of known outbreak?	DropDownList	Yes No Unknown	Y N U
If Yes, extent of outbreak	COCCIEPICROBExtentOf_0 COCCIEPICROBExtentOf_1 COCCIEPICROBExtentOf_2 COCCIEPICROBExtentOf_3 COCCIEPICROBExtentOf_4 COCCIEPICROBExtentOf_5	If Yes, extent of outbreak	CheckBoxList (more than one choice is possible)	One CA jurisdiction Multiple CA jurisdictions Multistate International Unknown Other	ONE MULJUR MULSTAT INTR UNK OTH
If Other, specify	COCCIEPICROBExtentOfSpcfy	If Other, specify	FreeText		

Creutzfeldt-Jakob Disease

CLINICAL INFO – CREUTZFELDT-JAKOB DISEASE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
CASE DEFINITION AND SUPPORTING DOCUMENTATION					
Documentation attached	CJDCLICRCASEDEFSUPPDOCDOCATTACH_0 CJDCLICRCASEDEFSUPPDOCDOCATTACH_1 CJDCLICRCASEDEFSUPPDOCDOCATTACH_2 CJDCLICRCASEDEFSUPPDOCDOCATTACH_3 CJDCLICRCASEDEFSUPPDOCDOCATTACH_4 CJDCLICRCASEDEFSUPPDOCDOCATTACH_5 CJDCLICRCASEDEFSUPPDOCDOCATTACH_6 CJDCLICRCASEDEFSUPPDOCDOCATTACH_7	Indicate what documentation is attached to this incident	CheckBoxList (more than one choice is possible)	Hospital Discharge Summary	HOSPDISCH
				MRI Report	MRI
				14-3-3 Test Results	TEST
				Brain Biopsy Report	BRAINBIOP
				Autopsy Report	AUTOPSY
				Neurologist Report / Notes	NEUROREPORT
				EEG Report	EEG
				Death Certificate	DEATHCERT
RESIDENCE INFORMATION					
City	CJDCLICRRESDNCEINFOCITY	City of residence at time of diagnosis	FreeText		
State	CJDCLICRRESDNCEINFOSTATE	State of residence at time of diagnosis	DropDownList	See Appendix J	See Appendix J
State where receiving care	CJDCLICRRESDNCEINFOSTATECARE	State in which patient is receiving care	DropDownList	See Appendix J	See Appendix J
Patient's current location	CJDCLICRRESDNCEINFOPTCURRENTLOC	Where is the patient currently located? (e.g. facility name, family member living with, etc.)	FreeText		
Location as of	CJDCLICRRESDNCEINFOPTCURRENTLOCDT	What is the patient's last known date at this location?	Date (MM/DD/YYYY)		
DIAGNOSIS INFORMATION					
Onset date	CJDCLICRDXINFOONSETDT	Onset date of symptoms of Creutzfeldt-Jakob Disease	Date (MM/DD/YYYY)		
Date of CJD diagnosis	CJDCLICRDXINFOCJDDXDT	Date Creutzfeldt-Jakob Disease was diagnosed	Date (MM/DD/YYYY)		
Diagnosing hospital name	CJDCLICRDXINFOHOSPNAME	Name of hospital where CJD diagnosis was made	FreeText		
Location	CJDCLICRDXINFOHOSPLOC	Specify the location of the diagnosing hospital	FreeText		

CLINICAL INFO – CREUTZFELDT-JAKOB DISEASE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Diagnosing physician's name	CJDCLICRDXINFOPHYSNAME	Name of Diagnosing physician who diagnosed the patient	FreeText		
Telephone number	CJDCLICRDXINFOPHYSPHONE	Telephone number	FreeText		
Seen by neurologist	CJDCLICRDXINFONEURO	Was the patient seen by a neurologist?	DropDownList	Yes No Unknown	Y N U
Diagnosis by a neurologist?	CJDCLICRDXINFONEURODX	If Yes, was diagnosis of CJD made by a neurologist?	DropDownList	Yes No Unknown	Y N U
If no, specialty	CJDCLICRDXINFONEURODXSPECLTY	If No, specialty of diagnosing physician	FreeText		
Other significant illnesses	CJDCLICRDXINFOOTHILL	Specify any other significant illnesses	Text Box		
HOPITALIZATION					
Patient visit ER?	HOSPER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U
Was patient hospitalized?	HOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
Total hospital nights	HOSPDAYSHOSP	If Yes, how many total hospital nights?	FreeText		
HOSPITALIZATION - DETAILS					
Hospital name	HOSPDTLNAME1 HOSPDTLNAME2 HOSPDTLNAME3	Name of facility where patient was hospitalized	FreeText		
Street address	HOSPDTLADDRESS1 HOSPDTLADDRESS2 HOSPDTLADDRESS3	Street address of hospital	FreeText		
City	HOSPDTLCITY1 HOSPDTLCITY2 HOSPDTLCITY3	City where hospital located	FreeText		

CLINICAL INFO – CREUTZFELDT-JAKOB DISEASE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
State	HOSPDTLSTATE1 HOSPDTLSTATE2 HOSPDTLSTATE3	State	FreeText		
Zip code	HOSPDTLZIPCODE1 HOSPDTLZIPCODE2 HOSPDTLZIPCODE3	Zip code	FreeText		
Telephone	HOSPDTLPHONE1 HOSPDTLPHONE2 HOSPDTLPHONE3	Telephone number for hospital	FreeText		
Admit date	HOSPDTLADMITDT1 HOSPDTLADMITDT2 HOSPDTLADMITDT3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPDTLDISCHDT1 HOSPDTLDISCHDT2 HOSPDTLDISCHDT3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		
Medical record number	HOSPDTLMRN1 HOSPDTLMRN2 HOSPDTLMRN3	Medical record number for patient	FreeText		
Discharge diagnosis	HOSPDTLDISCHDX1 HOSPDTLDISCHDX2 HOSPDTLDISCHDX3	What was the patient's final diagnosis at the time of discharge?	FreeText		
OUTCOME					
Outcome?	CJDCLICROUTCOMEOUTCOME	What was the clinical outcome for this case?	DropDownList	Survived Died Unknown	S D U
Survived as of	CJDCLICROUTCOMESURVIVEDT	If patient survived, what was the date patient was known to still be living?	Date (MM/DD/YYYY)		
Date of death	CJDCLICROUTCOMEDEATHDT	If patient died, what was the date of death?	System Defined Field Link		
State in which death occurred	CJDCLICROUTCOMEDEATHSTATE	If the patient died, indicate the state in which death occurred	DropDownList	See Appendix J	See Appendix J
CJD listed as cause of death?	CJDCLICROUTCOMECJDDEATHCAUSE	Is CJD listed as a cause of death on the death certificate?	DropDownList	Yes No Unknown	Y N U
If No, primary cause?	CJDCLICROUTCOMEDEATHCAUSE	If No, what was the primary cause of death on certificate?	FreeText		

LABORATORY INFO – CREUTZFELDT-JAKOB DISEASE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY RESULTS SUMMARY					
EEG performed	CJDLABCRLABRSLTSUMEGG	Was an EEG performed?	RadioButtonList	Yes No Unknown	Y N U
If Yes, specify results	CJDLABCRLABRSLTSUMEGGSPFY	If EEG performed, specify results	FreeText		
MRI performed	CJDLABCRLABRSLTSUMMRI	Was an MRI performed?	RadioButtonList	Yes No Unknown	Y N U
If Yes, specify results	CJDLABCRLABRSLTSUMMRISPFY	If MRI performed, specify results	FreeText		
CSF tested for 14-3-3 protein	CJDLABCRLABRSLTSUMCSF	Was CSF tested for 14-3-3 protein?	RadioButtonList	Yes No Unknown	Y N U
Lab report #1 date	CJDLABCRLABRSLTSUMCSFLABREP1DT	Date of Lab report #1	Date (MM/DD/YYYY)		
Blood in sample?	CJDLABCRLABRSLTSUMCSFLABREP1BLD	Was blood found in the sample?	RadioButtonList	Yes No Unknown	Y N U
Results	CJDLABCRLABRSLTSUMCSFLABREP1RSLT	Results of Lab #1	RadioButtonList	Elevated Not elevated Ambiguous Unknown	ELV NOTELV AMBIG UNK
Lab report #2 date	CJDLABCRLABRSLTSUMCSFLABREP2DT	Date of Lab report #2	Date (MM/DD/YYYY)		
Blood in sample?	CJDLABCRLABRSLTSUMCSFLABREP2BLD	Was blood found in the sample?	RadioButtonList	Yes No Unknown	Y N U
Results	CJDLABCRLABRSLTSUMCSFLABREP2RSLT	Results of Lab #2	RadioButtonList	Elevated Not elevated Ambiguous Unknown	ELV NOTELV AMBIG UNK
Specimens sent to NPDPSC?	CJDLABCRLABRSLTSUMCSFNPDPSC	CSF specimens sent to the National Prion Disease Pathology Surveillance Center (NPDPSC)	RadioButtonList	Yes No Unknown	Y N U

LABORATORY INFO – CREUTZFELDT-JAKOB DISEASE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If No, which laboratory	CJDLABCRLABRSLTSUMCSFLABNAME	If No, which laboratory?	FreeText		
Brain biopsy performed	CJDLABCRLABRSLTSUMBRAIN	Was a brain biopsy performed?	RadioButtonList	Yes No Unknown	Y N U
Date of biopsy	CJDLABCRLABRSLTSUMBRAINDT	Date of brain biopsy	Date (MM/DD/YYYY)		
Sent to NPDPSC	CJDLABCRLABRSLTSUMBRAINNPDPSC	Were brain biopsy specimens sent to the National Prion Disease Pathology Surveillance Center (NPDPSC)?	RadioButtonList	Yes No Unknown	Y N U
Western blot	CJDLABCRLABRSLTSUMBRAINWESTIMBLT	What were the results of the biopsy Western blot?	RadioButtonList	Abnormal Prion Protein present Abnormal Prion Protein NOT present	APPP APPNOT
Immunohisto-chemistry	CJDLABCRLABRSLTSUMBRAINIMUNHXCHEM	What were the results of the biopsy Immunohistochemistry test?	RadioButtonList	Positive Negative	POS NEG
Diagnosis	CJDLABCRLABRSLTSUMBRAINDX	Diagnosis based off brain biopsy	DropDownList	CJD Sporadic CJD Variant CJD Familial CJD Other	C S V F O
If Other, specify	CJDLABCRLABRSLTSUMBRAINDXSPFY	If Other diagnosis, please specify	FreeText		
Autopsy performed	CJDLABCRLABRSLTSUMAUTOP	Was an autopsy performed?	RadioButtonList	Yes No Unknown	Y N U
Date of autopsy	CJDLABCRLABRSLTSUMAUTOPDT	Date of autopsy	Date (MM/DD/YYYY)		
Hospital where autopsy performed	CJDLABCRLABRSLTSUMAUTOPHOSP	Specify the hospital where the autopsy was performed	FreeText		
Autopsy physician name	CJDLABCRLABRSLTSUMAUTOPPHYSNAME	Specify the name of the physician that performed the autopsy	FreeText		

LABORATORY INFO – CREUTZFELDT-JAKOB DISEASE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Sent to NPDPSC	CJDLABCRLABRSLTSUMAUTOPNPDPSC	Were autopsy specimens sent to the National Prion Disease Pathology Surveillance Center (NPDPSC)?	RadioButtonList	Yes No Unknown	Y N U
Western blot	CJDLABCRLABRSLTSUMAUTOPWESTIMBLT	What were the results of the autopsy Western blot?	RadioButtonList	Abnormal Prion Protein present Abnormal Prion Protein NOT present	APPP APPNOT
Immunohisto-chemistry	CJDLABCRLABRSLTSUMAUTOPIMUNHXCHEM	What were the results of the autopsy Immunohistochemistry test?	RadioButtonList	Positive Negative	POS NEG
Diagnosis	CJDLABCRLABRSLTSUMAUTOPDX	What diagnosis was made?	DropDownList	CJD Sporadic CJD Variant CJD Familial CJD Other	C S V F O
If Other, specify	CJDLABCRLABRSLTSUMAUTOPDXSPFY	If Other diagnosis, please specify	FreeText		
Other (e.g., CSF results, PCR results, etc.)	CJDLABCRLABRSLTSUMOTHER	Specify any other relevant tests or results (e.g., CSF results, PCR results, etc.)	Text Box		

EPIDEMIOLOGIC INFO – CREUTZFELDT-JAKOB DISEASE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
EXPOSURES/RISK FACTORS					
Brain surgery	CJDEPICREXPRSKFACBRAINSURG	Did the patient undergo brain surgery before onset of the current illness?	DropDownList	Yes No Unknown	Y N U
If Yes, specify year(s) of each	CJDEPICREXPRSKFACBRAINSURGYRS	If Yes, specify year(s) of brain surgery	FreeText		
Spinal surgery	CJDEPICREXPRSKFACSPINSURG	Did the patient undergo spinal surgery before onset of the current illness?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – CREUTZFELDT-JAKOB DISEASE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Yes, specify year(s) of each	CJDEPICREXPRSKFACSPINSURGYRS	If Yes, specify year(s) of spinal surgery	FreeText		
Eye surgery	CJDEPICREXPRSKFACEYESURG	Did the patient undergo eye surgery before onset of the current illness?	DropDownList	Yes No Unknown	Y N U
If Yes, specify year(s) of each	CJDEPICREXPRSKFACEYESURGYRS	If Yes, specify year(s) of eye surgery	FreeText		
Receive dura mater allograft	CJDEPICREXPRSKFACDURAMAT	Did the patient receive any dura mater allografts before onset of the current illness?	DropDownList	Yes No Unknown	Y N U
If Yes, specify year(s) of each	CJDEPICREXPRSKFACDURAMATYRS	If Yes, specify year(s) of each dura mater allograft	FreeText		
Receive corneal allograft	CJDEPICREXPRSKFACCORNEAL	Did the patient receive any corneal allografts before onset of the current illness?	DropDownList	Yes No Unknown	Y N U
If Yes, specify year(s) of each	CJDEPICREXPRSKFACCORNEALYRS	If Yes, specify year(s) of each corneal allograft	FreeText		
Receive human derived pituitary growth hormone	CJDEPICREXPRSKFACHORMONE	Did the patient receive human derived pituitary growth hormones before onset of the current illness?	DropDownList	Yes No Unknown	Y N U
If Yes, specify year(s) of each	CJDEPICREXPRSKFACHORMONEYRS	If Yes, specify year(s) human derived pituitary growth hormone was received	FreeText		
Other	CJDEPICREXPRSKFACSURGOTH	Did the patient undergo any other pertinent surgical procedures before onset of the current illness?	Text Box		
RECEIVE a blood transfusion	CJDEPICREXPRSKFACBLDTRANS	Did the patient receive any blood transfusions?	DropDownList	Yes No Unknown	Y N U
Date(s)	CJDEPICREXPRSKFACBLDTRANSDT	If yes, specify date(s)	FreeText		
Location(s)	CJDEPICREXPRSKFACBLDTRANSLOC	If yes, specify location(s)	FreeText		
DONATE blood	CJDEPICREXPRSKFACBLDDONAT	Did the patient donate blood?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – CREUTZFELDT-JAKOB DISEASE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Date(s)	CJDEPICREXPRSKFACBLDDONATDT	If yes, specify date(s)	FreeText		
Location(s)	CJDEPICREXPRSKFACBLDDONATLOC	If yes, specify location(s)	FreeText		
HUNT deer or elk	CJDEPICREXPRSKFACHUNT	Did the patient hunt deer or elk?	DropDownList	Yes No Unknown	Y N U
Area(s) hunted	CJDEPICREXPRSKFACHUNTAREA	If yes, specify area(s) hunted	FreeText		
Year(s)	CJDEPICREXPRSKFACHUNTYRS	If yes, specify year(s)	FreeText		
Knowingly EAT deer or elk meat	CJDEPICREXPRSKFACEATDRELK	Did the patient knowingly eat deer or elk meat?	DropDownList	Yes No Unknown	Y N U
Meat origin	CJDEPICREXPRSKFACEATDRELKSRC	If yes, specify source location(s) of meat origin	FreeText		
Year(s)	CJDEPICREXPRSKFACEATDRELKYRS	If yes, specify year(s)	FreeText		
History of prion disease	CJDEPICREXPRSKFACPRIONHX	Does the patient have any history of definite or probable case of prion disease in a blood relative?	DropDownList	Yes No Unknown	Y N U
Relationship to patient	CJDEPICREXPRSKFACPRIONHXREL	If yes, specify relationship to patient	FreeText		
Name of disease	CJDEPICREXPRSKFACPRIONHXDISNAME	If yes, specify name of disease	FreeText		
Other	CJDEPICREXPRSKFACEXPOTH	Did the patient have any other pertinent exposures?	Text Box		
TRAVEL HISTORY					
Travel outside the U.S.	CJDEPICRTRVHXTRAVEL	Did patient live or travel outside the U.S. (including military service) between 1980 -1996?	DropDownList	Yes No Unknown	Y N U
TRAVEL HISTORY - DETAILS					
Location	TRVHXDTLLOCATION1 TRVHXDTLLOCATION2 TRVHXDTLLOCATION3	Specify location (city, county, state, country) of patient travel	FreeText		

EPIDEMIOLOGIC INFO – CREUTZFELDT-JAKOB DISEASE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Date travel started	TRVHXDTLSTARTDT1 TRVHXDTLSTARTDT2 TRVHXDTLSTARTDT3	Date travel started	Date (MM/DD/YYYY)		
Date travel ended	TRVHXDTLENDDT1 TRVHXDTLENDDT2 TRVHXDTLENDDT3	Date travel ended	Date (MM/DD/YYYY)		
Fly while infectious?	TRVHXDTLPatFly1 TRVHXDTLPatFly2 TRVHXDTLPatFly3	Did patient fly while infectious?	DropDownList	Yes No Unknown	Y N U
Airline(s)	TRVHXDTLPatFlyAirline1 TRVHXDTLPatFlyAirline2 TRVHXDTLPatFlyAirline3	What airline(s) did the patient fly on?	FreeText		
Flight number(s)	TRVHXDTLPatFlyNumber1 TRVHXDTLPatFlyNumber2 TRVHXDTLPatFlyNumber3	Specify the flight number(s) of the flight(s)	FreeText		
Departure date	TRVHXDTLPatFlyDepDt1 TRVHXDTLPatFlyDepDt2 TRVHXDTLPatFlyDepDt3	Flight departure date(s)	Date (MM/DD/YYYY)		
Arrival date	TRVHXDTLPatFlyArrDt1 TRVHXDTLPatFlyArrDt2 TRVHXDTLPatFlyArrDt3	Flight arrival date(s)	Date (MM/DD/YYYY)		
REPORTING AGENCY					
Investigator name	REPAGENCYNAME	LHD Investigator name	FreeText		
Local health jurisdiction	REPAGENCYLHJUR	Local health jurisdiction	FreeText		
Telephone number	REPAGENCYPHONE	Telephone number of LHD investigator	FreeText		
Date	REPAGENCYDT	Date agency reported the case	Date (MM/DD/YYYY)		
First reported by	REPAGENCYREPORTEDBY	What reporting agency first reported the case?	DropDownList	Clinician Laboratory Other	CLI LAB OTH
If Other, specify	REPAGENCYREPORTEDBYSPFY	If Other, specify	FreeText		

EPIDEMIOLOGIC INFO – CREUTZFELDT-JAKOB DISEASE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
EPIDEMIOLOGICAL LINKAGE					
Epi-linked case	CJDEPICREPILINKKNOWNCASE	Epi-linked to known case?	DropDownList	Yes No Unknown	Y N U
Contact name / Case #	CJDEPICREPILINKCONTNAMECASENUM	Contact name / case #	FreeText		
Link type	CJDEPICREPILINKTYPE	Specify the Link type	DropDownList	Family Surgery Other	FAM SURG OTH
If Other, specify	CJDEPICREPILINKTYPESPFY	If Other type of link, please specify	FreeText		
DISEASE CASE CLASSIFICATION					
Disease type	CJDEPICRCASECLASSDISEASE_0 CJDEPICRCASECLASSDISEASE_1 CJDEPICRCASECLASSDISEASE_2 CJDEPICRCASECLASSDISEASE_3 CJDEPICRCASECLASSDISEASE_4	What was the disease type(s)?	CheckBoxList (more than one choice is possible)	Sporadic CJD Iatrogenic CJD Variant CJD Familial Prion Disease Other Prion Disease	S I V F O
Familial	CJDEPICRCASECLASSFAMILPRIONSPFY	If Familial Prion Disease, specify	FreeText		
Other	CJDEPICRCASECLASSOTHPRIONSPFY	If Other Prion Disease, specify	FreeText		

Cyclosporiasis

EPIDEMIOLOGIC INFO – CYCLOSPORIASIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
TRAVEL HISTORY					
Travel outside of county	TRVHXTRAVEL	Did patient travel outside of county of residence during the incubation period?	DropDownList	Yes No Unknown	Y N U
TRAVEL HISTORY - DETAILS					
Travel type	TRVHXDTLType_1 TRVHXDTLType_2 TRVHXDTLType_3	Travel type	RadioButtonList	Domestic International Unknown	DOM INT UNK
Location	TRVHXDTLLOCATION1 TRVHXDTLLOCATION2 TRVHXDTLLOCATION3	Specify location (city, county, state, country) of patient travel	FreeText		
Date travel started	TRVHXDTLSTARTDT1 TRVHXDTLSTARTDT2 TRVHXDTLSTARTDT3	Date travel started	Date (MM/DD/YYYY)		
Date travel ended	TRVHXDTLENDDT1 TRVHXDTLENDDT2 TRVHXDTLENDDT3	Date travel ended	Date (MM/DD/YYYY)		
Fly while infectious?	TRVHXDTLPatFly1 TRVHXDTLPatFly2 TRVHXDTLPatFly3	Did patient fly while infectious?	DropDownList	Yes No Unknown	Y N U
Airline(s)	TRVHXDTLPatFlyAirline1 TRVHXDTLPatFlyAirline2 TRVHXDTLPatFlyAirline3	What airline(s) did the patient fly on?	FreeText		
Flight number(s)	TRVHXDTLPatFlyNumber1 TRVHXDTLPatFlyNumber2 TRVHXDTLPatFlyNumber3	Specify the flight number(s) of the flight(s)	FreeText		
Departure date	TRVHXDTLPatFlyDepDt1 TRVHXDTLPatFlyDepDt2 TRVHXDTLPatFlyDepDt3	Flight departure date(s)	Date (MM/DD/YYYY)		
Arrival date	TRVHXDTLPatFlyArrDt1 TRVHXDTLPatFlyArrDt2 TRVHXDTLPatFlyArrDt3	Flight arrival date(s)	Date (MM/DD/YYYY)		

Cysticercosis / Taeniasis

CLINICAL INFO – CYSTICERCOSIS / TAENIASIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
SIGNS AND SYMPTOMS					
Symptomatic?	CYSTICRSCLICRSIGNSXSYMPTOMATIC	Does the patient have clinical signs or symptoms compatible with Cysticercosis / Taeniasis?	DropDownList	Yes No Unknown	Y N U
Onset date	CYSTICRSCLICRSIGNSXONSETDT	Onset date of clinical symptoms	System Defined Field Link		
Medical care date	CYSTICRSCLICRSIGNSXSGTMEDCAREDT	Date first sought medical care for symptoms	Date (MM/DD/YYYY)		
Headaches	CYSTICRSCLICRSIGNSXHEADACHE	Cysticercosis / Taeniasis signs and symptoms: **Headaches**	DropDownList	Yes No Unknown	Y N U
Seizures	CYSTICRSCLICRSIGNSXSEIZURE	Cysticercosis / Taeniasis signs and symptoms: **Seizures**	DropDownList	Yes No Unknown	Y N U
Hydrocephalus	CYSTICRSCLICRSIGNSXHYDROCEPHALUS	Cysticercosis / Taeniasis signs and symptoms: **Hydrocephalus**	DropDownList	Yes No Unknown	Y N U
Meningitis	CYSTICRSCLICRSIGNSXMENINGITIS	Cysticercosis / Taeniasis signs and symptoms: **Meningitis**	DropDownList	Yes No Unknown	Y N U
Dementia	CYSTICRSCLICRSIGNSXDEMENTIA	Cysticercosis / Taeniasis signs and symptoms: **Dementia**	DropDownList	Yes No Unknown	Y N U
Cranial nerve palsy	CYSTICRSCLICRSIGNSXCNP	Cysticercosis / Taeniasis signs and symptoms: **Cranial nerve palsy**	DropDownList	Yes No Unknown	Y N U
Subcutaneous lesion	CYSTICRSCLICRSIGNSXSUBLESION	Cysticercosis / Taeniasis signs and symptoms: **Subcutaneous lesion**	DropDownList	Yes No Unknown	Y N U
Bone lesion	CYSTICRSCLICRSIGNSXBONELESION	Cysticercosis / Taeniasis signs and symptoms: **Bone lesion**	DropDownList	Yes No Unknown	Y N U
Eye lesion	CYSTICRSCLICRSIGNSXEYELESION	Cysticercosis / Taeniasis signs and symptoms: **Eye lesion**	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – CYSTICERCOSIS / TAENIASIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Stroke	CYSTICRSCLICRSIGNSXSTROKE	Cysticercosis / Taeniasis signs and symptoms: S**troke**	DropDownList	Yes No Unknown	Y N U
Gastrointestinal symptoms	CYSTICRSCLICRSIGNSXGI	Did patient have **gastrointestinal symptoms**?	DropDownList	Yes No Unknown	Y N U
Other	CYSTICRSCLICRSIGNSXOTH	**Other** signs or symptoms of Cysticercosis / Taeniasis?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CYSTICRSCLICRSIGNSXOTHSPFY	If Yes, specify other signs/symptoms	FreeText		
HOSPITALIZATION					
Patient visit ER?	HOSPER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U
Was patient hospitalized?	HOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
Total hospital nights	HOSPDAYSHOSP	If Yes, how many total hospital nights?	FreeText		
HOSPITALIZATION – DETAILS					
Hospital name	HOSPDTLNAME1 HOSPDTLNAME2 HOSPDTLNAME3	Name of facility where patient was hospitalized	FreeText		
Street address	HOSPDTLADDRESS1 HOSPDTLADDRESS2 HOSPDTLADDRESS3	Street address of hospital	FreeText		
City	HOSPDTLCITY1 HOSPDTLCITY2 HOSPDTLCITY3	City where hospital located	FreeText		
State	HOSPDTLSTATE1 HOSPDTLSTATE2 HOSPDTLSTATE3	State	FreeText		
Zip code	HOSPDTLZIPCODE1 HOSPDTLZIPCODE2 HOSPDTLZIPCODE3	Zip code	FreeText		

CLINICAL INFO – CYSTICERCOSIS / TAENIASIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Telephone	HOSPDTLPHONE1 HOSPDTLPHONE2 HOSPDTLPHONE3	Telephone number for hospital	FreeText		
Admit date	HOSPDTLADMITDT1 HOSPDTLADMITDT2 HOSPDTLADMITDT3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPDTLDISCHDT1 HOSPDTLDISCHDT2 HOSPDTLDISCHDT3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		
Medical record number	HOSPDTLMRN1 HOSPDTLMRN2 HOSPDTLMRN3	Medical record number for patient	FreeText		
Discharge diagnosis	HOSPDTLDISCHDX1 HOSPDTLDISCHDX2 HOSPDTLDISCHDX3	What was the patient's final diagnosis at the time of discharge?	FreeText		
TREATMENT/MANAGEMENT					
Received treatment?	TXMGTTREATMENT	Did the patient receive treatment for Cysticercosis / Taeniasis?	DropDownList	Yes No Unknown	Y N U
TREATMENT/MANAGEMENT – DETAILS					
Treatment	CYSTICRSCLICRTXMGTDTLTXTYPE1 CYSTICRSCLICRTXMGTDTLTXTYPE2 CYSTICRSCLICRTXMGTDTLTXTYPE3	What was the general treatment type?	DropDownList	Antiparasitic Anti-convulsant Steroid Other	ANTIP ANTIC STER OTH
Treatment name	CYSTICRSCLICRTXMGTDTLTXNAME1 CYSTICRSCLICRTXMGTDTLTXNAME2 CYSTICRSCLICRTXMGTDTLTXNAME3	What was the specific name of the treatment?	FreeText		
Treatment dose	CYSTICRSCLICRTXMGTDTLTXDose1 CYSTICRSCLICRTXMGTDTLTXDose2 CYSTICRSCLICRTXMGTDTLTXDose3	What treatment dosage did the patient receive?	FreeText		
Date started	CYSTICRSCLICRTXMGTDTLTXSTARTDT1 CYSTICRSCLICRTXMGTDTLTXSTARTDT2 CYSTICRSCLICRTXMGTDTLTXSTARTDT3	Date treatment started	Date (MM/DD/YYYY)		

CLINICAL INFO – CYSTICERCOSIS / TAENIASIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Date ended	CYSTICRSCLICRTXMGTDTLTXENDDT1 CYSTICRSCLICRTXMGTDTLTXENDDT2 CYSTICRSCLICRTXMGTDTLTXENDDT3	Date treatment ended	Date (MM/DD/YYYY)		
SURGERY					
Surgery	CYSTICRSCLICRSURGSURGERY	Did patient undergo surgery for the illness?	DropDownList	Yes No Unknown	Y N U
Surgery date	CYSTICRSCLICRSURGDT	Date surgery performed	Date (MM/DD/YYYY)		
OUTCOME					
Outcome?	OUTCOMEOUTCOME	What was the clinical outcome for this case?	DropDownList	Survived Died Unknown	S D U
Survived as of	OUTCOMESURVIVEDT	If patient survived, what was the date patient was known to still be living?	Date (MM/DD/YYYY)		
Date of death	OUTCOMEDEATHDT	If patient died, what was the date of death?	FreeText		

LABORATORY INFO – CYSTICERCOSIS / TAENIASIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY RESULTS SUMMARY					
Specimen type	CYSTICRSLABCRLABRSLTSUMSPECTYPE1 CYSTICRSLABCRLABRSLTSUMSPECTYPE2 CYSTICRSLABCRLABRSLTSUMSPECTYPE3	What type of specimen was submitted for testing?	DropDownList	Serum Stool Tissue Biopsy Other	SERUM STOOL BIOPSY OTH
Tissue biopsy details	CYSTICRSLABCRLABRSLTSUMSPECTYPESPFY1 CYSTICRSLABCRLABRSLTSUMSPECTYPESPFY2 CYSTICRSLABCRLABRSLTSUMSPECTYPESPFY3	If Tissue biopsy or Other, specify details	FreeText		

LABORATORY INFO – CYSTICERCOSIS / TAENIASIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Type of test	CYSTICRSLABCRLABRSLTSUMTSTTYPE1 CYSTICRSLABCRLABRSLTSUMTSTTYPE2 CYSTICRSLABCRLABRSLTSUMTSTTYPE3	Type of laboratory test performed	DropDownList	Immunobolt ELISA Ova and parasite exam Microscopic examination Other	IMBLT ELISA OVA MICROEXAM OTH
If Other, specify	CYSTICRSLABCRLABRSLTSUMTSTTYPESPFY1 CYSTICRSLABCRLABRSLTSUMTSTTYPESPFY2 CYSTICRSLABCRLABRSLTSUMTSTTYPESPFY3	Specify other type of test	FreeText		
Collection date	CYSTICRSLABCRLABRSLTSUMCOLLECTDT1 CYSTICRSLABCRLABRSLTSUMCOLLECTDT2 CYSTICRSLABCRLABRSLTSUMCOLLECTDT3	Date specimen was collected	Date (MM/DD/YYYY)		
Results	CYSTICRSLABCRLABRSLTSUMRESULT1 CYSTICRSLABCRLABRSLTSUMRESULT2 CYSTICRSLABCRLABRSLTSUMRESULT3	Results of laboratory testing	FreeText		
Interpretation	CYSTICRSLABCRLABRSLTSUMINTERPRET1 CYSTICRSLABCRLABRSLTSUMINTERPRET2 CYSTICRSLABCRLABRSLTSUMINTERPRET3	Interpretation of lab test results	RadioButtonList	Positive Negative Equivocal	POS NEG EQU
Laboratory name	CYSTICRSLABCRLABRSLTSUMLABNAME1 CYSTICRSLABCRLABRSLTSUMLABNAME2 CYSTICRSLABCRLABRSLTSUMLABNAME3	Name of laboratory where testing was performed	FreeText		
Telephone	CYSTICRSLABCRLABRSLTSUMLABPHONE1 CYSTICRSLABCRLABRSLTSUMLABPHONE2 CYSTICRSLABCRLABRSLTSUMLABPHONE3	Telephone number of lab	FreeText		
IMAGING SUMMARY					
Anatomic site	IMGSUMANATOMICSITE1 IMGSUMANATOMICSITE2 IMGSUMANATOMICSITE3	If imaging study was done, what anatomic site was imaged?	FreeText		
Type of imaging	IMGSUMIMGTYPE1 IMGSUMIMGTYPE2 IMGSUMIMGTYPE3	Specific type of imaging or radiographic study	RadioButtonList	X-Ray CT MRI Other	XRAY CT MRI OTH

LABORATORY INFO – CYSTICERCOSIS / TAENIASIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Other, specify	IMGSUMIMGTYPESPFY1 IMGSUMIMGTYPESPFY2 IMGSUMIMGTYPESPFY3	If Other, specify	FreeText		
Date	IMGSUMDT1 IMGSUMDT2 IMGSUMDT3	Date of imaging study?	Date (MM/DD/YYYY)		
Result	IMGSUMRSLT1 IMGSUMRSLT2 IMGSUMRSLT3	What was the result of the radiographic or imaging study?	FreeText		
Interpretation	IMGSUMINTERPRET1 IMGSUMINTERPRET2 IMGSUMINTERPRET3	What was the interpretation of the radiographic or imaging study?	FreeText		
Facility name	IMGSUMFACNAME1 IMGSUMFACNAME2 IMGSUMFACNAME3	What is the hospital name where the imaging study was conducted?	FreeText		
Telephone	IMGSUMFACPHONE1 IMGSUMFACPHONE2 IMGSUMFACPHONE3	Telephone number for the imaging hospital	FreeText		

EPIDEMIOLOGIC INFO – CYSTICERCOSIS / TAENIASIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
FOOD HISTORY					
Game meat	CYSTICRSEPICRFOODHXGAME	Did the patient eat any raw or undercooked game meat while in the U.S. in the past 10 years?	DropDownList	Yes No Unknown	Y N U
Type(s)	CYSTICRSEPICRFOODHXGAMESPECIE	If yes, specify type(s)	FreeText		
Where acquired or purchased	CYSTICRSEPICRFOODHXGAMEACQLOC	Where was the game meat acquired or purchased?	FreeText		
Year eaten	CYSTICRSEPICRFOODHXGameYear	Specify year eaten	FreeText		

EPIDEMIOLOGIC INFO – CYSTICERCOSIS / TAENIASIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Pork	CYSTICRSEPICRFOODHXPORK	Did the patient eat any raw or undercooked pork while in the U.S. in the past 10 years?	DropDownList	Yes No Unknown	Y N U
Type(s)	CYSTICRSEPICRFOODHXPORKTYPE	If yes, specify type(s)	FreeText		
Where acquired or purchased	CYSTICRSEPICRFOODHXPORKPURLOC	Where was the pork acquired or purchased	FreeText		
Year eaten	CYSTICRSEPICRFOODHXPorkYear	Specify year eaten	FreeText		
Beef	CYSTICRSEPICRFOODHXBEEF	Did the patient eat any raw or undercooked beef while in the U.S. in the past 10 years?	DropDownList	Yes No Unknown	Y N U
Type(s)	CYSTICRSEPICRFOODHXBEEFTYPE	If yes, specify type(s)	FreeText		
Where acquired or purchased	CYSTICRSEPICRFOODHXBEEFPURLOC	Where was the beef acquired or purchased	FreeText		
Year eaten	CYSTICRSEPICRFOODHXBeefYear	Specify year eaten	FreeText		
Other	CYSTICRSEPICRFOODHXOTH	Did the patient eat any other raw or undercooked meat while in the U.S. in the past 10 years?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CYSTICRSEPICRFOODHXOTHSPFY	If Yes, specify other meat	FreeText		
TRAVEL HISTORY					
Travel during the last 10 years?	CYSTTRVHXTRAVEL	Did patient travel outside of country during the last 10 years?	DropDownList	Yes No Unknown	Y N U
Incubation period	CYSTTRVHXIncubPeriod	Incubation period (This value is automatically populated)	FreeText	Up to 10 years prior to illness onset	The value for this variable may or may not be included in the DDP export.
TRAVEL HISTORY – DETAILS					

EPIDEMIOLOGIC INFO – CYSTICERCOSIS / TAENIASIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Country	CYSTTRVHXDTLCountry1 CYSTTRVHXDTLCountry2 CYSTTRVHXDTLCountry3	What country did the patient travel to?	FreeText		
Year traveled	CYSTTRVHXDTLYear1 CYSTTRVHXDTLYear2 CYSTTRVHXDTLYear3	What year did the patient travel?	FreeText		
Ate raw or uncooked meat	CYSTTRVHXDTLRawMeat1 CYSTTRVHXDTLRawMeat2 CYSTTRVHXDTLRawMeat3	Ate raw or undercooked meat while travelling?	DropDownList	Yes No Unknown	Y N U
Types of meat eaten	CYSTTRVHXDTLRawMeatDesc1 CYSTTRVHXDTLRawMeatDesc2 CYSTTRVHXDTLRawMeatDesc3	Describe types of meats eaten and other relevant information	FreeText		
CONTACTS/OTHER ILL PERSONS					
Contacts with case?	CYSTICRSEPICRCONTOTHCONTACT	Any contacts with known case of tapeworm or Cysticercosis?	DropDownList	Yes No Unknown	Y N U
REPORTING AGENCY					
Investigator name	REPAGENCYNAME	LHD Investigator name	FreeText		
Local health jurisdiction	REPAGENCYLHJUR	Local health jurisdiction	FreeText		
Telephone number	REPAGENCYPHONE	Telephone number of LHD investigator	FreeText		
Date	REPAGENCYDT	Date agency reported the case	Date (MM/DD/YYYY)		
First reported by	REPAGENCYREPORTEDBY	What reporting agency first reported the case?	DropDownList	Clinician Laboratory Other	CLI LAB OTH
If Other, specify	REPAGENCYREPORTEDBYSPFY	If Other, specify	FreeText		
EPIDEMIOLOGICAL LINKAGE					
Epi-linked case	EPILINKKNOWNCASE	Epi-linked to known case of Cysticercosis / Taeniasis?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – CYSTICERCOSIS / TAENIASIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Contact name / Case #	EPILINKCONTNAMECASENUM	Contact name / Case #	FreeText		
DISEASE CASE CLASSIFICATION					
Disease type	CYSTICRSEPICRCASECLASSDISEASE_0 CYSTICRSEPICRCASECLASSDISEASE_1 CYSTICRSEPICRCASECLASSDISEASE_2 CYSTICRSEPICRCASECLASSDISEASE_3 CYSTICRSEPICRCASECLASSDISEASE_4	What type of Cysticercosis or Taeniasis did the patient have?	CheckBoxList (more than one choice is possible)	Cysticercosis Neurocysticercosis Ocular or periocular cysticercosis Other cysticercosis Taeniasis	CYSTICRS NEUROCYSTICRS OCULARCYSTICRS OTHERCYSTICRS TAENIASIS
If Other cysticercosis, specify	CYSTICRSEPICRCASECLASSDISEASESSpfy	If Other Cysticercosis, specify	FreeText		

Dengue Virus Infection

CLINICAL INFO – DENGUE VIRUS INFECTION					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
SIGNS AND SYMPTOMS					
Symptomatic?	CLICRSIGNSXSYMPTOMATIC	Does the patient have clinical signs or symptoms compatible with dengue?	DropDownList	Yes No Unknown	Y N U
Onset date	CLICRSIGNSXONSETDT	Onset date of symptoms of dengue	System Defined Field Link		
Date sought medical care	CLICRSIGNSXSGTMEDCAREDT	Date first sought medical care for symptoms	Date (MM/DD/YYYY)		
Fever	CLICRSIGNSXFEVER	Did patient have a fever?	DropDownList	Yes No Unknown	Y N U
Highest temperature	CLICRSIGNSXFEVERHIGHTEMP	If Yes, highest temperature (specify F/C)	FreeText		
Headache	CLICRSIGNSXHEADACHE	Dengue signs and symptoms: **Headache**	DropDownList	Yes No Unknown	Y N U
Eye pain	CLICRSIGNSXEYEPAIN	Dengue signs and symptoms: **Eye pain**	DropDownList	Yes No Unknown	Y N U
Muscle pain	CLICRSIGNSXMUSCPAIN	Dengue signs and symptoms: **Muscle pain**	DropDownList	Yes No Unknown	Y N U
Joint pain	CLICRSIGNSXJOINTPAIN	Dengue signs and symptoms: **Joint pain**	DropDownList	Yes No Unknown	Y N U
If Yes, specify joint(s)	CLICRSIGNSXJOINTPAINSPFY	Specify joint(s)	FreeText		
Nausea or vomiting	CLICRSIGNSXNAUSEA	Dengue signs and symptoms: **Nausea or vomiting**	DropDownList	Yes No Unknown	Y N U
Rash	CLICRSIGNSXRash	Dengue signs and symptoms: **Rash**	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – DENGUE VIRUS INFECTION					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Diarrhea	CLICRSIGNSXDIARRHEA	Dengue signs and symptoms: **Diarrhea**	DropDownList	Yes No Unknown	Y N U
Chills	CLICRSIGNSXCHILLS	Dengue signs and symptoms: **Chills**	DropDownList	Yes No Unknown	Y N U
Cough	CLICRSIGNSXCOUGH	Dengue signs and symptoms: **Cough**	DropDownList	Yes No Unknown	Y N U
Petechiae	CLICRSIGNSXPETECHIAE	Dengue signs and symptoms: **Petechiae**	DropDownList	Yes No Unknown	Y N U
Purpura / Ecchymosis	CLICRSIGNSXPURPURA	Dengue signs and symptoms: **Purpura / Ecchymosis**	DropDownList	Yes No Unknown	Y N U
Abdominal pain	CLICRSIGNSXABDPAIN	Dengue signs and symptoms: **Abdominal pain**	DropDownList	Yes No Unknown	Y N U
Sweats	CLICRSIGNSXSWEATS	Dengue signs and symptoms: **Sweats**	DropDownList	Yes No Unknown	Y N U
Epistaxis	CLICRSIGNSXEPISTAXIS	Dengue signs and symptoms: **Epistaxis**	DropDownList	Yes No Unknown	Y N U
Bleeding gums	CLICRSIGNSXBLEEDGUMS	Dengue signs and symptoms: **Bleeding gums**	DropDownList	Yes No Unknown	Y N U
Hematuria	CLICRSIGNSXHEMATURIA	Dengue signs and symptoms: **Hematuria**	DropDownList	Yes No Unknown	Y N U
Vaginal bleeding	CLICRSIGNSXVAGBLEED	Dengue signs and symptoms: **Vaginal bleeding**	DropDownList	Yes No Unknown	Y N U
Hypotension	CLICRSIGNSXHYPO	Dengue signs and symptoms: **Hypotension**	DropDownList	Yes No Unknown	Y N U
Date measured	CLICRSIGNSXHYPOMEASDT	If Yes, date blood pressure measured	Date (MM/DD/YYYY)		

CLINICAL INFO – DENGUE VIRUS INFECTION					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Systolic / Diastolic	CLICRSIGNSXHYPOSYSTOLIC	Systolic / Diastolic	FreeText		
Other	CLICRSIGNSXOTH	**Other** signs or symptoms of dengue	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CLICRSIGNSXOTHSPFY	Specify other signs/symptoms	FreeText		
PAST MEDICAL HISTORY					
Previous diagnosis of dengue	DENGUECLICRPASMEDHXPREVDX	Has the patient been previously diagnosed with dengue?	DropDownList	Yes No Unknown	Y N U
Date of diagnosis	DENGUECLICRPASMEDHXPREVDXDT	If Yes, specify date of previous diagnosis	Date (MM/DD/YYYY)		
Serotype	DENGUECLICRPASMEDHXPREVDXSER	Specify dengue serotype of previous diagnosis (if known)	DropDownList	1 2 3 4	1 2 3 4
HOSPITALIZATION					
Patient visit ER?	HOSPER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U
Was patient hospitalized?	HOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
Total hospital nights	HOSPDAYSHOSP	If Yes, how many total hospital nights?	FreeText		
HOSPITALIZATION - DETAILS					
Hospital name	HOSPDTLNAME_1 HOSPDTLNAME_2 HOSPDTLNAME_3	Name of facility where patient was hospitalized	FreeText		
Street address	HOSPDTLADDRESS_1 HOSPDTLADDRESS_2 HOSPDTLADDRESS_3	Street address of hospital	FreeText		

CLINICAL INFO – DENGUE VIRUS INFECTION					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
City	HOSPDTLCITY_1 HOSPDTLCITY_2 HOSPDTLCITY_3	City where hospital located	FreeText		
State	HOSPDTLSTATE_1 HOSPDTLSTATE_2 HOSPDTLSTATE_3	State	FreeText		
Zip code	HOSPDTLZIPCODE_1 HOSPDTLZIPCODE_2 HOSPDTLZIPCODE_3	Zip code	FreeText		
Telephone	HOSPDTLPHONE_1 HOSPDTLPHONE_2 HOSPDTLPHONE_3	Telephone number for hospital	FreeText		
Admit date	HOSPDTLADMITDT_1 HOSPDTLADMITDT_2 HOSPDTLADMITDT_3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPDTLDISCHDT_1 HOSPDTLDISCHDT_2 HOSPDTLDISCHDT_3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		
Medical record number	HOSPDTLMRN_1 HOSPDTLMRN_2 HOSPDTLMRN_3	Medical record number for patient	FreeText		
Discharge diagnosis	HOSPDTLDISCHDX_1 HOSPDTLDISCHDX_2 HOSPDTLDISCHDX_3	What was the patient's final diagnosis at the time of discharge?	FreeText		
OUTCOME					
Outcome?	OUTCOMEOUTCOME	What was the clinical outcome for this case?	DropDownList	Survived Died Unknown	S D U
Survived as of	OUTCOMESURVIVEDT	If patient survived, what was the date patient was known to still be living?	Date (MM/DD/YYYY)		
Date of death	OUTCOMEDEATHDT	If patient died, what was the date of death?	System Defined Field Link		

LABORATORY INFO – DENGUE VIRUS INFECTION					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY RESULTS SUMMARY					
Laboratory Type	LabCRLabRsltSumLabType_1 LabCRLabRsltSumLabType_2 LabCRLabRsltSumLabType_3	Laboratory Type	DropDownList	State PH lab Local PH lab Commercial lab CDC lab Blood bank Other	STATE LOCAL COMM CDC BB OTH
If Other, specify	LabCRLabRsltSumLabTypeSpcfy_1 LabCRLabRsltSumLabTypeSpcfy_2 LabCRLabRsltSumLabTypeSpcfy_3	If Other laboratory type, specify	FreeText		
Specimen type	LABCRLABRSLTSUMSPECTYPE_1 LABCRLABRSLTSUMSPECTYPE_2 LABCRLABRSLTSUMSPECTYPE_3	What type of specimen was submitted for lab testing?	DropDownList	Serum CSF Other	SERUM CSF OTH
If Other, specify	LABCRLABRSLTSUMSPECTYPESPFY_1 LABCRLABRSLTSUMSPECTYPESPFY_2 LABCRLABRSLTSUMSPECTYPESPFY_3	Specify other type of specimen	FreeText		
Type of test	LABCRLABRSLTSUMTESTTYPE_1 LABCRLABRSLTSUMTESTTYPE_2 LABCRLABRSLTSUMTESTTYPE_3	Type of laboratory test performed	DropDownList	PCR ELISA-IgM ELISA-IgG IFA-IgM IFA-IgG PRNT Other	PCR ELISAIGM ELISAIGG IFAIGM IFAIGG PRNT OTH
If Other, specify	LABCRLABRSLTSUMTESTTYPESPFY_1 LABCRLABRSLTSUMTESTTYPESPFY_2 LABCRLABRSLTSUMTESTTYPESPFY_3	Specify other type of laboratory test	FreeText		
Interpretation	LABCRLABRSLTSUMINTERPRET_1 LABCRLABRSLTSUMINTERPRET_2 LABCRLABRSLTSUMINTERPRET_3	Interpretation of lab test results	DropDownList	Positive Negative Equivocal	POS NEG EQU
Result	LABCRLABRSLTSUMRSLT_1 LABCRLABRSLTSUMRSLT_2 LABCRLABRSLTSUMRSLT_3	Results of lab testing	FreeText		
Collection date	LABCRLABRSLTSUMCOLLECTDT_1 LABCRLABRSLTSUMCOLLECTDT_2 LABCRLABRSLTSUMCOLLECTDT_3	Date specimen was collected	Date (MM/DD/YYYY)		

LABORATORY INFO – DENGUE VIRUS INFECTION					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Laboratory name	LABCRLABRSLTSUMLABNAME_1 LABCRLABRSLTSUMLABNAME_2 LABCRLABRSLTSUMLABNAME_3	Name of laboratory where testing was performed	FreeText		
Telephone	LABCRLABRSLTSUMPHONE_1 LABCRLABRSLTSUMPHONE_2 LABCRLABRSLTSUMPHONE_3	Telephone number of laboratory	FreeText		
LABORATORY RESULTS SUMMARY – OTHER					
Hematology	LABCRLABRSLTSUMOTHHEMATOL	Hematology performed	RadioButtonList	Yes No Unknown	Y N U
Date collected	LABCRLABRSLTSUMOTHCOLLECTDT	If Yes, specify date sample collected	Date (MM/DD/YYYY)		
WBC	LABCRLABRSLTSUMOTHWBC	Hematology results: WBC (white blood cell count)	FreeText		
HCT	LABCRLABRSLTSUMOTHHCT	Hematology results: HCT (hematocrit)	FreeText		
Hb	LABCRLABRSLTSUMOTHHB	Hematology results: Hb (hemoglobin)	FreeText		
Platelets	LABCRLABRSLTSUMOTHPLATE	Hematology results: Platelet count	FreeText		
Other laboratory diagnostics	LABCRLABRSLTSUMOTHOTHLAB	Other laboratory diagnostics performed (e.g., IHC, virus isolation)?	RadioButtonList	Yes No Unknown	Y N U
If Yes, describe	LABCRLABRSLTSUMOTHOTHLABSPFY	If Yes, describe other laboratory tests	FreeText		

EPIDEMIOLOGIC INFO – DENGUE VIRUS INFECTION					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
TRVEL HISTORY					
Did patient travel	TRVHXTRAVEL	Did patient travel outside county of residence during the incubation period?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – DENGUE VIRUS INFECTION					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Incubation period	TRVHXINCUBPERIOD	Incubation period (This value is automatically populated)	FreeText	10 days prior to illness onset	The value for this variable is not included in the DDP export.
TRAVEL HISTORY - DETAILS					
Travel type	TRVHXDTLType_1 TRVHXDTLType_2 TRVHXDTLType_3	Specify type of travel	RadioButtonList	Domestic International Uknown	DOM INT UNK
Location	TRVHXDTLLOCATION_1 TRVHXDTLLOCATION_2 TRVHXDTLLOCATION_3	Specify location (city, county, state, country) of patient travel	FreeText		
Date travel started	TRVHXDTLSTARTDT_1 TRVHXDTLSTARTDT_2 TRVHXDTLSTARTDT_3	Date travel started	Date (MM/DD/YYYY)		
Date travel ended	TRVHXDTLENDDT_1 TRVHXDTLENDDT_2 TRVHXDTLENDDT_3	Date travel ended	Date (MM/DD/YYYY)		
TRAVEL HISTORY – FOR CDPH USE ONLY					
Imported Country	ArboTrvHxDtlImportCountry	Imported Country	DropDownList	See Appendix D	See Appendix D
Imported State	ArboTrvHxDtlImportState	Imported State	DropDownList	See Appendix J	See Appendix J
EXPOSURES/RISK FACTORS					
Mosquito bites	EPICREXPRISKFACTMOSQBITE	Did patient recall any mosquito bites during the incubation period?	DropDownList	Yes No Unknown	Y N U
BITE HISTORY – DETAILS					
Location	EPICRBITEHXLOCATION_1 EPICRBITEHXLOCATION_2 EPICRBITEHXLOCATION_3	If Yes, specify all locations (city, county, state, country)	FreeText		
Date of mosquito bite	EPICRBITEHXBITEDT_1 EPICRBITEHXBITEDT_2 EPICRBITEHXBITEDT_3	Specify date(s) of mosquito bite(s)	Date (MM/DD/YYYY)		
REPORTING AGENCY					

EPIDEMIOLOGIC INFO – DENGUE VIRUS INFECTION					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Investigator name	REPAGENCYNAME	LHD Investigator name	FreeText		
Local health jurisdiction	REPAGENCYLHJUR	Local health jurisdiction	FreeText		
Telephone number	REPAGENCYPHONE	Telephone number of LHD investigator	FreeText		
Date	REPAGENCYDT	Date agency reported the case	Date (MM/DD/YYYY)		
First reported by	REPAGENCYREPORTEDBY	What reporting agency first reported the case?	DropDownList	Clinician Laboratory Other	CLI LAB OTH
If Other, specify	REPAGENCYREPORTEDBYSPFY	Specify other agency	Date (MM/DD/YYYY)		

Diphtheria

CLINICAL INFO – DIPHTHERIA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
SIGNS AND SYMPTOMS					
Upper respiratory symptoms	DIPTHRIACLICRSIGNSXUPPERRESPSX	Does the patient have upper respiratory symptoms?	DropDownList	Yes No Unknown	Y N U
Fever	DIPTHRIACLICRSIGNSXFEVER	Diphtheria signs and symptoms: **Fever**	DropDownList	Yes No Unknown	Y N U
Highest temperature	DIPTHRIACLICRSIGNSXFEVERHIGHTEMP	If Yes, highest temperature (specify F/C)	FreeText		
Sore throat	DIPTHRIACLICRSIGNSXSORETHROAT	Diphtheria signs and symptoms: **Sore throat**	DropDownList	Yes No Unknown	Y N U
Neck edema	DIPTHRIACLICRSIGNSXNECKEDEMA	Diphtheria signs and symptoms: **Neck edema**	DropDownList	Yes No Unknown	Y N U
Stridor	DIPTHRIACLICRSIGNSXSTRIDOR	Diphtheria signs and symptoms: **Stridor**	DropDownList	Yes No Unknown	Y N U
Tachycardia	DIPTHRIACLICRSIGNSXTACHYCARDIA	Diphtheria signs and symptoms: **Tachycardia**	DropDownList	Yes No Unknown	Y N U
Brief clinical description	DIPTHRIACLICRSIGNSXDESC	Brief clinical description (include nature and location of membrane, probable source, etc.)	Text Box		
HOSPITALIZATION					
Patient visit ER?	HOSPER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U
Was patient hospitalized?	HOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
Total hospital nights	HOSPDAYSHOSP	If Yes, how many total hospital nights?	FreeText		

CLINICAL INFO – DIPHTHERIA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
HOSPITALIZATION - DETAILS					
Hospital name	HOSPDTLNAME1 HOSPDTLNAME2 HOSPDTLNAME3	Name of facility where patient was hospitalized	FreeText		
Street address	HOSPDTLADDRESS1 HOSPDTLADDRESS2 HOSPDTLADDRESS3	Street address of hospital	FreeText		
City	HOSPDTLCITY1 HOSPDTLCITY2 HOSPDTLCITY3	City where hospital located	FreeText		
State	HOSPDTLSTATE1 HOSPDTLSTATE2 HOSPDTLSTATE3	State	FreeText		
Zip code	HOSPDTLZIPCODE1 HOSPDTLZIPCODE2 HOSPDTLZIPCODE3	Zip code	FreeText		
Telephone	HOSPDTLPHONE1 HOSPDTLPHONE2 HOSPDTLPHONE3	Telephone number for hospital	FreeText		
Admit date	HOSPDTLADMITDT1 HOSPDTLADMITDT2 HOSPDTLADMITDT3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPDTLDISCHDT1 HOSPDTLDISCHDT2 HOSPDTLDISCHDT3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		
Medical record number	HOSPDTLMRN1 HOSPDTLMRN2 HOSPDTLMRN3	Medical record number for patient	FreeText		
Discharge diagnosis	HOSPDTLDISCHDX1 HOSPDTLDISCHDX2 HOSPDTLDISCHDX3	What was the patient's final diagnosis at the time of discharge?	FreeText		
COMPLICATIONS AND OTHER SYMPTOMS					
Myocarditis	DIPTHRIACLICRCOMPOTHSXMYOCARDITIS	Did patient have Myocarditis?	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – DIPHTHERIA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Neuritis	DIPTHRIACLICRCOMPOTHSXNEURITIS	Did patient have Neuritis?	DropDownList	Yes No Unknown	Y N U
Other complications	DIPTHRIACLICRCOMPOTHSXOTHCOMPDESC	Describe any other complications	Text Box		
Did patient die?	DIPTHRIACLICRCOMPOTHSXDIED	Did patient die from this illness?	DropDownList	Yes No Lost to follow-up	Y N L
ANTITOXIN THERAPY					
Date	DIPTHRIACLICRANTITOXTHPYDT1 DIPTHRIACLICRANTITOXTHPYDT2 DIPTHRIACLICRANTITOXTHPYDT3	Date antitoxin administered to patient	Date (MM/DD/YYYY)		
Time (HH:MM – Military)	DIPTHRIACLICRANTITOXTHPYTIME1 DIPTHRIACLICRANTITOXTHPYTIME2 DIPTHRIACLICRANTITOXTHPYTIME3	Time (HH:MM – Military) antitoxin administered to patient	FreeText		
Units	DIPTHRIACLICRANTITOXTHPYUNITS1 DIPTHRIACLICRANTITOXTHPYUNITS2 DIPTHRIACLICRANTITOXTHPYUNITS3	Units of antitoxin administered	FreeText		
Route of administration	DIPTHRIACLICRANTITOXTHPYROUTE1 DIPTHRIACLICRANTITOXTHPYROUTE2 DIPTHRIACLICRANTITOXTHPYROUTE3	Specify the route the antitoxin was administered to the patient	FreeText		
Manufacturer	DIPTHRIACLICRANTITOXTHPYMFR1 DIPTHRIACLICRANTITOXTHPYMFR2 DIPTHRIACLICRANTITOXTHPYMFR3	Manufacturer of the antitoxin	FreeText		
Therapeutic response	DIPTHRIACLICRANTITOXTHPYRESPONSE1 DIPTHRIACLICRANTITOXTHPYRESPONSE2 DIPTHRIACLICRANTITOXTHPYRESPONSE3	Specify the Therapeutic response.	DropDownList	Prompt Delayed None	PROMPT DELAY NONE
ANTIBIOTIC TREATMENT					
Antibiotic name	DIPTHRIACLICRABXTXABXNAME1 DIPTHRIACLICRABXTXABXNAME2 DIPTHRIACLICRABXTXABXNAME3	Specify the name of the antibiotic administered to the patient	FreeText		
Dosage	DIPTHRIACLICRABXTXDOSAGE1 DIPTHRIACLICRABXTXDOSAGE2 DIPTHRIACLICRABXTXDOSAGE3	Specify the dosage of the antibiotic	FreeText		

CLINICAL INFO – DIPHTHERIA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Date started	DIPTHRIACLICRABXTXSTARTDT1 DIPTHRIACLICRABXTXSTARTDT2 DIPTHRIACLICRABXTXSTARTDT3	Date antibiotics started	Date (MM/DD/YYYY)		
Date ended	DIPTHRIACLICRABXTXENDDT1 DIPTHRIACLICRABXTXENDDT2 DIPTHRIACLICRABXTXENDDT3	Date antibiotics ended	Date (MM/DD/YYYY)		
OTHER MEDICAL TREATMENT					
Specify other medical treatment	DIPTHRIACLICROTHMEDTXOTHTXSPFY	If the patient received any other medical treatment, please specify the other medical treatment	Text Box		
VACCINATION AND OTHER MEDICAL HISTORY					
Prior Diphtheria history	DIPTHRIACLICRVACMEDHXDIPHTHERIAHX	Diphtheria toxoid history prior to tetanus disease	DropDownList	Yes No Unknown	Y N U
Last dose	DIPTHRIACLICRVACMEDHXYEARS	Years since last dose	FreeText		
Unknown	DIPTHRIACLICRVACMEDHXUNKNOWN	Indicate if the number years since last dose is unknown	CheckBox	Unchecked Checked	(blank) Y
Immunocom-promised	DIPTHRIACLICRVACMEDHXIMMUNO	Is patient immunocompromised?	DropDownList	Yes No Unknown	Y N U
Comments and details	DIPTHRIACLICRVACMEDHXCOMMENTS	Comments and details about vaccination or pre-existing medical condition	Text Box		

LABORATORY INFO – DIPHTHERIA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY RESULTS SUMMARY					
CASE LAB CONFIRMED	DIPTHRIALABCRLABRSLTSUMCASELABCONF	Was the case confirmed by laboratory testing?	DropDownList	Yes No Unknown	Y N U

LABORATORY INFO – DIPHTHERIA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Culture date	DIPTHRIALABCRLABRSLTSUMDT	Date of laboratory culture	Date (MM/DD/YYYY)		
Culture result	DIPTHRIALABCRLABRSLTSUMRSLT	What was the result of the laboratory culture?	FreeText		
Laboratory name	DIPTHRIALABCRLABRSLTSUMLABNAME	Name of laboratory where testing was performed	FreeText		
Telephone	DIPTHRIALABCRLABRSLTSUMLABPHONE	Telephone number of laboratory	FreeText		
Biotype	DIPTHRIALABCRLABRSLTSUMBIOTYPE	Specify the *C. diphtheriae* biotype	Drop down list	Mitis Gravis Intermedious Belfanti	MIT GRAV INT BELF
Toxigenicity testing	DIPTHRIALABCRLABRSLTSUMTOXTST	What was the result of Toxigenicity testing?	DropDownList	Positive Negative Not done Unknown	POS NEG NOT UNK
CDC confirmation	DIPTHRIALABCRLABRSLTSUMCDCSENT	Specimen sent to CDC for confirmation / molecular typing	DropDownList	Yes No Will be sent	Y N WBS
Serum specimen obtained?	DIPTHRIALABCRLABRSLTSUMSERSPECOBTAIN	Serum specimen for antitoxin antibodies obtained?	DropDownList	Yes No Unknown	Y N U
PCR testing	DIPTHRIALABCRLABRSLTSUMPCRTST	What was the result of PCR testing?	DropDownList	Positive Negative Not done Unknown	POS NEG NOT UNK

EPIDEMIOLOGIC INFO – DIPHTHERIA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
TRAVEL HISTORY					
Travel during incubation period	TRVHXIZBTRAVEL	Did patient travel during the incubation period?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – DIPHTHERIA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Contact with travelers or visitors	TRVHXIZBCONTACT	Did patient have contact with travelers or visitors during the incubation period?	DropDownList	Yes No Unknown	Y N U
TRAVEL HISTORY – DETAILS					
Location	TRVHXDTLLOCATION1 TRVHXDTLLOCATION2 TRVHXDTLLOCATION3	Specify location (city, county, state, country) of patient travel	FreeText		
Date travel started	TRVHXDTLSTARTDT1 TRVHXDTLSTARTDT2 TRVHXDTLSTARTDT3	Date travel started	Date (MM/DD/YYYY)		
Date travel ended	TRVHXDTLENDDT1 TRVHXDTLENDDT2 TRVHXDTLENDDT3	Date travel ended	Date (MM/DD/YYYY)		
EPIDEMIOLOGICAL EXPOSURE HISTORY					
Diphtheria case exposure	DIPTHRIAEPICREPIEXPHXDIPHTHERIA	Has the patient had any known exposure to diphtheria cases or carriers?	DropDownList	Yes No Unknown	Y N U
Exposure to immigrants	DIPTHRIAEPICREPIEXPHXIMMIGRANTS	Has the patient had Known exposure to immigrants?	DropDownList	Yes No Unknown	Y N U
Contact with domestic animals?	DIPTHRIAEPICREPIEXPHXDOMESTANIML	Has the patient had known contact with domestic animals?	DropDownList	Domestic pets Horses Dairy farm animals	PETS HORSES DAIRY
EPIDEMIOLOGICAL LINKAGE					
Epi-linked case	DIPTHRIAEPICREPILINKKNOWNCASE	Epi-linked to known case of Diphtheria?	DropDownList	Yes No Unknown	Y N U
Contact name / Case #	DIPTHRIAEPICREPILINKCONTNAMECASENUM	Contact name / case #	FreeText		
IMPORT STATUS					
Import status	DIPTHRIAEPICRIMPSTATUSIMPORT	Was the disease incident indigenous or was it imported from another area?	System Defined Field Link		

EPIDEMIOLOGIC INFO – DIPHTHERIA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Describe source	DIPTHRIAEPICRIMPSTATUSSOURCE	If case was imported, describe source	FreeText		

Ebola Contact Tracking

CONTACT SUMMARY – EBOLA CONTACT TRACKING – EBOLA VIRUS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
EBOLA CONTACT SUMMARY INFORMATION					
Risk level?	EBOLASUMInfoRsk	What is the contact's risk level?	DropDownList	High risk Some risk Low but not zero risk No identifiable risk	HIGH SOME LOW NONE
Healthcare facility	EBOLASUMInfoRskHCF	If High or Some risk, what healthcare facility will receive this contact should he/she become symptomatic?	FreeText		
Health network	EBOLASUMInfoNtwk	Does contact belong to a health network?	DropDownList	Yes No	Y N
Monitoring recommended	EBOLASUMInfoMntr	What type of monitoring is recommended?	DropDownList	None Direct active monitoring through 21 days or until the contact leaves the jurisdiction Active monitoring through 21 days or until the contact leaves the jurisdiction	NONE DAM AM
No restriction	EBOLASUMInfoMoveResNone	What type of movement restriction is recommended? **None**	CheckBox	Unchecked Checked	(blank) Y
Long-distance commercial exclusion	EBOLASUMInfoMovResLDCC	What type of movement restriction is recommended? **Exclusion from all long-distance commercial conveyances**	CheckBox	Unchecked Checked	(blank) Y
Public areas exclusion	EBOLASUMInfoMovResPublic	What type of movement restriction is recommended? **Exclusion from public areas**	CheckBox	Unchecked Checked	(blank) Y
Work exclusion	EBOLASUMInfoMovResWk	What type of movement restriction is recommended? **Exclusion from work**	CheckBox	Unchecked Checked	(blank) Y
Short-distance commercial exclusion	EBOLASUMInfoMovResSDCC	What type of movement restriction is recommended? **Exclusion from all short-distance commercial conveyances**	CheckBox	Unchecked Checked	(blank) Y
3-feet exclusion	EBOLASUMInfoMovResPublic6ft	What type of movement restriction is recommended? **Exclusion from public places unless 3 feet from others**	CheckBox	Unchecked Checked	(blank) Y

CONTACT SUMMARY – EBOLA CONTACT TRACKING – EBOLA VIRUS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Quarantine	EBOLASUMInfoQuar	Was a legal order of quarantine served?	DropDownList	Yes No	Y N
Traveler	EBOLASUMInfoCntTrv	Is the contact a Traveler?	CheckBox	Unchecked Checked	(blank) Y
Healthcare worker	EBOLASUMInfoCntHCW	Is the contact a Healthcare worker?	CheckBox	Unchecked Checked	(blank) Y
Healthcare worker location	EBOLASUMInfoCntHCWSpcfy	If Healthcare worker, select location(s):	CheckBox	United States Africa	US AFRICA
Laboratory worker	EBOLASUMInfoCntLab	Is the contact a Laboratory worker?	CheckBox	Unchecked Checked	(blank) Y
Laboratory worker Location	EBOLASUMInfoCntLabSpcfy	If Laboratory worker, select location(s):	CheckBox	United States Africa	US AFRICA
Environmental/ Sanitation worker	EBOLASUMInfoCntEnvSan	Is the contact an Environmental/ Sanitation worker?	CheckBox	Unchecked Checked	(blank) Y
Environmental/ Sanitation worker location	EBOLASUMInfoCntEnvSanSpcfy	If Environmental/Sanitation worker, select location(s):	CheckBox	United States Africa	US AFRICA
Household or community contact	EBOLASUMInfoCntHHCom	Is the contact a Household or community contact?	CheckBox	Unchecked Checked	(blank) Y
Household/ community contact location	EBOLASUMInfoCntHHComSpcfy	If Household or community contact, select location(s):	CheckBox	United States Africa	US AFRICA
Flight contact	EBOLASUMInfoCntFlt	Is the contact a Flight contact?	CheckBox	Unchecked Checked	(blank) Y
Emergency Department Contact	EBOLASUMInfoCntED	Is the contact an Emergeny Department (ED) Contact?	CheckBox	Unchecked Checked	(blank) Y
Other contact	EBOLASUMInfoCntOth	Is the contact some Other type of contact?	CheckBox	Unchecked Checked	(blank) Y
If Other, specify	EBOLASUMInfoCntOthSpcfy	If Other, specify	FreeText		

CONTACT SUMMARY – EBOLA CONTACT TRACKING – EBOLA VIRUS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Final disposition	EBOLASUMInfoFinDis	What was the contact's final disposition?	DropDownList	Completed follow-up, no symptoms	NOSXS
				Developed symptoms	SXS
				Transferred to another state	TRANSFER
				Lost to follow-up	LTFU
Tested for EVD	EBOLASUMInfoTest	Was the contact tested for EVD?	DropDownList	Yes No	Y N
Date tested	EBOLASUMInfoTestDt	If Yes, date tested	Date (MM/DD/YYYY)		
Result	EBOLASUMInfoTestRes	Result	DropDownList	Positive Negative	POS NEG

TRAVEL HISTORY – EBOLA CONTACT TRACKING – EBOLA VIRUS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
INTERVIEW INFORMATION					
Date of interview	EBOLATHXIntInfoDt	Date of interview	Date (MM/DD/YYYY)		
Interviewer name	EBOLATHXIntInfoIntNm	Interviewer name (Last, First)	FreeText		
State/local health department	EBOLATHXIntInfoIntLHD2	Interviewer state/local health department	DropDownList	See Appendix C	See Appendix C
Telephone number	EBOLATHXIntInfoIntTel	Interviewer telephone number	FreeText		
Health Dept Address	EBOLATHXIntInfoIntLHDAdd	Health department street address	FreeText		
Health Dept city/state/zip	EBOLATHXIntInfoIntLHDAdd	Health department city, state, zip	FreeText		
Email address	EBOLATHXIntInfoIntEmail	Interviewer Email address	FreeText		
County	EBOLATHXIntInfoIntCounty	Health department County	DropDownList	See Appendix C	See Appendix C

TRAVEL HISTORY – EBOLA CONTACT TRACKING – EBOLA VIRUS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
TRAVELER INFORMATION					
Alt. Phone number	EBOLATHXTrvInfoAltCnt	Traveler's alternate phone number/ email address	FreeText		
Time current residence	EBOLATHXTrvInfoTmCurRes	Traveler's Time at current residence	FreeText		
Address	EBOLATHXTrvInfoPermRes1	Is address on Patient Tab the traveler's permanent address?	DropDownList	Yes No	Y N
Street Address	EBOLATHXTrvInfoPermAddSt	Traveler's permanent Street Address	FreeText		
Apt #	EBOLATHXTrvInfoPermAddApt	Traveler's permanent Apt #	FreeText		
City, State, Zip	EBOLATHXTrvInfoPermAddCityStZip	Traveler's permanent City, State, Zip	FreeText		
County	EBOLATHXTrvInfoPermAddCnty	Traveler's permanent County	FreeText		
Country	EBOLATHXTrvInfoPermAddCntry	Traveler's permanent Country	FreeText		
Traveler Information	EBOLATHXTrvInfoSrc	Who is providing information for this traveler?	DropDownList	Traveler (Self) Other	SELF OTH
Name	EBOLATHXTrvInfoSrcOthNm	If other, specify (Last Name, First Name)	FreeText		
Relationship	EBOLATHXTrvInfoSrcOthRel	Relationship to traveler	FreeText		
Reason unable	EBOLATHXTrvInfoSrcOthRsn	Reason traveler unable to provider information	DropDownList	Traveler is a minor Other	MINOR OTH
Other	EBOLATHXTrvInfoSrcOthRsnSpcfy	If other, specify	FreeText		
Interview via translator	EBOLATHXTrvInfoSrcTrans1	Was this interview conducted via a translator	DropDownList	Yes No	Y N
TRAVELER DEMOGRAPHICS					
Place of work	EBOLATHXTrvDemWork	Traveler's place of work (e.g. name of company or organization)	FreeText		
Work Street address	EBOLATHXTrvDemWorkSt	Traveler's Work Street address	FreeText		

TRAVEL HISTORY – EBOLA CONTACT TRACKING – EBOLA VIRUS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Work City/State/Zip	EBOLATHXTrvDemWorkCityStZip	Traveler's Work City, State, Zip	FreeText		
Place of residence	EBOLATHXTrvDemRes	Is traveler's place of residence in the US a:	DropDownList	Private residence Hotel Congregate setting	RES HOTEL CONGSET
Residence description	EBOLATHXTrvDemResSpcfy	Describe residence (e.g. apartment, hotel size, dormitory etc.)	FreeText		
EXPOSURE HISTORY					
Date travel started	EBOLATHXExpHxTrvStDt	Date travel started	Date (MM/DD/YYYY)		
Date travel ended	EBOLATHXExpHxTrvEndDt	Date travel ended	Date (MM/DD/YYYY)		
Countries visited	EBOLATHXExpHxCountries_0 EBOLATHXExpHxCountries_1 EBOLATHXExpHxCountries_2 EBOLATHXExpHxCountries_3 EBOLATHXExpHxCountries_4	Which countries outside the United States has the traveler visited in the last 21 days?	CheckBox (more than one choice is possible)	Guinea Liberia Sierra Leone Mali Other	G L SL M OTH
If Other, specify	EBOLATHXExpHxCountriesSpcfy	If Other, specify	FreeText		
Areas of affected countries	EBOLATHXExpHxCountriesAreas	Which areas of the affected countries did traveler visit (e.g. county, district, region names)	FreeText		
Purpose of visit	EBOLATHXExpHxPurpose_0 EBOLATHXExpHxPurpose_1 EBOLATHXExpHxPurpose_2 EBOLATHXExpHxPurpose_3	What was the purpose of the traveler's visit to the region?	CheckBox (more than one choice is possible)	Ebola response Permanent resident Visitor Other	RESP PERMRES VISITOR OTH
If Other, specify	EBOLATHXExpHxPurposeSpcfy	If Other, specify	FreeText		
Traveler role	EBOLATHXExpHxPurposeRespRole	If travel was for Ebola-response related activities: What was the traveler's role?	FreeText		
Agency worked with	EBOLATHXExpHxPurposeRespAgency	If travel was for Ebola-response related activities: What agency or group did traveler work with in country?	FreeText		
EXPOSURE HISTORY - DETAILS					

TRAVEL HISTORY – EBOLA CONTACT TRACKING – EBOLA VIRUS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Traveler near sick individual	EBOLATHXExpHxDtlSick1	1. Was the traveler near anyone in the last 21 days while abroad who was sick with signs of fever, vomiting, diarrhea, OR unexplained bleeding?	DropDownList	Yes No	Y N
Traveler in medical facility	EBOLATHXExpHxDtlFac1	2. Was the traveler in a medical facility, clinic, treatment unit, clinical laboratory or Ebola diagnostic laboratory in the past 21 days while abroad, in any capacity (e.g. seeking care, providing care, accompanying a patient)?	DropDownList	Yes No	Y N
Traveler attend funeral	EBOLATHXExpHxDtlFune1	3. Did the traveler attend a funeral while abroad in the last 21 days and touch the deceased person or clean or bathe the body?	DropDownList	Yes No	Y N
PROPHYLAXIS/VACCINATION INFORMATION					
Malaria prophylaxis	EBOLATHXVaxMal1	During trip to Guinea/Liberia/Sierra Leone/Mali, was traveler on malaria prophylaxis?	DropDownList	Yes No	Y N
Name of drug	EBOLATHXVaxMalDrug	Name of drug	FreeText		
Date started	EBOLATHXVaxMalStDt	Date started malaria prophylaxis	Date (MM/DD/YYYY)		
Date ended	EBOLATHXVaxMalEndDt	Date ended malaria prophylaxis	Date (MM/DD/YYYY)		
Doses	EBOLATHXVaxMalRec1	Did traveler take all doses as recommended?	DropDownList	Yes No	Y N
Typhoid vaccination	EBOLATHXVaxTyph1	Did traveler receive Typhoid vaccination?	DropDownList	Yes No	Y N
If Yes, date	EBOLATHXVaxTyphDt	If Yes, date	Date (MM/DD/YYYY)		
Yellow Fever vaccination	EBOLATHXVaxYelFvr1	Did traveler receive Yellow Fever vaccination?	DropDownList	Yes No	Y N

TRAVEL HISTORY – EBOLA CONTACT TRACKING – EBOLA VIRUS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Yes, date	EBOLATHXVaxYelFvrDt	If Yes, date	Date (MM/DD/YYYY)		
Influenza vaccination	EBOLATHXVaxFlu1	Did traveler receive Influenza vaccination?	DropDownList	Yes No	Y N
If Yes, date	EBOLATHXVaxFluDt	If yes, date	Date (MM/DD/YYYY)		
TRAVELER FOLLOW-UP					
Thermometer	EBOLATHXFUTherm1	Does traveler have thermometer devoted for only their personal use?	DropDownList	Yes No	Y N
Thermometer type	EBOLATHXFUThermType	If Yes, what type?	DropDownList	Oral Axillary Ear Non-touch, ear Non-touch, forehead Rectal	ORAL AX EAR NTEAR NTFORE RECT
Thermometer instructions	EBOLATHXFUThermProv1	Were thermometer and instructions provided to traveler?	DropDownList	Yes No	Y N
Travel planned	EBOLATHXFUTrvl1	Does traveler have travel planned outside of the county in the next three weeks?	DropDownList	Yes No	Y N
If Yes, where	EBOLATHXFUTrvlSpc	If Yes, where?	FreeText		
Appointments scheduled	EBOLATHXFUMed1	Does traveler have any medical or dental appointments or procedures scheduled in the next three weeks?	DropDownList	Yes No	Y N
What is appointment or procedure for	EBOLATHXFUMedPurp	What is the appointment or procedure for?	FreeText		
Name and address	EBOLATHXFUMedFac	Health care facility name and address	FreeText		
Name and phone number	EBOLATHXFUMedProvider	Health care provider name and phone number	FreeText		
SUMMARY & PUBLIC HEALTH FOLLOW-UP ACTIONS					

TRAVEL HISTORY – EBOLA CONTACT TRACKING – EBOLA VIRUS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Risk Category	EBOLATHXFUSummaryRisk	Risk Category	DropDownList	Collect additional data to determine risk	DATA
				No exposure: Did not travel to affected region or > 21 days since last travel	NOEXP
				Low but not zero risk	LOW
				Some risk	SOME
				High risk	HIGH
Follow-up Actions	EBOLATHXFUSummaryAct	Follow-up Actions	DropDownList	Risk category and exposure history assessed through interview w/ Health Care Worker Investigation form	HCWINV
				Risk category and exposure history assessed through interview with ED/ Flight Contact Investigation form	EDFLTINV
				Risk category and exposure history assessed through interview w/ Household/ Community Contact Investigation form	HHCINV
				No follow-up needed (ONLY for those who did not travel to an affected country or region)	NONE
				21-day fever and symptom monitoring	MONITOR
Monitoring last date	EBOLATHXFUSummaryActMonDt	If 21 day monitoring is required, please complete additional details below: Last date monitoring is required	Date (MM/DD/YYYY)		
Monitoring to be conducted	EBOLATHXFUSummaryActMonMeth_0 EBOLATHXFUSummaryActMonMeth_1 EBOLATHXFUSummaryActMonMeth_2 EBOLATHXFUSummaryActMonMeth_3 EBOLATHXFUSummaryActMonMeth_4	Method by which monitoring to be conducted	CheckBox (more than one choice is possible)	In-person By phone By email Skype/FaceTime Other	INPERSON PHONE EMAIL SKYPE OTH

TRAVEL HISTORY – EBOLA CONTACT TRACKING – EBOLA VIRUS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Other, specify	EBOLATHXFUSummaryActMonMethSpcfy	If Other, specify	FreeText		
Name of person responsible	EBOLATHXFUSummaryActMonRespName	Who at the local health department will be responsible for follow-up? / Name?	FreeText		
Phone number	EBOLATHXFUSummaryActMonRespPhone	LHD monitor: Phone number	FreeText		
Email address	EBOLATHXFUSummaryActMonRespEmail	LHD monitor: Email address	FreeText		
Translator required	EBOLATHXFUSummaryActMonTrans1	Will a translator be required	DropDownList	Yes No	Y N
Comfortable with thermometer	EBOLATHXFUSummaryActMonComf1	Is the traveler comfortable with using the thermometer?	DropDownList	Yes No	Y N
Flight risk	EBOLATHXFUSummaryActMonRisk1	Is the traveler considered a flight risk or unlikely to follow public health recommendations?	DropDownList	Yes No	Y N
If Yes, detail	EBOLATHXFUSummaryActMonRiskSpcy	If Yes, please provide detail	FreeText		
NOTES					
Notes	EBOLATHXNOTESAddl	Additional Notes	FreeText		

SYMPTOM DIARY – EBOLA CONTACT TRACKING – EBOLA VIRUS (DATA CAN BE COLLECTED FOR EACH VARIABLE IN THIS SECTION FOR UP TO 21 DAYS.)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
SYMPTOM FOLLOW-UP DIARY - GENERAL INFORMATION					
Potential exposure date	EBOLATTSXGenInfDeptDt	Date of last potential exposure (Day 0)	Date (MM/DD/YYYY)		
Date monitoring initiated	EBOLATTSXGenInfInitDt	Date active/daily monitoring initiated	Date (MM/DD/YYYY)		
Day monitoring initiated	EBOLATTSXGenInfInitDay	Day active/daily monitoring initiated	DropDownList	1 2 3 4	1 2 3 4

SYMPTOM DIARY – EBOLA CONTACT TRACKING – EBOLA VIRUS (DATA CAN BE COLLECTED FOR EACH VARIABLE IN THIS SECTION FOR UP TO 21 DAYS.)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				5	5
				6	6
				7+	7+
SYMPTOM FOLLOW-UP DIARY – ENTRY 1 through ENTRY 21					
Date of follow-up	EBOLATTSXEnt1FUDt … EBOLATTSXEnt21FUDt	Date of follow-up	Date (MM/DD/YYYY)		
Unable to contact	EBOLATTSXEnt1NoCt … EBOLATTSXEnt21NoCt	Unable to contact returning traveler or contact	CheckBox	Unchecked Checked	(blank) Y
Daily temperature #1	EBOLATTSXEnt1Temp1 … EBOLATTSXEnt21Temp1	Daily temperature #1 (report temperature in Fahrenheit)	FreeText		
Time temp #1	EBOLATTSXEnt1Temp1Tm … EBOLATTSXEnt21Temp1Tm	Time (specify AM/PM) temperature #1 collected	FreeText		
Daily temperature #2	EBOLATTSXEnt1Temp2 … EBOLATTSXEnt21Temp2	Daily temperature #2 (report temperature in Fahrenheit)	FreeText		
Time temp #2	EBOLATTSXEnt1Temp2Tm … EBOLATTSXEnt21Temp2Tm	Time (specify AM/PM) temperature #2 collected	FreeText		
No symptoms reported	EBOLATTSXEnt1NoSx … EBOLATTSXEnt21NoSx	No symptoms reported	CheckBox	Unchecked Checked	(blank) Y
Reported symptoms	EBOLATTSXEnt1Sx_0 EBOLATTSXEnt1Sx_1 EBOLATTSXEnt1Sx_2 EBOLATTSXEnt1Sx_3 EBOLATTSXEnt1Sx_4 EBOLATTSXEnt1Sx_5 EBOLATTSXEnt1Sx_6 EBOLATTSXEnt1Sx_7 EBOLATTSXEnt1Sx_8	Reported symptoms	CheckBox (more than one choice is possible)	Fever ≥100.4 F/38 C Chills Weakness Muscle aches Abdominal pain Unexplained hemorrhage Vomiting Diarrhea Other symptoms	FEVER CHILLS WEAK ACHE ABPAIN HMRHG VOMIT DIARH OTH
Specify other symptoms	EBOLATTSXEnt1SxSpcfy … EBOLATTSXEnt21SxSpcfy	If Other symptoms, specify	FreeText		
Data collected	EBOLATTSXEnt1MethCol_0 EBOLATTSXEnt1MethCol_1 EBOLATTSXEnt1MethCol_2 EBOLATTSXEnt1MethCol_3 EBOLATTSXEnt1MethCol_4	Data collected	CheckBox (more than one choice is possible)	In-person Skype/FaceTime By phone By email Other	INPERSON SKYPFT PHONE EMAIL OTH

SYMPTOM DIARY – EBOLA CONTACT TRACKING – EBOLA VIRUS (DATA CAN BE COLLECTED FOR EACH VARIABLE IN THIS SECTION FOR UP TO 21 DAYS.)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Specify other method	EBOLATTSXEnt1MethColSpcfy … EBOLATTSXEnt21MethColSpcfy	If Other data collection method, specify	FreeText		
Comments	EBOLATTSXEnt1Comments … EBOLATTSXEnt21Comments	Symptom follow up diary comments	FreeText		

Enterovirus-D68

CLINICAL INFO – ENTEROVIRUS-D68					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
GENERAL INFORMATION					
Disease	EnteroCliCRGenInfoDisease	Disease	FreeText		
SIGNS AND SYMPTOMS					
Symptomatic	EnteroCliCRSignsSxSymptomatic	Symptomatic?	DropDownList	Yes No Unknown	Y N U
Onset Date	EnteroCliCRSignsSxOnsetDt	Onset date	FreeText		
Medical Care Date	EnteroCliCRSignsSxSgtMedCareDt	Date first sought medical care	Date (MM/DD/YYYY)		
Fever	EnteroCliCRSignsSxFever	Fever	DropDownList	Yes No Unknown	Y N U
Highest Temperature	EnteroCliCRSignsSxFeverHighTemp	If Yes, highest temperature (specify F/C)	FreeText		
Chills	EnteroCliCRSignsSxChills	Chills	DropDownList	Yes No Unknown	Y N U
Rash	EnteroCliCRSignsSxRash	Rash	DropDownList	Yes No Unknown	Y N U
Rash Location	EnteroCliCRSignsSxRashLoc	If Yes, specify location	FreeText		
Other Skin Lesion	EnteroCliCRSignsSxSkinLesn	Other skin lesion	DropDownList	Yes No Unknown	Y N U
Lesion Type	EnteroCliCRSignsSxSkinLesnType	If Yes, specify lesion type	FreeText		
Headache	EnteroCliCRSignsSxHeadache	Headache	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – ENTEROVIRUS-D68					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Mental Status	EnteroCliCRSignsSxMentalChange	Change in mental status	DropDownList	Yes No Unknown	Y N U
Stiff Neck	EnteroCliCRSignsSxStiffNeck	Stiff neck	DropDownList	Yes No Unknown	Y N U
Sore Throat	EnteroCliCRSignsSxSoreThroat	Sore throat	DropDownList	Yes No Unknown	Y N U
Cough	EnteroCliCRSignsSxCough	Cough	DropDownList	Yes No Unknown	Y N U
Shortness of Breath	EnteroCliCRSignsSxShortBreath	Shortness of breath	DropDownList	Yes No Unknown	Y N U
Abdominal Cramps	EnteroCliCRSignsSxAbCramp	Abdominal cramps	DropDownList	Yes No Unknown	Y N U
Vomiting	EnteroCliCRSignsSxVomit	Vomiting	DropDownList	Yes No Unknown	Y N U
Diarrhea	EnteroCliCRSignsSxDiarrhea	Diarrhea	DropDownList	Yes No Unknown	Y N U
Stools/24 hr	EnteroCliCRSignsSxMaxStools24	If Yes, specify Max # stools / 24 hr.	FreeText		
Bloody Stool	EnteroCliCRSignsSxBloodyStool	Bloody stool	DropDownList	Yes No Unknown	Y N U
Myalgia	EnteroCliCRSignsSxMyalgia	Myalgia	DropDownList	Yes No Unknown	Y N U
Joint Pain	EnteroCliCRSignsSxJointPain	Joint pain	DropDownList	Yes No Unknown	Y N U
Joint Pain Location	EnteroCliCRSignsSxJointPainSpcfy	If Yes, specify which joint	FreeText		

CLINICAL INFO – ENTEROVIRUS-D68					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Joint Swelling	EnteroCliCRSignsSxJointSwell	Joint swelling	DropDownList	Yes No Unknown	Y N U
Joint Swelling Location	EnteroCliCRSignsSxJointSwellSpcfy	If Yes, specify which joint	FreeText		
Shock	EnteroCliCRSignsSxShock	Shock (systolic BP<90)	DropDownList	Yes No Unknown	Y N U
Other	EnteroCliCRSignsSxOth	Other	DropDownList	Yes No Unknown	Y N U
Specify	EnteroCliCRSignsSxOthSpcfy	If Yes, specify	FreeText		
PAST MEDICAL HISTORY					
Chronic Medical Condition	EnteroCliCRPasMedHxChronic	Chronic medical condition	DropDownList	Yes No Unknown	Y N U
Chronic Conditions	EnteroCliCRPasMedHxChronicSpcfy	If Yes, list conditions	FreeText		
Cancer / Immunosuppressive	EnteroCliCRPasMedHxCancrImmSup	Cancer or other immunosuppressive condition	DropDownList	Yes No Unknown	Y N U
Cancer / Immunosuppressive Conditions	EnteroCliCRPasMedHxCancrImmSupSpcfy	If Yes, list conditions	FreeText		
Cardiopulmonary Disease	EnteroCliCRPasMedHxCardPulm	Cardiopulmonary disease	DropDownList	Yes No Unknown	Y N U
Cardiopulmonary Conditions	EnteroCliCRPasMedHxCardPulmSpcfy	If Yes, list conditions	FreeText		
Antibiotic Use	EnteroCliCRPasMedHxAbxUse	Recent antibiotic use	DropDownList	Yes No Unknown	Y N U
Antibiotic Names	EnteroCliCRPasMedHxAbxUseSpcfy	If Yes, list antibiotic names	FreeText		

CLINICAL INFO – ENTEROVIRUS-D68					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Surgery	EnteroCliCRPasMedHxSurg	Surgery	DropDownList	Yes No Unknown	Y N U
Date of Surgery	EnteroCliCRPasMedHxSurgDt	If Yes, specify below: **Date of surgery**	Date (MM/DD/YYYY)		
Hospital Name	EnteroCliCRPasMedHxSurgHospName	If Yes, specify below: **Hospital name**	FreeText		
Hospital Location	EnteroCliCRPasMedHxSurgHospLoc	If Yes, specify below: **Hospital Location (city, state)**	FreeText		
Hospital Phone #	EnteroCliCRPasMedHxSurgHospPhone	If Yes, specify below: **Hospital contact phone #**	FreeText		
Dental Work	EnteroCliCRPasMedHxDental	Dental work	DropDownList	Yes No Unknown	Y N U
Dental Work Date	EnteroCliCRPasMedHxDentalDt	If Yes, specify below: **Date of dental work**	Date (MM/DD/YYYY)		
Dentist Name	EnteroCliCRPasMedHxDentalName	If Yes, specify below: **Dentist name**	FreeText		
Dentist Location	EnteroCliCRPasMedHxDentalLoc	If Yes, specify below: **Dentist location (city, state)**	FreeText		
Dentist Phone #	EnteroCliCRPasMedHxDentalPhone	If Yes, specify below: **Telephone**	FreeText		
Other	EnteroCliCRPasMedHxOth	Other	DropDownList	Yes No Unknown	Y N U
Specify	EnteroCliCRPasMedHxOthSpcfy	If Yes, specify	FreeText		
HOSPITALIZATION					
Patient visit ER?	HOSPER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U
Was patient hospitalized?	HOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – ENTEROVIRUS-D68					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Total hospital nights	HOSPDAYSHOSP	If Yes, how many total hospital nights?	FreeText		
HOSPITALIZATION-DETAILS					
Hospital Name	HOSPDTLNAME1 HOSPDTLNAME2 HOSPDTLNAME3	Hospital name	FreeText		
Street Address	HOSPDTLADDRESS1 HOSPDTLADDRESS2 HOSPDTLADDRESS3	Street address	FreeText		
City	HOSPDTLCITY1 HOSPDTLCITY2 HOSPDTLCITY3	City	FreeText		
State	HOSPDTLSTATE1 HOSPDTLSTATE2 HOSPDTLSTATE3	State	FreeText		
Zip Code	HOSPDTLZIPCODE1 HOSPDTLZIPCODE2 HOSPDTLZIPCODE3	Zip code	FreeText		
Telephone	HOSPDTLPHONE1 HOSPDTLPHONE2 HOSPDTLPHONE3	Telephone	FreeText		
Admit Date	HOSPDTLADMITDT1 HOSPDTLADMITDT2 HOSPDTLADMITDT3	Admit date	Date (MM/DD/YYYY)		
Discharge / Transfer Date	HOSPDTLDISCHDT1 HOSPDTLDISCHDT2 HOSPDTLDISCHDT3	Discharge / transfer date	Date (MM/DD/YYYY)		
Medical Record Number	HOSPDTLMRN1 HOSPDTLMRN2 HOSPDTLMRN3	Medical record number	FreeText		
Discharge Diagnosis	HOSPDTLDISCHDX1 HOSPDTLDISCHDX2 HOSPDTLDISCHDX3	Discharge diagnosis	FreeText		
HOSPITALIZATION - DETAILS - ICU / INTUBATION					

CLINICAL INFO – ENTEROVIRUS-D68					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Patient in ICU	EnteroCliCRHospDetailsIcuICU_1 EnteroCliCRHospDetailsIcuICU_2 EnteroCliCRHospDetailsIcuICU_3	Patient in ICU?	DropDownList	Yes No Unknown	Y N U
ICU Admit Date	EnteroCliCRHospDetailsIcuAdmitDt_1 EnteroCliCRHospDetailsIcuAdmitDt_2 EnteroCliCRHospDetailsIcuAdmitDt_3	If YES, complete the questions below: **ICU Admit date**	Date (MM/DD/YYYY)		
ICU Discharge Date	EnteroCliCRHospDetailsIcuDischDt_1 EnteroCliCRHospDetailsIcuDischDt_2 EnteroCliCRHospDetailsIcuDischDt_3	If YES, complete the questions below: **ICU Discharge date**	Date (MM/DD/YYYY)		
Patient Intubated?	EnteroCliCRHospDetailsIcuIntub_1 EnteroCliCRHospDetailsIcuIntub_2 EnteroCliCRHospDetailsIcuIntub_3	Patient intubated?	DropDownList	Yes No Unknown	Y N U
Intubation Start Date #1	EnteroCliCRHospDetailsIcuIntubStartDt_1 EnteroCliCRHospDetailsIcuIntubStartDt_2 EnteroCliCRHospDetailsIcuIntubStartDt_3	If YES, complete the questions below: **Intubation start date #1**	Date (MM/DD/YYYY)		
Intubation End Date #1	EnteroCliCRHospDetailsIcuIntubEndDt_1 EnteroCliCRHospDetailsIcuIntubEndDt_2 EnteroCliCRHospDetailsIcuIntubEndDt_3	If YES, complete the questions below: **Intubation end date #1**	Date (MM/DD/YYYY)		
Intubation Start Date #2	EnteroCliCRHospDetailsIcuIntubStartDt2_1 EnteroCliCRHospDetailsIcuIntubStartDt2_2 EnteroCliCRHospDetailsIcuIntubStartDt2_3	If YES, complete the questions below: **Intubation start date #2**	Date (MM/DD/YYYY)		
Intubation End Date #2	EnteroCliCRHospDetailsIcuIntubEndDt2_1 EnteroCliCRHospDetailsIcuIntubEndDt2_2 EnteroCliCRHospDetailsIcuIntubEndDt2_3	If YES, complete the questions below: **Intubation end date #2**	Date (MM/DD/YYYY)		
TREATMENT/MANAGEMENT					
Treatment Received	TXMGTTREATMENT	Received treatment?	DropDownList	Yes No Unknown	Y N U
TREATMENT/MANAGEMENT-DETAILS					
Treatment Type	EnteroCliCRTxMgtDtlType1 EnteroCliCRTxMgtDtlType2 EnteroCliCRTxMgtDtlType3	Treatment type	FreeText		
Treatment Name	EnteroCliCRTxMgtDtlName1 EnteroCliCRTxMgtDtlName2 EnteroCliCRTxMgtDtlName3	Treatment name	FreeText		

CLINICAL INFO – ENTEROVIRUS-D68					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Date Started	EnteroCliCRTxMgtDtlStartDt1 EnteroCliCRTxMgtDtlStartDt2 EnteroCliCRTxMgtDtlStartDt3	Date treatement started	Date (MM/DD/YYYY)		
Date Ended	EnteroCliCRTxMgtDtlEndDt1 EnteroCliCRTxMgtDtlEndDt2 EnteroCliCRTxMgtDtlEndDt3	Date ended	Date (MM/DD/YYYY)		
OUTCOME					
Outcome	OUTCOMEOUTCOME	Outcome?	DropDownList	Survived Died Unknown	S D U
Survived As Of	OUTCOMESURVIVEDT	Survived as of	Date (MM/DD/YYYY)		
Date of Death	OUTCOMEDEATHDT	Date of death	FreeText		

LABORATORY INFO-ENTEROVIRUS-D68					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY RESULTS SUMMARY					
Specimen Type	EnteroLabCRLabRsltSumSpecType1 EnteroLabCRLabRsltSumSpecType2 EnteroLabCRLabRsltSumSpecType3	Specimen type	FreeText		
Type of Test	EnteroLabCRLabRsltSumTstType1 EnteroLabCRLabRsltSumTstType2 EnteroLabCRLabRsltSumTstType3	Type of test	FreeText		
Collection Date	EnteroLabCRLabRsltSumCollectDt1 EnteroLabCRLabRsltSumCollectDt2 EnteroLabCRLabRsltSumCollectDt3	Collection date	Date (MM/DD/YYYY)		
Result	EnteroLabCRLabRsltSumRslt1 EnteroLabCRLabRsltSumRslt2 EnteroLabCRLabRsltSumRslt3	Result	FreeText		

LABORATORY INFO-ENTEROVIRUS-D68					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Interpretation	EnteroLabCRLabRsltSumInterpret1 EnteroLabCRLabRsltSumInterpret2 EnteroLabCRLabRsltSumInterpret3	Interpretation	FreeText		
Laboratory Name	EnteroLabCRLabRsltSumLabName1 EnteroLabCRLabRsltSumLabName2 EnteroLabCRLabRsltSumLabName3	Laboratory name	FreeText		
Telephone	EnteroLabCRLabRsltSumLabPhone1 EnteroLabCRLabRsltSumLabPhone2 EnteroLabCRLabRsltSumLabPhone3	Telephone	FreeText		
LABORATORY STUDIES					
CSF Studies	EnteroLabCRStudiesCSF	Were CSF studies performed?	DropDownList	Yes No Unknown	Y N U
WBC (cells/ml)	EnteroLabCRStudiesCSFWBC	If Yes, list results for: **WBC (cells/ml)**	FreeText		
Differential	EnteroLabCRStudiesDifferential	If Yes, list results for: **Differential (e.g. %PMNs / %Lymph)**	FreeText		
RBC (cells/ml)	EnteroLabCRStudiesCSFRBC	If Yes, list results for: **RBC (cells/ml)**	FreeText		
Protein	EnteroLabCRStudiesCSFProt	If Yes, list results for: **Protein**	FreeText		
Glucose	EnteroLabCRStudiesCSFGluc	If Yes, list results for: **Glucose**	FreeText		
IMAGING SUMMARY					
Anatomic Site	IMGSUMSHORTANATOMICSITE	Anatomic site	FreeText		
Date	IMGSUMSHORTDT	Date	Date (MM/DD/YYYY)		
Type of imaging	IMGSUMSHORTIMGTYPE_0 IMGSUMSHORTIMGTYPE_1 IMGSUMSHORTIMGTYPE_2 IMGSUMSHORTIMGTYPE_3	Type of imaging	CheckBox List (multiple selections are possible)	X-Ray CT MRI Other	XRAY CT MRI OTH
Specify	IMGSUMSHORTIMGTYPESPFY	If Other, specify	FreeText		

LABORATORY INFO-ENTEROVIRUS-D68					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Result	IMGSUMSHORTRSLT	Result	FreeText		
Interpretation	IMGSUMSHORTINTERPRET	Interpretation	FreeText		
Facility Name	IMGSUMSHORTNAME	Facility name	FreeText		
Telephone	IMGSUMSHORTPHONE	Telephone	FreeText		

Ehrlichiosis

See User Defined Form sections (Clinical, Laboratory and Epidemiologic) under the Rickettsial Group entry

Gonorrhea / Gonorrhea with PID / Contact to Gonorrhea

See User Defined Form sections (Clinical, STD Contacts) under the STD Group entry

Haemophilus Influenzae (Invasive)

CLINICAL INFO – HAEMOPHILUS INFLUENZAE (INVASIVE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
CLINICAL SYNDROME					
Clinical syndrome	HAEMFLUCLICRCLINSYNDTYPE_1 HAEMFLUCLICRCLINSYNDTYPE_2 HAEMFLUCLICRCLINSYNDTYPE_3 HAEMFLUCLICRCLINSYNDTYPE_4 HAEMFLUCLICRCLINSYNDTYPE_5	Clinical syndrome(s) associated with the infection	CheckBoxList (more than one choice is possible)	Meningitis Bacteremia Epiglottis Pneumonia Other	MEN BAC EPI PNEU OTH
If Other, specify	HAEMFLUCLICRCLINSYNDTYPESPFY	Specify other clinical syndrome(s)	FreeText		
Symptom onset date	HAEMFLUCLICRCLINSYNDONSETDT	Onset date of symptoms of H. flu	Date (MM/DD/YYYY)		
Diagnosis date	HAEMFLUCLICRCLINSYNDDXDT	Diagnosis date	Date (MM/DD/YYYY)		
If Other symptoms, describe	HAEMFLUCLICRCLINSYNDSXSPFY	If Other symptoms, describe	Text Box		
NEONATAL CASES					
< 1 month of age?	HAEMFLUCLICRNEONATCASEAGELESS1MO	For neonatal cases, is the patient less than 1 month of age?	DropDownList	Yes No Unknown	Y N U
Time of birth	HAEMFLUCLICRNEONATCASEBIRTHTIME	If Yes, time of birth (military, HH:MM)	FreeText		
Gestational age (weeks)	HAEMFLUCLICRNEONATCASEGESTAGE	Gestational age (weeks)	FreeText		
Birth weight (grams)	HAEMFLUCLICRNEONATCASEBIRTHWGHT	Birth weight (grams)	FreeText		

CLINICAL INFO – HAEMOPHILUS INFLUENZAE (INVASIVE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
HOSPITALIZATION					
Patient visit ER?	HOSPER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U
Was patient hospitalized?	HOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
Total hospital nights	HOSPDAYSHOSP	If Yes, how many total hospital nights?	FreeText		
HOSPITALIZATION - DETAILS					
Hospital name	HOSPDTLNAME1 HOSPDTLNAME2 HOSPDTLNAME3	Name of facility where patient was hospitalized	FreeText		
Street address	HOSPDTLADDRESS1 HOSPDTLADDRESS2 HOSPDTLADDRESS3	Street address of hospital	FreeText		
City	HOSPDTLCITY1 HOSPDTLCITY2 HOSPDTLCITY3	City where hospital located	FreeText		
State	HOSPDTLSTATE1 HOSPDTLSTATE2 HOSPDTLSTATE3	State	FreeText		
Zip code	HOSPDTLZIPCODE1 HOSPDTLZIPCODE2 HOSPDTLZIPCODE3	Zip code	FreeText		
Telephone	HOSPDTLPHONE1 HOSPDTLPHONE2 HOSPDTLPHONE3	Telephone number for hospital	FreeText		
Admit date	HOSPDTLADMITDT1 HOSPDTLADMITDT2 HOSPDTLADMITDT3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPDTLDISCHDT1 HOSPDTLDISCHDT2 HOSPDTLDISCHDT3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		

CLINICAL INFO – HAEMOPHILUS INFLUENZAE (INVASIVE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Medical record number	HOSPDTLMRN1 HOSPDTLMRN2 HOSPDTLMRN3	Medical record number for patient	FreeText		
Discharge diagnosis	HOSPDTLDISCHDX1 HOSPDTLDISCHDX2 HOSPDTLDISCHDX3	What was the patient's final diagnosis at the time of discharge?	FreeText		
Insurance provider	HOSPDTLINSURPROVID1 HOSPDTLINSURPROVID2 HOSPDTLINSURPROVID3	Name of insurance provider for patient	FreeText		
COMPLICATIONS AND OTHER SYMPTOMS					
Describe complications	HAEMFLUCLICRCOMPOTHSXDESCRIBE	Describe any complications or other symptoms associated with the infection	Text Box		
Did patient die?	HAEMFLUCLICRCOMPOTHSXDIED	Did patient die from this illness?	DropDownList	Yes No Unknown	Y N U
TREATMENT/MANAGEMENT					
Were antibiotics prescribed?	HAEMFLUCLICRTXMGTABX1 HAEMFLUCLICRTXMGTABX2 HAEMFLUCLICRTXMGTABX3	Were antibiotics prescribed as part of the treatment for the illness?	DropDownList	Yes No Unknown	Y N U
TREATMENT/MANAGEMENT – ANTIBIOTIC DETAILS					
Antibiotic type	HAEMFLUCLICRTREATMGMTABXABXTYPE1 HAEMFLUCLICRTREATMGMTABXABXTYPE2 HAEMFLUCLICRTREATMGMTABXABXTYPE3	If Antibiotics were given, specify antibiotic type	DropDownList	Cefotaxime sodium Ceftriaxone sodium Ampicillin Chloramphenicol Ampicillin and chloramphenicol Rifampin Other None Unknown	CEFO CEFT AMP CHLOR AMPCHLOR RIF OTH NONE UNK
Date started	HAEMFLUCLICRTREATMGMTABXSTARTDT1 HAEMFLUCLICRTREATMGMTABXSTARTDT2 HAEMFLUCLICRTREATMGMTABXSTARTDT3	Date antibiotics started	Date (MM/DD/YYYY)		

CLINICAL INFO – HAEMOPHILUS INFLUENZAE (INVASIVE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
# of days prescribed	HAEMFLUCLICRTREATMGMTABXDAYSPRESCRIBE1 HAEMFLUCLICRTREATMGMTABXDAYSPRESCRIBE2 HAEMFLUCLICRTREATMGMTABXDAYSPRESCRIBE3	Number of days prescribed	FreeText		
Days antibiotics taken	HAEMFLUCLICRTREATMGMTABXDAYSTAKEN1 HAEMFLUCLICRTREATMGMTABXDAYSTAKEN2 HAEMFLUCLICRTREATMGMTABXDAYSTAKEN3	Number of days antibiotics were actually taken	FreeText		
VACCINATION HISTORY					
Patient immunized for disease?	HAEMFLUCLICRVACHXIMM	Has the patient been immunized for this disease?	DropDownList	Yes No Unknown	Y N U
Dose #1	HAEMFLUCLICRVACHXVAC1	Dose #1	DropDownList	Yes, documented Yes, alleged	D A
Date	HAEMFLUCLICRVACHXVAC1DT	Date of dose #1	Date (MM/DD/YYYY)		
Date Unknown	HAEMFLUCLICRVACHXVAC1DTUNK	Date of dose #1 unknown	CheckBox	Unchecked Checked	N or (blank) Y
Dose #2	HAEMFLUCLICRVACHXVAC2	Dose #2	DropDownList	Yes, documented Yes, alleged No Unknown	D A N U
Date	HAEMFLUCLICRVACHXVAC2DT	Date of dose #2	Date (MM/DD/YYYY)		
Date Unknown	HAEMFLUCLICRVACHXVAC2DTUNK	Date of dose #2 unknown	CheckBox	Unchecked Checked	N or (blank) Y
Dose #3	HAEMFLUCLICRVACHXVAC3	Dose #3	DropDownList	Yes, documented Yes, alleged No Unknown	D A N U
Date	HAEMFLUCLICRVACHXVAC3DT	Date of dose #3	Date (MM/DD/YYYY)		
Date Unknown	HAEMFLUCLICRVACHXVAC3DTUNK	Date of dose #3 unknown	CheckBox	Unchecked Checked	N or (blank) Y

CLINICAL INFO – HAEMOPHILUS INFLUENZAE (INVASIVE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Dose #4	HAEMFLUCLICRVACHXVAC4	Dose #4	DropDownList	Yes, documented Yes, alleged No Unknown	D A N U
Date	HAEMFLUCLICRVACHXVAC4DT	Date of dose #4	Date (MM/DD/YYYY)		
Date Unknown	HAEMFLUCLICRVACHXVAC4DTUNK	Date of dose #4 unknown	CheckBox	Unchecked Checked	N or (blank) Y
Reason not vaccinated	HAEMFLUCLICRVACHXRSNNOTVAC_1 HAEMFLUCLICRVACHXRSNNOTVAC_2 HAEMFLUCLICRVACHXRSNNOTVAC_3 HAEMFLUCLICRVACHXRSNNOTVAC_4 HAEMFLUCLICRVACHXRSNNOTVAC_5 HAEMFLUCLICRVACHXRSNNOTVAC_6 HAEMFLUCLICRVACHXRSNNOTVAC_7 HAEMFLUCLICRVACHXRSNNOTVAC_8 HAEMFLUCLICRVACHXRSNNOTVAC_9	If patient not vaccinated for this condition, what is the reason(s) not vaccinated	CheckBoxList (more than one choice is possible)	Personal Beliefs Exemption (PBE) Permanent Medical Exemption (PME) Temporary Medical Exemption Lab confirmation of previous disease MD diagnosis of previous disease Under age for vaccination Delay in starting series or between doses Unknown Other	PBE PME TME LCD MDD UAV DEL UNK OTH
If Other, specify	HAEMFLUCLICRVACHXRSNNOTVACSPFY	If Other reason, please specify	FreeText		
Comments	HAEMFLUCLICRVACHXCOMMENTS	Comments	Text Box		
MEDICAL HISTORY					
Immunocompromised	HAEMFLUCLICRMEDHXIMMUNO	Is patient immuno-compromised?	DropDownList	Yes No Unknown	Y N U
Recurrent disease	HAEMFLUCLICRMEDHXRECURRENTDIS	Does this patient have recurrent disease with the same pathogen?	DropDownList	Yes No Unknown	Y N U
Other pre-existing conditions	HAEMFLUCLICRMEDHXOTHPREXCOND	Describe any other pre-existing conditions	Text Box		

LABORATORY INFO – HAEMOPHILUS INFLUENZAE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY RESULTS SUMMARY					
Case Lab Confirmed	HAEMFLULABCRLABRSLTSUMCASECONF	Was the case confirmed by laboratory testing?	DropDownList	Yes No Unknown	Y N U
CSF bacterial antigen screen	HAEMFLULABCRLABRSLTSUMCSFSCREEN	Was a CSF bacterial antigen screen performed?	DropDownList	Yes No Unknown	Y N U
CSF antigen screen results	HAEMFLULABCRLABRSLTSUMCSFSCREENRSLT	If Yes, what were the CSF bacterial antigen screen results?	DropDownList	Positive Negative Pending Unknown	POS NEG PEND UNK
Was culture performed?	HAEMFLULABCRLABRSLTSUMCULTPERF	Was culture performed?	DropDownList	Yes No Unknown	Y N U
CULTURE PERFORMED – DETAILS					
Source of specimen	HAEMFLULABCRCULTPERFDTLSPECSRC1 HAEMFLULABCRCULTPERFDTLSPECSRC2 HAEMFLULABCRCULTPERFDTLSPECSRC3	What was the source of the specimen submitted for culture testing?	DropDownList	Blood CSF Pleural Peritoneal Fluid Pericardial Fluid Joint Placenta Amniotic Fluid Other	BLD CSF PLEUR PERITON PERICARD JOINT PLAC AMNI OTH
If Other, specify	HAEMFLULABCRCULTPERFDTLSPECSRCSPFY1 HAEMFLULABCRCULTPERFDTLSPECSRCSPFY2 HAEMFLULABCRCULTPERFDTLSPECSRCSPFY3	Specify the other specimen source	FreeText		
Specimen collection date	HAEMFLULABCRCULTPERFDTLCOLLECTDT1 HAEMFLULABCRCULTPERFDTLCOLLECTDT2 HAEMFLULABCRCULTPERFDTLCOLLECTDT3	Date specimen was collected	Date (MM/DD/YYYY)		
Result	HAEMFLULABCRCULTPERFDTLRSLT1 HAEMFLULABCRCULTPERFDTLRSLT2 HAEMFLULABCRCULTPERFDTLRSLT	What was the result of the laboratory culture?	DropDownList	Positive Negative Not Done Unknown	POS NEG NOT UNK

LABORATORY INFO – HAEMOPHILUS INFLUENZAE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
ISOLATE SEROTYPE					
Was isolate serotyped?	HAEMFLULABCRISOSEROTYPEWASSEROTYPED	Did lab perform serotyping of *H. influenza* isolates?	DropDownList	Yes No Unknown	Y N U
Isolate serotype	HAEMFLULABCRISOSEROTYPEISOSEROTYPE	If Yes, what were the results of the isolate serotype?	DropDownList	Type B Not typeable Other type Unknown	TYPEB NOTYPE OTH UNK
If Other type, specify	HAEMFLULABCRISOSEROTYPEISOSEROTYPESPFY	If Other type, specify	FreeText		
Isolate forwarded to MDL	HAEMFLULABCRISOSEROTYPEISOFWDMDLTEST	Was a sample of the isolate forwarded to MDL for testing?	DropDownList	Yes No Unknown	Y N U
Date sent	HAEMFLULABCRISOSEROTYPEMDLDTSENT	Date isolate sample sent to MDL	Date (MM/DD/YYYY)		
MDL serotype	HAEMFLULABCRISOSEROTYPEMDLSEROTYPE	What were the results of the MDL isolate serotyping?	FreeText		
Isolate forwarded to CDC	HAEMFLULABCRISOSEROTYPEISOFWDCDCTEST	Was a sample of the isolate forwarded to CDC for testing?	DropDownList	Yes No Unknown	Y N U
Date sent	HAEMFLULABCRISOSEROTYPECDCDTSENT	Date isolate sample sent to CDC	Date (MM/DD/YYYY)		
CDC serotype	HAEMFLULABCRISOSEROTYPECDCSEROTYPE	What were the results of the CDC isolate serotyping?	FreeText		
Comments	HAEMFLULABCRISOSEROTYPECOMMENTS	Comments	Text Box		

EPIDEMIOLOGIC INFO – HAEMOPHILUS INFLUENZAE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
EPIDEMIOLOGICAL EXPOSURE HISTORY					
Previous contact with Hib?	HAEMFLUEPICREPIEXPHXCLOSECONT	Is there a known previous contact with Hib disease within the preceding 2 months?	DropDownList	Yes No Unknown	Y N U
Specify type of contact	HAEMFLUEPICREPIEXPHXCONTACTSPFY	If Yes, specify type of contact	FreeText		
Attend daycare facility?	HAEMFLUEPICREPIEXPHXDAYCARE	Does this patient attend a daycare facility?	DropDownList	Yes No Unknown	Y N U
Facility name	HAEMFLUEPICREPIEXPHXDAYCARENAME	If Yes, specify day care facility name	FreeText		
Reside in long term care facility?	HAEMFLUEPICREPIEXPHXLTC	Does this patient reside in a long term care facility?	DropDownList	Yes No Unknown	Y N U
Facility name	HAEMFLUEPICREPIEXPHXLTCNAME	If Yes, specify long term care facility name	FreeText		
SPREAD SETTING					
Setting type	SPREADSETTYPE1 SPREADSETTYPE2 SPREADSETTYPE3	What is the type of setting in which the infection spread?	DropDownList	Day care School Doctor's office Hospital Ward Hospital ER Outpatient hospital clinic Home Work Unknown College Military Correctional facility Church International travel Other	DAYCARE SCHOOL DOCOFFICE HOSPWARD ER OUTPT HOME WORK UNK COLLEGE MILITARY CORRFAC CHURCH INTRTRAV OTH

EPIDEMIOLOGIC INFO – HAEMOPHILUS INFLUENZAE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Name of setting	SPREADSETNAME1 SPREADSETNAME2 SPREADSETNAME3	Name of setting	FreeText		
First date of contact	SPREADSETFIRSTCONTDT1 SPREADSETFIRSTCONTDT2 SPREADSETFIRSTCONTDT3	First date of contact	Date (MM/DD/YYYY)		
Last date of contact	SPREADSETLASTCONTDT1 SPREADSETLASTCONTDT2 SPREADSETLASTCONTDT3	Last date of contact	Date (MM/DD/YYYY)		
Number exposed	SPREADSETNUMEXPOSED1 SPREADSETNUMEXPOSED2 SPREADSETNUMEXPOSED3	Number of people exposed in the setting	FreeText		
Notes	SPREADSETNOTES1 SPREADSETNOTES2 SPREADSETNOTES3	Notes about the spread setting	FreeText		
GENERAL CONTACTS					
# contacts recommended antibiotics	HAEMFLUEPICRGENCONTNUMCONTACTABX	Number of contacts for whom antibiotics were recommended	FreeText		
# of ill contacts	HAEMFLUEPICRGENCONTNUMILLCONT	Number of ill contacts	FreeText		
EPIDEMIOLOGICAL LINKAGE					
Epi-linked to known case?	EPILINKKNOWNCASE	Epi-Linked to known case of *H. influenzae*?	DropDownList	Yes No Unknown	Y N U
Contact name / Case #	EPILINKCONTNAMECASENUM	Contact name / case #	FreeText		
OUTBREAK					
Part of known outbreak?	OBSHORTPARTOF	Is this case part of a known *H. influenzae* outbreak?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – HAEMOPHILUS INFLUENZAE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Extent of outbreak	OBSHORTEXTENTOF_1 OBSHORTEXTENTOF_2 OBSHORTEXTENTOF_3 OBSHORTEXTENTOF_4 OBSHORTEXTENTOF_5 OBSHORTEXTENTOF_6	If Yes, what is the extent of the outbreak?	CheckBoxList (more than one choice is possible)	One CA jurisdiction Multiple CA jurisdictions Multistate International Unknown Other	ONEJUR MULJUR MULSTAT INTR UNK OTH
If Other, specify	OBSHORTEXTENTOFSPFY	If Other, specify	FreeText		
Pattern 1 ID	OBSHORTPAT1IDNUM	Pattern 1 ID number	FreeText		
Pattern 2 ID	OBSHORTPAT2IDNUM	Pattern 2 ID number	FreeText		

Hantavirus Infections

CLINICAL INFO – HANTAVIRUS INFECTIONS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
SIGNS AND SYMPTOMS					
Symptomatic	HANTAVIRCLICRSIGNSXSYMPTOMATIC	Does the patient have clinical signs or symptoms compatible with hantavirus?	DropDownList	Yes No Unknown	Y N U
Onset date	HANTAVIRCLICRSIGNSXONSETDT	Onset date of symptoms of hantavirus	System Defined Field Link		
Date sought medical care	HANTAVIRCLICRSIGNSXSGTMEDCAREDT	Date first sought medical care for symptoms	Date (MM/DD/YYYY)		
Location where first seen	HANTAVIRCLICRSIGNSXLOC	Location where first seen	DropDownList	Emergency department Hospital Outpatient clinic/office Urgent care center Unknown Other	ED HOSP OUTPAT CARECNTR UNK OTH
Fever	HANTAVIRCLICRSIGNSXFEVER	Did patient have a fever?	DropDownList	Yes No Unknown	Y N U
Highest temperature	HANTAVIRCLICRSIGNSXFEVERHIGHTEMP	If Yes, highest temperature (specify F/C)	FreeText		
Onset date	HANTAVIRCLICRSIGNSXFEVERONSETDT	Onset date	Date (MM/DD/YYYY)		
Sweats / chills / rigors	HANTAVIRCLICRSIGNSXSWEATS	Hantavirus signs and symptoms: **Sweats / chills / rigors**	DropDownList	Yes No Unknown	Y N U
Onset date	HANTAVIRCLICRSIGNSXSWEATSONSETDT	Onset date of sweats / chills / rigors	Date (MM/DD/YYYY)		
Weakness / lethargy / malaise	HANTAVIRCLICRSIGNSXWEAKNESS	Hantavirus signs and symptoms: **Weakness / lethargy / malaise**	DropDownList	Yes No Unknown	Y N U
Onset date	HANTAVIRCLICRSIGNSXWEAKNESSONSETDT	Onset date of weakness / lethargy / malaise	Date (MM/DD/YYYY)		
Shortness of breath	HANTAVIRCLICRSIGNSXSHRTBRTH	Hantavirus signs and symptoms: **Shortness of breath**	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – HANTAVIRUS INFECTIONS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Onset date	HANTAVIRCLICRSIGNSXSHRTBRTHONSETDT	Onset date of shortness of breath	Date (MM/DD/YYYY)		
Chest pain	HANTAVIRCLICRSIGNSXCHSTPAIN	Hantavirus signs and symptoms: **Chest pain**	DropDownList	Yes No Unknown	Y N U
Onset date	HANTAVIRCLICRSIGNSXCHSTPAINONSETDT	Onset date of chest pain	Date (MM/DD/YYYY)		
Cough	HANTAVIRCLICRSIGNSXCOUGH	Hantavirus signs and symptoms: **Cough**	DropDownList	Yes No Unknown	Y N U
Onset date	HANTAVIRCLICRSIGNSXCOUGHONSETDT	Onset date of cough	Date (MM/DD/YYYY)		
Respiratory distress (ARDS)	HANTAVIRCLICRSIGNSXARDS	Hantavirus signs and symptoms: **Respiratory distress (ARDS)**	DropDownList	Yes No Unknown	Y N U
Onset date	HANTAVIRCLICRSIGNSXARDSONSETDT	Onset date of respiratory distress	Date (MM/DD/YYYY)		
Fatigue	HANTAVIRCLICRSIGNSXFATIGUE	Hantavirus signs and symptoms: **Fatigue**	DropDownList	Yes No Unknown	Y N U
Onset date	HANTAVIRCLICRSIGNSXFATIGUEONSETDT	Onset date of fatigue	Date (MM/DD/YYYY)		
Headache	HANTAVIRCLICRSIGNSXHEADACHE	Hantavirus signs and symptoms: **Headache**	DropDownList	Yes No Unknown	Y N U
Onset date	HANTAVIRCLICRSIGNSXHEADACHEONSETDT	Onset date of headache	Date (MM/DD/YYYY)		
Confusion / delirium	HANTAVIRCLICRSIGNSXCONFUSE	Hantavirus signs and symptoms: **Confusion / delirium**	DropDownList	Yes No Unknown	Y N U
Onset date	HANTAVIRCLICRSIGNSXCONFUSEONSETDT	Onset date of confusion or delirium	Date (MM/DD/YYYY)		
Muscle ache	HANTAVIRCLICRSIGNSXMUSCACHE	Hantavirus signs and symptoms: **Muscle ache**	DropDownList	Yes No Unknown	Y N U
Onset date	HANTAVIRCLICRSIGNSXMUSCACHEONSETDT	Onset date of muscle ache	Date (MM/DD/YYYY)		

CLINICAL INFO – HANTAVIRUS INFECTIONS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Nausea, vomiting, and/or diarrhea	HANTAVIRCLICRSIGNSXNAUSEA	Hantavirus signs and symptoms: **Nausea, vomiting, and / or diarrhea**	DropDownList	Yes No Unknown	Y N U
Onset date	HANTAVIRCLICRSIGNSXNAUSEAONSETDT	Onset date of nausea, vomiting or diarrhea	Date (MM/DD/YYYY)		
Abdominal pain	HANTAVIRCLICRSIGNSXABPAIN	Hantavirus signs and symptoms: **Abdominal pain**	DropDownList	Yes No Unknown	Y N U
Onset date	HANTAVIRCLICRSIGNSXABPAINONSETDT	Onset date of abdominal pain	Date (MM/DD/YYYY)		
Dizziness	HANTAVIRCLICRSIGNSXDIZZY	Hantavirus signs and symptoms: **Dizziness**	DropDownList	Yes No Unknown	Y N U
Onset date	HANTAVIRCLICRSIGNSXDIZZYONSETDT	Onset date of dizziness	Date (MM/DD/YYYY)		
Other	HANTAVIRCLICRSIGNSXOTH	**Other signs or symptoms** of Hantavirus	DropDownList	Yes No Unknown	Y N U
Onset date	HANTAVIRCLICRSIGNSXOTHONSETDT	Onset date of other signs or symptoms of hantavirus	Date (MM/DD/YYYY)		
HOSPITALIZATION					
Patient visit ER	HOSPER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U
Patient hospitalized	HOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
Total hospital nights	HOSPDAYSHOSP	If Yes, how many total hospital nights?	FreeText		
HOSPITALIZATION – DETAILS					
Hospital name	HOSPDTLNAME1 HOSPDTLNAME2 HOSPDTLNAME3	Name of facility where patient was hospitalized	FreeText		
Street address	HOSPDTLADDRESS1 HOSPDTLADDRESS2 HOSPDTLADDRESS3	Street address of hospital	FreeText		

CLINICAL INFO – HANTAVIRUS INFECTIONS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
City	HOSPDTLCITY1 HOSPDTLCITY2 HOSPDTLCITY3	City where hospital located	FreeText		
State	HOSPDTLSTATE1 HOSPDTLSTATE2 HOSPDTLSTATE3	State	FreeText		
Zip code	HOSPDTLZIPCODE1 HOSPDTLZIPCODE2 HOSPDTLZIPCODE3	Zip code	FreeText		
Telephone	HOSPDTLPHONE1 HOSPDTLPHONE2 HOSPDTLPHONE3	Telephone number for hospital	FreeText		
Admit date	HOSPDTLADMITDT1 HOSPDTLADMITDT2 HOSPDTLADMITDT3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge/transfer date	HOSPDTLDISCHDT1 HOSPDTLDISCHDT2 HOSPDTLDISCHDT3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		
Medical record number	HOSPDTLMRN1 HOSPDTLMRN2 HOSPDTLMRN3	Medical record number for patient	FreeText		
Discharge diagnosis	HOSPDTLDISCHDX1 HOSPDTLDISCHDX2 HOSPDTLDISCHDX3	What was the patient's final diagnosis at the time of discharge?	FreeText		
TREATMENT/MANAGEMENT					
Received treatment	HANTAVIRCLICRTXMGTTREATMENT	Did the patient receive treatment for hantavirus?	DropDownList	Yes No Unknown	Y N U
Supplementary Oxygen	HANTAVIRCLICRTXMGTSUPOXY	Did patient receive supplementary oxygen?	DropDownList	Yes No Unknown	Y N U
Date started	HANTAVIRCLICRTXMGTSUPOXYSTARTDT	If Yes, specify date started supplementary oxygen	Date (MM/DD/YYYY)		
Date ended	HANTAVIRCLICRTXMGTSUPOXYENDDT	Date treatment ended	Date (MM/DD/YYYY)		

CLINICAL INFO – HANTAVIRUS INFECTIONS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Intubated	HANTAVIRCLICRTXMGTINCUB	Was patient intubated?	DropDownList	Yes No Unknown	Y N U
Date started	HANTAVIRCLICRTXMGTINCUBSTARTDT	If Yes, date intubation started	Date (MM/DD/YYYY)		
Date ended	HANTAVIRCLICRTXMGTINCUBENDDT	Date treatment ended	Date (MM/DD/YYYY)		
Respirator	HANTAVIRCLICRTXMGTRESPIRT	Was patient placed on a respirator?	DropDownList	Yes No Unknown	Y N U
Date started	HANTAVIRCLICRTXMGTRESPIRTSTARTDT	If Yes, date started on respirator	Date (MM/DD/YYYY)		
Date ended	HANTAVIRCLICRTXMGTRESPIRTENDDT	Date treatment ended	Date (MM/DD/YYYY)		
ECMO	HANTAVIRCLICRTXMGTECMO	Did patient receive ECMO?	DropDownList	Yes No Unknown	Y N U
Date started	HANTAVIRCLICRTXMGTECMOSTARTDT	If Yes, date started ECMO	Date (MM/DD/YYYY)		
Date ended	HANTAVIRCLICRTXMGTECMOENDDT	Date treatment ended	Date (MM/DD/YYYY)		
Hemodyamic support (vasopressors)	HANTAVIRCLICRTXMGTHEMODMIC	Did patient receive hemodyamic support (vasopressors)?	DropDownList	Yes No Unknown	Y N U
Date started	HANTAVIRCLICRTXMGTHEMODMICSTARTDT	If Yes, date started hemodynamic support	Date (MM/DD/YYYY)		
Date ended	HANTAVIRCLICRTXMGTHEMODMICENDDT	Date treatment ended	Date (MM/DD/YYYY)		
Other treatment / management	HANTAVIRCLICRTXMGTOTH1	Other treatment / management or complications related to illness	DropDownList	Yes No Unknown	Y N U
TREATMENT/MANAGEMENT – OTHER/COMPLICATIONS					
Treatment / management or complication	HANTAVIRCLICRTXMGTOTHCOMPSPFY1 HANTAVIRCLICRTXMGTOTHCOMPSPFY2 HANTAVIRCLICRTXMGTOTHCOMPSPFY3	If Yes, describe other treatment / management or complication	FreeText		

CLINICAL INFO – HANTAVIRUS INFECTIONS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Date started	HANTAVIRCLICRTXMGTOTHCOMPSTARTDT1 HANTAVIRCLICRTXMGTOTHCOMPSTARTDT2 HANTAVIRCLICRTXMGTOTHCOMPSTARTDT3	Date started	Date (MM/DD/YYYY)		
Date ended	HANTAVIRCLICRTXMGTOTHCOMPENDDT1 HANTAVIRCLICRTXMGTOTHCOMPENDDT2 HANTAVIRCLICRTXMGTOTHCOMPENDDT3	Date ended	Date (MM/DD/YYYY)		
OUTCOME					
Outcome	OUTCOMEOUTCOME	What was the clinical outcome for this case?	DropDownList	Survived Died Unknown	S D U
Survived as of	OUTCOMESURVIVEDT	If patient survived, what was the date patient was known to still be living?	Date (MM/DD/YYYY)		
Date of death	OUTCOMEDEATHDT	If patient died, what was the date of death?	System Defined Field Link		

LABORATORY INFO – HANTAVIRUS INFECTIONS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY RESULTS SUMMARY					
Specimen type	HANTAVIRLABCRLABRSLTSUMSPECTYPE1 HANTAVIRLABCRLABRSLTSUMSPECTYPE2 HANTAVIRLABCRLABRSLTSUMSPECTYPE3	What type of specimen was submitted for testing?	FreeText		
Type of test	HANTAVIRLABCRLABRSLTSUMTSTTYPE1 HANTAVIRLABCRLABRSLTSUMTSTTYPE2 HANTAVIRLABCRLABRSLTSUMTSTTYPE3	Type of laboratory test performed	FreeText		
Antigen		What hantavirus antigen was detected?	DropDownList	Sin Nombre virus Puumala virus Hantavirus (unspecified)	SINOMBVIRUS PUUVIRUS HANTAVIRUS

LABORATORY INFO – HANTAVIRUS INFECTIONS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
	HANTAVIRLABCRLABRSLTSUMANTIGEN1 HANTAVIRLABCRLABRSLTSUMANTIGEN2 HANTAVIRLABCRLABRSLTSUMANTIGEN3			Other antigen Unknown antigen	OTH UNK
If Other antigen, specify	HANTAVIRLABCRLABRSLTSUMANTIGENSPFY1 HANTAVIRLABCRLABRSLTSUMANTIGENSPFY2 HANTAVIRLABCRLABRSLTSUMANTIGENSPFY3	If Other antigen, specify	FreeText		
Results	HANTAVIRLABCRLABRSLTSUMRESULT1 HANTAVIRLABCRLABRSLTSUMRESULT2 HANTAVIRLABCRLABRSLTSUMRESULT3	What were the results of the laboratory testing?	FreeText		
Collection date	HANTAVIRLABCRLABRSLTSUMCOLLECTDT1 HANTAVIRLABCRLABRSLTSUMCOLLECTDT2 HANTAVIRLABCRLABRSLTSUMCOLLECTDT3	Date lab specimen was collected	Date (MM/DD/YYYY)		
Interpretation	HANTAVIRLABCRLABRSLTSUMINTERPRET1 HANTAVIRLABCRLABRSLTSUMINTERPRET2 HANTAVIRLABCRLABRSLTSUMINTERPRET3	What was the interpretation of the lab test?	DropDownList	Positive Negative Equivocal	POS NEG EQU
Laboratory name	HANTAVIRLABCRLABRSLTSUMLABNAME 1 HANTAVIRLABCRLABRSLTSUMLABNAME 2 HANTAVIRLABCRLABRSLTSUMLABNAME 3	Name of lab where testing was performed	FreeText		
Telephone	HANTAVIRLABCRLABRSLTSUMLABPHONE1 HANTAVIRLABCRLABRSLTSUMLABPHONE2 HANTAVIRLABCRLABRSLTSUMLABPHONE3	Telephone number of lab	FreeText		
ADDITIONAL LABORATORY RESULTS					
Thrombocytopenia	HANTAVIRLABCRLABRSLTDTLTHRMB	Did the patient have thrombocytopenia (platelets ≤ 150,000 mm^3)?	DropDownList	Yes No Unknown	Y N U
If Yes, specify lowest count	HANTAVIRLABCRLABRSLTDTLTHRMBLOWPLATCNT	If Yes, specify lowest platelet count measured	FreeText		
Elevated Hematocrit (Hct)	HANTAVIRLABCRLABRSLTDTLHCT	Did patient have elevated Hematocrit (Hct)?	DropDownList	Yes No Unknown	Y N U
If Yes, specify highest Hct	HANTAVIRLABCRLABRSLTDTLHCTHIGH	If Yes, specify highest hematocrit measured	FreeText		
Elevated creatinine	HANTAVIRLABCRLABRSLTDTLCREATININ	Did patient have elevated creatinine?	DropDownList	Yes No Unknown	Y N U

LABORATORY INFO – HANTAVIRUS INFECTIONS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Yes, specify highest creatinine	HANTAVIRLABCRLABRSLTDTLCREATININHIGH	If Yes, specify highest creatinine measured	FreeText		
WBC	HANTAVIRLABCRLABRSLTDTLWBC	WBC total	FreeText		
Total neutrophils (%)	HANTAVIRLABCRLABRSLTDTLTOTNEUTROPHILIS	Total neutrophils (%)	FreeText		
Banded neutrophils (%)	HANTAVIRLABCRLABRSLTDTLBANDNEUTROPHIL	Banded neutrophils (%)	FreeText		
Lymphocytes (%)	HANTAVIRLABCRLABRSLTDTLLYMPHOCYTE	Lymphocytes (%)	FreeText		
Thoracic radiographs	HANTAVIRLABCRLABRSLTDTLTHORACICRADIO	Did patient have any thoracic radiographs taken?	FreeText		
Date	HANTAVIRLABCRLABRSLTDTLTHORACICRADIODT	Date of radiographs	Date (MM/DD/YYYY)		
Chief findings	HANTAVIRLABCRLABRSLTDTLFINDINGS	Chief findings of thoracic radiographs	FreeText		
Oxygen saturation < 90%	HANTAVIRLABCRLABRSLTDTLOXYSAT	Was patient's oxygen saturation less than 90% at any time?	DropDownList	Yes No Unknown	Y N U
Was an autopsy performed?	HANTAVIRLABCRLABRSLTDTLAUTOP	(If patient is deceased) Was an autopsy performed?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – HANTAVIRUS INFECTIONS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
EXPOSURES/RISK FACTORS					
DID THE PATIENT EXPERIENCE ANY OF THE FOLLOWING EVENTS DURING THE INCUBATION PERIOD?					
Enter confined space	HANTAVIREPICREXPRISKFACTENTRCFND	Did patient enter any confined or poorly ventilated spaces during the incubation period?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – HANTAVIRUS INFECTIONS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Date	HANTAVIREPICREXPRISKFACTENTRCFNDDT	If Yes, specify date	Date (MM/DD/YYYY)		
Location(s)	HANTAVIREPICREXPRISKFACTENTRCFNDLOC	Specify location(s)	FreeText		
Clean confined space	HANTAVIREPICREXPRISKFACTCLNCFND	Did patient do any cleaning of confined or poorly ventilated spaces during the incubation period?	DropDownList	Yes No Unknown	Y N U
Date	HANTAVIREPICREXPRISKFACTCLNCFNDDT	If Yes, specify date	Date (MM/DD/YYYY)		
Location(s)	HANTAVIREPICREXPRISKFACTCLNCFNDLOC	Specify location(s)	FreeText		
Observe rodents	HANTAVIREPICREXPRISKFACTOBSRODNT	Did patient observe rodents, rodent nests or droppings during the incubation period?	DropDownList	Yes No Unknown	Y N U
Date	HANTAVIREPICREXPRISKFACTOBSRODNTDT	If Yes, specify date	Date (MM/DD/YYYY)		
Location(s)	HANTAVIREPICREXPRISKFACTOBSRODNTLOC	Specify location(s)	FreeText		
Handle rodents	HANTAVIREPICREXPRISKFACTHNDRODNT	Did patient handle rodents, rodent nests or droppings during the incubation period?	DropDownList	Yes No Unknown	Y N U
Date	HANTAVIREPICREXPRISKFACTHNDRODNTDT	If Yes, specify date	Date (MM/DD/YYYY)		
Location(s)	HANTAVIREPICREXPRISKFACTHNDRODNTLOC	Specify location(s)	FreeText		
TRAVEL HISTORY					
Traveled outside U.S.	HANTAVIREPICRTRVHXTRAVOUTSIDEUS	Has the patient traveled outside the U.S. during the incubation period?	DropDownList	Yes No Unknown	Y N U
Travel outside of county	HANTAVIREPICRTRVHXTRAVOUTSIDECNTY	Did patient travel outside of county of residence during the incubation period?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – HANTAVIRUS INFECTIONS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Incubation period	HANTAVIREPICRTRVHXINCUBPERIOD	Incubation period (This value is automatically populated)	FreeText	30 days prior to illness onset	The value for this variable is not included in the DDP export.
TRAVEL HISTORY - DETAILS					
Location	TRVHXDTLLOCATION1 TRVHXDTLLOCATION2 TRVHXDTLLOCATION3	Specify location (city, county, state, country) of patient travel	FreeText		
Date travel started	TRVHXDTLSTARTDT1 TRVHXDTLSTARTDT2 TRVHXDTLSTARTDT3	Date travel started	Date (MM/DD/YYYY)		
Date travel ended	TRVHXDTLENDDT1 TRVHXDTLENDDT2 TRVHXDTLENDDT3	Date travel ended	Date (MM/DD/YYYY)		
REPORTING AGENCY					
Investigator name	REPAGENCYNAME	LHD Investigator name	FreeText		
Local health jurisdiction	REPAGENCYLHJUR	Local health jurisdiction	FreeText		
Telephone number	REPAGENCYPHONE	Telephone number of LHD investigator	FreeText		
Date	REPAGENCYDT	Date agency reported the case	Date (MM/DD/YYYY)		
First reported by	REPAGENCYREPORTEDBY	What reporting agency first reported the case?	DropDownList	Clinician Laboratory Other	CLI LAB OTH
If Other, specify	REPAGENCYREPORTEDBYSPFY	Specify other agency	FreeText		
EPIDEMIOLOGICAL LINKAGE					
Epi-linked to known case?	EPILINKKNOWNCASE	Epi-Linked to known case of hantavirus?	DropDownList	Yes No Unknown	Y N U
Contact name / Case #	EPILINKCONTNAMECASENUM	Contact name / case #	FreeText		

Hepatitis A

CLINICAL INFO – HEPATITIS A					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
REASONS FOR TESTING					
Reasons	HEPACLICRRSNTSTRSN_0 HEPACLICRRSNTSTRSN_1 HEPACLICRRSNTSTRSN_2 HEPACLICRRSNTSTRSN_3 HEPACLICRRSNTSTRSN_4	Reasons patient was tested for Hepatitis A	CheckBoxList (more than one choice is possible)	Symptoms of acute hepatitis	SYMPT
				Evaluation of liver enzymes	LFT
				Exposure to case	EXPOSE
				Unknown	UNK
				Other	OTH
If Other, specify	HEPACLICRRSNTSTRSNSPFY	Specify other reason(s)	FreeText		
SIGNS AND SYMPTOMS					
Symptomatic?	HEPACLICRSIGNSXSYMPTOMATIC	Does the patient have signs or symptoms compatible with Hepatitis A?	DropDownList	Yes	Y
				No	N
				Unknown	U
Symptoms	HEPACLICRSIGNSXSX_0 HEPACLICRSIGNSXSX_1 HEPACLICRSIGNSXSX_2 HEPACLICRSIGNSXSX_3 HEPACLICRSIGNSXSX_4 HEPACLICRSIGNSXSX_5 HEPACLICRSIGNSXSX_6 HEPACLICRSIGNSXSX_7 HEPACLICRSIGNSXSX_HEAD HEPACLICRSIGNSXSX_NAUS HEPACLICRSIGNSXSX_VOMIT HEPACLICRSIGNSXSX_11	Did the patient have any of the following symptoms associated with the illness?	CheckBoxList (more than one choice is possible)	Jaundice	JAUNDICE
				Dark Urine	URINE
				Diarrhea	DIAR
				Anorexia	ANOREX
				Abdominal Pain	ABDOM
				Clay stools	CLAY
				~~Fatigue (inactive)~~	~~FATIGUE~~
				Other	OTH
				Headache	HEAD
				Nausea	NAUS
				Vomiting	VOMIT
				Fever	FEVER
If Other, specify	HEPACLICRSIGNSXSXSPFY	If Other, specify	FreeText		
Date of onset for jaundice	This variable is not currently included in the DDP exports. The Export Values and VARIABLE will be updated as soon as the variable is added to the DDP.	Date of onset for jaundice	Date (MM/DD/YYYY)		
HOSPITALIZATION					

CLINICAL INFO – HEPATITIS A					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Patient visit ER?	HOSPER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U
Was patient hospitalized?	HOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
Total hospital nights	HOSPDAYSHOSP	If Yes, how many total hospital nights?	FreeText		
HOSPITALIZATION – DETAILS					
Hospital name	HOSPDTLNAME1 HOSPDTLNAME2 HOSPDTLNAME3	Name of facility where patient was hospitalized	FreeText		
Street address	HOSPDTLADDRESS1 HOSPDTLADDRESS2 HOSPDTLADDRESS3	Street address of hospital	FreeText		
City	HOSPDTLCITY1 HOSPDTLCITY2 HOSPDTLCITY3	City where hospital located	FreeText		
State	HOSPDTLSTATE1 HOSPDTLSTATE2 HOSPDTLSTATE3	State	FreeText		
Zip code	HOSPDTLZIPCODE1 HOSPDTLZIPCODE2 HOSPDTLZIPCODE3	Zip code	FreeText		
Telephone	HOSPDTLPHONE1 HOSPDTLPHONE2 HOSPDTLPHONE3	Telephone number for hospital	FreeText		
Admit date	HOSPDTLADMITDT1 HOSPDTLADMITDT2 HOSPDTLADMITDT3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge/transfer date	HOSPDTLDISCHDT1 HOSPDTLDISCHDT2 HOSPDTLDISCHDT3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		
Medical record number	HOSPDTLMRN1 HOSPDTLMRN2 HOSPDTLMRN3	Medical record number for patient	FreeText		

CLINICAL INFO – HEPATITIS A					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Discharge diagnosis	HOSPDTLDISCHDX1 HOSPDTLDISCHDX2 HOSPDTLDISCHDX3	What was the patient's final diagnosis at the time of discharge?	FreeText		
COMPLICATIONS AND OTHER SYMPTOMS					
Did patient die?	COMPOTHSXDIED	Did patient die?	DropDownList	Yes No Lost to follow-up	Y N L
VACCINATION HISTORY					
Patient immunized for disease?	HEPACLICRVACHXIMM	Has the patient been immunized for this disease?	DropDownList	Yes No Unknown	Y N U
Dose #1	HEPACLICRVACHXVAC1	Dose #1	DropDownList	Yes, documented Yes, alleged	D A
Date	HEPACLICRVACHXVAC1DT	Date of dose #1	Date (MM/DD/YYYY)		
Date Unknown	HEPACLICRVACHXVAC1DTUNK	Date of dose #1 unknown	CheckBox	Unchecked Checked	(blank) Y
Dose #2	HEPACLICRVACHXVAC2	Dose #2	DropDownList	Yes, documented Yes, alleged No Unknown	D A N U
Date	HEPACLICRVACHXVAC2DT	Date of dose #2	Date (MM/DD/YYYY)		
Date Unknown	HEPACLICRVACHXVAC2DTUNK	Date of dose #2 unknown	CheckBox	Unchecked Checked	(blank) Y
Comments	HEPACLICRVACHXCOMMENTS	Comments	Text Box		

LABORATORY INFO – HEPATITIS A					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
HEPATITIS A DIAGNOSIS TEST					

LABORATORY INFO – HEPATITIS A					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Anti-HAV IgM date	HEPALABCRDXTSTANTIHAVIGMDT	Date of Hepatitis A antibody IgM serologic test (anti-HAV IgM)	Date (MM/DD/YYYY)		
Anti-HAV IgM result	HEPALABCRDXTSTANTIHAVIGM	Result of Hepatitis A antibody IgM serologic test (anti-HAV IgM)	DropDownList	Positive	POS
				Negative	NEG
				Pending	PEN
				Not Done	NOT
				Unknown	UNK
				Borderline	BOR
Anti-HAV total date	HEPALABCRDXTSTANTIHAVDT	Date of Hepatitis A antibody total serologic test (anti-HAV total)	Date (MM/DD/YYYY)		
Genotype	HEPALABCRDXTSTANTIGENO	Genotype	Text Box		
Anti-HAV total result	HEPALABCRDXTSTANTIHAV	Result of Hepatitis A antibody total serologic test (anti-HAV total)	DropDownList	Positive	POS
				Negative	NEG
				Pending	PEN
				Not Done	NOT
				Unknown	UNK
				Borderline	BOR
OTHER VIRAL HEPATITIS DIAGNOSTIC TESTS					
HBsAg date	HEPALABCRDXTSTOTHHBSAGDT	Date of Hepatitis B surface antigen serologic test (HBsAg)	Date (MM/DD/YYYY)		
HBsAg result	HEPALABCRDXTSTOTHHBSAG	Result of Hepatitis B surface antigen serologic test (HBsAg)	DropDownList	Positive	POS
				Negative	NEG
				Pending	PEN
				Not Done	NOT
				Unknown	UNK
				Borderline	BOR
Anti-HBs date	HEPALABCRDXTSTOTHANTIHBSDT	Date of Hepatitis B surface antibody serologic test (anti-HBs)	Date (MM/DD/YYYY)		
Anti-HBs result	HEPALABCRDXTSTOTHANTIHBS	Result of Hepatitis B surface antibody serologic test (anti-HBs)	DropDownList	Positive	POS
				Negative	NEG
				Pending	PEN
				Not Done	NOT
				Unknown	UNK
				Borderline	BOR

LABORATORY INFO – HEPATITIS A					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Anti-HBc IgM date	HEPALABCRDXTSTOTHANTIHBCIGMDT	Date of Hepatitis B core IgM serologic test (anti-HBc IgM)	Date (MM/DD/YYYY)		
Anti-HBc IgM result	HEPALABCRDXTSTOTHANTIHBCIGM	Result of Hepatitis B core IgM serologic test (anti-HBc IgM)	DropDownList	Positive	POS
				Negative	NEG
				Pending	PEN
				Not Done	NOT
				Unknown	UNK
				Borderline	BOR
Anti-HBc total date	HEPALABCRDXTSTOTHANTIHBCDT	Date of Hepatitis B core antibody total serologic test (anti-HBc)	Date (MM/DD/YYYY)		
Anti-HBc total result	HEPALABCRDXTSTOTHANTIHBC	Result of Hepatitis B core antibody total serologic test (anti-HBc)	DropDownList	Positive	POS
				Negative	NEG
				Pending	PEN
				Not Done	NOT
				Unknown	UNK
				Borderline	BOR
Anti-HCV date	HEPALABCRDXTSTOTHANTIHCVDT	Date of Hepatitis C antibody serologic test (anti-HCV)	Date (MM/DD/YYYY)		
Anti-HCV result	HEPALABCRDXTSTOTHANTIHCV	Result of Hepatitis C antibody serologic test (anti-HCV)	DropDownList	Positive	POS
				Negative	NEG
				Indeterminate	IND
				Pending	PEN
				Not Done	NOT
				Unknown	UNK
LIVER ENZYME LEVELS AT DIAGNOSIS					
ALT [SGPT] date	DXLVRENZLEVALTSGPTDT	Date of ALT [SGPT] testing result	Date (MM/DD/YYYY)		
ALT [SGPT] result	DXLVRENZLEVALTSGPTRSLT	Result of ALT [SGPT] testing	FreeText		
Upper limit normal	DXLVRENZLEVALTSGPTUPPER	Upper limit normal	FreeText		
AST [SGOT] date	DXLVRENZLEVALTSGOTDT	Date of AST [SGOT] testing result	Date (MM/DD/YYYY)		
AST [SGOT] result	DXLVRENZLEVALTSGOTRSLT	Result of AST [SGOT] testing	FreeText		

LABORATORY INFO – HEPATITIS A					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Upper limit normal	DXLVRENZLEVALTSGOTUPPER	Upper limit normal	FreeText		
Bilirubin date	DXLVRENZLEVBILIRUBINDT	Date of measurement of bilirubin level	Date (MM/DD/YYYY)		
Bilirubin result	DXLVRENZLEVBILIRUBINRSLT	Result of bilirubin level	FreeText		

EPIDEMIOLOGIC INFO – HEPATITIS A					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
TRAVEL HISTORY					
Travel during incubation period	TRVHXIZBTRAVEL	Did patient travel during the incubation period?	DropDownList	Yes No Unknown	Y N U
Contact with travelers or visitors	TRVHXIZBCONTACT	Did the patient have contact with travelers or visitors during the incubation period?	DropDownList	Yes No Unknown	Y N U
TRAVEL HISTORY – DETAILS					
Travel type	TRVHXDTLType_1 TRVHXDTLType_2 TRVHXDTLType_3	Specify type of travel	RadioButtonList	Domestic International Unknown	DOM INT UNK
Location	TRVHXDTLLOCATION1 TRVHXDTLLOCATION2 TRVHXDTLLOCATION3	Specify location (city, county, state, country) of patient travel	FreeText		
Date travel started	TRVHXDTLSTARTDT1 TRVHXDTLSTARTDT2 TRVHXDTLSTARTDT3	Date travel started	Date (MM/DD/YYYY)		
Date travel ended	TRVHXDTLENDDT1 TRVHXDTLENDDT2 TRVHXDTLENDDT3	Date travel ended	Date (MM/DD/YYYY)		
RISK FACTOR INFORMATION					

EPIDEMIOLOGIC INFO – HEPATITIS A					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Contact of day care attendee	HEPAEPICROPTRISKFACTCONTDAYCARE	Was patient a household contact of a child or employee in a day care, nursery or preschool?	DropDownList	Yes No Unknown	Y N U
Contact of diapered child	HEPAEPICROPTRISKFACTCONTDIAPER	Was the patient a household contact of a child who wears diapers?	DropDownList	Yes No Unknown	Y N U
Internationally adopted child?	HEPAEPICROPTRISKFACTADOPTEE	If Yes, was the child internationally adopted?	DropDownList	Yes No Unknown	Y N U
Male sex partners	HEPAEPICROPTRISKFACTMALESEX	Did the patient have one or more male sex partners during the incubation period?	DropDownList	Yes No Unknown	Y N U
# male sex partners	HEPAEPICROPTRISKFACTMALESEXNUM	Number of male sex partners	FreeText		
Female sex partners	HEPAEPICROPTRISKFACTFEMALESEX	Did the patient have one or more female sex partners during the incubation period?	DropDownList	Yes No Unknown	Y N U
# female sex partners	HEPAEPICROPTRISKFACTFEMALESEXNUM	Number of female sex partners	FreeText		
Illicit drug use	HEPAEPICROPTRISKFACTIDU	Did patient engage in illicit drug use (injecting or non-injecting) during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	HEPAEPICROPTRISKFACTIDUSpcfy_INJ HEPAEPICROPTRISKFACTIDUSpcfy_NON	If illicit drugs were used, specify whether injected or not	CheckBoxList	Injection drug use Non-injection drug use	INJ NON
Homeless	HEPAEPICROPTRISKFACTHOMELESS	Was the patient homeless during the incubation period?	DropDownList	Yes No Unknown	Y N U
Was incarcerated in the last 12 months	HEPAEPICROPTRISKFACTInc	Was incarcerated in the last 12 months	DropDownList	Yes No Unknown	Y N U
Date of last incarceration	HEPAEPICROPTRISKFACTIncDt	Date of last incarceration	Date (MM/DD/YYYY)		
Other	HEPAEPICROPTRISKFACTOTHER	Describe any other risk factors during the incubation period	FreeText		
FOOD HISTORY					

EPIDEMIOLOGIC INFO – HEPATITIS A					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Consume food prepared outside home?	HEPAEPICRFOODHXOUTSIDEHOME	Did patient consume food or drink prepared outside the home during the incubation period?	DropDownList	Yes No Unknown	Y N U
Ate raw/undercooked shellfish	HEPAEPICRFOODHXSHELLFISH	Did the patient eat raw or undercooked shellfish?	DropDownList	Yes No Unknown	Y N U
FOOD HISTORY – OUTSIDE HOME					
Name of place	HEPAEPICRFOODHXDTLNAME1 HEPAEPICRFOODHXDTLNAME2 HEPAEPICRFOODHXDTLNAME3	Name of location where patient consumed food or drink prepared outside of the home	FreeText		
Location	HEPAEPICRFOODHXDTLLOCATION1 HEPAEPICRFOODHXDTLLOCATION2 HEPAEPICRFOODHXDTLLOCATION3	Location (city, state)	FreeText		
Date	HEPAEPICRFOODHXDTLDT1 HEPAEPICRFOODHXDTLDT2 HEPAEPICRFOODHXDTLDT3	Date food or drink was consumed	Date (MM/DD/YYYY)		
Items consumed	HEPAEPICRFOODHXDTLITEM1 HEPAEPICRFOODHXDTLITEM2 HEPAEPICRFOODHXDTLITEM3	Food or drink items consumed	FreeText		
FOOD HISTORY – GROCERIES (INCLUDE FARMER'S MARKET, DELIS, SWAP MEETS, ETC.)					
Store / Location	HEPAEPICRFOODHXGROCERYSTORE1 HEPAEPICRFOODHXGROCERYSTORE2 HEPAEPICRFOODHXGROCERYSTORE3	Name of store or location where patient purchased groceries	FreeText		
Address / Cross-streets	HEPAEPICRFOODHXGROCERYADDRESS1 HEPAEPICRFOODHXGROCERYADDRESS2 HEPAEPICRFOODHXGROCERYADDRESS3	Address / Cross-streets of store or location	FreeText		
City	HEPAEPICRFOODHXGROCERYCITY1 HEPAEPICRFOODHXGROCERYCITY2 HEPAEPICRFOODHXGROCERYCITY3	City	FreeText		
State	HEPAEPICRFOODHXGROCERYSTATE1 HEPAEPICRFOODHXGROCERYSTATE2 HEPAEPICRFOODHXGROCERYSTATE3	State	FreeText		
DETAILS					

EPIDEMIOLOGIC INFO – HEPATITIS A					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Names, dates, ages, address, etc.	HEPAEPICRDETAILSNOTES	Details including names, dates, ages, address, phone numbers, places, etc. of potential exposure to risk factors	Text Box		
DURING THE INFECTIOUS PERIOD					
Employed as food handler	HEPAEPICRINFECTPERIODFOODHAND	Was the case employed as a foodhandler during the infectious period?	DropDownList	Yes No Unknown	Y N U
Prepare food at gathering	HEPAEPICRINFECTPERIODFOODPREP	Did the case prepare food at any public or private gatherings during the infectious period?	DropDownList	Yes No Unknown	Y N U
Employed as health care worker	HEPAEPICRINFECTPERIODHEALTHEMP	Was case employed as a health care worker with direct patient contact during the infectious period?	DropDownList	Yes No Unknown	Y N U
Institutionalized setting	HEPAEpiCRInfectPeriodInstEE	Was the case a resident, employee, or volunteer in an institutionalized setting (nursing home, jail, homeless shelter, etc.) during the infectious period?	DropDownList	Yes No Unknown	Y N U
Employee of child care center	HEPAEPICRINFECTPERIODATTENDDAY	Was the case an attendee or employee of a child care center, nursery or preschool during the infectious period?	DropDownList	Yes No Unknown	Y N U
Childcare setting	HEPAEpiCRInfectPeriodSensSet	Was the case in any other sensitive settings during the infectious period?	DropDownList	Yes No Unknown	Y N U
Job description, dates worked	HEPAEPICRINFECTPERIODNOTES	If Yes, provide job description, dates worked during communicable period, supervisor's name and phone number, etc.	Text Box		
CONTROL MEASURES					

EPIDEMIOLOGIC INFO – HEPATITIS A					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
PEP	This variable is not currently included in the DDP exports. The Export Values and VARIABLE will be updated as soon as the variable is added to the DDP.	Were household members or other contacts provided with postexposure prophylaxis?	DropDownList	Yes No Unknown	
# that received vaccine	This variable is not currently included in the DDP exports. The Export Values and VARIABLE will be updated as soon as the variable is added to the DDP.	# of household members or contacts that received vaccine	FreeText		
# that received IG	This variable is not currently included in the DDP exports. The Export Values and VARIABLE will be updated as soon as the variable is added to the DDP.	# of household members or contacts that received IG	FreeText		
SYSTEM CONTACT EXPOSURE INFORMATION **(does not currently export from DDP)**					
First date of contact	HEPAEXPEpiCRCTFIRSTCONTDT	First date of contact	Date (MM/DD/YYYY)		
Last date of contact	HEPAEXPEpiCRCTLASTCONTDT	Last date of contact	Date (MM/DD/YYYY)		
Ongoing exposure	HEPAEXPEpiCRCTONGOINGEXP	Ongoing exposure	CheckBox	(Checked)	Y
Same household	HEPAEPICRCTSAMEHH	Same household	DropDownList	Yes No Unknown	Y N U
Relationship	HEPAEPICRCTRELATIONSHIP	Relationship	FreeText		
Vax history	HEPAEXPEpiCRCTVACHX	Vaccination history	DropDownList	0 doses 1 dose 2 or more doses Unknown	DOSE0 DOSE1 DOSE2PLUS UNK
Last useful PEP date	HEPAEXPEpiCRCTLASTPEPDT	Last useful PEP date (2 weeks after last exposure date)	Date (MM/DD/YYYY)		
IG administered	HEPAEXPEpiCRCTIGPEP	IG administered as prophylaxis	DropDownList	Yes No Unknown	Y N U
If yes, date	HEPAEPICRCTIGPEPDt	If yes, date IG administered	Date (MM/DD/YYYY)		
Vax administered	HEPAEXPEpiCRCTVACPEP	Vaccine administered as prophylaxis	DropDownList	Yes No Unknown	Y N U
If yes, date	HEPAEPICRCTVACPEPDt	If yes, date vaccine administered	Date (MM/DD/YYYY)		

EPIDEMIOLOGIC INFO – HEPATITIS A					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Reason PEP not given	HEPAEXPEpiCRCTRSNNOPEP	Reason PEP not given	DropDownList	Refused PEP not recommended Not within PEP window Immune (vaccinated or prior disease) PEP not available Contact never located Other Unknown	REFUSED PEPNOTREC NOTPEPWIND IMMUNE PEPNOTAVLB CONTNOTLOC OTH UNK
If symptomatic, date of onset	HEPAEPICRCTONSETDT	If symptomatic, specify date of illness onset	Date (MM/DD/YYYY)		
Notes	HEPAEXPEpiCRCTNOTES	Notes	FreeText		
EPIDEMIOLOGICAL LINKAGE					
Epi-linked to known case?	EPILINKKNOWNCASE	Epi-Linked to known case of Hepatitis A?	DropDownList	Yes No Unknown	Y N U
Contact name / Case #	EPILINKCONTNAMECASENUM	Contact name / case #	FreeText		
OUTBREAK					
Part of known outbreak?	OBPARTOF	Is this case part of a known Hepatitis A outbreak?	DropDownList	Yes No Unknown	Y N U
Extent of outbreak	OBEXTENTOF_1 OBEXTENTOF_2 OBEXTENTOF_3 OBEXTENTOF_4 OBEXTENTOF_5 OBEXTENTOF_6	If Yes, what is the extent of the outbreak?	CheckBoxList (more than one choice is possible)	One CA jurisdiction Multiple CA jurisdictions Multistate International Unknown Other	ONEJUR MULJUR MULSTAT INTR UNK OTH
If Other, specify	OBEXTENTOFSPFY	Specify other extent of outbreak	FreeText		
Mode of transmission	OBTRANSMOD_1 OBTRANSMOD_2 OBTRANSMOD_3 OBTRANSMOD_4	What is the mode of transmission for the Hepatitis A outbreak?	CheckBoxList (more than one choice is possible)	Point source Person-to-person Unknown Other	SRC P2P UNK OTH

EPIDEMIOLOGIC INFO – HEPATITIS A					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Other, specify	OBTRANSMODSPFY	Specify other mode of transmission	FreeText		
Vehicle of outbreak	OBVEHICLE	What is the vehicle of the Hepatitis A outbreak?	FreeText		
Pattern 1 ID	OBPAT1IDNUM	Pattern 1 ID number	FreeText		
Pattern 2 ID	OBPAT2IDNUM	Pattern 2 ID number	FreeText		

Hepatitis A (Exposure)

PEP INFO – HEPATITIS A (EXPOSURE) *Note: currently not available as DDP export					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
PEP Info					
First date of contact	HEPAEXPEpiCRCTFIRSTCONTDT	First date of contact	Date (MM/DD/YYYY)		
Last date of contact	HEPAEXPEpiCRCTLASTCONTDT	Last date of contact	Date (MM/DD/YYYY)		
Ongoing exposure	HEPAEXPEpiCRCTONGOINGEXP	Ongoing exposure	CheckBox	Checked	Y
Vaccination history	HEPAEXPEpiCRCTVACHX	Vaccination history	DropDownList	0 doses	DOSE0
				1 dose	DOSE1
				2 more more doses	DOSE2PLUS
				Unknown	UNK
Last useful PEP date	HEPAEXPEpiCRCTLASTPEPDT	Last useful PEP date (2 weeks after last exposure date)	Date (MM/DD/YYYY)		
IG administered as prophylaxis	HEPAEXPEpiCRCTIGPEP	IG administered as prophylaxis	DropDownList	Yes No Unknown	Y N U
Vaccine administered as prophylaxis	HEPAEXPEpiCRCTVACPEP	Vaccine administered as prophylaxis	DropDownList	Yes No Unknown	Y N U
Reason PEP not given	HEPAEXPEpiCRCTRSNNOPEP	Reason PEP not given	DropDownList	Refused	REFUSED
				PEP not recommended	PEPNOTREC
				Not within PEP window	NOTPEPWIND
				Immune (vaccinated or prior disease)	IMMUNE
				PEP not available	PEPNOTAVLB
				Contact never located	CONTNOTLOC
				Other	OTH
				Unknown	UNK
If symptomatic, specify date of illness onset	HEPAEXPEpiCRCTONSETDT	If symptomatic, specify date of illness onset	Date (MM/DD/YYYY)		
Notes	HEPAEXPEpiCRCTNOTES	Notes	FreeText		

Hepatitis B (Perinatal Case)

CLINICAL INFO – HEPATITIS B (PERINATAL CASE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
REASONS FOR TESTING					
Reasons for testing	HEPBPNCLICRRSNRSN_1 HEPBPNCLICRRSNRSN_2 HEPBPNCLICRRSNRSN_3 HEPBPNCLICRRSNRSN_4 HEPBPNCLICRRSNRSN_5	Reasons case was tested for Perinatal Hepatitis B	CheckBoxList (more than one choice is possible)	Postvacc. serologic testing	POSSER
				Evaluation of liver enzymes	EVALLIV
				Symptoms of acute hepatitis	ACHEP
				Unknown	UNK
				Other	OTH
If Other, specify	HEPBPNCLICRRSNRSNSPFY	If Other, specify	FreeText		
Perinatal Hep B Prevention Program?	HEPBPNCLICRRSNINFENROL	Was infant enrolled in California's Perinatal Hep B Prevention Program?	DropDownList	Yes No Unknown	Y N U
If No, specify why not enrolled?	HEPBPNCLICRRSNINFENROLSPFY	If No, specify why not enrolled?	FreeText		
If Yes, specify PHPP ID	HEPBPNCLICRRSNINFENROLSPFY2	If Yes, specify PHPP ID	FreeText		
SIGNS AND SYMPTOMS					
Symptomatic?	HEPBPNCLICRSIGNSXSYMPTOMATIC	Does the patient have signs or symptoms compatible with Perinatal Hepatitis B?	DropDownList	Yes No Unknown	Y N U
Symptoms	HEPBPNCLICRSIGNSXSX_1 HEPBPNCLICRSIGNSXSX_2 HEPBPNCLICRSIGNSXSX_3 HEPBPNCLICRSIGNSXSX_4 HEPBPNCLICRSIGNSXSX_5 HEPBPNCLICRSIGNSXSX_6 HEPBPNCLICRSIGNSXSX_7 HEPBPNCLICRSIGNSXSX_8	Did the patient have any of the following symptoms associated with the illness?	CheckBoxList (more than one choice is possible)	Jaundice	JAUNDICE
				Dark Urine	URINE
				Diarrhea	DIAR
				Anorexia	ANOREX
				Abdominal Pain	ABDOM
				Clay stools	CLAY
				Fatigue	FATIGUE
				Other	OTH
If Other, specify	HEPBPNCLICRSIGNSXSXSPFY	If Other, specify	FreeText		
BIRTH FACILITY					

CLINICAL INFO – HEPATITIS B (PERINATAL CASE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Born in hospital?	HEPBPNCLICRBIRTHBORNIN	Was patient born in a hospital, birth center or other facility?	DropDownList	Yes No Unknown	Y N U
BIRTH FACILITY – DETAILS					
Birth facility name	HEPBPNCLICRBIRTHDTLNAME	Name of facility where patient was born	FreeText		
Street address	HEPBPNCLICRBIRTHDTLADDRESS	Street address of birth facility	FreeText		
City	HEPBPNCLICRBIRTHDTLCITY	City where birth facility located	FreeText		
State	HEPBPNCLICRBIRTHDTLSTATE	State	FreeText		
Zip code	HEPBPNCLICRBIRTHDTLZIPCODE	Zip code	FreeText		
Telephone #	HEPBPNCLICRBIRTHDTLPHONE	Telephone number for birth facility	FreeText		
HOSPITALIZATION					
Visit ER for illness?	HOSPER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U
Was patient hospitalized?	HOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
Total hospital nights	HOSPDAYSHOSP	If Yes, how many total hospital nights?	FreeText		
HOSPITALIZATION – DETAILS					
Hospital name	HOSPDTLNAME1 HOSPDTLNAME2 HOSPDTLNAME3	Name of facility where patient was hospitalized	FreeText		
Street address	HOSPDTLADDRESS1 HOSPDTLADDRESS2 HOSPDTLADDRESS3	Street address of hospital	FreeText		

CLINICAL INFO – HEPATITIS B (PERINATAL CASE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
City	HOSPDTLCITY1 HOSPDTLCITY2 HOSPDTLCITY3	City where hospital located	FreeText		
State	HOSPDTLSTATE1 HOSPDTLSTATE2 HOSPDTLSTATE3	State	FreeText		
Zip code	HOSPDTLZIPCODE1 HOSPDTLZIPCODE2 HOSPDTLZIPCODE3	Zip code	FreeText		
Telephone	HOSPDTLPHONE1 HOSPDTLPHONE2 HOSPDTLPHONE3	Telephone number for hospital	FreeText		
Admit date	HOSPDTLADMITDT1 HOSPDTLADMITDT2 HOSPDTLADMITDT3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge/transfer date	HOSPDTLDISCHDT1 HOSPDTLDISCHDT2 HOSPDTLDISCHDT3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		
Medical record number	HOSPDTLMRN1 HOSPDTLMRN2 HOSPDTLMRN3	Medical record number for patient	FreeText		
Discharge diagnosis	HOSPDTLDISCHDX1 HOSPDTLDISCHDX2 HOSPDTLDISCHDX3	What was the patient's final diagnosis at the time of discharge?	FreeText		
COMPLICATIONS AND OTHER SYMPTOMS					
Fulminant hepatitis B?	HEPBPNCLICRCOMPOTHSXFHEPB	Did patient develop fulminant hepatitis B?	DropDownList	Yes No Unknown	Y N U
Did patient die?	HEPBPNCLICRCOMPOTHSXDIED	Did patient die?	DropDownList	Yes No Lost to follow-up	Y N L
VACCINATION HISTORY					
Did patient receive HBIG?	HEPBPNCLICRVACMEDHXHBIG	Did this patient receive HBIG (Hepatitis B immune globulin)?	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – HEPATITIS B (PERINATAL CASE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Date	HEPBPNCLICRVACMEDHXHBIGDT	Date received HBIG	Date (MM/DD/YYYY)		
Date unknown	HEPBPNCLICRVACMEDHXHBIGDTUNK	Date HBIG received unknown	CheckBoxList	Unchecked Checked	(blank) DTUNK
Age in hours HBIG received	HEPBPNCLICRVACMEDHXHBIGAGEHRS	Age in hours HBIG received (if ≤ 24)	FreeText		
Dose #1	HEPBPNCLICRVACMEDHXVAC1	Dose #1	DropDownList	Yes No Unknown	Y N U
Date	HEPBPNCLICRVACMEDHXVAC1DT	Date of dose #1	Date (MM/DD/YYYY)		
Date unknown	HEPBPNCLICRVACMEDHXVAC1DTUNK	Date of dose #1 unknown	CheckBoxList	Unchecked Checked	(blank) DTUNK
Age in hours dose #1 received	HEPBPNCLICRVACMEDHXVAC1AGEHRS	Age in hours dose #1 received (if < 24 hours)	FreeText		
Dose #2	HEPBPNCLICRVACMEDHXVAC2	Dose #2	DropDownList	Yes No Unknown	Y N U
Date	HEPBPNCLICRVACMEDHXVAC2DT	Date of dose #2	Date (MM/DD/YYYY)		
Date unknown	HEPBPNCLICRVACMEDHXVAC2DTUNK	Date of dose #2 unknown	CheckBoxList	Unchecked Checked	(blank) DTUNK
Dose #3	HEPBPNCLICRVACMEDHXVAC3	Dose #3	DropDownList	Yes No Unknown	Y N U
Date	HEPBPNCLICRVACMEDHXVAC3DT	Date of dose #3	Date (MM/DD/YYYY)		
Date unknown	HEPBPNCLICRVACMEDHXVAC3DTUNK	Date of dose #3 unknown	CheckBoxList	Unchecked Checked	(blank) DTUNK
Dose #4	HEPBPNCLICRVACMEDHXVAC4	Dose #4 (if applicable)	DropDownList	Yes No Unknown Not applicable	Y N U NA
Date	HEPBPNCLICRVACMEDHXVAC4DT	Date of dose #4	Date (MM/DD/YYYY)		
Date unknown	HEPBPNCLICRVACMEDHXVAC4DTUNK	Date of dose #4 unknown	CheckBoxList	Unchecked Checked	(blank) DTUNK

CLINICAL INFO – HEPATITIS B (PERINATAL CASE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Comments	HEPBPNCLICRVACMEDHXCOMMENTS	Comments	Text Box		

LABORATORY INFO – HEPATITIS B (PERINATAL CASE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
HEPATITIS B DIAGNOSTIC TESTS					
HBsAg date	HEPBPNLABCRDXTSTHBSAGDT	Date of Hepatitis B surface antigen serologic test (HBsAg)	Date (MM/DD/YYYY)		
HBsAg result	HEPBPNLABCRDXTSTHBSAGRSLT	Result of Hepatitis B surface antigen serologic test (HBsAg)	DropDownList	Positive Negative Pending Not Done Unknown Borderline	POS NEG PEN NOT UNK BOR
Anti-HBs date	HEPBPNLABCRDXTSTANTIHBSDT	Date of Hepatitis B surface antibody serologic test (anti-HBs)	Date (MM/DD/YYYY)		
Anti-HBs result	HEPBPNLABCRDXTSTANTIHBSRSLT	Result of Hepatitis B surface antibody serologic test (anti-HBs)	DropDownList	Positive Negative Pending Not Done Unknown Borderline	POS NEG PEN NOT UNK BOR
Anti-HBc total date	HEPBPNLABCRDXTSTANTIHBCDT	Date of Hepatitis B core antibody total serologic test (anti-HBc)	Date (MM/DD/YYYY)		
Anti-HBc total result	HEPBPNLABCRDXTSTANTIHBCTOTRSLT	Result of Hepatitis B core antibody total serologic test (anti-HBc)	DropDownList	Positive Negative Pending Not Done Unknown Borderline	POS NEG PEN NOT UNK BOR
Anti-HBc IgM date	HEPBPNLABCRDXTSTANTIHBCIGMDT	Date of Hepatitis B core IgM serologic test (anti-HBc IgM)	Date (MM/DD/YYYY)		
Anti-HBc IgM result	HEPBPNLABCRDXTSTANTIHBCIGMRSLT	Result of Hepatitis B core IgM serologic test (anti-HBc IgM)	DropDownList	Positive Negative Pending Not Done Unknown Borderline	POS NEG PEN NOT UNK BOR
HBV DNA (Quant.) date	This variable is not currently included in the DDP exports. The Export Values and VARIABLE will be updated as soon as the variable is added to the DDP.	Date of Hepatitis B Virus DNA Quantitative test (HBV DNA)	Date (MM/DD/YYYY)		

LABORATORY INFO – HEPATITIS B (PERINATAL CASE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
HBV DNA result (IU/ml)	This variable is not currently included in the DDP exports. The Export Values and VARIABLE will be updated as soon as the variable is added to the DDP.	Result of Hepatitis B Virus DNA Quantitative test (IU/ml)	FreeText		
HBV DNA (Qual.) date	This variable is not currently included in the DDP exports. The Export Values and VARIABLE will be updated as soon as the variable is added to the DDP.	Date of Hepatitis B Virus DNA Qualitative test (HBV DNA)	Date (MM/DD/YYYY)		
HBV DNA Result (Qual)	This variable is not currently included in the DDP exports. The Export Values and VARIABLE will be updated as soon as the variable is added to the DDP.	Result of Hepatitis B Virus DNA Qualitative test (HBV DNA)	DropDownList	Detected Not detected Pending Not Done Unknown	
HBeAg date	HEPBPNLABCRDXTSTHBEAGDT	Date of Hepatitis B “e” antigen serologic test (HBeAg)	Date (MM/DD/YYYY)		
HBeAg result	HEPBPNLABCRDXTSTHBEAGRSLT	Result of Hepatitis B “e” antigen serologic test (HBeAg)	DropDownList	Positive Negative Pending Not Done Unknown Borderline	POS NEG PEN NOT UNK BOR
Anti-HBe date	HEPBPNLABCRDXTSTANTIHBEDT	Date of antibody to Hepatitis B “e” antigen test (Anti-HBe)	Date (MM/DD/YYYY)		
Anti-HBe result	HEPBPNLABCRDXTSTANTIHBERSLT	Result of antibody to Hepatitis B “e” antigen test (Anti-HBe)	DropDownList	Positive Negative Pending Not Done Unknown Borderline	POS NEG PEN NOT UNK BOR
OTHER LAB TESTS – DETAILS					
Other lab test performed	HEPBPNLABCROTHTSTDTLPERFORMED1 HEPBPNLABCROTHTSTDTLPERFORMED2 HEPBPNLABCROTHTSTDTLPERFORMED3	If other lab tests were performed, please list.	FreeText		
Other lab test date	HEPBPNLABCROTHTSTDTLDT1 HEPBPNLABCROTHTSTDTLDT2 HEPBPNLABCROTHTSTDTLDT3	Date of other lab test	Date (MM/DD/YYYY)		

LABORATORY INFO – HEPATITIS B (PERINATAL CASE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Other lab test result	HEPBPNLABCROTHTSTDTLRSLT1 HEPBPNLABCROTHTSTDTLRSLT2 HEPBPNLABCROTHTSTDTLRSLT3	Result of other lab test	DropDownList	Positive Negative Pending Not Done Unknown Borderline	POS NEG PEN NOT UNK BOR
LIVER ENZYME LEVELS AT DIAGNOSIS					
ALT [SGPT] date	DXLVRENZLEVALTSGPTDT	Date of ALT [SGPT] testing result	Date (MM/DD/YYYY)		
ALT [SGPT] result	DXLVRENZLEVALTSGPTRSLT	Result of ALT [SGPT] testing	FreeText		
Upper limit normal	DXLVRENZLEVALTSGPTUPPER	Upper limit normal	FreeText		
AST [SGOT] date	DXLVRENZLEVALTSGOTDT	Date of AST [SGOT] testing result	Date (MM/DD/YYYY)		
AST [SGOT] result	DXLVRENZLEVALTSGOTRSLT	Result of AST [SGOT] testing	FreeText		
Upper limit normal	DXLVRENZLEVALTSGOTUPPER	Upper limit normal	FreeText		
Bilirubin date	DXLVRENZLEVBILIRUBINDT	Date of measurement of bilirubin level	Date (MM/DD/YYYY)		
Bilirubin result	DXLVRENZLEVBILIRUBINRSLT	Result of bilirubin level	FreeText		

EPIDEMIOLOGIC INFO – HEPATITIS B (PERINATAL CASE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
MOTHER'S INFORMATION					
Mother's ethnicity	MOMINFOMOMSETHNICITY	Mother's ethnicity	DropDownList	Hispanic/Latino Non-Hispanic/Non-Latino Unknown	1 2 9
Mother's race	MOMINFOMOMSRACE_1 MOMINFOMOMSRACE_2 MOMINFOMOMSRACE_3	Mother's race	CheckBoxList (more than one	Asian Black/African-American Native Am./Alaskan Native	A B NAAN

EPIDEMIOLOGIC INFO – HEPATITIS B (PERINATAL CASE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
	MOMINFOMOMSRACE_4 MOMINFOMOMSRACE_5 MOMINFOMOMSRACE_6 MOMINFOMOMSRACE_7		choice is possible)	Pacific Islander White Unknown Other	PI W UNK OTH
If other, specify	MOMINFOMOMRACEOTH	Specify other race (of mother)	FreeText		
If Asian or Pacific Islander, specify	MOMINFOASIANPACIFI_1 MOMINFOASIANPACIFI_2 MOMINFOASIANPACIFI_3 MOMINFOASIANPACIFI_4 MOMINFOASIANPACIFI_5 MOMINFOASIANPACIFI_6 MOMINFOASIANPACIFI_7 MOMINFOASIANPACIFI_8 MOMINFOASIANPACIFI_9 MOMINFOASIANPACIFI_10 MOMINFOASIANPACIFI_11 MOMINFOASIANPACIFI_12 MOMINFOASIANPACIFI_13 MOMINFOASIANPACIFI_14	If Mother is Asian or Pacific Islander, specify race	CheckBoxList (more than one choice is possible)	Asian Indian Cambodian Chinese Filipino Hmong Japanese Korean Laotian Thai Vietnamese Native Hawaiian Guamanian Samoan Other	AI CAM CHI FIL HMO JAP KOR LAO THA VIE NH GUA SAM OTH
If other, specify	MOMINFOASIANPACIFIOTH	Specify other Asian or Pacific Islander race	FreeText		
Mother's country of birth	MOMINFOMOMSBDCOUNTRY	Mother's country of birth	DropDownList	USA Other Unknown	USA OTH UNK
If other, specify	MOMINFOMOMSBDCOUNTRYOTH	Specify other country of birth (of mother)	FreeText		
Mother confirmed HBsAg-positive	MOMINFOCONFHBSAGPRIOR	Was mother confirmed HBsAg-positive PRIOR TO or AT delivery?	DropDownList	Yes No Unknown	Y N U
Mother confirmed HBsAg-positive AFTER delivery?	MOMINFOCONFHBSAGAFTR	Was mother confirmed HBsAg-positive AFTER delivery?	DropDownList	Yes No Unknown	Y N U
MOTHER'S HEPATITIS B DIAGNOSTIC TESTS					
HBsAg date	MOMSHEPBDXTSTHBSAGDT	Date of Hepatitis B surface antigen serologic test (HBsAg)	Date (MM/DD/YYYY)		

EPIDEMIOLOGIC INFO – HEPATITIS B (PERINATAL CASE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
HBsAg result	MOMSHEPBDXTSTHBSAGRSLT	Result of Hepatitis B surface antigen serologic test (HBsAg)	DropDownList	Positive	POS
				Negative	NEG
				Indeterminate	IND
				Pending	PEN
				Not Done	NOT
				Unknown	UNK
HBeAg date	MOMSHEPBDXTSTHBEAGDT	Date of Hepatitis B “e” antigen serologic test (HBeAg)	Date (MM/DD/YYYY)		
HBeAg result	MOMSHEPBDXTSTHBEAGRSLT	Result of Hepatitis B “e” antigen serologic test (HBeAg)	DropDownList	Positive	POS
				Negative	NEG
				Indeterminate	IND
				Pending	PEN
				Not Done	NOT
				Unknown	UNK
Anti-HBe date	MOMSHEPBDXTSTANTIHBEDT	Date of antibody to Hepatitis B “e” antigen test (Anti-HBe)	Date (MM/DD/YYYY)		
Anti-HBe result	MOMSHEPBDXTSTANTIHBERSLT	Result of antibody to Hepatitis B “e” antigen test (Anti-HBe)	DropDownList	Positive	POS
				Negative	NEG
				Indeterminate	IND
				Pending	PEN
				Not Done	NOT
				Unknown	UNK
HBV DNA date	MOMSHEPBDXTSTHBVDNADT	Date of Hepatitis B Virus DNA test (HBV DNA)	Date (MM/DD/YYYY)		
HBV DNA result	MOMSHEPBDXTSTHBVDNARSLT	Result of Hepatitis B Virus DNA test (HBV DNA)	FreeText		
Other lab test performed?	MOMSHEPBDXTSTOTHLAB	Were other additional lab tests performed?	DropDownList	Yes	Y
				No	N
				Unknown	U
If Yes, specify	MOMSHEPBDXTSTOTHLABSPFY	Specify other lab test performed	FreeText		
Other lab test date	MOMSHEPBDXTSTOTHLABTSTDT	Date of other lab test	Date (MM/DD/YYYY)		
Other lab test result	MOMSHEPBDXTSTOTHTSTRSLT	Result of other lab test	DropDownList	Positive	POS
				Negative	NEG
				Indeterminate	IND
				Pending	PEN

EPIDEMIOLOGIC INFO – HEPATITIS B (PERINATAL CASE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				Not Done	NOT
				Unknown	UNK
Mother receive antiviral treatment?	MOMSHEPBDXTSTVIRALTRTMNT	Did mother receive antiviral treatment (e.g., lamivudine) or HBIG during pregnancy?	DropDownList	Yes No Unknown	Y N U
Type of treatment	MOMSHEPBDXTSTTRTMNTTYP	Type of treatment	FreeText		
Notes	MOMSHEPBDXTSTNOTES	Notes	Text Box		

Hepatitis B, Acute

CLINICAL INFO – HEPATITIS B, ACUTE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
REASON FOR TESTING					
Reasons	HEPBCLICRRSNTSTRSN_0 HEPBCLICRRSNTSTRSN_1 HEPBCLICRRSNTSTRSN_2 HEPBCLICRRSNTSTRSN_3 HEPBCLICRRSNTSTRSN_4 HEPBCLICRRSNTSTRSN_5	Reasons case was tested for Acute Hepatitis B	CheckBoxList (more than one choice is possible)	Symptoms of acute hepatitis	ACUTEHEP
				Evaluation of liver enzymes	LIVERN
				Exposure to case	EXPTOCASE
				Prenatal screening	PRENATSCRN
				Unknown	UNK
				Other	OTH
If Other, specify	HEPBCLICRRSNTSTRSNSPFY	If Other, specify	FreeText		
SIGNS AND SYMPTOMS					
Symptomatic?	HEPBCLICRSIGNSXSYMPTOMATIC	Does the patient have signs or symptoms compatible with Acute Hepatitis B?	DropDownList	Yes No Unknown	Y N U
Symptoms	HEPBCLICRSIGNSXSX_0 HEPBCLICRSIGNSXSX_1 HEPBCLICRSIGNSXSX_2 HEPBCLICRSIGNSXSX_3 HEPBCLICRSIGNSXSX_4 HEPBCLICRSIGNSXSX_5 HEPBCLICRSIGNSXSX_6 HEPBCLICRSIGNSXSX_7	Did the patient have any of the following symptoms associated with the illness?	CheckBoxList (more than one choice is possible)	Jaundice	JAUND
				Dark Urine	DURINE
				Diarrhea	DIARR
				Anorexia	ANOREX
				Abdominal Pain	ABPAIN
				Clay stools	CLAYSTOL
				Fatigue	FATIG
				Other	OTH
If Other, specify	HEPBCLICRSIGNSXSXSPFY	If Other, specify	FreeText		
HOSPITALIZATION					
Visit ER for illness?	HOSPER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U
Was patient hospitalized?	HOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – HEPATITIS B, ACUTE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Total hospital nights	HOSPDAYSHOSP	If Yes, how many total hospital nights?	FreeText		
HOSPITALIZATION – DETAILS					
Hospital name	HOSPDTLNAME1 HOSPDTLNAME2 HOSPDTLNAME3	Name of facility where patient was hospitalized	FreeText		
Street address	HOSPDTLADDRESS1 HOSPDTLADDRESS2 HOSPDTLADDRESS3	Street address of hospital	FreeText		
City	HOSPDTLCITY1 HOSPDTLCITY2 HOSPDTLCITY3	City where hospital located	FreeText		
State	HOSPDTLSTATE1 HOSPDTLSTATE2 HOSPDTLSTATE3	State	FreeText		
Zip code	HOSPDTLZIPCODE1 HOSPDTLZIPCODE2 HOSPDTLZIPCODE3	Zip code	FreeText		
Telephone	HOSPDTLPHONE1 HOSPDTLPHONE2 HOSPDTLPHONE3	Telephone number for hospital	FreeText		
Admit date	HOSPDTLADMITDT1 HOSPDTLADMITDT2 HOSPDTLADMITDT3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPDTLDISCHDT1 HOSPDTLDISCHDT2 HOSPDTLDISCHDT3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		
Medical record number	HOSPDTLMRN1 HOSPDTLMRN2 HOSPDTLMRN3	Medical record number for patient	FreeText		
Discharge diagnosis	HOSPDTLDISCHDX1 HOSPDTLDISCHDX2 HOSPDTLDISCHDX3	What was the patient's final diagnosis at the time of discharge?	FreeText		
COMPLICATIONS AND OTHER SYMPTOMS					

CLINICAL INFO – HEPATITIS B, ACUTE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Did patient die?	COMPOTHSXDIED	Did patient die?	DropDownList	Yes No Lost to follow-up	Y N L
VACCINATION HISTORY					
Immunized for Hepatitis B?	HEPBCLICRVACHXIMMHEPB	Has the patient been immunized for Hepatitis B?	DropDownList	Yes No Unknown	Y N U
Type of vaccine administered	HEPBCLICRVACHXVACTYPEHEPB	What type of vaccine administered?	FreeText		
Dose #1	HEPBCLICRVACHXVAC1HEPB	Dose #1	DropDownList	Yes, documented Yes, alleged	D A
Date	HEPBCLICRVACHXVAC1DTHEPB	Date of dose #1	Date (MM/DD/YYYY)		
Date unknown	HEPBCLICRVACHXVAC1DTUNKHEPB	Date of dose #1 unknown	CheckBox	Unchecked Checked	(blank) Y
Dose #2	HEPBCLICRVACHXVAC2HEPB	Dose #2	DropDownList	Yes, documented Yes, alleged No Unknown	D A N U
Date	HEPBCLICRVACHXVAC2DTHEPB	Date of dose #2	Date (MM/DD/YYYY)		
Date unknown	HEPBCLICRVACHXVAC2DTUNKHEPB	Date of dose #2 unknown	CheckBox	Unchecked Checked	(blank) Y
Dose #3	HEPBCLICRVACHXVAC3HEPB	Dose #3	DropDownList	Yes, documented Yes, alleged No Unknown	D A N U
Date	HEPBCLICRVACHXVAC3DTHEPB	Date of dose #3	Date (MM/DD/YYYY)		
Date unknown	HEPBCLICRVACHXVAC3DTUNKHEPB	Date of dose #3 unknown	CheckBox	Unchecked Checked	(blank) Y
If ≤ 18, why not vaccinated?	HEPBCLICRVACHXRSNNOTVAC	If ≤ 18 Years, specify why not vaccinated?	FreeText		
Tested for anti-HBs?	HEPBCLICRVACHXANTIHBTST	Tested for anti-HBs within 1-2 months after last dose?	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – HEPATITIS B, ACUTE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Serum anti-HBs ≥ 10 mIU/ml?	HEPBCLICRVACHXANTIHBTSTSERUM	If Yes, was serum anti-HBs ≥ 10 mIU/ml?	DropDownList	Yes No Unknown	Y N U
Immunized for Hepatitis A?	HEPBCLICRVACHXIMMHEPA	Has the patient been immunized for Hepatitis A?	DropDownList	Yes No Unknown	Y N U
Type of vaccine administered	HEPBCLICRVACHXVACTYPEHEPA	What type of vaccine administered?	FreeText		
Dose #1	HEPBCLICRVACHXVAC1HEPA	Dose #1	DropDownList	Yes, documented Yes, alleged	D A
Date	HEPBCLICRVACHXVAC1DTHEPA	Date of dose #1	Date (MM/DD/YYYY)		
Date unknown	HEPBCLICRVACHXVAC1DTUNKHEPA	Date of dose #1 unknown	CheckBox	Unchecked Checked	(blank) Y
Dose #2	HEPBCLICRVACHXVAC2HEPA	Dose #2	DropDownList	Yes, documented Yes, alleged No Unknown	D A N U
Date	HEPBCLICRVACHXVAC2DTHEPA	Date of dose #2	Date (MM/DD/YYYY)		
Date unknown	HEPBCLICRVACHXVAC2DTUNKHEPA	Date of dose #2 unknown	CheckBox	Unchecked Checked	(blank) Y
Comments	HEPBCLICRVACHXCOMMENTS	Comments	Text Box		

LABORATORY INFO – HEPATITIS B, ACUTE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
VIRAL HEPATITIS B DIAGNOSTIC TESTS					
HBsAg date	HEPBLABCRDXTSTHBSAGDT	Date of Hepatitis B surface antigen serologic test (HBsAg)	Date (MM/DD/YYYY)		
HBsAg result	HEPBLABCRDXTSTHBSAGRSLT	Result of Hepatitis B surface antigen serologic test (HBsAg)	DropDownList	Positive Negative Pending	POS NEG PEN

LABORATORY INFO – HEPATITIS B, ACUTE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				Not Done	NOT
				Unknown	UNK
				Borderline	BOR
IgM anti-HBc date	HEPBLABCRDXTSTANTIHBCIGMDT	Date of Hepatitis B core IgM serologic test (anti-HBc IgM)	Date (MM/DD/YYYY)		
IgM anti-HBc result	HEPBLABCRDXTSTANTIHBCIGMRSLT	Result of Hepatitis B core IgM serologic test (anti-HBc IgM)	DropDownList	Positive	POS
				Negative	NEG
				Pending	PEN
				Not Done	NOT
				Unknown	UNK
				Borderline	BOR
Anti-HBs date	HEPBLABCRDXTSTANTIHBSDT	Date of Hepatitis B surface antibody serologic test (anti-HBs)	Date (MM/DD/YYYY)		
Anti-HBs result	HEPBLABCRDXTSTANTIHBSRSLT	Result of Hepatitis B surface antibody serologic test (anti-HBs)	DropDownList	Positive	POS
				Negative	NEG
				Pending	PEN
				Not Done	NOT
				Unknown	UNK
				Borderline	BOR
Anti-HBc total date	HEPBLABCRDXTSTANTIHBCDT	Date of Hepatitis B core antibody total serologic test (anti-HBc)	Date (MM/DD/YYYY)		
Anti-HBc total result	HEPBLABCRDXTSTANTIHBCRSLT	Result of Hepatitis B core antibody total serologic test (anti-HBc)	DropDownList	Positive	POS
				Negative	NEG
				Pending	PEN
				Not Done	NOT
				Unknown	UNK
				Borderline	BOR
HBV DNA (Quant.) Date	HEPBLABCRDXTSTHBVDNADt	Date of Hepatitis B Virus DNA Quantitative test (HBV DNA)	Date (MM/DD/YYYY)		
HBV DNA result (IU/ml)	HEPBLABCRDXTSTHBVDNARslt	Result of Hepatitis B Virus DNA Quantitative test (IU/ml)	FreeText		
HBV DNA (Qual.) date	HEPBLABCRDXTSTDNAQUALDT	Date of Hepatitis B Virus DNA Qualitative test (HBV DNA)	Date (MM/DD/YYYY)		
HBV DNA Result (Qual)	HEPBLABCRDXTSTHBVDNAQUALRSLT	Result of Hepatitis B Virus DNA Qualitative test (HBV DNA)	DropDownList	Detected	Det
				Not Detected	NotDet
				Pending	Pend
				Not Done	NotDone

LABORATORY INFO – HEPATITIS B, ACUTE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				Unknown	Unk
HBeAg date	HEPBLABCRDXTSTHBeAgDt	Date of Hepatitis B “e” antigen serologic test (HBeAg)	Date (MM/DD/YYYY)		
HBeAg result	HEPBLABCRDXTSTHBeAgRslt	Result of Hepatitis B “e” antigen serologic test (HBeAg)	DropDownList	Positive	POS
				Negative	NEG
				Pending	PEN
				Not Done	NOT
				Unknown	UNK
				Borderline	BOR
OTHER VIRAL HEPATITIS DIAGNOSTIC TESTS					
IgM anti-HAV date	HEPBLABCRDXTSTOTHANTIHAVIGMDT	Date of Hepatitis A antibody IgM serologic test (anti-HAV IgM)	Date (MM/DD/YYYY)		
IgM anti-HAV result	HEPBLABCRDXTSTOTHANTIHAVIGMRSLT	Result of Hepatitis A antibody IgM serologic test (anti-HAV IgM) *(Indeterminate is an old CalREDIE Data Label that is no longer in use but will still show in the UDF export for older cases. It was replaced by the Data Label Borderline)	DropDownList	Positive	POS
				Negative	NEG
				Pending	PEN
				Not Done	NOT
				Unknown	UNK
				Borderline	BOR
				Indeterminate*	IND*
Anti-HAV total date	HEPBLABCRDXTSTOTHANTIHAVDT	Date of Hepatitis A antibody total serologic test (anti-HAV total)	Date (MM/DD/YYYY)		
Anti-HAV total result	HEPBLABCRDXTSTOTHANTIHAVRSLT	Result of Hepatitis A antibody total serologic test (anti-HAV total)	DropDownList	Positive	POS
				Negative	NEG
				Pending	PEN
				Not Done	NOT
				Unknown	UNK
				Borderline	BOR
Anti-HCV date	HEPBLABCRDXTSTOTHANTIHCVDT	Date of Hepatitis C antibody serologic test (anti-HCV)	Date (MM/DD/YYYY)		
Anti-HCV result	HEPBLABCRDXTSTOTHANTIHCVRSLT	Result of Hepatitis C antibody serologic test (anti-HCV)	DropDownList	Positive	POS
				Negative	NEG
				Indeterminate	IND
				Pending	PEN
				Not Done	NOT
				Unknown	UNK

LABORATORY INFO – HEPATITIS B, ACUTE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Anti-HCV signal to cut-off ratio	HEPBLABCRDXTSTOTHANTIHCVCUTRATIO	What was the signal to cut-off ratio of the Hepatitis C antibody (Anti-HCV)	FreeText		
Anti-HCV result a true positive	HEPBLABCRDXTSTOTHANTIHCVTRUPOS	Is anti-HCV result predictive of a true positive?	RadioButtonList	Yes No	Y N
HCV RNA date	HEPBLABCRDXTSTOTHHCVRNADT	Date of Hepatitis C Virus RNA test (HCV RNA)	Date (MM/DD/YYYY)		
HCV RNA result	HEPBLABCRDXTSTOTHHCVRNARSLT	Result of Hepatitis C Virus RNA test (HCV RNA)	DropDownList	Positive Negative Indeterminate Pending Not Done Unknown	POS NEG IND PEN NOT UNK
HCV RIBA date	HEPBLABCRDXTSTOTHHCVRIBADT	Date of Hepatitis C Virus RIBA test (HCV RIBA)	Date (MM/DD/YYYY)		
HCV RIBA result	HEPBLABCRDXTSTOTHHCVRIBARSLT	Result of Hepatitis C Virus RIBA test (HCV RIBA)	DropDownList	Positive Negative Indeterminate Pending Not Done Unknown	POS NEG IND PEN NOT UNK
Anti-HDV date	HEPBLABCRDXTSTOTHANTIHDVDT	Date of Hepatitis D antibody serologic test (anti-HDV)	Date (MM/DD/YYYY)		
Anti-HDV result	HEPBLABCRDXTSTOTHANTIHDVRSLT	Result of Hepatitis D antibody serologic test (anti-HDV)	DropDownList	Positive Negative Indeterminate Pending Not Done Unknown	POS NEG IND PEN NOT UNK
Anti-HEV date	HEPBLABCRDXTSTOTHANTIHEVDT	Date of Hepatitis E antibody serologic test (anti-HEV)	Date (MM/DD/YYYY)		
Anti-HEV result	HEPBLABCRDXTSTOTHANTIHEVRSLT	Result of Hepatitis E antibody serologic test (anti-HEV)	DropDownList	Positive Negative Indeterminate Pending Not Done Unknown	POS NEG IND PEN NOT UNK

LABORATORY INFO – HEPATITIS B, ACUTE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LIVER ENZYME LEVELS AT DIAGNOSIS					
ALT [SGPT] date	DXLVRENZLEVALTSGPTDT	Date of ALT [SGPT] testing result	Date (MM/DD/YYYY)		
ALT [SGPT] result	DXLVRENZLEVALTSGPTRSLT	Result of ALT [SGPT] testing	FreeText		
Upper limit normal	DXLVRENZLEVALTSGPTUPPER	Upper limit normal	FreeText		
AST [SGOT] date	DXLVRENZLEVALTSGOTDT	Date of AST [SGOT] testing result	Date (MM/DD/YYYY)		
AST [SGOT] result	DXLVRENZLEVALTSGOTRSLT	Result of AST [SGOT] testing	FreeText		
Upper limit normal	DXLVRENZLEVALTSGOTUPPER	Upper limit normal	FreeText		
Bilirubin date	DXLVRENZLEVBILIRUBINDT	Date of measurement of bilirubin level	Date (MM/DD/YYYY)		
Bilirubin result	DXLVRENZLEVBILIRUBINRSLT	Result of bilirubin level	FreeText		

EPIDEMIOLOGIC INFO – HEPATITIS B, ACUTE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
TRAVEL HISTORY					
Travel during incubation period	TRVHXIZBTRAVEL	This field is not currently being used for this condition in CalREDIE. Historic data is stored in the DDP.	DropDownList	Yes No Unknown	Y N U
Contact with travelers or visitors	TRVHXIZBCONTACT	This field is not currently being used for this condition in CalREDIE. Historic data is stored in the DDP.	DropDownList	Yes No Unknown	Y N U
TRAVEL HISTORY – DETAILS					

EPIDEMIOLOGIC INFO – HEPATITIS B, ACUTE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Location	TRVHXDTLLOCATION1 TRVHXDTLLOCATION2 TRVHXDTLLOCATION3	This field is not currently being used for this condition in CalREDIE. Historic data is stored in the DDP.	FreeText		
Date travel started	TRVHXDTLSTARTDT1 TRVHXDTLSTARTDT2 TRVHXDTLSTARTDT3	This field is not currently being used for this condition in CalREDIE. Historic data is stored in the DDP.	Date (MM/DD/YYYY)		
Date travel ended	TRVHXDTLENDDT1 TRVHXDTLENDDT2 TRVHXDTLENDDT3	This field is not currently being used for this condition in CalREDIE. Historic data is stored in the DDP.	Date (MM/DD/YYYY)		
RISK FACTOR INFORMATION					
Contact of Hep B case	HEPBEPICRRISKFACTContact	Contact of confirmed or suspected case of Hepatitis B	DropDownList	Yes No Unknown	Y N U
Date	HEPBEPICRRISKFACTContactDate	Date of contact with confined or suspected case of Hepatitis B	Date (MM/DD/YYYY)		
Type:	HEPBEPICRRISKFACTContactType_0 HEPBEPICRRISKFACTContactType_1 HEPBEPICRRISKFACTContactType_2 HEPBEPICRRISKFACTContactType_3 HEPBEPICRRISKFACTContactType_4	What type of contact did the patient have with the confirmed or suspected case of Hepatitis B?	CheckBoxList (more than one choice is possible)	Household Sexual Injection Occupation Other	HSH SEX INJ OCC OTH
If Other, specify	HEPBEPICRRISKFACTContactTypeSpecify	If Other type of contact, specify	FreeText		
Comments	HEPBEPICRRISKFACTContactComment	Comments	Text Box		
Puncture with contaminated object	HEPBEPICRRISKFACTSTICKPUNCTURBLD	Accidental stick/puncture with an object contaminated with blood	DropDownList	Yes No Unknown	Y N U
Date	HEPBEPICRRISKFACTSTICKPUNCTURBLDDate	Date of stick/puncture	Date (MM/DD/YYYY)		
Other exposure to blood	HEPBEPICRR ISKFACTOTHEXPBLD	Other exposure to someone's blood	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – HEPATITIS B, ACUTE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Date	HEPBEPICRRISKFACTOTHEXPBLDDate	Date of exposure to blood	Date (MM/DD/YYYY)		
Blood transfusion	HEPBEPICRRISKFACTBLDTRANS	Receipt of blood or blood products (transfusion)	DropDownList	Yes No Unknown	Y N U
Hemodialysis	HEPBEPICRRISKFACTHEMODIALYSIS	Did the patient have hemodialysis?	DropDownList	Yes No Unknown	Y N U
Prior hospitalization	HEPBEPICRRISKFACTPRIORHOSP	Does the patient have any prior hospitalizations?	DropDownList	Yes No Unknown	Y N U
Outpatient procedure	HEPBEPICRRISKFACTOUTPATPROC	Received outpatient procedure (i.e. colonoscopy, endoscopy)	DropDownList	Yes No Unknown	Y N U
Injection or infusions	HEPBEPICRRISKFACTIMORIV	Received injection or infusions prescribed by doctor	DropDownList	Yes No Unknown	Y N U
Oral surgery or dental work	HEPBEPICRRISKFACTDENTALORAL	Has the patient had any oral surgery or dental work?	DropDownList	Yes No Unknown	Y N U
Surgery other than oral surgery	HEPBEPICRRISKFACTOTHSURG	Has the patient had surgery other than oral surgery?	DropDownList	Yes No Unknown	Y N U
Blood draw	HEPBEPICRRISKFACTPHBOTFINGERBLD	Finger stick or blood draw in home or clinic	DropDownList	Yes No Unknown	Y N U
Podiatric procedures	HEPBEPICRRISKFACTPodProc	Has the patient had any Podiatric procedures?	DropDownList	Yes No Unknown	Y N U
Chemotherapy treatment	HEPBEPICRRISKFACTChemoTreat	Has the patient had Chemotherapy treatment?	DropDownList	Yes No Unknown	Y N U
Acupuncture treatment	HEPBEPICRRISKFACTACUPUNCTURER	Has the patient had Acupuncture treatment?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – HEPATITIS B, ACUTE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Colonic procedure	HEPBEPICRRISKFACTCOLONICPROC Not in use.	This field is not currently being used in CalREDIE. Historic data is stored in the DDP.	DropDownList	Yes No Unknown	Y N U
Body piercing	HEPBEPICRRISKFACTBODYPIERCING	Has the patient had any body piercing?	DropDownList	Yes No Unknown	Y N U
If Yes, where	HEPBEPICRRISKFACTBODYPIERCINGLOC	If Yes, where was piercing performed	DropDownList	Commercial parlor Jail/Prison Other	PARLOR COREFAC OTH
Tattoo	HEPBEPICRRISKFACTTATTOO	Has the patient gotten a tattoo?	DropDownList	Yes No Unknown	Y N U
If Yes, where	HEPBEPICRRISKFACTTATTOOLOC	If Yes, where was tattoo received?	DropDownList	Commercial parlor Jail/Prison Other	PARLOR COREFAC OTH
Manicure or pedicure	HEPBEPICRRISKFACTMani	Has the patient gotten a manicure or pedicure?	DropDownList	Yes No Unknown	Y N U
Other skin penetration	HEPBEPICRRISKFACTOthTreat	Other treatment or cosmetic procedure that penetrated the skin, e.g. head or neck shave	DropDownList	Yes No Unknown	Y N U
If Yes, specify	HEPBEPICRRISKFACTOthTreatSpcfy	If Yes, specify	FreeText		
Injection drug not prescribed by doctor	HEPBEPICRRISKFACTDRGNOTRX	Has the patient used an injection drug not prescribed by a doctor?	DropDownList	Yes No Unknown	Y N U
Used non-injection street drugs	HEPBEPICRRISKFACTSTREETDRG	Has the patient used any non-injection street drugs?	DropDownList	Yes No Unknown	Y N U
Was incarcerated	HEPBEPICRRISKFACTINCARCERATED	Was the patient incarcerated?	DropDownList	Yes No Unknown	Y N U
One or more male sex partners	HEPBEPICRRISKFACTMALESEX	Did the patient have one or more male sex partners during the incubation period?	DropDownList	Yes No Unknown	Y N U
Number male	HEPBEPICRRISKFACTMALESEXNUM	Number of male partners	FreeText		

EPIDEMIOLOGIC INFO – HEPATITIS B, ACUTE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
One or more female sex partners	HEPBEPICRRISKFACTFEMALESEX	Did the patient have one or more female sex partners during the incubation period?	DropDownList	Yes No Unknown	Y N U
Number female	HEPBEPICRRISKFACTFEMALESEXNUM	Number of female partners	FreeText		
Treated for STD	HEPBEPICRRISKFACTSTDTREATED	Was patient treated for a sexually-transmitted disease?	DropDownList	Yes No Unknown	Y N U
Donated blood	HEPBEPICRRISKFACTBLDDONAT	Ever donated blood (or was denied due to Hepatitis infection)	DropDownList	Yes No Unknown	Y N U
If Yes, specify year	HEPBEPICRRISKFACTBLDDONATSPFY	If Yes, specify year and location of last blood donation	FreeText		
Negative HBsAg	HEPBEPICRRISKFACTNegHBsAg	Negative HBsAg result within 6 months prior to HBV diagnosis	DropDownList	Yes No Unknown	Y N U
Collection date	HEPBEPICRRISKFACTNegHBsAgDate	Collection date of HBsAg test sample	Date (MM/DD/YYYY)		
FACILITIES					
Facility name	HEPBEPICRFacName1 HEPBEPICRFacName2 HEPBEPICRFacName3	Name of facility where patient was a healthcare or cosmetic procedure	Link		
Healthcare procedures:	HEPBEPICRFacHealthProc_0_1 HEPBEPICRFacHealthProc_1_1 HEPBEPICRFacHealthProc_2_1 HEPBEPICRFacHealthProc_3_1 HEPBEPICRFacHealthProc_4_1 HEPBEPICRFacHealthProc_5_1 HEPBEPICRFacHealthProc_6_1 HEPBEPICRFacHealthProc_7_1 HEPBEPICRFacHealthProc_8_1 HEPBEPICRFacHealthProc_9_1 HEPBEPICRFacHealthProc_10_1	Indicate the type(s) of healthcare procedure(s) performed at the facility (Up to 3 add sections possible.)	CheckBoxList (more than one choice is possible)	Receipt of blood or blood products Hemodialysis Prior Hospitalization Outpatient procedures Injections or infusions Oral surgery or dental work Surgery other than dental surgery Fingerstick or blood draw Podiatry procedures Chemotherapy	BLOODPROD HEMO PRIORHOSP OUTPAT INJINFDR ORALSURG SURG STICKDRAW PODPROC CHEMO

EPIDEMIOLOGIC INFO – HEPATITIS B, ACUTE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				Alternative healthcare (ie: acupuncture)	ACUPUN
Cosmetic Procedures:	HEPBEPICRFacCosmProc_0_1 HEPBEPICRFacCosmProc_1_1 HEPBEPICRFacCosmProc_2_1 HEPBEPICRFacCosmProc_0_2 HEPBEPICRFacCosmProc_1_2 HEPBEPICRFacCosmProc_2_2 HEPBEPICRFacCosmProc_0_3 HEPBEPICRFacCosmProc_1_3 HEPBEPICRFacCosmProc_2_3	Indicate the type(s) of cosmetic procedure(s) performed at the facility	CheckBoxList (more than one choice is possible)	Body Piercing Tattooing Manicure or Pedicure	PIERCE TAT MANIPEDI
Date first seen	HEPBEPICRFacDt1 HEPBEPICRFacDt2 HEPBEPICRFacDt3	Date of first procedure or date first seen at facility	Date (MM/DD/YYYY)		
Date last seen	HEPBEPICRFacLastDt1 HEPBEPICRFacLastDt2 HEPBEPICRFacLastDt3	Approximate date last seen at facility, if appropriate	Date (MM/DD/YYYY)		
Comments	HEPBEPICRFacCom1 HEPBEPICRFacCom2 HEPBEPICRFacCom3	Comments	FreeText		
DETAILS					
Suspected source(s)	HEPBEPICRDETAILSSrces_0 HEPBEPICRDETAILSSrces_1 HEPBEPICRDETAILSSrces_2 HEPBEPICRDETAILSSrces_3 HEPBEPICRDETAILSSrces_4 HEPBEPICRDETAILSSrces_5 HEPBEPICRDETAILSSrces_6	Suspected source(s) of patient's acute Hepatitis B infection	CheckBoxList (more than one choice is possible)	Drug use Sexual contact Occupational exposure Healthcare exposure Wound or accident Other Unknown	DRUG SEX OCCEXP HCAREEXP WOUND OTH UNK
If other, specify	HEPBEPICRDETAILSSrcesSpcfy	If other source, please specify	FreeText		
Additional comments	HEPBEPICRDETAILSNOTES	Additional comments	Text Box		
EPIDEMIOLOGICAL LINKAGE					
Epi-linked to known case	EPILINKKNOWNCASE	Epi-Linked to known case of acute Hepatitis B?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – HEPATITIS B, ACUTE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Contact name / Case #	EPILINKCONTNAMECASENUM	Contact name / case #	FreeText		
OUTBREAK					
Part of known outbreak?	OBPARTOF	Is this case part of a known acute Hepatitis B outbreak?	DropDownList	Yes No Unknown	Y N U
Extent of outbreak	OBEXTENTOF_1 OBEXTENTOF_2 OBEXTENTOF_3 OBEXTENTOF_4 OBEXTENTOF_5 OBEXTENTOF_6	If Yes, what is the extent of the outbreak?	CheckBoxList (more than one choice is possible)	One CA jurisdiction Multiple CA jurisdictions Multistate International Unknown Other	ONEJUR MULJUR MULSTAT INTR UNK OTH
If Other, specify	OBEXTENTOFSPFY	Specify other extent of outbreak	FreeText		
Mode of transmission	OBTRANSMOD_1 OBTRANSMOD_2 OBTRANSMOD_3 OBTRANSMOD_4	What is the mode of transmission for the acute Hepatitis B outbreak?	CheckBoxList (more than one choice is possible)	Point source Person-to-person Unknown Other	SRC P2P UNK OTH
If Other, specify	OBTRANSMODSPFY	Specify other mode of transmission	FreeText		
Vehicle of outbreak	OBVEHICLE	What is the vehicle of the acute Hepatitis B outbreak?	FreeText		
Pattern 1 ID number	OBPAT1IDNUM	Pattern 1 ID number	FreeText		
Pattern 2 ID number	OBPAT2IDNUM	Pattern 2 ID number	FreeText		

Hepatitis B, Chronic

LABORATORY INFO – HEPATITIS B, CHRONIC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
VIRAL HEPATITIS B DIAGNOSTIC TESTS					
HBsAg date	HEPBPHPPLABCRDXTSTHBSAGDT	Date of Hepatitis B surface antigen serologic test (HBsAg)	Date (MM/DD/YYYY)		
HBsAg result	HEPBPHPPLABCRDXTSTHBSAG	Result of Hepatitis B surface antigen serologic test (HBsAg)	DropDownList	Positive Negative Pending Not Done Unknown Borderline	POS NEG PEN NOT UNK BOR
IgM anti-HBc date	HEPBPHPPLABCRDXTSTIGMANTIHBCDT	Date of Hepatitis B core IgM serologic test (anti-HBc IgM)	Date (MM/DD/YYYY)		
IgM anti-HBc result	HEPBPHPPLABCRDXTSTIGMANTIHBC	Result of Hepatitis B core IgM serologic test (anti-HBc IgM)	DropDownList	Positive Negative Pending Not Done Unknown Borderline	POS NEG PEN NOT UNK BOR
Anti-HBs date	HEPBPHPPLABCRDXTSTANTIHBSDT	Date of Hepatitis B surface antibody serologic test (anti-HBs)	Date (MM/DD/YYYY)		
Anti-HBs result	HEPBPHPPLABCRDXTSTANTIHBS	Result of Hepatitis B surface antibody serologic test (anti-HBs)	DropDownList	Positive Negative Pending Not Done Unknown Borderline	POS NEG PEN NOT UNK BOR
Anti-HBc total date	HEPBPHPPLABCRDXTSTANTIHBCDT	Date of Hepatitis B core antibody total serologic test (anti-HBc)	Date (MM/DD/YYYY)		
Anti-HBc total result	HEPBPHPPLABCRDXTSTANTIHBC	Result of Hepatitis B core antibody total serologic test (anti-HBc)	DropDownList	Positive Negative Pending Not Done Unknown Borderline	POS NEG PEN NOT UNK BOR
HBV DNA (Quant.) Date	HEPBPHPPLABCRDXTSTHBVDNADt	Date of Hepatitis B Virus DNA Quantitative test (HBV DNA)	Date (MM/DD/YYYY)		

LABORATORY INFO – HEPATITIS B, CHRONIC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
HBV DNA result (IU/ml)	HEPBPHPPLABCRDXTSTHBVDNARslt	Result of Hepatitis B Virus DNA Quantitative test (IU/ml)	FreeText		
HBV DNA (Qual.) date	HEPBPHPPLABCRDXTSTHBVDNAQUALDT	Date of Hepatitis B Virus DNA Qualitative test (HBV DNA)	Date (MM/DD/YYYY)		
HBV DNA Result (Qual)	HEPBPHPPLABCRDXTSTHBVDNAQUALRSLT	Result of Hepatitis B Virus DNA Qualitative test (HBV DNA)	DropDownList	Detected Not Detected Pending Not Done Unknown	Det NotDet Pend NotDone Unk
HBeAg date	HEPBPHPPLABCRDXTSTHBeAgDt	Date of Hepatitis B “e” antigen serologic test (HBeAg)	Date (MM/DD/YYYY)		
HBeAg result	HEPBPHPPLABCRDXTSTHBeAgRslt	Result of Hepatitis B “e” antigen serologic test (HBeAg)	DropDownList	Positive Negative Pending Not Done Unknown Borderline	POS NEG PEN NOT UNK BOR
OTHER VIRAL HEPATITIS DIAGNOSTIC TESTS					
IgM anti-HAV date	HEPBPHPPLABCRDXTSTOTHIGMANTIHAVDT	Date of Hepatitis A antibody IgM serologic test (anti-HAV IgM)	Date (MM/DD/YYYY)		
IgM anti-HAV result	HEPBPHPPLABCRDXTSTOTHIGMANTIHAV	Result of Hepatitis A antibody IgM serologic test (anti-HAV IgM)	DropDownList	Positive Negative Pending Not Done Unknown Borderline	POS NEG PEN NOT UNK BOR
Anti-HAV total date	HEPBPHPPLABCRDXTSTOTHANTIHAVDT	Date of Hepatitis A antibody total serologic test (anti-HAV total)	Date (MM/DD/YYYY)		
Anti-HAV total result	HEPBPHPPLABCRDXTSTOTHANTIHAV	Result of Hepatitis A antibody total serologic test (anti-HAV total)	DropDownList	Positive Negative Pending Not Done Unknown Borderline	POS NEG PEN NOT UNK BOR
Anti-HCV date	HEPBPHPPLABCRDXTSTOTHANTIHCVDT	Date of Hepatitis C antibody serologic test (anti-HCV)	Date (MM/DD/YYYY)		

LABORATORY INFO – HEPATITIS B, CHRONIC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Anti-HCV result	HEPBPHPPLABCRDXTSTOTHANTIHCV	Result of Hepatitis C antibody serologic test (anti-HCV)	DropDownList	Positive Negative Indeterminate Pending Not Done Unknown	POS NEG IND PEN NOT UNK
Anti-HCV signal to cut-off ratio	HEPBPHPPLABCRDXTSTOTHANTIHCVRATIO	What was the signal to cut-off ratio of the Hepatitis C antibody (Anti-HCV)	FreeText		
Anti-HCV result a true positive?	HEPBPHPPLABCRDXTSTOTHPREDICTIVE	Is anti-HCV result predictive of a true positive?	DropDownList	Yes No	Y N
HCV RNA date	HEPBPHPPLABCRDXTSTOTHHCVRNADT	Date of Hepatitis C Virus RNA test (HCV RNA)	Date (MM/DD/YYYY)		
HCV RNA result	HEPBPHPPLABCRDXTSTOTHHCVRNA	Result of Hepatitis C Virus RNA test (HCV RNA)	DropDownList	Positive Negative Indeterminate Pending Not Done Unknown	POS NEG IND PEN NOT UNK
HCV RIBA date	HEPBPHPPLABCRDXTSTOTHHCVRIBADT	Date of Hepatitis C Virus RIBA test (HCV RIBA)	Date (MM/DD/YYYY)		
HCV RIBA result	HEPBPHPPLABCRDXTSTOTHHCVRIBA	Result of Hepatitis C Virus RIBA test (HCV RIBA)	DropDownList	Positive Negative Indeterminate Pending Not Done Unknown	POS NEG IND PEN NOT UNK
Anti-HDV date	HEPBPHPPLABCRDXTSTOTHANTIHDVDT	Date of Hepatitis D antibody serologic test (anti-HDV)	Date (MM/DD/YYYY)		
Anti-HDV result	HEPBPHPPLABCRDXTSTOTHANTIHDV	Result of Hepatitis D antibody serologic test (anti-HDV)	DropDownList	Positive Negative Indeterminate Pending Not Done Unknown	POS NEG IND PEN NOT UNK
Anti-HEV date	HEPBPHPPLABCRDXTSTOTHANTIHEVDT	Date of Hepatitis E antibody serologic test (anti-HEV)	Date (MM/DD/YYYY)		

LABORATORY INFO – HEPATITIS B, CHRONIC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Anti-HEV result	HEPBPHPPLABCRDXTSTOTHANTIHEV	Result of Hepatitis E antibody serologic test (anti-HEV)	DropDownList	Positive Negative Indeterminate Pending Not Done Unknown	POS NEG IND PEN NOT UNK
LIVER ENZYME LEVELS AT DIAGNOSIS					
ALT [SGPT] date	DXLVRENZLEVALTSGPTDT	Date of ALT [SGPT] testing result	Date (MM/DD/YYYY)		
ALT [SGPT] result	DXLVRENZLEVALTSGPTRSLT	Result of ALT [SGPT] testing	FreeText		
Upper limit normal	DXLVRENZLEVALTSGPTUPPER	Upper limit normal	FreeText		
AST [SGOT] date	DXLVRENZLEVALTSGOTDT	Date of AST [SGOT] testing result	Date (MM/DD/YYYY)		
AST [SGOT] result	DXLVRENZLEVALTSGOTRSLT	Result of AST [SGOT] testing	FreeText		
Upper limit normal	DXLVRENZLEVALTSGOTUPPER	Upper limit normal	FreeText		
Bilirubin date	DXLVRENZLEVBILIRUBINDT	Date of measurement of bilirubin level	Date (MM/DD/YYYY)		
Bilirubin result	DXLVRENZLEVBILIRUBINRSLT	Result of bilirubin level	FreeText		

Hepatitis C, Acute

CLINICAL INFO – HEPATITIS C, ACUTE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
REASON FOR TESTING					
Reasons	HEPCCLICRRSNTSTRSN_0 HEPCCLICRRSNTSTRSN_1 HEPCCLICRRSNTSTRSN_2 HEPCCLICRRSNTSTRSN_3 HEPCCLICRRSNTSTRSN_4 HEPCCLICRRSNTSTRSN_5	Reasons case was tested for Acute Hepatitis C	CheckBoxList (more than one choice is possible)	Symptoms of acute hepatitis	ACUTEHEP
				Evaluation of liver enzymes	LIVERN
				Exposure to case	EXPTOCASE
				Prenatal screening	PRENATSCRN
				Unknown	UNK
				Other	OTH
If Other, specify	HEPCCLICRRSNTSTRSNSPFY	If Other, specify	FreeText		
SIGNS AND SYMPTOMS					
Symptomatic?	HEPCCLICRSIGNSXSYMPTOMATIC	Does the patient have signs or symptoms compatible with Acute Hepatitis C?	DropDownList	Yes No Unknown	Y N U
Symptoms	HEPCCLICRSIGNSXSX_0 HEPCCLICRSIGNSXSX_1 HEPCCLICRSIGNSXSX_2 HEPCCLICRSIGNSXSX_3 HEPCCLICRSIGNSXSX_4 HEPCCLICRSIGNSXSX_5 HEPCCLICRSIGNSXSX_6 HEPCCLICRSIGNSXSX_7	Did the patient have any of the following symptoms associated with the illness?	CheckBoxList (more than one choice is possible)	Jaundice	JAUND
				Dark Urine	DURINE
				Diarrhea	DIARR
				Anorexia	ANOREX
				Abdominal Pain	ABPAIN
				Clay stools	CLAYSTOL
				Fatigue	FATIG
				Other	OTH
If Other, specify	HEPCCLICRSIGNSXSXSPFY	If Other, specify	FreeText		
HOSPITALIZATION					
Visit ER for illness?	HOSPER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U
Was patient hospitalized?	HOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – HEPATITIS C, ACUTE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Total hospital nights	HOSPDAYSHOSP	If Yes, how many total hospital nights?	FreeText		
HOSPITALIZATION – DETAILS					
Hospital name	HOSPDTLNAME1 HOSPDTLNAME2 HOSPDTLNAME3	Name of facility where patient was hospitalized	FreeText		
Street address	HOSPDTLADDRESS1 HOSPDTLADDRESS2 HOSPDTLADDRESS3	Street address of hospital	FreeText		
City	HOSPDTLCITY1 HOSPDTLCITY2 HOSPDTLCITY3	City where hospital located	FreeText		
State	HOSPDTLSTATE1 HOSPDTLSTATE2 HOSPDTLSTATE3	State	FreeText		
Zip code	HOSPDTLZIPCODE1 HOSPDTLZIPCODE2 HOSPDTLZIPCODE3	Zip code	FreeText		
Telephone	HOSPDTLPHONE1 HOSPDTLPHONE2 HOSPDTLPHONE3	Telephone number for hospital	FreeText		
Admit date	HOSPDTLADMITDT1 HOSPDTLADMITDT2 HOSPDTLADMITDT3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPDTLDISCHDT1 HOSPDTLDISCHDT2 HOSPDTLDISCHDT3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		
Medical record number	HOSPDTLMRN1 HOSPDTLMRN2 HOSPDTLMRN3	Medical record number for patient	FreeText		
Discharge diagnosis	HOSPDTLDISCHDX1 HOSPDTLDISCHDX2 HOSPDTLDISCHDX3	What was the patient's final diagnosis at the time of discharge?	FreeText		
COMPLICATIONS AND OTHER SYMPTOMS					

CLINICAL INFO – HEPATITIS C, ACUTE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Did patient die?	COMPOTHSXDIED	Did patient die?	DropDownList	Yes No Lost to follow-up	Y N L
VACCINATION HISTORY					
Immunized for Hepatitis B?	HEPCCLICRVACHXIMMHEPB	Has the patient been immunized for Hepatitis B?	DropDownList	Yes No Unknown	Y N U
Type of vaccine administered	HEPCCLICRVACHXVACTYPEHEPB	What type of vaccine administered?	FreeText		
Dose #1	HEPCCLICRVACHXVAC1HEPB	Dose #1	DropDownList	Yes, documented Yes, alleged	D A
Date	HEPCCLICRVACHXVAC1DTHEPB	Date of dose #1	Date (MM/DD/YYYY)		
Date unknown	HEPCCLICRVACHXVAC1DTUNKHEPB	Date of dose #1 unknown	CheckBox	Unchecked Checked	(blank) Y
Dose #2	HEPCCLICRVACHXVAC2HEPB	Dose #2	DropDownList	Yes, documented Yes, alleged No Unknown	D A N U
Date	HEPCCLICRVACHXVAC2DTHEPB	Date of dose #2	Date (MM/DD/YYYY)		
Date unknown	HEPCCLICRVACHXVAC2DTUNKHEPB	Date of dose #2 unknown	CheckBox	Unchecked Checked	(blank) Y
Dose #3	HEPCCLICRVACHXVAC3HEPB	Dose #3	DropDownList	Yes, documented Yes, alleged No Unknown	D A N U
Date	HEPCCLICRVACHXVAC3DTHEPB	Date of dose #3	Date (MM/DD/YYYY)		
Date unknown	HEPCCLICRVACHXVAC3DTUNKHEPB	Date of dose #3 unknown	CheckBox	Unchecked Checked	(blank) Y
If ≤ 18, why not vaccinated?	HEPCCLICRVACHXRSNNOTVAC	If ≤ 18 Years, specify why not vaccinated?	FreeText		
Tested for anti-HBs?	HEPCCLICRVACHXANTIHBTST	Tested for anti-HBs within 1-2 months after last dose?	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – HEPATITIS C, ACUTE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Serum anti-HBs ≥ 10 mIU/ml?	HEPCCLICRVACHXANTIHBTSTSERUM	If Yes, was serum anti-HBs ≥ 10 mIU/ml?	DropDownList	Yes No Unknown	Y N U
Immunized for Hepatitis A?	HEPCCLICRVACHXIMMHEPA	Has the patient been immunized for Hepatitis A?	DropDownList	Yes No Unknown	Y N U
Type of vaccine administered	HEPCCLICRVACHXVACTYPEHEPA	What type of vaccine administered?	FreeText		
Dose #1	HEPCCLICRVACHXVAC1HEPA	Dose #1	DropDownList	Yes, documented Yes, alleged	D A
Date	HEPCCLICRVACHXVAC1DTHEPA	Date of dose #1	Date (MM/DD/YYYY)		
Date unknown	HEPCCLICRVACHXVAC1DTUNKHEPA	Date of dose #1 unknown	CheckBox	Unchecked Checked	(blank) Y
Dose #2	HEPCCLICRVACHXVAC2HEPA	Dose #2	DropDownList	Yes, documented Yes, alleged No Unknown	D A N U
Date	HEPCCLICRVACHXVAC2DTHEPA	Date of dose #2	Date (MM/DD/YYYY)		
Date unknown	HEPCCLICRVACHXVAC2DTUNKHEPA	Date of dose #2 unknown	CheckBox	Unchecked Checked	(blank) Y
Comments	HEPCCLICRVACHXCOMMENTS	Comments	Text Box		

LABORATORY INFO – HEPATITIS C, ACUTE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
VIRAL HEPATITIS C DIAGNOSTIC TESTS					
Anti-HCV date	HEPCLABCRDXTSTANTIHCVDT	Date of Hepatitis C antibody serologic test (anti-HCV)	Date (MM/DD/YYYY)		
Anti-HCV result	HEPCLABCRDXTSTANTIHCVRSLT	Result of Hepatitis C antibody serologic test (anti-HCV)	DropDownList	Positive Negative Indeterminate	POS NEG IND

LABORATORY INFO – HEPATITIS C, ACUTE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				Pending	PEN
				Not Done	NOT
				Unknown	UNK
Anti-HCV signal to cut-off ratio	HEPCLABCRDXTSTANTIHCVCUTRATIO	What was the signal to cut-off ratio of the Hepatitis C antibody (Anti-HCV)	FreeText		
Anti-HCV result a true positive?	HEPCLABCRDXTSTANTIHCVTRUPOS	Is anti-HCV result predictive of a true positive?	RadioButtonList	Yes No	Y N
HCV RNA date	HEPCLABCRDXTSTHCVRNADT	Date of Hepatitis C Virus RNA test (HCV RNA)	Date (MM/DD/YYYY)		
HCV RNA result	HEPCLABCRDXTSTHCVRNARSLT	Result of Hepatitis C Virus RNA test (HCV RNA)	DropDownList	Positive	POS
				Negative	NEG
				Indeterminate	IND
				Pending	PEN
				Not Done	NOT
				Unknown	UNK
HCV RIBA date	HEPCLABCRDXTSTHCVRIBADT	Date of Hepatitis C Virus RIBA test (HCV RIBA)	Date (MM/DD/YYYY)		
HCV RIBA result	HEPCLABCRDXTSTHCVRIBARSLT	Result of Hepatitis C Virus RIBA test (HCV RIBA)	DropDownList	Positive	POS
				Negative	NEG
				Indeterminate	IND
				Pending	PEN
				Not Done	NOT
				Unknown	UNK
Specify genotype (if available)	HEPCLABCRDXTSTGENOTYPE	Specify the virus genotype if the genotype is available	RadioButtonList		
OTHER VIRAL HEPATITIS DIAGNOSTIC TESTS					
IgM anti-HAV date	HEPCLABCRDXTSTOTHANTIHAVIGMDT	Date of Hepatitis A antibody IgM serologic test (anti-HAV IgM)	Date (MM/DD/YYYY)		
IgM anti-HAV result	HEPCLABCRDXTSTOTHANTIHAVIGMRSLT	Result of Hepatitis A antibody IgM serologic test (anti-HAV IgM)	DropDownList	Positive	POS
				Negative	NEG
				Pending	PEN
				Not Done	NOT
				Unknown	UNK
				Borderline	BOR

LABORATORY INFO – HEPATITIS C, ACUTE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Anti-HAV total date	HEPCLABCRDXTSTOTHANTIHAVDT	Date of Hepatitis A antibody total serologic test (anti-HAV total)	Date (MM/DD/YYYY)		
Anti-HAV total result	HEPCLABCRDXTSTOTHANTIHAVRSLT	Result of Hepatitis A antibody total serologic test (anti-HAV total)	DropDownList	Positive Negative Pending Not Done Unknown Borderline	POS NEG PEN NOT UNK BOR
HBsAG date	HEPCLABCRDXTSTOTHHBSAGDT	Date of Hepatitis B surface antigen serologic test (HBsAG)	Date (MM/DD/YYYY)		
HBsAG result	HEPCLABCRDXTSTOTHHBSAGRSLT	Result of Hepatitis B surface antigen serologic test (HBsAG)	DropDownList	Positive Negative Pending Not Done Unknown Borderline	POS NEG PEN NOT UNK BOR
IgM anti-HBc date	HEPCLABCRDXTSTOTHANTIHBCIGMDT	Date of Hepatitis B core IgM serologic test (anti-HBc IgM)	Date (MM/DD/YYYY)		
IgM anti-HBc result	HEPCLABCRDXTSTOTHANTIHBCIGMRSLT	Result of Hepatitis B core IgM serologic test (anti-HBc IgM) *(Indeterminate is an old CalREDIE Data Label that is no longer in use but will still show in the UDF for older cases. It was replaced by the Data Label Borderline)	DropDownList	Positive Negative Pending Not Done Unknown Borderline Indeterminate*	POS NEG PEN NOT UNK BOR IND*
Anti-HBs date	HEPCLABCRDXTSTOTHANTIHBSDT	Date of Hepatitis B surface antibody serologic test (anti-HBs)	Date (MM/DD/YYYY)		
Anti-HBs result	HEPCLABCRDXTSTOTHANTIHBSRSLT	Result of Hepatitis B surface antibody serologic test (anti-HBs) *(Indeterminate is an old CalREDIE Data Label that is no longer in use but will still show in the UDF for older cases. It was replaced by the Data Label Borderline)	DropDownList	Positive Negative Pending Not Done Unknown Borderline Indeterminate*	POS NEG PEN NOT UNK BOR IND*
Anti-HBc total date	HEPCLABCRDXTSTOTHANTIHBCDT	Date of Hepatitis B core antibody total serologic test (anti-HBc)	Date (MM/DD/YYYY)		

LABORATORY INFO – HEPATITIS C, ACUTE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Anti-HBc total result	HEPCLABCRDXTSTOTHANTIHBCRSLT	Result of Hepatitis B core antibody total serologic test (anti-HBc)	DropDownList	Positive Negative Pending Not Done Unknown Borderline	POS NEG PEN NOT UNK BOR
HBV DNA (Quant.) Date	HEPCLABCRDXTSTOTHHBVDNADate	Date of Hepatitis B Virus DNA Quantitative test (HBV DNA)	Date (MM/DD/YYYY)		
HBV DNA result (IU/ml)	HEPCLABCRDXTSTOTHHBVDNARes	Result of Hepatitis B Virus DNA Quantitative test (IU/ml)	FreeText		
HBV DNA (Qual.) date	HEPCLABCRDXTSTOTHHBVDNAQUALDATE	Date of Hepatitis B Virus DNA Qualitative test (HBV DNA)	Date (MM/DD/YYYY)		
HBV DNA Result (Qual)	HEPCLABCRDXTSTOTHHBVDNAQUALRES	Result of Hepatitis B Virus DNA Qualitative test (HBV DNA)	DropDownList	Detected Not Detected Pending Not Done Unknown	Det NotDet Pend NotDone Unk
HBeAg date	HEPCLABCRDXTSTOTHHBeAgDate	Date of Hepatitis B “e” antigen serologic test (HBeAg)	Date (MM/DD/YYYY)		
HBeAg result	HEPCLABCRDXTSTOTHHBeAgRes	Result of Hepatitis B “e” antigen serologic test (HBeAg)	DropDownList	Positive Negative Pending Not Done Unknown Borderline	POS NEG PEND NTDN UNK BDL
Anti-HDV date	HEPCLABCRDXTSTOTHANTIHDVDT	Date of Hepatitis D antibody serologic test (anti-HDV)	Date (MM/DD/YYYY)		
Anti-HDV result	HEPCLABCRDXTSTOTHANTIHDVRSLT	Result of Hepatitis D antibody serologic test (anti-HDV)	DropDownList	Positive Negative Indeterminate Pending Not Done Unknown	POS NEG IND PEN NOT UNK
Anti-HEV date	HEPCLABCRDXTSTOTHANTIHEVDT	Date of Hepatitis E antibody serologic test (anti-HEV)	Date (MM/DD/YYYY)		

LABORATORY INFO – HEPATITIS C, ACUTE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Anti-HEV result	HEPCLABCRDXTSTOTHANTIHEVRSLT	Result of Hepatitis E antibody serologic test (anti-HEV)	DropDownList	Positive Negative Indeterminate Pending Not Done Unknown	POS NEG IND PEN NOT UNK
LIVER ENZYME LEVELS AT DIAGNOSIS					
ALT [SGPT] date	DXLVRENZLEVALTSGPTDT	Date of ALT [SGPT] testing result	Date (MM/DD/YYYY)		
ALT [SGPT] result	DXLVRENZLEVALTSGPTRSLT	Result of ALT [SGPT] testing	FreeText		
Upper limit normal	DXLVRENZLEVALTSGPTUPPER	Upper limit normal	FreeText		
AST [SGOT] date	DXLVRENZLEVALTSGOTDT	Date of AST [SGOT] testing result	Date (MM/DD/YYYY)		
AST [SGOT] result	DXLVRENZLEVALTSGOTRSLT	Result of AST [SGOT] testing	FreeText		
Upper limit normal	DXLVRENZLEVALTSGOTUPPER	Upper limit normal	FreeText		
Bilirubin date	DXLVRENZLEVBILIRUBINDT	Date of measurement of bilirubin level	Date (MM/DD/YYYY)		
Bilirubin result	DXLVRENZLEVBILIRUBINRSLT	Result of bilirubin level	FreeText		

EPIDEMIOLOGIC INFO – HEPATITIS C, ACUTE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
RISK FACTOR INFORMATION					
Contact of Hep C case	HEPCEPICRRISKFACTContact	Contact of confirmed or suspected case of hepatitis C	DropDownList	Yes No Unknown	Y N U
Date	HEPCEPICRRISKFACTContactDate	Date of contact with confined or suspected case of Hepatitis C	Date (MM/DD/YYYY)		

EPIDEMIOLOGIC INFO – HEPATITIS C, ACUTE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Type:	HEPCEPICRRISKFACTContactType_1 HEPCEPICRRISKFACTContactType_2 HEPCEPICRRISKFACTContactType_3 HEPCEPICRRISKFACTContactType_4 HEPCEPICRRISKFACTContactType_5	What type of contact did the patient have with the confirmed or suspected case of Hepatitis C?	CheckBoxList (more than one choice is possible)	Household Sexual Injection Occupation Other	HSH SEX INJ OCC OTH
If Other, specify	HEPCEPICRRISKFACTContactTypeSpecify	If Other type of contact, specify	FreeText		
Comments	HEPCEPICRRISKFACTContactComment	Comments	Text Box		
Puncture with contaminated object	HEPCEPICRRISKFACTSTICKPUNCTURBLD	Accidental stick/puncture with an object contaminated with blood	DropDownList	Yes No Unknown	Y N U
Date	HEPCEPICRRISKFACTSTICKPUNCTURBLDDate	Date of stick/puncture	Date (MM/DD/YYYY)		
Other exposure to blood	HEPCEPICRRISKFACTOTHEXPBLD	Other exposure to someone's blood	DropDownList	Yes No Unknown	Y N U
Date	HEPCEPICRRISKFACTOTHEXPBLDDate	Date of exposure to blood	Date (MM/DD/YYYY)		
Blood transfusion	HEPCEPICRRISKFACTBLDTRANS	Receipt of blood or blood products (transfusion)	DropDownList	Yes No Unknown	Y N U
Hemodialysis	HEPCEPICRRISKFACTHEMODIALYSIS	Did the patient have hemodialysis?	DropDownList	Yes No Unknown	Y N U
Prior hospitalization	HEPCEPICRRISKFACTPRIORHOSP	Does the patient have any prior hospitalizations?	DropDownList	Yes No Unknown	Y N U
Outpatient procedure	HEPCEPICRRISKFACTOUTPATPROC	Received outpatient procedure (i.e. colonoscopy, endoscopy)	DropDownList	Yes No Unknown	Y N U
Injection or infusions	HEPCEPICRRISKFACTIMORIV	Received injection or infusions prescribed by doctor	DropDownList	Yes No Unknown	Y N U
Oral surgery or dental work	HEPCEPICRRISKFACTDENTALORAL	Has the patient had any oral surgery or dental work?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – HEPATITIS C, ACUTE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Surgery other than oral surgery	HEPCEPICRRISKFACTOTHSURG	Has the patient had surgery other than oral surgery?	DropDownList	Yes No Unknown	Y N U
Blood draw	HEPCEPICRRISKFACTPHBOTFINGERBLD	Finger stick or blood draw in home or clinic	DropDownList	Yes No Unknown	Y N U
Podiatric procedures	HEPCEPICRRISKFACTPodProc	Has the patient had any Podiatric procedures?	DropDownList	Yes No Unknown	Y N U
Chemotherapy treatment	HEPCEPICRRISKFACTChemoTreat	Has the patient had Chemotherapy treatment?	DropDownList	Yes No Unknown	Y N U
Acupuncture treatment	HEPCEPICRRISKFACTACUPUNCTURER	Has the patient had Acupuncture treatment?	DropDownList	Yes No Unknown	Y N U
Body piercing	HEPCEPICRRISKFACTBODYPIERCING	Has the patient had any body piercing?	DropDownList	Yes No Unknown	Y N U
If Yes, where	HEPCEPICRRISKFACTBODYPIERCINGLOC	If Yes, where was piercing performed	DropDownList	Commercial parlor Jail/Prison Other	PARLOR COREFAC OTH
Tattoo	HEPCEPICRRISKFACTTATTOO	Has the patient gotten a tattoo?	DropDownList	Yes No Unknown	Y N U
If Yes, where	HEPCEPICRRISKFACTTATTOOLOC	If Yes, where was tattoo received?	DropDownList	Commercial parlor Jail/Prison Other	PARLOR COREFAC OTH
Manicure or pedicure	HEPCEPICRRISKFACTMani	Has the patient gotten a manicure or pedicure?	DropDownList	Yes No Unknown	Y N U
Other skin penetration	HEPCEPICRRISKFACTOthTreat	Other treatment or cosmetic procedure that penetrated the skin, e.g. head or neck shave	DropDownList	Yes No Unknown	Y N U
If Yes, specify	HEPCEPICRRISKFACTOthTreatSpcfy	If Yes, specify	FreeText		
Injection drug not prescribed by doctor	HEPCEPICRRISKFACTDRGNOTRX	Has the patient used an injection drug not prescribed by a doctor?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – HEPATITIS C, ACUTE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Used non-injection street drugs	HEPCEPICRRISKFACTSTREETDRG	Has the patient used any non-injection street drugs?	DropDownList	Yes No Unknown	Y N U
Was incarcerated	HEPCEPICRRISKFACTINCARCERATED	Was the patient incarcerated?	DropDownList	Yes No Unknown	Y N U
One or more male sex partners	HEPCEPICRRISKFACTMALESEX	Did the patient have one or more male sex partners during the incubation period?	DropDownList	Yes No Unknown	Y N U
Number male	HEPCEPICRRISKFACTMALESEXNUM	Number of male partners	FreeText		
One or more female sex partners	HEPCEPICRRISKFACTFEMALESEX	Did the patient have one or more female sex partners during the incubation period?	DropDownList	Yes No Unknown	Y N U
Number female	HEPCEPICRRISKFACTFEMALESEXNUM	Number of female sex partners	FreeText		
Treated for STD?	HEPCEPICRRISKFACTSTDTREATED	Was patient treated for a sexually-transmitted disease?	DropDownList	Yes No Unknown	Y N U
Donated blood	HEPCEPICRRISKFACTBLDDONAT	Ever donated blood (or was denied due to Hepatitis infection)	DropDownList	Yes No Unknown	Y N U
If Yes, specify year	HEPCEPICRRISKFACTBLDDONATSPFY	If Yes, specify year and location of last blood donation	FreeText		
Negative Anti-HCV	HEPCEPICRRISKFACTNegAntiHCV12Mo	Negative Anti-HCV result within 12 months prior to HCV diagnosis	DropDownList	Yes No Unknown	Y N U
Collection date	HEPCEPICRRISKFACTNegAntiHCV12MoDate	Collection date of Anti-HCV test sample	Date (MM/DD/YYYY)		
FACILITIES					
Facility name	HEPCEPICRFacName_1 HEPCEPICRFacName_2 HEPCEPICRFacName_3	Name of facility where patient was a healthcare or cosmetic procedure	Link		

EPIDEMIOLOGIC INFO – HEPATITIS C, ACUTE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Healthcare procedures:	HEPCEPICRFacHealthProc1_1 HEPCEPICRFacHealthProc2_1 HEPCEPICRFacHealthProc3_1 HEPCEPICRFacHealthProc4_1 HEPCEPICRFacHealthProc5_1 HEPCEPICRFacHealthProc6_1 HEPCEPICRFacHealthProc7_1 HEPCEPICRFacHealthProc8_1 HEPCEPICRFacHealthProc9_1 HEPCEPICRFacHealthProc10_1 HEPCEPICRFacHealthProc11_1	Indicate the type(s) of healthcare procedure(s) performed at the facility (Up to 3 add sections possible.)	CheckBoxList (more than one choice is possible)	Receipt of blood or blood products	BLOODPROD
				Hemodialysis	HEMO
				Prior Hospitalization	PRIORHOSP
				Outpatient procedures	OUTPAT
				Injections or infusions	INJINFDR
				Oral surgery or dental work	ORALSURG
				Surgery other than dental surgery	SURG
				Fingerstick or blood draw	STICKDRAW
				Podiatry procedures	PODPROC
				Chemotherapy	CHEMO
				Alternative healthcare (ie: acupuncture)	ACUPUN
Cosmetic Procedures:	HEPCEPICRFacCosmProc1_1 HEPCEPICRFacCosmProc2_1 HEPCEPICRFacCosmProc3_1 HEPCEPICRFacCosmProc1_2 HEPCEPICRFacCosmProc2_2 HEPCEPICRFacCosmProc3_2 HEPCEPICRFacCosmProc1_3 HEPCEPICRFacCosmProc2_3 HEPCEPICRFacCosmProc3_3	Indicate the type(s) of cosmetic procedure(s) performed at the facility	CheckBoxList (more than one choice is possible)	Body Piercing Tattooing Manicure or Pedicure	PIERCE TAT MANIPEDI
Date first seen	HEPCEPICRFacDt_1 HEPCEPICRFacDt_2 HEPCEPICRFacDt_3	Date of first procedure or date first seen at facility	Date (MM/DD/YYYY)		
Date last seen	HEPCEPICRFacLastDt_1 HEPCEPICRFacLastDt_2 HEPCEPICRFacLastDt_3	Approximate date last seen at facility, if appropriate	Date (MM/DD/YYYY)		
Comments	HEPCEPICRFacCom_1 HEPCEPICRFacCom_2 HEPCEPICRFacCom_3	Comments	FreeText		
DETAILS					
Suspected source(s)	HEPCEPICRDETAILSSrces_1 HEPCEPICRDETAILSSrces_2 HEPCEPICRDETAILSSrces_3 HEPCEPICRDETAILSSrces_4 HEPCEPICRDETAILSSrces_5	Suspected source(s) of patient's acute Hepatitis C infection	CheckBoxList (more than one choice is possible)	Drug use	DRUG
				Sexual contact	SEX
				Occupational exposure	OCCEXP
				Healthcare exposure	HCAREEXP
				Wound or accident	WOUND

EPIDEMIOLOGIC INFO – HEPATITIS C, ACUTE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
	HEPCEPICRDETAILSSrces_6 HEPCEPICRDETAILSSrces_7			Other Unknown	OTH UNK
If other, specify	HEPCEPICRDETAILSSrcesSpcfy	If other source, please specify	FreeText		
Additional comments	HEPCEPICRDETAILSNOTES	Additional comments	Text Box		
EPIDEMIOLOGICAL LINKAGE					
Epi-linked to known case?	EPILINKKNOWNCASE	Epi-Linked to known case of acute Hepatitis C?	DropDownList	Yes No Unknown	Y N U
Contact name / Case #	EPILINKCONTNAMECASENUM	Contact name / case #	FreeText		
OUTBREAK					
Part of known outbreak?	OBPARTOF	Is this case part of a known acute Hepatitis C outbreak?	DropDownList	Yes No Unknown	Y N U
Extent of outbreak	OBEXTENTOF_1 OBEXTENTOF_2 OBEXTENTOF_3 OBEXTENTOF_4 OBEXTENTOF_5 OBEXTENTOF_6	If Yes, what is the extent of the outbreak?	CheckBoxList (more than one choice is possible)	One CA jurisdiction Multiple CA jurisdictions Multistate International Unknown Other	ONEJUR MULJUR MULSTAT INTR UNK OTH
If Other, specify	OBEXTENTOFSPFY	Specify other extent of outbreak	FreeText		
Mode of transmission	OBTRANSMOD_1 OBTRANSMOD_2 OBTRANSMOD_3 OBTRANSMOD_4	What is the mode of transmission for the acute Hepatitis C outbreak?	CheckBoxList (more than one choice is possible)	Point source Person-to-person Unknown Other	SRC P2P UNK OTH
If Other, specify	OBTRANSMODSPFY	Specify other mode of transmission	FreeText		
Vehicle of outbreak	OBVEHICLE	What is the vehicle of the acute Hepatitis C outbreak?	FreeText		
Pattern 1 ID number	OBPAT1IDNUM	Pattern 1 ID number	FreeText		

EPIDEMIOLOGIC INFO – HEPATITIS C, ACUTE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Pattern 2 ID number	OBPAT2IDNUM	Pattern 2 ID number	FreeText		

Hepatitis C, Chronic

LABORATORY INFO – HEPATITIS C, CHRONIC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
VIRAL HEPATITIS C DIAGNOSTIC TESTS					
Anti-HCV date	HEPCLABCRDXTSTANTIHCVDT	Date of Hepatitis C antibody serologic test (anti-HCV)	Date (MM/DD/YYYY)		
Anti-HCV result	HEPCLABCRDXTSTANTIHCVRSLT	Result of Hepatitis C antibody serologic test (anti-HCV)	DropDownList	Positive Negative Indeterminate Pending Not Done Unknown	POS NEG IND PEN NOT UNK
Anti-HCV signal to cut-off ratio	HEPCLABCRDXTSTANTIHCVCUTRATIO	What was the signal to cut-off ratio of the Hepatitis C antibody (Anti-HCV)	FreeText		
Anti-HCV result a true positive?	HEPCLABCRDXTSTANTIHCVTRUPOS	Is anti-HCV result predictive of a true positive?	RadioButtonList	Yes No	Y N
HCV RNA date	HEPCLABCRDXTSTHCVRNADT	Date of Hepatitis C Virus RNA test (HCV RNA)	Date (MM/DD/YYYY)		
HCV RNA result	HEPCLABCRDXTSTHCVRNARSLT	Result of Hepatitis C Virus RNA test (HCV RNA)	DropDownList	Positive Negative Indeterminate Pending Not Done Unknown	POS NEG IND PEN NOT UNK
HCV RIBA date	HEPCLABCRDXTSTHCVRIBADT	Date of Hepatitis C Virus RIBA test (HCV RIBA)	Date (MM/DD/YYYY)		
HCV RIBA result	HEPCLABCRDXTSTHCVRIBARSLT	Result of Hepatitis C Virus RIBA test (HCV RIBA)	DropDownList	Positive Negative Indeterminate Pending Not Done Unknown	POS NEG IND PEN NOT UNK
Specify Genotype (if available)	HEPCLABCRDXTSTGENOTYPE	Specify the virus genotype if the genotype is available	FreeText		

LABORATORY INFO – HEPATITIS C, CHRONIC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
OTHER VIRAL HEPATITIS DIAGNOSTIC TESTS					
IgM anti-HAV date	HEPCLABCRDXTSTOTHANTIHAVIGMDT	Date of Hepatitis A antibody IgM serologic test (anti-HAV IgM)	Date (MM/DD/YYYY)		
IgM anti-HAV result	HEPCLABCRDXTSTOTHANTIHAVIGMRSLT	Result of Hepatitis A antibody IgM serologic test (anti-HAV IgM) *(Indeterminate is an old CalREDIE Data Label that is no longer in use but will still show in the UDF for older cases. It was replaced by the Data Label Borderline)	DropDownList	Positive Negative Pending Not Done Unknown Borderline Indeterminate *	POS NEG PEN NOT UNK BOR IND*
Anti-HAV total date	HEPCLABCRDXTSTOTHANTIHAVDT	Date of Hepatitis A antibody total serologic test (anti-HAV total)	Date (MM/DD/YYYY)		
Anti-HAV total result	HEPCLABCRDXTSTOTHANTIHAVRSLT	Result of Hepatitis A antibody total serologic test (anti-HAV total)	DropDownList	Positive Negative Pending Not Done Unknown Borderline	POS NEG PEN NOT UNK BOR
HBsAG date	HEPCLABCRDXTSTOTHHBSAGDT	Date of Hepatitis B surface antigen serologic test (HBsAG)	Date (MM/DD/YYYY)		
HBsAG result	HEPCLABCRDXTSTOTHHBSAGRSLT	Result of Hepatitis B surface antigen serologic test (HBsAG)	DropDownList	Positive Negative Pending Not Done Unknown Borderline	POS NEG PEN NOT UNK BOR
IgM anti-HBc date	HEPCLABCRDXTSTOTHANTIHBCIGMDT	Date of Hepatitis B core IgM serologic test (anti-HBc IgM)	Date (MM/DD/YYYY)		

LABORATORY INFO – HEPATITIS C, CHRONIC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
IgM anti-HBc result	HEPCLABCRDXTSTOTHANTIHBCIGMRSLT	Result of Hepatitis B core IgM serologic test (anti-HBc IgM)	DropDownList	Positive Negative Pending Not Done Unknown Borderline	POS NEG PEN NOT UNK BOR
Anti-HBs date	HEPCLABCRDXTSTOTHANTIHBSDT	Date of Hepatitis B surface antibody serologic test (anti-HBs)	Date (MM/DD/YYYY)		
Anti-HBs result	HEPCLABCRDXTSTOTHANTIHBSRSLT	Result of Hepatitis B surface antibody serologic test (anti-HBs)	DropDownList	Positive Negative Pending Not Done Unknown Borderline	POS NEG PEN NOT UNK BOR
Anti-HBc total date	HEPCLABCRDXTSTOTHANTIHBCDT	Date of Hepatitis B core antibody total serologic test (anti-HBc)	Date (MM/DD/YYYY)		
Anti-HBc total result	HEPCLABCRDXTSTOTHANTIHBCRSLT	Result of Hepatitis B core antibody total serologic test (anti-HBc)	DropDownList	Positive Negative Pending Not Done Unknown Borderline	POS NEG PEN NOT UNK BOR
HBV DNA (Quant.) Date	HEPCLABCRDXTSTOTHHBVDNADate	Date of Hepatitis B Virus DNA Quantitative test (HBV DNA)	Date (MM/DD/YYYY)		
HBV DNA result (IU/ml)	HEPCLABCRDXTSTOTHHBVDNARes	Result of Hepatitis B Virus DNA Quantitative test (IU/ml)	FreeText		
HBV DNA (Qual.) date	HEPCLABCRDXTSTOTHHBVDNAQUALDATE	Date of Hepatitis B Virus DNA Qualitative test (HBV DNA)	Date (MM/DD/YYYY)		
HBV DNA Result (Qual)	HEPCLABCRDXTSTOTHHBVDNAQUALRES	Result of Hepatitis B Virus DNA Qualitative test (HBV DNA)	DropDownList	Detected Not Detected Pending Not Done Unknown	Det NotDet Pend NotDone Unk

LABORATORY INFO – HEPATITIS C, CHRONIC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
HBeAg date	HEPCLABCRDXTSTOTHHBeAgDate	Date of Hepatitis B “e” antigen serologic test (HBeAg)	Date (MM/DD/YYYY)		
HBeAg result	HEPCLABCRDXTSTOTHHBeAgRes	Result of Hepatitis B “e” antigen serologic test (HBeAg)	DropDownList	Positive Negative Pending Not Done Unknown Borderline	POS NEG PEND NTDN UNK BDL
Anti-HDV date	HEPCLABCRDXTSTOTHANTIHDVDT	Date of Hepatitis D antibody serologic test (anti-HDV)	Date (MM/DD/YYYY)		
Anti-HDV result	HEPCLABCRDXTSTOTHANTIHDVRSLT	Result of Hepatitis D antibody serologic test (anti-HDV)	DropDownList	Positive Negative Indeterminate Pending Not Done Unknown	POS NEG IND PEN NOT UNK
Anti-HEV date	HEPCLABCRDXTSTOTHANTIHEVDT	Date of Hepatitis E antibody serologic test (anti-HEV)	Date (MM/DD/YYYY)		
Anti-HEV result	HEPCLABCRDXTSTOTHANTIHEVRSLT	Result of Hepatitis E antibody serologic test (anti-HEV)	DropDownList	Positive Negative Indeterminate Pending Not Done Unknown	POS NEG IND PEN NOT UNK
LIVER ENZYME LEVELS AT DIAGNOSIS					
ALT [SGPT] date	DXLVRENZLEVALTSGPTDT	Date of ALT [SGPT] testing result	Date (MM/DD/YYYY)		
ALT [SGPT] result	DXLVRENZLEVALTSGPTRSLT	Result of ALT [SGPT] testing	FreeText		
Upper limit normal	DXLVRENZLEVALTSGPTUPPER	Upper limit normal	FreeText		

LABORATORY INFO – HEPATITIS C, CHRONIC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
AST [SGOT] date	DXLVRENZLEVALTSGOTDT	Date of AST [SGOT] testing result	Date (MM/DD/YYYY)		
AST [SGOT] result	DXLVRENZLEVALTSGOTRSLT	Result of AST [SGOT] testing	FreeText		
Upper limit normal	DXLVRENZLEVALTSGOTUPPER	Upper limit normal	FreeText		
Bilirubin date	DXLVRENZLEVBILIRUBINDT	Date of measurement of bilirubin level	Date (MM/DD/YYYY)		
Bilirubin result	DXLVRENZLEVBILIRUBINRSLT	Result of bilirubin level	FreeText		

Influenza - Contact of a Case / Influenza - Death (0-64 years old) / Influenza - ICU Hospitalization (0-64 years old) / Influenza - Initial Report / Influenza - Novel Strain (not 2009 H1N1)

CLINICAL INFO – INFLUENZA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
TYPE/SUBTYPE OF INFLUENZA BEING REPORTED					
Type/subtype of influenza being reported	FLUCLICRFLUCATEGORYFLUCAT	Indicate the type / subtype of influenza being reported	DropDownList	~~Flu A - 2009 H1N1 (inactive)~~	~~FLUA2009H1N1~~
				Flu A - (H3)	FLUAH3
				Flu A - PCR positive, subtype not done	FLUAPCRPOS
				Flu A - PCR unconfirmed	FLUAPCRUNCONF
				Flu A - PCR positive, unsubtypeable	FLUAPCRPOSUNSUB
				Flu B—lineage unknown	FLUB
				Flu B—Victoria lineage	FLUBVICTORIA
				Flu B—Yamagata lineage	FLUBYAMAGATA
				Flu A(H1) and Flu A(H3) co-infection PCR positive	FLUAH1H3PCRPOS
				Flu A and B co-infection - PCR positive	FLUEABPCRPOS
				Flu - type pending	FLUPEND
				Flu - type unknown or not done	FLUUNK
				Novel influenza	FLUNOVEL
SYMPTOMS AND COMPLICATIONS (This section is optional for all influenza disease conditions EXCEPT novel influenza)					
Symptomatic?	FLUCLICRSXCOMPSSYMPTOMATIC	Does the patient have clinical signs or symptoms compatible with influenza?	DropDownList	Yes No Unknown	Y N U
Symptoms	FLUCLICRSXCOMPSSXLIST_1 FLUCLICRSXCOMPSSXLIST_2 FLUCLICRSXCOMPSSXLIST_3 FLUCLICRSXCOMPSSXLIST_4 FLUCLICRSXCOMPSSXLIST_5 FLUCLICRSXCOMPSSXLIST_6 FLUCLICRSXCOMPSSXLIST_7 FLUCLICRSXCOMPSSXLIST_8 FLUCLICRSXCOMPSSXLIST_9 FLUCLICRSXCOMPSSXLIST_10	Did the patient have any of the following symptoms associated with the illness?	CheckBoxList (more than one choice is possible)	Fever > 37.8 C	FEVER
				Cough	COUGH
				Sore throat	SORETHROAT
				Muscle aches	MUSCLACHE
				Nausea/vomiting	VOMIT
				Diarrhea	DIARRHEA
				Rhinorrhea/congestion	CONGEST
				Shortness of breath	SHORTBREATH
				Altered mental status	MENTALSTAT
				Seizures	SEIZUR
				Apnea	APNEA

CLINICAL INFO – INFLUENZA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
	FLUCLICRSXCOMPSSXLIST_11 FLUCLICRSXCOMPSSXLIST_12 FLUCLICRSXCOMPSSXLIST_13 FLUCLICRSXCOMPSSXLIST_14			Headache Decreased PO/Anorexia Other	HEADACHE ANOREX OTH
If Other, specify	FLUCLICRSXCOMPSSXLISTOTHSPEC	If Other, specify symptom	FreeText		
O_2 saturation (%)	FLUCLICRSXCOMPSO2SAT	O_2 saturation (%) in ED or at admission	FreeText		
O_2 supplementation	FLUCLICRSXCOMPSO2PERCENT	O_2 Supplementation	FreeText		
Complications	FLUCLICRSXCOMPSCOMPLIST_1 FLUCLICRSXCOMPSCOMPLIST_2 FLUCLICRSXCOMPSCOMPLIST_3 FLUCLICRSXCOMPSCOMPLIST_4 FLUCLICRSXCOMPSCOMPLIST_5 FLUCLICRSXCOMPSCOMPLIST_6 FLUCLICRSXCOMPSCOMPLIST_7 FLUCLICRSXCOMPSCOMPLIST_8	Did the patient have any of the following complications associated with the illness?	CheckBoxList (more than one choice is possible)	Pneumonia Acute respiratory distress syndrome (ARDS) Sepsis/multi-organ failure Secondary bacterial infection Encephalitis/encephalopathy Acute renal failure Pulmonary embolus Other	PNEUMONIA ARDS SEPSIS SECBACTRINFECT ENCPHLTS RENALFAIL PULMEMB OTH
If Other, specify	FLUCLICRSXCOMPSCOMPLISTOTHSPEC	If Other, specify complication	FreeText		
MEDICAL INTERVENTIONS					
Medical interventions	FLUCLICRMedIntMedInt_1 FLUCLICRMedIntMedInt_2 FLUCLICRMedIntMedInt_3 FLUCLICRMedIntMedInt_4	Indicate if any of the specified medical interventions were attempted	CheckBoxList (more than one choice is possible)	ECMO Hemodialysis or CVVHD Intravenous pressors Tracheotomy due to inability to extubate	ECMO HEMO INTRA TRACH
PAST MEDICAL HISTORY (This section is optional for all influenza disease conditions EXCEPT novel influenza)					
Underlying conditions?	FLUCLICRPASTMEDHXUndCond	Did the patient have any underlying medical conditions?	DropDownList	Yes No Unknown	Y N U
Cardiac disease	FLUCLICRPASTMEDHXCARDIAC	Does the patient have cardiac disease?	DropDownList	Yes No Unknown	Y N U
				Congenital heart disease	HEARTDIS

CLINICAL INFO – INFLUENZA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Yes, specify	FLUCLICRPASTMEDHXCARDIACLIST_1 FLUCLICRPASTMEDHXCARDIACLIST_2 FLUCLICRPASTMEDHXCARDIACLIST_3 FLUCLICRPASTMEDHXCARDIACLIST_4 FLUCLICRPASTMEDHXCARDIACLIST_5	If Yes, specify type of cardiac disease	CheckBoxList (more than one choice is possible)	Coronary artery disease (CAD) Congestive heart failure (CHF) Arrythmia/atrial fibrilation Other	CAD CHF ARRYTHM OTH
If Other, specify	FLUCLICRPASTMEDHXCARDIACLISTOTHSPEC	If Other, specify type of cardiac disease	FreeText		
Chronic pulmonary disease	FLUCLICRPASTMEDHXCPD	Does the patient have chronic pulmonary disease?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	FLUCLICRPASTMEDHXCPDLIST_1 FLUCLICRPASTMEDHXCPDLIST_2 FLUCLICRPASTMEDHXCPDLIST_3 FLUCLICRPASTMEDHXCPDLIST_4	If Yes, specify type of chronic pulmonary disorder	CheckBoxList (more than one choice is possible)	Asthma Obstructive sleep apnea Chronic Obstructive Pulmonary Disease (COPD) Other	ASTHMA OBSSLEEPAPNEA COPD OTH
If Other, specify	FLUCLICRPASTMEDHXCPDLISTOTHSPEC	If Other, specify type of chronic pulmonary disorder	FreeText		
Respiratory distress syndrome	FLUCLICRPASTMEDHXRDS	Does the patient have respiratory distress syndrome (RDS) associated with prematurity?	DropDownList	Yes No Unknown	Y N U
Immuno-suppressed	FLUCLICRPASTMEDHXIMMSUP	Is the patient immunosuppressed?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	FLUCLICRPASTMEDHXIMMSUPLIST_1 FLUCLICRPASTMEDHXIMMSUPLIST_2 FLUCLICRPASTMEDHXIMMSUPLIST_3 FLUCLICRPASTMEDHXIMMSUPLIST_4 FLUCLICRPASTMEDHXIMMSUPLIST_5 FLUCLICRPASTMEDHXIMMSUPLIST_6	If Yes, specify type of immunosuppression	CheckBoxList (more than one choice is possible)	Cancer (current) Transplant (organ only) Leukemia Systemic Lupus Erythematosus Chemotherapy Other	CANCER TRANSPLNT LEUKMIA SLE CHEMO OTH
If Other, specify	FLUCLICRPASTMEDHXIMMSUPLISTOTHSPEC	If Other, specify type of immunosuppression	FreeText		
Immuno-suppressive medications	FLUCLICRPASTMEDHXIMMSUPMEDS	Is patient on immunosuppressive medications?	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – INFLUENZA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Yes, specify	FLUCLICRPASTMEDHXIMMSUPMEDSSPEC	If yes, specify type of immuno-suppressive medications	FreeText		
Metabolic disorder	FLUCLICRPASTMEDHXMETABOL	Does the patient have a metabolic disorder	DropDownList	Yes No Unknown	Y N U
If Yes, specify	FLUCLICRPASTMEDHXMETABOLLIST_1 FLUCLICRPASTMEDHXMETABOLLIST_2 FLUCLICRPASTMEDHXMETABOLLIST_3 FLUCLICRPASTMEDHXMETABOLLIST_4 FLUCLICRPASTMEDHXMETABOLLIST_5 FLUCLICRPASTMEDHXMETABOLLIST_6 FLUCLICRPASTMEDHXMETABOLLIST_7	If Yes, specify type of metabolic disorder	CheckBoxList (more than one choice is possible)	Diabetes Mellitus Renal/kidney disease End-stage renal disease Chronic renal insufficiency Hemodialysis Continuous ambulatory peritoneal dialysis (CAPD) Other	DIABETES RENAL ESRD CHRONRENAL HEMODIAL CAPD OTH
If Other, specify	FLUCLICRPASTMEDHXMETABOLLISTOTHSPEC	If Other, specify type of metabolic disorder	FreeText		
Neurological disorder	FLUCLICRPASTMEDHXNEURO	Does the patient have a neurological disorder?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	FLUCLICRPASTMEDHXNEUROLIST_1 FLUCLICRPASTMEDHXNEUROLIST_2 FLUCLICRPASTMEDHXNEUROLIST_3	If Yes, specify type of neurological disorder	CheckBoxList (more than one choice is possible)	Seizure disease Cerebral palsy or developmental delay Other	SEIZUR CERBPALSY OTH
If Other, specify	FLUCLICRPASTMEDHXNEUROLISTOTHSPEC	If Other, specify type of neurological disorder	FreeText		
History of prematurity	FLUCLICRPASTMEDHXPREMATURE	Was the patient premature at birth?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	FLUCLICRPASTMEDHXGESTAGE	If Yes, specify gestational age (in weeks)	FreeText		
Gastro-intestinal disease	FLUCLICRPASTMEDHXGASTRO	Does the patient have a gastrointestinal disease?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	FLUCLICRPASTMEDHXGASTROLIST_1 FLUCLICRPASTMEDHXGASTROLIST_2	If Yes, specify type of gastrointestinal disease	CheckBoxList (more than one choice is possible)	Gastroesophageal reflux disease (GERD) Other	GERD OTH

CLINICAL INFO – INFLUENZA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Other, specify	FLUCLICRPASTMEDHXGASTROLISTOTHSPEC	If Other, specify type of gastrointestinal disease	FreeText		
Hemoglobin-opathy	FLUCLICRPASTMEDHXHEMOGLOB	Does the patient have a hemoglobinopathy?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	FLUCLICRPASTMEDHXHEMOGLOBSPEC	If Yes, specify the hemoglobinopathy	FreeText		
Long-term aspirin therapy	FLUCLICRPASTMEDHXASPIRIN	Is the patient undergoing long-term aspirin therapy (for under 18 years old only)?	DropDownList	Yes No Unknown	Y N U
Genetic disorder	FLUCLICRPASTMEDHXGENETICDIS	Does the patient have a genetic disorder?	DropDownList	Yes No Unknown	Y N U
Type of genetic disorder	FLUCLICRPASTMEDHXGENETICDISSPEC	If Yes, specify type of genetic disorder	FreeText		
Prenatal care	FLUCLICRPASTMEDHXPrenatal	Did patient receive any prenatal care?	DropDownList	Yes No Unknown	Y N U
Gestational age	FLUCLICRPASTMEDHXGestAgeSympt	Gestational age at onset of symptoms (in weeks)?	FreeText		
Outcome of infant(s)	FLUCLICRPASTMEDHXOutcome	Outcome of infant(s)?	DropDownList	Not yet delivered Alive, admitted to NICU Alive, discharged to home Fetal demise/infant death Other	NOTYET ANICU AHOME DEAD OTH
If Other, specify	FLUCLICRPASTMEDHXOutcomeSpcfy	If Other, specify	FreeText		
Postpartum	FLUCLICRPASTMEDHXPOSTPARTUM	For patients who are postpartum (onset date < 8 weeks after delivery date)?	DropDownList	Yes No Unknown	Y N U
If yes, delivery date	FLUCLICRPASTMEDHXPOSTPARTUMDELIVDATE	If yes, specify the delivery date	Date (MM/DD/YYYY)		
Height	FLUCLICRPASTMEDHXHEIGHT	What is the patient's height?	FreeText		

CLINICAL INFO – INFLUENZA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Weight	FLUCLICRPASTMEDHXWEIGHT	What is the patient's weight?	FreeText		
BMI	FLUCLICRPASTMEDHXBMI	What is the patient's body mass index (BMI) (For 20 years of age and older)?	FreeText		
BMI percentile for age	FLUCLICRPASTMEDHXBMIPERCENTILE	What is the patient's BMI percentile for age? (only for 2 to 19 years old)	FreeText		
Weight Status	FLUCLICRPASTMEDHXWeightStat	Weight Status	DropDownList	Underweight	UNDER
				Normal	NORM
				Overweight	OVE
				Obese	OBESE
				Morbidly Obese	MOROBESE
Hypertension	FLUCLICRPASTMEDHXHYPERTENSION	Is the patient hypertensive?	DropDownList	Yes No Unknown	Y N U
Hyperlipidemia	FLUCLICRPASTMEDHXHYPERLIPIDEMIA	Does the patient have hyperlipidemia?	DropDownList	Yes No Unknown	Y N U
Hypothy-roidism	FLUCLICRPASTMEDHXHYPOTHYROIDISM	Does the patient have hypothyroidism?	DropDownList	Yes No Unknown	Y N U
Other conditions	FLUCLICRPASTMEDHXOTHCOND	Does the patient have any other conditions?	DropDownList	Yes No Unknown	Y N U
If Yes, specify type	FLUCLICRPASTMEDHXOTHCONDSPEC	If Yes, specify type	FreeText		
VACCINATION HISTORY					
Vaccinated novel / pandemic	FLUCLICRVACHXVACNOVEL	Was the patient vaccinated against novel / pandemic influenza?	DropDownList	Yes No Unknown	Y N U
Vaccine administered	FLUCLICRVACHXVACNOVELTYPE	What was the type of vaccine administered?	FreeText		
Dose #1	FLUCLICRVACHXVACNOVELDOSE1	Dose #1	DropDownList	Yes, alleged Yes, documented	A D

CLINICAL INFO – INFLUENZA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Date	FLUCLICRVACHXVACNOVELDOSE1DATE	Date of dose #1	Date (MM/DD/YYYY)		
Date unknown	FLUCLICRVACHXVACNOVELDOSE1DATEUNK	Indicate if the date of dose #1 is unknown	CheckBoxList	Unchecked Checked	(blank) VAC1DTUNKHEPB
Dose #2	FLUCLICRVACHXVACNOVELDOSE2	Dose #2	DropDownList	Yes, alleged Yes, documented No Unknown	A D N U
Date	FLUCLICRVACHXVACNOVELDOSE2DATE	Date of dose #2	Date (MM/DD/YYYY)		
Date unknown	FLUCLICRVACHXVACNOVELDOSE2DATEUNK	Indicate if the date of dose #2 is unknown	CheckBoxList	Unchecked Checked	(blank) VAC2DTUNKHEPB
Vaccinated seasonal	FLUCLICRVACHXVACSEASON	Was the patient vaccinated against seasonal influenza?	DropDownList	Yes No Unknown	Y N U
Vaccine administered	FLUCLICRVACHXVACSEASONTYPE	What was the type of vaccine administered?	FreeText		
Dose #1	FLUCLICRVACHXVACSEASONDOSE1	Dose #1	DropDownList	Yes, alleged Yes, documented	A D
Date	FLUCLICRVACHXVACSEASONDOSE1DATE	Date of dose #1	Date (MM/DD/YYYY)		
Date unknown	FLUCLICRVACHXVACSEASONDOSE1DATEUNK	Indicate if the date of dose #1 is unknown	CheckBoxList	Unchecked Checked	(blank) VAC1DTUNK
Dose #2	FLUCLICRVACHXVACSEASONDOSE2	Dose #2	DropDownList	Yes, alleged Yes, documented No Unknown	A D N U
Date	FLUCLICRVACHXVACSEASONDOSE2DATE	Date of dose #2	Date (MM/DD/YYYY)		
Date unknown	FLUCLICRVACHXVACSEASONDOSE2DATEUNK	Indicate if the date of dose #2 is unknown	CheckBoxList	Unchecked Checked	(blank) VAC2DTUNK
MEDICAL CARE					
Type facility	FLUCLICRMEDCAREMEDFACILITY1 FLUCLICRMEDCAREMEDFACILITY2 FLUCLICRMEDCAREMEDFACILITY3	If patient visited a medical facility, choose type?	DropDownList	Clinic ER Other Medical Facility	CLINIC ER OTH

CLINICAL INFO – INFLUENZA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Other, specify	FLUCLICRMEDCAREMEDFACILITYOTHSPEC1 FLUCLICRMEDCAREMEDFACILITYOTHSPEC2 FLUCLICRMEDCAREMEDFACILITYOTHSPEC3	If Other, specify type	FreeText		
Date of visit	FLUCLICRMEDCAREMEDFACILITYDATE1 FLUCLICRMEDCAREMEDFACILITYDATE2 FLUCLICRMEDCAREMEDFACILITYDATE3	Date of medical care facility visit	Date (MM/DD/YYYY)		
TREATMENT – ANTIVIRAL MEDICATIONS (This section is optional for all influenza disease conditions EXCEPT novel influenza)					
Antiviral medications	FLUCLICRTREATMENTANTIVIRALS	Did the case-patient receive antiviral medications?	DropDownList	Yes No Unknown	Y N U
TREATMENT – ANTIVIRAL MEDICATIONS – DETAILS (This section is optional for all influenza disease conditions EXCEPT novel influenza)					
Antiviral medication	FLUCLICRTRXDETAILSANTIVIRALMEDS1 FLUCLICRTRXDETAILSANTIVIRALMEDS2 FLUCLICRTRXDETAILSANTIVIRALMEDS3	What antiviral medication did the patient receive?	DropDownList	Oseltamivir Zanamivir Peramivir Rimantadine Amantadine Other (specify)	OSE ZAN PER RIM AMA OTH
If Other, specify	FLUCLICRTRXDETAILSANTIVIRALMEDSOTHSPEC1 FLUCLICRTRXDETAILSANTIVIRALMEDSOTHSPEC2 FLUCLICRTRXDETAILSANTIVIRALMEDSOTHSPEC3	If Other, specify medication	FreeText		
Date treatment started	FLUCLICRTRXDETAILSANTIVIRALDATESTART1 FLUCLICRTRXDETAILSANTIVIRALDATESTART2 FLUCLICRTRXDETAILSANTIVIRALDATESTART3	Date treatment started	Date (MM/DD/YYYY)		
Date treatment ended	FLUCLICRTRXDETAILSANTIVIRALDATEEND1 FLUCLICRTRXDETAILSANTIVIRALDATEEND2 FLUCLICRTRXDETAILSANTIVIRALDATEEND3	Date treatment ended	Date (MM/DD/YYYY)		
Dosage	FLUCLICRTRXDETAILSANTIVIRALDOSAGE1 FLUCLICRTRXDETAILSANTIVIRALDOSAGE2 FLUCLICRTRXDETAILSANTIVIRALDOSAGE3	What dosage of antiviral medication did the patient receive?	DropDownList	Single Double Unknown	SINGLE DOUBLE UNK
Route of medication administration	FLUCLICRTRXDETAILSANTIVIRALROUTE1 FLUCLICRTRXDETAILSANTIVIRALROUTE2 FLUCLICRTRXDETAILSANTIVIRALROUTE3	What was the route of antiviral medication administration?	DropDownList	Oral Nasal Intravenous	ORAL NASAL INTRAV
TREATMENT – ANTIBIOTIC MEDICATIONS (This section is optional for all influenza disease conditions EXCEPT novel influenza)					
Antibiotic medications?	FLUCLICRANTIBIOTICANTIBIOTIC	Did the case-patient receive antibiotic medications?	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – INFLUENZA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
TREATMENT – ANTIBIOTIC MEDICATIONS – DETAILS (This section is optional for all influenza disease conditions EXCEPT novel influenza)					
Antibiotic type	FLUCLICRABXDETAILSABXTYPE1 FLUCLICRABXDETAILSABXTYPE2 FLUCLICRABXDETAILSABXTYPE3	Type of antibiotic medication	FreeText		
Date antibiotic started	FLUCLICRABXDETAILSANTIBIOTICDATESTART1 FLUCLICRABXDETAILSANTIBIOTICDATESTART2 FLUCLICRABXDETAILSANTIBIOTICDATESTART3	Date antibiotic started	Date (MM/DD/YYYY)		
DEATH					
Did the patient die?	FLUCLICRDEATHDIED	Did the patient die?	DropDownList	Yes No Unknown	Y N U
Describe cause(s) of death:	FLUCLICRDEATHCAUSE	Describe the cause(s) of the patient's death:	Text Box		
Was autopsy done?	FLUCLICRDEATHAUTOPSY	If the patient died, was an autopsy done?	DropDownList	Yes No Unknown	Y N U
Where performed?	FLUCLICRDEATHAUTOPSYWHERE	Where was autopsy performed?	FreeText		
Describe findings	FLUCLICRDEATHFINDING	If an autopsy was performed, describe findings below:	Text Box		
Specimens collected during?	FLUCLICRDEATHAUTOPSYLABSPEC	Any laboratory specimens collected during autopsy?	DropDownList	Yes No Unknown	Y N U
HOSPITALIZATION					
Patient hospitalized?	FLUCLICRHOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
Days hospitalized	FLUCLICRHOSPDAYSHOSPITALIZED	If Yes, how many total hospital days?	FreeText		
HOSPITALIZATION – DETAILS					

CLINICAL INFO – INFLUENZA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Hospital name	FLUCLICRHOSPDETAILSHOSPNAME1 FLUCLICRHOSPDETAILSHOSPNAME2 FLUCLICRHOSPDETAILSHOSPNAME3	Name of facility where patient was hospitalized	FreeText		
Street address	FLUCLICRHOSPDETAILSHOSPSTREET1 FLUCLICRHOSPDETAILSHOSPSTREET2 FLUCLICRHOSPDETAILSHOSPSTREET3	Street address of hospital	FreeText		
City	FLUCLICRHOSPDETAILSHOSPCITY1 FLUCLICRHOSPDETAILSHOSPCITY2 FLUCLICRHOSPDETAILSHOSPCITY3	City where hospital located	FreeText		
State	FLUCLICRHOSPDETAILSHOSPSTATE1 FLUCLICRHOSPDETAILSHOSPSTATE2 FLUCLICRHOSPDETAILSHOSPSTATE3	State	FreeText		
Zip code	FLUCLICRHOSPDETAILSHOSPZIP1 FLUCLICRHOSPDETAILSHOSPZIP2 FLUCLICRHOSPDETAILSHOSPZIP3	Zip code	FreeText		
Telephone #	FLUCLICRHOSPDETAILSHOSPTELEPHONE1 FLUCLICRHOSPDETAILSHOSPTELEPHONE2 FLUCLICRHOSPDETAILSHOSPTELEPHONE3	Telephone number for hospital	FreeText		
Admit date	FLUCLICRHOSPDETAILSHOSPADMITDATE1 FLUCLICRHOSPDETAILSHOSPADMITDATE2 FLUCLICRHOSPDETAILSHOSPADMITDATE3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge / Transfer date	FLUCLICRHOSPDETAILSHOSPDISCHDATE1 FLUCLICRHOSPDETAILSHOSPDISCHDATE2 FLUCLICRHOSPDETAILSHOSPDISCHDATE3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		
Medical record number	FLUCLICRHOSPDETAILSMEDRECNUMBER1 FLUCLICRHOSPDETAILSMEDRECNUMBER2 FLUCLICRHOSPDETAILSMEDRECNUMBER3	Medical record number for patient	FreeText		
Admit diagnosis	FLUCLICRHOSPDETAILSHOSPADMITDX1 FLUCLICRHOSPDETAILSHOSPADMITDX2 FLUCLICRHOSPDETAILSHOSPADMITDX3	What was the patient's preliminary diagnosis at time of admittance?	FreeText		
Discharge diagnosis	FLUCLICRHOSPDETAILSHOSPDISCHDX1 FLUCLICRHOSPDETAILSHOSPDISCHDX2 FLUCLICRHOSPDETAILSHOSPDISCHDX3	What was the patient's final diagnosis at the time of discharge?	FreeText		
Patient in ICU?	FLUCLICRHOSPDETAILSICU1 FLUCLICRHOSPDETAILSICU2 FLUCLICRHOSPDETAILSICU3	Was the patient admitted to the ICU?	DropDownList	Yes No Unknown	Y N U
ICU admit date	FLUCLICRHOSPDETAILSICUADMITDATE1 FLUCLICRHOSPDETAILSICUADMITDATE2 FLUCLICRHOSPDETAILSICUADMITDATE3	Date patient was admitted to the ICU	Date (MM/DD/YYYY)		

CLINICAL INFO – INFLUENZA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
ICU discharge date	FLUCLICRHOSPDETAILSICUDISCHDATE1 FLUCLICRHOSPDETAILSICUDISCHDATE2 FLUCLICRHOSPDETAILSICUDISCHDATE3	Date patient was discharged from the ICU	Date (MM/DD/YYYY)		
Patient intubated?	FLUCLICRHOSPDETAILSINTUBATED1 FLUCLICRHOSPDETAILSINTUBATED2 FLUCLICRHOSPDETAILSINTUBATED3	Was the patient intubated?	DropDownList	Yes No Unknown	Y N U
Intubation start date #1	FLUCLICRHOSPDETAILSINTUBSTARTDATE1_1 FLUCLICRHOSPDETAILSINTUBSTARTDATE2_1 FLUCLICRHOSPDETAILSINTUBSTARTDATE3_1	Date Intubation started #1	Date (MM/DD/YYYY)		
Intubation end date #1	FLUCLICRHOSPDETAILSINTUBENDDATE1_1 FLUCLICRHOSPDETAILSINTUBENDDATE2_1 FLUCLICRHOSPDETAILSINTUBENDDATE3_1	Date Intubation ended #1	Date (MM/DD/YYYY)		
Intubation start date #2	FLUCLICRHOSPDETAILSINTUBSTARTDATE1_2 FLUCLICRHOSPDETAILSINTUBSTARTDATE2_2 FLUCLICRHOSPDETAILSINTUBSTARTDATE3_2	Date Intubation started #2	Date (MM/DD/YYYY)		
Intubation end date #2	FLUCLICRHOSPDETAILSINTUBENDDATE1_2 FLUCLICRHOSPDETAILSINTUBENDDATE2_2 FLUCLICRHOSPDETAILSINTUBENDDATE3_2	Date Intubation ended #2	Date (MM/DD/YYYY)		

LABORATORY INFO – INFLUENZA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
CBC RESULTS					
Hematocrit (Hct)	FLULABCRCBCHEMATOCRIT	CBC results at day of admission: **Hematocrit (Hct)**	FreeText		
Hemoglobin	FLULABCRCBCHEMOGLOB	CBC results at day of admission: **Hemoglobin**	FreeText		
WBC count	FLULABCRCBCWBCCOUNT	CBC results at day of admission: **WBC count**	FreeText		
Platelet count	FLULABCRCBCPLATELET	CBC results at day of admission: **Platelet count**	FreeText		
Bands	FLULABCRCBCBANDS	CBC results at day of admission: **Bands**	FreeText		
Lymphocytes	FLULABCRCBCLYMPHOCYTES	CBC results at day of admission: **Lymphocytes**	FreeText		
Monocytes	FLULABCRCBCMONOCYTES	CBC results at day of admission: **Monocytes**	FreeText		

LABORATORY INFO – INFLUENZA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Neutrophils	FLULABCRCBCNEUTROPHILS	CBC results at day of admission: **Neutrophils**	FreeText		
RADIOGRAPHIC AND LUMBAR PUNCTURE FINDINGS					
Medical procedure performed	FLULABCRRADIOMEDPROCEDURE1 FLULABCRRADIOMEDPROCEDURE2 FLULABCRRADIOMEDPROCEDURE3	What was the radiographic or lumbar puncture medical procedure performed?	DropDownList	Chest X-ray Chest CT Lumbar Puncture Other	CXR CCT LUMBPUNCT OTH
If Other, specify	FLULABCRRADIOMEDPROCOTHSPEC1 FLULABCRRADIOMEDPROCOTHSPEC2 FLULABCRRADIOMEDPROCOTHSPEC3	If Other procedure performed, please specify	FreeText		
Procedure date	FLULABCRRADIOMEDPROCDATE1 FLULABCRRADIOMEDPROCDATE2 FLULABCRRADIOMEDPROCDATE3	Date procedure performed	Date (MM/DD/YYYY)		
Procedure result	FLULABCRRADIOMEDPROCRES1 FLULABCRRADIOMEDPROCRES2 FLULABCRRADIOMEDPROCRES3	What was the result of the radiographic or lumbar puncture procedure?	DropDownList	Positive Negative Indeterminate Pending	POS NEG IND PEN
Describe findings	FLULABCRRADIOMEDPROCFINDINGS 1 FLULABCRRADIOMEDPROCFINDINGS 2 FLULABCRRADIOMEDPROCFINDINGS 3	Describe procedure findings	FreeText		
INFLUENZA TESTING					

LABORATORY INFO – INFLUENZA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Specimen source	FLULABCRFLUTESTFLUSPECTYPE1 FLULABCRFLUTESTFLUSPECTYPE2 FLULABCRFLUTESTFLUSPECTYPE3	What was the source of the specimen submitted for influenza testing?	DropDownList	Nasal swab	NASALSWB
				Nasopharyngeal swab	NASOPSWB
				Nasopharyngeal wash	NASOPWSH
				Nasopharyngeal aspirate	NASOPASP
				Oropharyngeal swab	OROPHSWB
				Sputum	SPUTUM
				Endotracheal aspirate	ENDOTASP
				Bronchoalveolar lavage (BAL)	BAL
				Pleural fluid	PLURLFLUID
				Blood	BLOOD
				Acute and convalescent serum	SERUM
				Cerebrospinal fluid (CSF)	CSF
				Pericardial fluid	PERICFLUID
				Peritoneal fluid	PERITFLUID
				Tissue (specify site)	TISSUE
				Stool	STOOL
				Urine	URINE
				Other	OTH
If Tissue, specify site	FLULABCRFLUTESTFLUSPECTISSUE1 FLULABCRFLUTESTFLUSPECTISSUE2 FLULABCRFLUTESTFLUSPECTISSUE3	If Tissue, specify site	FreeText		
If Other, specify type	FLULABCRFLUTESTFLUSPECOTHSPEC1 FLULABCRFLUTESTFLUSPECOTHSPEC2 FLULABCRFLUTESTFLUSPECOTHSPEC3	If Other, specify type of source	FreeText		
Tissue from?	FLULABCRFLUTESTFLUSPECAUTBIOP1 FLULABCRFLUTESTFLUSPECAUTBIOP2 FLULABCRFLUTESTFLUSPECAUTBIOP3	Was tissue from autopsy or biopsy?	DropDownList	Autopsy	AUTOP
				Biopsy	BIOP
				Unknown	UNK
Test performed	FLULABCRFLUTESTFLUTEST1 FLULABCRFLUTESTFLUTEST2 FLULABCRFLUTESTFLUTEST3	Type of laboratory test performed	DropDownList	Rapid Test	RAPID
				DFA / IFA	DFA
				Viral culture	VIRLCULT
				PCR	PCR
				Other	OTH

LABORATORY INFO – INFLUENZA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Other, specify	FLULABCRFLUTESTFLUTESTOTHSPEC1 FLULABCRFLUTESTFLUTESTOTHSPEC2 FLULABCRFLUTESTFLUTESTOTHSPEC3	Specify other type of test	FreeText		
PCR result	FLULABCRFLUTESTFLUTESTPCR1 FLULABCRFLUTESTFLUTESTPCR2 FLULABCRFLUTESTFLUTESTPCR3	If PCR, please write result as written on the test result form (also, please place a copy of the result in the filing cabinet)	FreeText		
Where performed?	FLULABCRFLUTESTFLUTESTPCRWHERE1 FLULABCRFLUTESTFLUTESTPCRWHERE2 FLULABCRFLUTESTFLUTESTPCRWHERE3	Where was testing performed?	FreeText		
Collection date	FLULABCRFLUTESTFLUTESTDATE1 FLULABCRFLUTESTFLUTESTDATE2 FLULABCRFLUTESTFLUTESTDATE3	Lab specimen collection date	Date (MM/DD/YYYY)		
Influenza type	FLULABCRFLUTESTFLUTESTRES1 FLULABCRFLUTESTFLUTESTRES2 FLULABCRFLUTESTFLUTESTRES3	What influenza type or subtype did the testing find?	DropDownList	Flu A	FLUA
				Flu A - seasonal H1N1	FLUASEAH1N1
				Flu A - 2009 H1N1	FLUASEA2009H1N1
				Flu A - (H3)	FLUAH3
				Flu A - unsubtypable	FLUAUNSUB
				Flu B	FLUB
Interpretation	FLULABCRFLUTESTFLUTESTINTERPRET1 FLULABCRFLUTESTFLUTESTINTERPRET2 FLULABCRFLUTESTFLUTESTINTERPRET3	Interpretation of influenza test results	DropDownList	Positive	POS
				Negative	NEG
				Indeterminate	IND
				Specimen Inadequate	INQ
				Pending	PEN
OTHER PATHOGENS					
Other pathogens	FLULABCROTHPATHOTHPATH1 FLULABCROTHPATHOTHPATH2 FLULABCROTHPATHOTHPATH3	Other viral/bacterial pathogens detected?	DropDownList	Yes No Unknown	Y N U

LABORATORY INFO – INFLUENZA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Specify source	FLULABCROTHPATHOTHPATHSOURCE1 FLULABCROTHPATHOTHPATHSOURCE2 FLULABCROTHPATHOTHPATHSOURCE3	What was the source of the specimen that was submitted for testing?	DropDownList	Nasal swab	NASALSWB
				Nasopharyngeal swab	NASOPSWB
				Nasopharyngeal wash	NASOPWSH
				Nasopharyngeal aspirate	NASOPASP
				Oropharyngeal swab	OROPHSWB
				Sputum	SPUTUM
				Endotracheal aspirate	ENDOTASP
				Bronchoalveolar lavage (BAL)	BAL
				Pleural fluid	PLURLFLUID
				Blood	BLOOD
				Acute and convalescent serum	SERUM
				Cerebrospinal fluid (CSF)	CSF
				Pericardial fluid	PERICFLUID
				Peritoneal fluid	PERITFLUID
				Tissue (specify site)	TISSUE
				Stool	STOOL
				Urine	URINE
				Other	OTH
If Other, specify	FLULABCROTHPATHOTHPATHOTHSPEC1 FLULABCROTHPATHOTHPATHOTHSPEC2 FLULABCROTHPATHOTHPATHOTHSPEC3	If Other source, please specify	FreeText		
Collection date	FLULABCROTHPATHOTHPATHDATE1 FLULABCROTHPATHOTHPATHDATE2 FLULABCROTHPATHOTHPATHDATE3	Lab specimen collection date	Date (MM/DD/YYYY)		
Pathogen detected	FLULABCROTHPATHOTHPATHDETECTED1 FLULABCROTHPATHOTHPATHDETECTED2 FLULABCROTHPATHOTHPATHDETECTED3	What was the other pathogen detected?	DropDownList	Strep pneumo	STERP
				GAS	GAS
				MRSA	MRSA
				MSSA	MSSA
				Staph aureus	STAPH
				Gram-negative rods	GRAMNEG
				Other	OTH
Overall interpretation	FLULABCROTHPATHINTERPRET1 FLULABCROTHPATHINTERPRET2	Overall interpretation?	DropDownList	Community acquired	COMMUN
				Hospital acquired	HOSP

LABORATORY INFO – INFLUENZA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
	FLULABCROTHPATHINTERPRET3			Colonization Contaminant	COLONY CONTAM
If Other, specify	FLULABCROTHPATHOTHPATHDETECTOTHSPEC1 FLULABCROTHPATHOTHPATHDETECTOTHSPEC2 FLULABCROTHPATHOTHPATHDETECTOTHSPEC3	If Other interpretation, please specify	FreeText		
OTHER LAB FINDINGS					
Other findings	FLULABCROTHFINDLIST1 FLULABCROTHFINDLIST2 FLULABCROTHFINDLIST3	If there are any other laboratory findings, please note them below.	Text Box		

EPIDEMIOLOGIC INFO – INFLUENZA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
CDC SAMS ID FOR PEDIATRIC INFLUENZA-ASSOCIATED DEATH					
CDC SAMS ID	FLUEPICRCASEIDNUMBER	(CDPH Use Only) CDC SAMS ID For Pediatric Influenza-Associated Death	FreeText		
TRAVEL HISTORY					
Travel 10 days prior to onset?	FLUPICRTRVHXTRAVEL	Did patient travel 10 days prior to symptom onset?	DropDownList	Yes No Unknown	Y N U
TRAVEL HISTORY – DETAILS					
Location	FLUEPICRTRVHXDTLLOCATION	Specify all locations (city, county, state, country)	FreeText		
Date travel started	FLUEPICRTRVHXDTLSTARTDT	Date travel started	Date (MM/DD/YYYY)		
Date travel ended	FLUEPICRTRVHXDTLENDDT	Date travel ended	Date (MM/DD/YYYY)		
RISK FACTORS (PERTAIN TO 10 DAYS PRIOR TO SYMPTOM ONSET, UNLESS OTHERWISE SPECIFIED					

EPIDEMIOLOGIC INFO – INFLUENZA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Contact with novel flu A case	FLUEPICRRISKFACTORSCLOSECONT	Close contact (within 3 ft) with a person who is a suspected, probable or confirmed novel human influenza A case	DropDownList	Yes No Unknown	Y N U
If Yes, specify:	FLUEPICRRISKFACTORSCLOSECONTSPECIFY	If Yes, please specify	FreeText		
Touched animal or animal remains	FLUEPICRRISKFACTORSTOUCHANIMAL	Touch (handle, slaughter, butcher, prepare for consumption) animals (including poultry, wild birds or swine) or their remains in an area where influenza infection in animals or novel influeza in humans has been suspected or confirmed in the last month	DropDownList	Yes No Unknown	Y N U
If Yes, specify:	FLUEPICRRISKFACTORSTOUCHANIMALSPECIFY	If Yes, please specify	FreeText		
Exposure to animal or animal remains	FLUEPICRRISKFACTORSEXPANIMALREMAINS	Exposure to animal (including poultry, wild birds or swine) remains in an area where influenza infection in animals or novel influenza in humans has been suspected or confirmed in the last month	DropDownList	Yes No Unknown	Y N U
If Yes, specify:	FLUEPICRRISKFACTORSEXPANIMALREMAINSSPECIFY	If Yes, please specify	FreeText		
Exposure to animal feces	FLUEPICRRISKFACTORSEXPANIMALFECES	Exposure to environments contaminated by animal feces (including poultry, wild birds or swine) in an area where influenza infection in animals or novel influenza in humans has been suspected or confirmed in the last month	DropDownList	Yes No Unknown	Y N U
If Yes, specify:	FLUEPICRRISKFACTORSEXPANIMALFECESSPECIFY	If Yes, please specify	FreeText		
Raw meat	FLUEPICRRISKFACTORSCONSRAWANIMAL	Consumption of raw or undercooked animals (including poultry, wild birds or swine) in an area where influenza infections in animals or novel influenza in humans has been suspected or confirmed in the last month	DropDownList	Yes No Unknown	Y N U
If Yes, specify:	FLUEPICRRISKFACTORSCONSRAWANIMALSPECiFY	If Yes, please specify	FreeText		
Contact with any animals	FLUEPICRRISKFACTORSCONTACTANIMAL	Did the patient have contact with any animals?	DropDownList	Yes No Unknown	Y N U
If yes, specify	FLUEPICRRISKFACTORSCONTACTANIMALSPECIFY	If yes, specify contact with dogs, cats, horses, wild birds, poultry, swine	FreeText		

EPIDEMIOLOGIC INFO – INFLUENZA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Direct contact with pigs	FLUEPICRRISKFACTORSCONTACTPIG	Direct contact with pigs at an agricultural event, farm, petting zoo or place where pigs were exhibited (i.e. state or county fair) in the last month	DropDownList	Yes No Unknown	Y N U
If yes, specify	FLUEPICRRISKFACTORSCONTACTPIGSPECIFY	If yes, specify event/location and date(s) of contact	FreeText		
Visit event	FLUEPICRRISKFACTORSVISITAGR	Visit an agricultural event, farm, petting zoo or place where pigs live or were exhibited (i.e. state or county fair) in the last month	DropDownList	Yes No Unknown	Y N U
Specify	FLUEPICRRISKFACTORSVISITAGRSPECIFY	If yes, specify event/location and date(s) of visit	FreeText		
Epi-link to novel flu A case	FLUEPICRRISKFACTORSEPILINK	Epi-link to laboratory-confirmed or probable novel influenza A case	DropDownList	Yes No Unknown	Y N U
If yes, specify	FLUEPICRRISKFACTORSEPILINKSPECIFY	If yes, specify contact name / Case #	FreeText		
Contact with Pneumonia	FLUEPICRRISKFACTORSVISITSICK	Visit or stay in the same household with anyone with pneumonia or severe influenza-like illness	DropDownList	Yes No Unknown	Y N U
Visit anyone who died	FLUEPICRRISKFACTORSVISITDIED	Visit or stay in the same household with anyone who died following the visit	DropDownList	Yes No Unknown	Y N U
Handle flu virus samples	FLUEPICRRISKFACTORSHANDLEDSAMPLES	Handle samples (animal or human) suspected of containing influenza virus in a laboratory or other setting	DropDownList	Yes No Unknown	Y N U
Notes / Comment	FLUEPICRRISKFACTORSCOMMENT	Notes/Comment	Text Box		
OUTBREAK					
Part of known outbreak?	FLUEPICROBPARTOF	Is this case part of a known influenza outbreak?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – INFLUENZA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Yes, extent of outbreak	FLUEPICROBEXTENTOF_1 FLUEPICROBEXTENTOF_2 FLUEPICROBEXTENTOF_3 FLUEPICROBEXTENTOF_4 FLUEPICROBEXTENTOF_5 FLUEPICROBEXTENTOF_6	If Yes, what is the extent of the outbreak?	CheckBoxList (more than one choice is possible)	One CA jurisdiction	ONEJUR
				Multiple CA jurisdictions	MULJUR
				Multistate	MULSTAT
				International	INTR
				Unknown	UNK
				Other	OTH
If Other, specify	FLUEPICROBEXTENTOFSPFY	If Other, specify	FreeText		
IVESTIGATOR'S CONTACT INFORMATION					
Telephone number	FLUEPICRINVCONTINFOPHONE	Local health jurisdiction investigator's telephone number	FreeText		

Legionellosis

CLINICAL INFO – LEGIONELLOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
SIGNS AND SYMPTOMS					
Symptomatic?	LEGIONLSCLICRSIGNSXSYMPTOMATIC	Did the patient have symptoms of Legionellosis?	DropDownList	Yes No Unknown	Y N U
Onset date	LEGIONLSCLICRSIGNSXONSETDT	Onset date of clinical symptoms of Legionellosis	System Defined Field Link		
Medical care date	LEGIONLSCLICRSIGNSXSGTMEDCAREDT	Date first sought medical care for symptoms	Date (MM/DD/YYYY)		
HOSPITALIZATION					
Patient visit ER?	HOSPER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U
Was patient hospitalized?	HOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
Total hospital nights	HOSPDAYSHOSP	If Yes, how many total hospital nights?	FreeText		
HOSPITALIZATION - DETAILS					
Hospital name	HOSPDTLNAME1 HOSPDTLNAME2 HOSPDTLNAME3	Name of facility where patient was hospitalized	FreeText		
Street address	HOSPDTLADDRESS1 HOSPDTLADDRESS2 HOSPDTLADDRESS3	Street address of hospital	FreeText		
City	HOSPDTLCITY1 HOSPDTLCITY2 HOSPDTLCITY3	City where hospital located	FreeText		
State	HOSPDTLSTATE1 HOSPDTLSTATE2 HOSPDTLSTATE3	State	FreeText		

CLINICAL INFO – LEGIONELLOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Zip code	HOSPDTLZIPCODE1 HOSPDTLZIPCODE2 HOSPDTLZIPCODE3	Zip code	FreeText		
Telephone	HOSPDTLPHONE1 HOSPDTLPHONE2 HOSPDTLPHONE3	Telephone number for hospital	FreeText		
Admit date	HOSPDTLADMITDT1 HOSPDTLADMITDT2 HOSPDTLADMITDT3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPDTLDISCHDT1 HOSPDTLDISCHDT2 HOSPDTLDISCHDT3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		
Medical record number	HOSPDTLMRN1 HOSPDTLMRN2 HOSPDTLMRN3	Medical record number for patient	FreeText		
Discharge diagnosis	HOSPDTLDISCHDX1 HOSPDTLDISCHDX2 HOSPDTLDISCHDX3	What was the patient's final diagnosis at the time of discharge?	FreeText		
TREATMENT/MANAGEMENT					
Received treatment?	TXMGTTREATMENT	Did the patient receive treatment for Legionellosis?	DropDownList	Yes No Unknown	Y N U
TREATMENT/MANAGEMENT – DETAILS					
Treatment type	LEGIONLSCLICRTXMGTDTLTYPE1 LEGIONLSCLICRTXMGTDTLTYPE2 LEGIONLSCLICRTXMGTDTLTYPE3	What was the general treatment type?	DropDownList	Antibiotic Other	ABX OTH
Treatment name	LEGIONLSCLICRTXMGTDTLNAME1 LEGIONLSCLICRTXMGTDTLNAME2 LEGIONLSCLICRTXMGTDTLNAME3	What was the specific name of the treatment?	FreeText		
Date started	LEGIONLSCLICRTXMGTDTLSTARTDT1 LEGIONLSCLICRTXMGTDTLSTARTDT2 LEGIONLSCLICRTXMGTDTLSTARTDT3	Date treatment started	Date (MM/DD/YYYY)		
Date ended	LEGIONLSCLICRTXMGTDTLENDDT1 LEGIONLSCLICRTXMGTDTLENDDT2 LEGIONLSCLICRTXMGTDTLENDDT3	Date treatment ended	Date (MM/DD/YYYY)		

CLINICAL INFO – LEGIONELLOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
OUTCOME					
Outcome?	OUTCOMEOUTCOME	What was the clinical outcome for this case?	DropDownList	Survived Died Unknown	S D U
Survived as of	OUTCOMESURVIVEDT	If patient survived, what was the date patient was known to still be living?	Date (MM/DD/YYYY)		
Date of death	OUTCOMEDEATHDT	If patient died, what was the date of death?	System Defined Field Link		

LABORATORY INFO – LEGIONELLOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY RESULTS SUMMARY					
Specimen type	LEGIONLSLABCRLABRSLTSUMSPECTYPE1 LEGIONLSLABCRLABRSLTSUMSPECTYPE2 LEGIONLSLABCRLABRSLTSUMSPECTYPE3	What type of specimen was submitted for testing?	DropDownList	Urine Respiratory Blood Serum (Acute) Serum (Convalescent) Other	URINE RESP BLOOD SERACUTE SERUMCONV OTH
If Other, specify	LEGIONLSLABCRLABRSLTSUMSPECTYPESPFY1 LEGIONLSLABCRLABRSLTSUMSPECTYPESPFY2 LEGIONLSLABCRLABRSLTSUMSPECTYPESPFY3	If Other specimen type was submitted, please specify the type of specimen.	FreeText		
Collection date	LEGIONLSLABCRLABRSLTSUMCOLLECTDT1 LEGIONLSLABCRLABRSLTSUMCOLLECTDT2 LEGIONLSLABCRLABRSLTSUMCOLLECTDT3	Date lab specimen was collected	Date (MM/DD/YYYY)		
Type of test	LEGIONLSLABCRLABRSLTSUMTSTTYPE1 LEGIONLSLABCRLABRSLTSUMTSTTYPE2 LEGIONLSLABCRLABRSLTSUMTSTTYPE3	Type of laboratory test performed	DropDownList	Antigen Culture DFA PCR IHC Immunoflourescence Antibody	ANTIG CULT DFA PCR IHC IMMABX

LABORATORY INFO – LEGIONELLOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				Other	OTH
If Other, specify	LEGIONLSLABCRLABRSLTSUMTSTTYPESPFY1 LEGIONLSLABCRLABRSLTSUMTSTTYPESPFY2 LEGIONLSLABCRLABRSLTSUMTSTTYPESPFY3	If Other test type was performed, please specify the type of test	FreeText		
Legionella species	LEGIONLSLABCRLABRSLTSUMSPECIES1 LEGIONLSLABCRLABRSLTSUMSPECIES2 LEGIONLSLABCRLABRSLTSUMSPECIES3	Legionella species	RadioButtonList	Legionella pneumophila Other	LEG OTH
If Other, specify	LEGIONLSLABCRLABRSLTSUMSPECIESSPFY1 LEGIONLSLABCRLABRSLTSUMSPECIESSPFY2 LEGIONLSLABCRLABRSLTSUMSPECIESSPFY3	If Other Legionella species, please specify	FreeText		
Serogroup	LEGIONLSLABCRLABRSLTSUMSEROGROUP1 LEGIONLSLABCRLABRSLTSUMSEROGROUP2 LEGIONLSLABCRLABRSLTSUMSEROGROUP3	Legionella species serogroup	FreeText		
Results	LEGIONLSLABCRLABRSLTSUMRSLT1 LEGIONLSLABCRLABRSLTSUMRSLT2 LEGIONLSLABCRLABRSLTSUMRSLT3	What are the results of the laboratory testing?	FreeText		
Interpretation	LEGIONLSLABCRLABRSLTSUMINTERPRET1 LEGIONLSLABCRLABRSLTSUMINTERPRET2 LEGIONLSLABCRLABRSLTSUMINTERPRET3	What was the interpretation of the lab test?	DropDownList	Positive Negative Equivocal	POS NEG EQU
Laboratory name	LEGIONLSLABCRLABRSLTSUMLABNAME1 LEGIONLSLABCRLABRSLTSUMLABNAME2 LEGIONLSLABCRLABRSLTSUMLABNAME3	Laboratory name where testing was performed	FreeText		
Telephone	LEGIONLSLABCRLABRSLTSUMLABPHONE1 LEGIONLSLABCRLABRSLTSUMLABPHONE2 LEGIONLSLABCRLABRSLTSUMLABPHONE3	Telephone	FreeText		
IMAGING SUMMARY					
Anatomic site	LEGIONLSLABCRIMGSUMANATOMICSITE1 LEGIONLSLABCRIMGSUMANATOMICSITE2 LEGIONLSLABCRIMGSUMANATOMICSITE3	If imaging study was done, what anatomic site was imaged?	FreeText		
Date	LEGIONLSLABCRIMGSUMDT1 LEGIONLSLABCRIMGSUMDT2 LEGIONLSLABCRIMGSUMDT3	Date of imaging study?	Date (MM/DD/YYYY)		
Type of imaging	LEGIONLSLABCRIMGSUMIMGTYPE1_0 LEGIONLSLABCRIMGSUMIMGTYPE1_1 LEGIONLSLABCRIMGSUMIMGTYPE1_2 LEGIONLSLABCRIMGSUMIMGTYPE1_3	Specific type of imaging or radiographic study (Up to 3 add sections possible.)	CheckBoxList (more than one choice is possible)	X-Ray CT MRI Other	XRAY CT MRI OTH

LABORATORY INFO – LEGIONELLOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Other, specify	LEGIONLSLABCRIMGSUMIMGTYPESPFY1 LEGIONLSLABCRIMGSUMIMGTYPESPFY2 LEGIONLSLABCRIMGSUMIMGTYPESPFY3	If Other, specify	FreeText		
Result	LEGIONLSLABCRIMGSUMRSLT1 LEGIONLSLABCRIMGSUMRSLT2 LEGIONLSLABCRIMGSUMRSLT3	What was the result of the radiographic or imaging study?	FreeText		
Interpretation	LEGIONLSLABCRIMGSUMINTERPRET1 LEGIONLSLABCRIMGSUMINTERPRET2 LEGIONLSLABCRIMGSUMINTERPRET3	What was the interpretation of the radiographic or imaging study?	FreeText		
Hospital name	LEGIONLSLABCRIMGSUMNAME1 LEGIONLSLABCRIMGSUMNAME2 LEGIONLSLABCRIMGSUMNAME3	What is the hospital name where the imaging study was conducted?	FreeText		
Telephone	LEGIONLSLABCRIMGSUMPHONE1 LEGIONLSLABCRIMGSUMPHONE2 LEGIONLSLABCRIMGSUMPHONE3	Telephone number for the imaging hospital	FreeText		

EPIDEMIOLOGIC INFO – LEGIONELLOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
EXPOSURES/RISK FACOTRS					
Inpatient hospitalization	LEGIONLSEPICREXPRISKFACINPTHOSP	Was the patient hospitalized during the incubation period?	DropDownList	Yes, patient exposed during incubation period	Y
				No, patient not exposed during incubation period	N
				Unknown	U
Name of hospital	LEGIONLSEPICREXPRISKFACINPTHOSPNAME	Hospital name where patient was hospitalized	FreeText		
Address	LEGIONLSEPICREXPRISKFACINPTHOSPADRSS	What is the address of the hospital?	FreeText		
From	LEGIONLSEPICREXPRISKFACINPTHOSPFROMDT	Date patient Hospitalized from	Date (MM/DD/YYYY)		

EPIDEMIOLOGIC INFO – LEGIONELLOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
To	LEGIONLSEPICREXPRISKFACINPTHOSPENDDT	Date patient Hospitalized to	Date (MM/DD/YYYY)		
Still hospitalized	LEGIONLSEPICREXPRISKFACINPTHOSPSTILL	Is the patient still hospitalized	DropDownList	Yes No Unknown	Y N U
Mechanical ventilation	LEGIONLSEPICREXPRISKFACINPTHOSPMCHVENT	Did the patient need mechanical ventilation?	DropDownList	Yes No Unknown	Y N U
Other respiratory equipment	LEGIONLSEPICREXPRISKFACINPTHOSPRESPEQU	Did the patient need other respiratory equipment	DropDownList	Yes No Unknown	Y N U
Visit hospital as an outpatient	LEGIONLSEPICREXPRISKFACOUTPTHOSP	Did the patient visit a hospital as an outpatient during the incubation period?	DropDownList	Yes No Unknown	Y N U
Describe	LEGIONLSEPICREXPRISKFACOUTPTHOSPDESC	Describe the visit	FreeText		
Name of hospital	LEGIONLSEPICREXPRISKFACOUTPTHOSPNAME	Hospital name where the patient was an outpatient	FreeText		
Location	LEGIONLSEPICREXPRISKFACOUTPTHOSPLOC	Location of hospital where patient was an outpatient	FreeText		
Date	LEGIONLSEPICREXPRISKFACOUTPTHOSPDT	Date the hospital was visited	Date (MM/DD/YYYY)		
Visited patient	LEGIONLSEPICREXPRISKFACVISITPT	Did the patient visit a hospitalized patient during the incubation period?	DropDownList	Yes No Unknown	Y N U
Name of hospital	LEGIONLSEPICREXPRISKFACVISITPTHOSPNAME	Hospital name where the patient visited	FreeText		
Location	LEGIONLSEPICREXPRISKFACVISITPTHOSPLOC	Location of hospital where the patient visited a hospitalized patient	FreeText		
Date	LEGIONLSEPICREXPRISKFACVISITPTDT	Date patient visited hospitalized patient	Date (MM/DD/YYYY)		
Employed by hospital	LEGIONLSEPICREXPRISKFACEMPLOY	Was the patient employed by a hospital during the incubation period?	DropDownList	Yes No Unknown	Y N U
Name of hospital	LEGIONLSEPICREXPRISKFACEMPLOYHOSPNAME	Name of hospital where the patient was employed	FreeText		

EPIDEMIOLOGIC INFO – LEGIONELLOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Location	LEGIONLSEPICREXPRISKFACEMPLOYHOSPLOC	Location of hospital where patient was employed	FreeText		
Dental procedure	LEGIONLSEPICREXPRISKFACDENTAL	Did the patient have a dental procedure during the incubation period?	DropDownList	Yes No Unknown	Y N U
Describe procedure	LEGIONLSEPICREXPRISKFACDENTALDESCPROC	Describe the dental procedure	FreeText		
Name of dental office	LEGIONLSEPICREXPRISKFACDENTALOFFICNAME	Name of dental office where the patient had a procedure	FreeText		
Address	LEGIONLSEPICREXPRISKFACDENTALADRSS	What is the address of the dental office?	FreeText		
Date	LEGIONLSEPICREXPRISKFACDENTALDT	Date of the dental procedure	Date (MM/DD/YYYY)		
Long-term care facility (LTCF) resident	LEGIONLSEPICREXPRISKFACLTCF	Was the patient a long term care facility (LTCF) or skilled nursing facility (SNF) resident during the incubation period?	DropDownList	Yes No Unknown	Y N U
Name of facility	LEGIONLSEPICREXPRISKFACLTCFNAME	Name of LTCF or SNF where patient was a resident	FreeText		
Address	LEGIONLSEPICREXPRISKFACLTCFADRSS	What is the address of the long term care facility?	FreeText		
From	LEGIONLSEPICREXPRISKFACLTCFFromDt	Indicate the date patient took up residency in LTCF/SNF	Date (MM/DD/YYYY)		
To	LEGIONLSEPICREXPRISKFACLTCFToDt	Indicate the date patient stopped residing in LTCF/SNF	Date (MM/DD/YYYY)		
Still a resident?	LEGIONLSEPICREXPRISKFACLTCFCrnt	Indicate if the patient is still a resident	DropDownList	Yes No Unknown	Y N U
Employed by LTCF or SNF	LEGIONLSEPICREXPRISKFACLTCFee	Was the patient employed by an LTCF or SNF during the incubation period?	DropDownList	Yes No Unknown	Y N U
Name of facility	LEGIONLSEPICREXPRISKFACLTCFeeFac	If yes, specify the name of the facility	FreeText		
Location	LEGIONLSEPICREXPRISKFACLTCFeeLoc	If yes, specify the location of the facility	FreeText		

EPIDEMIOLOGIC INFO – LEGIONELLOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Other medical exposures of interest	LEGIONLSEPICREXPRISKFACOTHMEDEXP	Did the patient have any other medical exposures of interest during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, describe	LEGIONLSEPICREXPRISKFACOTHMEDEXPDESC	If Yes, please describe other medical exposures	FreeText		
Healthcare exposure?	LEGIONLSEPICREXPRISKFACCareExp	Was this case associated with a healthcare exposure (hospital or long term care facility)?	DropDownList	Definitely Possibly No Other Unknown	DEF POS NO OTH UNK
If Other, specify	LEGIONLSEPICREXPRISKFACCareExpSpcfy	If other selected, please specify	FreeText		
Visit assisted living facility?	LEGIONLSEPICREXPRISKFACAssLiv	In the 10 days before onset, did the patient visit, stay, or work in an assisted living facility?	DropDownList	Yes No Unknown	Y N U
Type of exposure	LEGIONLSEPICREXPRISKFACAssLivType	Indicate the type of exposure	DropDownList	Resident Visitor or volunteer Employee	RES VIS EMP
Name of facility	LEGIONLSEPICREXPRISKFACAssLivFac	If yes, specify the name of the facility	FreeText		
City	LEGIONLSEPICREXPRISKFACAssLivCity	Specify the city the facility is in	FreeText		
State	LEGIONLSEPICREXPRISKFACAssLivState	Specify the state the facility is in	FreeText		
Start of stay	LEGIONLSEPICREXPRISKFACAssLivStartDt	Date the patient started working / staying at the facility	Date (MM/DD/YYYY)		
End of stay	LEGIONLSEPICREXPRISKFACAssLivEndDt	Date the patient stopped working / staying at the facility	Date (MM/DD/YYYY)		
Visit senior living facility?	LEGIONLSEPICREXPRISKFACSen	In the 10 days before onset, did the patient visit, stay, or work in a senior living facility (includes retirement homes without skilled nursing or personal care)?	DropDownList	Yes No Unknown	Y N U
Type of exposure	LEGIONLSEPICREXPRISKFACSenType	Indicate the type of exposure	DropDownList	Resident Visitor or volunteer Employee	RES VIS EMP

EPIDEMIOLOGIC INFO – LEGIONELLOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Name of facility	LEGIONLSEPICREXPRISKFACSenFac	If yes, specify the name of the facility	FreeText		
City	LEGIONLSEPICREXPRISKFACSenCity	Specify the city the facility is in	FreeText		
State	LEGIONLSEPICREXPRISKFACSenState	Specify the state the facility is in	FreeText		
Start of stay	LEGIONLSEPICREXPRISKFACSenStartDt	Date the patient started working / staying at the facility	Date (MM/DD/YYYY)		
End of stay	LEGIONLSEPICREXPRISKFACSenEndDt	Date the patient stopped working / staying at the facility	Date (MM/DD/YYYY)		
Spa / hot tub / whirlpool	LEGIONLSEPICREXPRISKFACSPATUB	Was the patient exposed to spas, hot tubs, or whirlpools during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, location	LEGIONLSEPICREXPRISKFACSPATUBLOC	If Yes, location of exposure to spas, hot tubs, or whirlpools	FreeText		
Mister	LEGIONLSEPICREXPRISKFACMISTER	Was the patient exposed to a mister during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, location	LEGIONLSEPICREXPRISKFACMISTERLOC	If Yes, location of exposure to mister	FreeText		
Decorative fountain	LEGIONLSEPICREXPRISKFACFOUNTAIN	Was the patient exposed to decorative fountains during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, location	LEGIONLSEPICREXPRISKFACFOUNTAINLOC	If Yes, location of the decorative fountains	FreeText		
Room humidifier	LEGIONLSEPICREXPRISKFACHUMIDIFY	Was the patient exposed to a room humidifier during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, location	LEGIONLSEPICREXPRISKFACHUMIDIFYLOC	If Yes, location of room humidifier	FreeText		
Nebulizer, CPAP, BIPAP	LEGIONLSEPICREXPRISKFACResp	Was the patient exposed to a Nebulizer, CPAP, BIPAP, or any other respiratory therapy equipment during the incubation period?	DropDownList	Yes No Unknown	Y N U
Does this device use a humidifier?	LEGIONLSEPICREXPRISKFACRespHum	If yes, does this device use a humidifier?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – LEGIONELLOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Type of water	LEGIONLSEPICREXPRISKFACRespHumH20_0 LEGIONLSEPICREXPRISKFACRespHumH20_1 LEGIONLSEPICREXPRISKFACRespHumH20_2 LEGIONLSEPICREXPRISKFACRespHumH20_3 LEGIONLSEPICREXPRISKFACRespHumH20_4 LEGIONLSEPICREXPRISKFACRespHumH20_5	If Yes, what type of water is used in the device?	CheckBoxList	Sterile Distilled Bottled Tap Other Unknown	STER DIST BOTT TAP OTH UNK
If Other, specify	LEGIONLSEPICREXPRISKFACRespHumH20Spcfy	If Other, specify type of water	FreeText		
Other water-related exposure	LEGIONLSEPICREXPRISKFACOTHWATEREXP	Did the patient have any other water-related exposures during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, describe	LEGIONLSEPICREXPRISKFACOTHWATEREXPDESC	If Yes, describe the other water-related exposure	FreeText		
Other exposures (specify)	LEGIONLSEPICREXPRISKFACOTHAQUAEXP	Did the patient have any other exposures during the incubation period?	FreeText		
Conference or convention	LEGIONLSEPICREXPRISKFACCONFERENCE	Did the patient participate in a conference or convention during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, location	LEGIONLSEPICREXPRISKFACCONFERENCELOC	If Yes, location of conference or convention	FreeText		
Other activities of interest	LEGIONLSEPICREXPRISKFACOTHACTIVITY	Did the patient participate in any other activities of interest during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, describe	LEGIONLSEPICREXPRISKFACOTHACTIVITYDESC	If Yes, describe the other activities	FreeText		
TRAVEL HISTORY					
Travel during incubation period?	LEGIONLSEPICRTRVHXTRAVEL	Did patient travel outside of county of residence during the incubation period?	DropDownList	Yes No Unknown	Y N U
Incubation period	LEGIONLSEPICRTRVHXINCUBPERIOD	Incubation period (This value is automatically populated)	FreeText	10 days prior to illness onset	The value for this variable is not included in the DDP export.
TRAVEL HISTORY – DETAILS					

EPIDEMIOLOGIC INFO – LEGIONELLOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Location	TRVHXDTLLOCATION1 TRVHXDTLLOCATION2 TRVHXDTLLOCATION3	Specify all locations (city, county, state, country)	FreeText		
Date travel started	TRVHXDTLSTARTDT1 TRVHXDTLSTARTDT2 TRVHXDTLSTARTDT3	Date travel started	Date (MM/DD/YYYY)		
Date travel ended	TRVHXDTLENDDT1 TRVHXDTLENDDT2 TRVHXDTLENDDT3	Date travel ended	Date (MM/DD/YYYY)		
ACCOMMODATION HISTORY					
Away from home 10 day before onset	LEGIONLSEPICRAccHxNightAway	In the 10 days before illness onset, did the patient spend any nights away from home (excluding healthcare settings)?	DropDownList	Yes No Unknown	Y N U
ACCOMMODATION HISTORY – DETAILS					
Accommo-dation name	LEGIONLSEPICRAccHxDtlAccName1 LEGIONLSEPICRAccHxDtlAccName2 LEGIONLSEPICRAccHxDtlAccName3	What is the Accommodation name where the patient spent nights away from home? (name of hotel, friend's house, etc.)	FreeText		
Address	LEGIONLSEPICRAccHxDtlAddress1 LEGIONLSEPICRAccHxDtlAddress2 LEGIONLSEPICRAccHxDtlAddress3	What is the address of the accommodation	FreeText		
City	LEGIONLSEPICRAccHxDtlCity1 LEGIONLSEPICRAccHxDtlCity2 LEGIONLSEPICRAccHxDtlCity3	City where the accommodation is located?	FreeText		
State	LEGIONLSEPICRAccHxDtlState1 LEGIONLSEPICRAccHxDtlState2 LEGIONLSEPICRAccHxDtlState3	State	FreeText		
Zip	LEGIONLSEPICRAccHxDtlZip1 LEGIONLSEPICRAccHxDtlZip2 LEGIONLSEPICRAccHxDtlZip3	Zip	FreeText		
Country	LEGIONLSEPICRAccHxDtlCountry1 LEGIONLSEPICRAccHxDtlCountry2 LEGIONLSEPICRAccHxDtlCountry3	Country	FreeText		

EPIDEMIOLOGIC INFO – LEGIONELLOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Room number	LEGIONLSEPICRAccHxDtlRoom1 LEGIONLSEPICRAccHxDtlRoom2 LEGIONLSEPICRAccHxDtlRoom3	Number of the room in which the patient stayed	FreeText		
Arrival date	LEGIONLSEPICRAccHxDtlArrivalDt1 LEGIONLSEPICRAccHxDtlArrivalDt2 LEGIONLSEPICRAccHxDtlArrivalDt3	Arrival date	Date (MM/DD/YYYY)		
Departure date	LEGIONLSEPICRAccHxDtlDepartDt1 LEGIONLSEPICRAccHxDtlDepartDt2 LEGIONLSEPICRAccHxDtlDepartDt3	Departure date	Date (MM/DD/YYYY)		
CONTACTS/OTHER ILL PERSONS					
Contacts with similar illness?	CONTOTHCONTACT	Any contacts with similar illness?	DropDownList	Yes No Unknown	Y N U
REPORTING AGENCY					
Investigator name	REPAGENCYNAME	Investigator name	FreeText		
Local health jurisdiction	REPAGENCYLHJUR	Local health jurisdiction	FreeText		
Telephone number	REPAGENCYPHONE	Telephone number	FreeText		
Date	REPAGENCYDT	Date of report	Date (MM/DD/YYYY)		
First reported by	REPAGENCYREPORTEDBY	First reported by	DropDownList	Clinician Laboratory Other	CLI LAB OTH
If Other, specify	REPAGENCYREPORTEDBYSPFY	If Other, specify	FreeText		
EPIDEMIOLOGICAL LINKAGE					
Epi-linked case	EPILINKKNOWNCASE	Epi-linked to known case of Legionellosis?	DropDownList	Yes No Unknown	Y N U
Contact name / Case #	EPILINKCONTNAMECASENUM	Contact name / case #	FreeText		

EPIDEMIOLOGIC INFO – LEGIONELLOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
DISEASE CASE CLASSIFICATION					
Disease type	LEGIONLSEPICRCASECLASSDISEASE_0 LEGIONLSEPICRCASECLASSDISEASE_1	What was the disease type(s)?	CheckBoxList (more than one choice is possible)	Legionnaires Disease (pneumonia, x-ray diagnosed)	LEGION
				Pontiac fever (fever, myalgia w/o pneumonia)	PONTIA
OUTBREAK					
Part of known outbreak?	OBPARTOF	Is this Legionellosis case part of a known outbreak?	DropDownList	Yes No Unknown	Y N U
Extent of outbreak	OBEXTENTOF_0 OBEXTENTOF_1 OBEXTENTOF_2 OBEXTENTOF_3 OBEXTENTOF_4 OBEXTENTOF_5	If Yes, what is the extent of the outbreak	CheckBoxList (more than one choice is possible)	One CA jurisdiction	ONEJUR
				Multiple CA jurisdictions	MULJUR
				Multistate	MULSTAT
				International	INTR
				Unknown	UNK
				Other	OTH
If Other, specify	OBEXTENTOFSPFY	If Other, please specify	FreeText		
Mode of transmission	OBTRANSMOD_0 OBTRANSMOD_1 OBTRANSMOD_2 OBTRANSMOD_3	What is the mode of transmission?	CheckBoxList (more than one choice is possible)	Point source Person-to-person Unknown Other	SRC P2P UNK OTH
Specify Other	OBTRANSMODSPFY	If Other mode, please specify	FreeText		
Vehicle of outbreak	OBVEHICLE	Vehicle of outbreak	FreeText		
Pattern 1 ID number	OBPAT1IDNUM	Pattern 1 ID number	FreeText		
Pattern 2 ID number	OBPAT2IDNUM	Pattern 2 ID number	FreeText		
STATE USE ONLY					

EPIDEMIOLOGIC INFO – LEGIONELLOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Reported to CDC	LEGIONLSEPICRStateUseReptCDC	Was this case reported to CDC at travellegionella@cdc.gov?	DropDownList	Yes No Unknown	Y N U
CDPH HAI notified?	LEGIONLSEPICRStateUseReptHAI	If case was healthcare-associated, was CDPH HAI Program notified?	DropDownList	Yes No Unknown	Y N U
Case classification	LEGIONLSEPICRStateUseReptHAIClass	CDPH HAI Program case classification	DropDownList	Healthcare-associated Not healthcare-associated Other	HEALTH NOTHEALTH OTH
If Other, specify	LEGIONLSEPICRStateUseReptHAIClassSpcfy	If other classification, please specify	FreeText		

Leptospirosis

CLINICAL INFO – LEPTOSPIROSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
SIGNS AND SYMPTOMS					
Symptomatic	LPTOSPRCLICRSIGNSXSYMPTOMATIC	Did the patient have symptoms of Leptospirosis?	DropDownList	Yes No Unknown	Y N U
Onset date	LPTOSPRCLICRSIGNSXONSETDT	Onset date of clinical symptoms of Leptospirosis	System Defined Field Link		
Medical care date	LPTOSPRCLICRSIGNSXSGTMEDCAREDT	Date first sought medical care for symptoms	Date (MM/DD/YYYY)		
Fever	LPTOSPRCLICRSIGNSXFEVER	Did patient have a fever?	DropDownList	Yes No Unknown	Y N U
If Yes, highest temperature	LPTOSPRCLICRSIGNSXFEVERHIGHTEMP	If Yes, highest temperature (specify F/C)	FreeText		
Headache	LPTOSPRCLICRSIGNSXHEADACHE	Did patient experience headaches?	DropDownList	Yes No Unknown	Y N U
Chills	LPTOSPRCLICRSIGNSXCHILLS	Did patient have Chills?	DropDownList	Yes No Unknown	Y N U
Myalgia	LPTOSPRCLICRSIGNSXMYALGIA	Did patient experience myalgia?	DropDownList	Yes No Unknown	Y N U
Conjunctivitis	LPTOSPRCLICRSIGNSXCONJUNCT	Did patient have conjunctivitis?	DropDownList	Yes No Unknown	Y N U
Photophobia, uveitis	LPTOSPRCLICRSIGNSXPHOTOPHOBIA	Photophobia, uveitis	DropDownList	Yes No Unknown	Y N U
Meningitis	LPTOSPRCLICRSIGNSXMENINGITIS	Did patient have meningitis?	DropDownList	Yes No Unknown	Y N U
Rash	LPTOSPRCLICRSIGNSXRASH	Did patient have a rash?	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – LEPTOSPIROSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Yes, location(s)	LPTOSPRCLICRSIGNSXRASHLOC	If Yes, location(s)	FreeText		
Icterus	LPTOSPRCLICRSIGNSXICTERUS	Did patient have Icterus?	DropDownList	Yes No Unknown	Y N U
Uremia	LPTOSPRCLICRSIGNSXUREMIC	Did patient experience uremic symptoms?	DropDownList	Yes No Unknown	Y N U
Abdominal pain	LPTOSPRCLICRSIGNSXABPAIN	Did patient have abdominal pain?	DropDownList	Yes No Unknown	Y N U
Vomiting	LPTOSPRCLICRSIGNSXVOMITING	Did patient experience vomiting?	DropDownList	Yes No Unknown	Y N U
Diarrhea	LPTOSPRCLICRSIGNSXDIARRHEA	Did patient experience diarrhea?	DropDownList	Yes No Unknown	Y N U
Hemorrhage	LPTOSPRCLICRSIGNSXHEMORR	Did patient have a hemorrhage?	DropDownList	Yes No Unknown	Y N U
Respiratory insufficiency	LPTOSPRCLICRSIGNSXRESPIRATORY	Did patient experience respiratory symptoms?	DropDownList	Yes No Unknown	Y N U
Other	LPTOSPRCLICRSIGNSXOTH	Did patient have any other symptoms or signs of Leptospirosis	DropDownList	Yes No Unknown	Y N U
If Yes, specify	LPTOSPRCLICRSIGNSXOTHSPFY	If Yes, specify	FreeText		
Hepatitis	LPTOSPRCLICRSIGNSXHEPATITIS	Did patient have hepatitis?	DropDownList		This variable has been removed from the Clinical Tab.
HOSPITALIZATION					
Patient visit ER?	HOSPER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – LEPTOSPIROSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Was patient hospitalized?	HOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
Total hospital nights	HOSPDAYSHOSP	If Yes, how many total hospital nights?	FreeText		
HOSPITALIZATION – DETAILS					
Hospital name	HOSPDTLNAME1 HOSPDTLNAME2 HOSPDTLNAME3	Name of facility where patient was hospitalized	FreeText		
Street address	HOSPDTLADDRESS1 HOSPDTLADDRESS2 HOSPDTLADDRESS3	Street address of hospital	FreeText		
City	HOSPDTLCITY1 HOSPDTLCITY2 HOSPDTLCITY3	City where hospital located	FreeText		
State	HOSPDTLSTATE1 HOSPDTLSTATE2 HOSPDTLSTATE3	State	FreeText		
Zip code	HOSPDTLZIPCODE1 HOSPDTLZIPCODE2 HOSPDTLZIPCODE3	Zip code	FreeText		
Telephone	HOSPDTLPHONE1 HOSPDTLPHONE2 HOSPDTLPHONE3	Telephone number for hospital	FreeText		
Admit date	HOSPDTLADMITDT1 HOSPDTLADMITDT2 HOSPDTLADMITDT3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPDTLDISCHDT1 HOSPDTLDISCHDT2 HOSPDTLDISCHDT3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		
Medical record number	HOSPDTLMRN1 HOSPDTLMRN2 HOSPDTLMRN3	Medical record number for patient	FreeText		
Discharge diagnosis	HOSPDTLDISCHDX1 HOSPDTLDISCHDX2 HOSPDTLDISCHDX3	What was the patient's final diagnosis at the time of discharge?	FreeText		

CLINICAL INFO – LEPTOSPIROSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
TREATMENT/MANAGEMENT					
Received Treatment	TXMGTTREATMENT	Did the patient receive treatment for Leptospirosis?	DropDownList	Yes No Unknown	Y N U
TREATMENT/MANAGMENT – DETAILS					
Treatment type	LPTOSPRCLICRTXMGTDTLTYPE1 LPTOSPRCLICRTXMGTDTLTYPE2 LPTOSPRCLICRTXMGTDTLTYPE3	What was the general treatment type?	DropDownList	Antibiotic Other	ABX OTH
Treatment name and dosage	LPTOSPRCLICRTXMGTDTLNAME1 LPTOSPRCLICRTXMGTDTLNAME2 LPTOSPRCLICRTXMGTDTLNAME3	What was the specific name of the treatment and dosage?	FreeText		
Date started	LPTOSPRCLICRTXMGTDTLSTARTDT1 LPTOSPRCLICRTXMGTDTLSTARTDT2 LPTOSPRCLICRTXMGTDTLSTARTDT3	Date treatment started	Date (MM/DD/YYYY)		
Date ended	LPTOSPRCLICRTXMGTDTLENDDT1 LPTOSPRCLICRTXMGTDTLENDDT2 LPTOSPRCLICRTXMGTDTLENDDT3	Date treatment ended	Date (MM/DD/YYYY)		
OUTCOME					
Outcome?	OUTCOMEOUTCOME	What was the clinical outcome for this case?	DropDownList	Survived Died Unknown	S D U
Survived as of	OUTCOMESURVIVEDT	If patient survived, what was the date patient was known to still be living?	Date (MM/DD/YYYY)		
Date of death	OUTCOMEDEATHDT	If patient died, what was the date of death?	System Defined Field Link		

LABORATORY INFO – LEPTOSPIROSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY RESULTS SUMMARY- SEROLOGY					
Type of test	LPTOSPRLABCRLABRSLTSUMTSTTYPE1 LPTOSPRLABCRLABRSLTSUMTSTTYPE2 LPTOSPRLABCRLABRSLTSUMTSTTYPE3	Type of test	DropDownList	Microscopic Agglutination Test (MAT)	MAT
				Indirect Immunofluorescence (IFA)	IFA
				Complement Fixation (CF)	CF
				Microscopic Agglutination	MAGGL
				Indirect Hemagglutation Assay	IHA
				ELISA/EIA	ELISA
				Isolation/Culture	ISOCU
				Unspecified/Other	UNOTH
If Other test, specify	LPTOSPRLABCRLABRSLTSUMTSTTYPESpcfy1 LPTOSPRLABCRLABRSLTSUMTSTTYPESpcfy2 LPTOSPRLABCRLABRSLTSUMTSTTYPESpcfy3	If Other test, specify	FreeText		
Collection date	LPTOSPRLABCRLabRsltOthSpecCollDt1 LPTOSPRLABCRLabRsltOthSpecCollDt2 LPTOSPRLABCRLabRsltOthSpecCollDt3	Collection date	Date (MM/DD/YYYY)		
Antibody type	LPTOSPRLABCRLABRSLTSUMAnti1 LPTOSPRLABCRLABRSLTSUMAnti2 LPTOSPRLABCRLABRSLTSUMAnti3	Antibody type	CheckBoxList (more than one choice is possible)	IgG	IGG
				IgM	IGM
				Unspecified	UNSPEC
Titer(s)	LPTOSPRLABCRLABRSLTSUMTiter1 LPTOSPRLABCRLABRSLTSUMTiter2 LPTOSPRLABCRLABRSLTSUMTiter3	Titer(s)	FreeText		
Interpretation	LPTOSPREPICRANIMLDXTSTINTERPRET1 LPTOSPREPICRANIMLDXTSTINTERPRET2 LPTOSPREPICRANIMLDXTSTINTERPRET3	Interpretation	Radio Button List	Positive	POS
				Negative	NEG
				Equivocal	EQU
Serovar?	LPTOSPRLABCRLABRSLTSUMSero1 LPTOSPRLABCRLABRSLTSUMSero2 LPTOSPRLABCRLABRSLTSUMSero3	Serovar?	DropDownList	Canicola	CAN
				Icterohemorrhagiae	ICT
				Pomona	POM
				Other-specify	OTH
				Unspecified	UNSPEC

LABORATORY INFO – LEPTOSPIROSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Other	LPTOSPRLABCRLABRSLTSUMSeroSpcfy1 LPTOSPRLABCRLABRSLTSUMSeroSpcfy2 LPTOSPRLABCRLABRSLTSUMSeroSpcfy3	If Other serovar, specify	FreeText		
Laboratory name	LPTOSPRLABCRLABRSLTSUMLABNAME1 LPTOSPRLABCRLABRSLTSUMLABNAME2 LPTOSPRLABCRLABRSLTSUMLABNAME3	Laboratory name	FreeText		
Telephone Number	LPTOSPRLABCRLABRSLTSUMLABPHONE1 LPTOSPRLABCRLABRSLTSUMLABPHONE2 LPTOSPRLABCRLABRSLTSUMLABPHONE3	Telephone Number	FreeText		
LABORATORY RESULTS SUMMARY- OTHER SPECIMEN					
Type of Test	LPTOSPRLABCRLabRsltOthSpecType_1 LPTOSPRLABCRLabRsltOthSpecType_2 LPTOSPRLABCRLabRsltOthSpecType_3	Type of Test	DropDownList	Direct Immunofluorescence (DFA) Darkfield Microscopy Polymerase Chain Reaction (PCR) Culture Other	DFA DM PCR CULT OTH
If Other test, specify	LPTOSPRLABCRLabRsltOthSpecTypeScfy_1 LPTOSPRLABCRLabRsltOthSpecTypeScfy_2 LPTOSPRLABCRLabRsltOthSpecTypeScfy_3	If Other test, specify	FreeText		
Result?	LPTOSPRLABCRLabRsltOthSpecRslt_1 LPTOSPRLABCRLabRsltOthSpecRslt_2 LPTOSPRLABCRLabRsltOthSpecRslt_3	Result?	FreeText		
Interpretation	LPTOSPRLABCRLabRsltOthSpecInterp_1 LPTOSPRLABCRLabRsltOthSpecInterp_2 LPTOSPRLABCRLabRsltOthSpecInterp_3	Interpretation	Radio Button List	Positive Negative Equivocal	POS NEG EQUIV
Collection Date	LPTOSPRLABCRLabRsltOthSpecCollDt_1 LPTOSPRLABCRLabRsltOthSpecCollDt_2 LPTOSPRLABCRLabRsltOthSpecCollDt_3	Collection Date	Date (MM/DD/YYYY)		
Laboratory Name	LPTOSPRLABCRLabRsltOthSpecLabName_1 LPTOSPRLABCRLabRsltOthSpecLabName_2 LPTOSPRLABCRLabRsltOthSpecLabName_3	Laboratory Name	FreeText		
Telephone Number	LPTOSPRLABCRLabRsltOthSpecLabPhone_1 LPTOSPRLABCRLabRsltOthSpecLabPhone_2 LPTOSPRLABCRLabRsltOthSpecLabPhone_3	Telephone Number	FreeText		

EPIDEMIOLOGIC INFO – LEPTOSPIROSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
EXPOSURES/RISK FACTORS					
Bodies of water, natural	LPTOSPREPICREXPRISKFACH20Nat	Bodies of water, natural (e.g. lakes, rivers)	DropDownList	Yes No Unknown	Y N U
If Yes, specify	LPTOSPREPICREXPRISKFACH20NatSpcfy	If Yes, specify activity and location	Free Text		
Bodies of water, temporary (e.g. lagoons, flood waters)	LPTOSPREPICREXPRISKFACH20Temp	Bodies of water, temporary (e.g. lagoons, flood waters)	DropDownList	Yes No Unknown	Y N U
If Yes, specify activity and location	LPTOSPREPICREXPRISKFACH20TempSpcfy	If Yes, specify activity and location	Free Text		
Other untreated water (e.g. sewage)	LPTOSPREPICREXPRISKFACH20Untreat	Other untreated water (e.g. sewage)	DropDownList	Yes No Unknown	Y N U
If Yes, specify activity and location	LPTOSPREPICREXPRISKFACH20UntreatSpcfy	If Yes, specify activity and location	Free Text		
Farm, agriculture	LPTOSPREPICREXPRISKFACFarmAg	Farm, agriculture	DropDownList	Yes No Unknown	Y N U
If Yes, specify activity and location	LPTOSPREPICREXPRISKFACFarmAgSpcfy	If Yes, specify activity and location	Free Text		
Farm, livestock	LPTOSPREPICREXPRISKFACFarmStock	Farm, livestock	DropDownList	Yes No Unknown	Y N U
If Yes, specify activity and location	LPTOSPREPICREXPRISKFACFarmStockSpcfy	If Yes, specify activity and location	Free Text		
Other exposure or activity	LPTOSPREPICREXPRISKFACOTHEXP	Other exposure or activity	DropDownList	Yes No Unknown	Y N U
If Yes, specify activity and location	LPTOSPREPICREXPRISKFACOTHEXPLOC	If Yes, specify activity and location	Free Text		

EPIDEMIOLOGIC INFO – LEPTOSPIROSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Occupation (give exact job)	LPTOSPREPICREXPRISKFACOCCUP	Specify the occupation (give exact job) of the patient at the date of onset	FreeText		
Kind of business or industry	LPTOSPREPICREXPRISKFACBUSINESS	What kind of business or industry is the occupation in.	FreeText		
ANIMAL CONTACTS					
Animal contact	LPTOSPREPICRANIMLCONTANIMLTYPE1 LPTOSPREPICRANIMLCONTANIMLTYPE2 LPTOSPREPICRANIMLCONTANIMLTYPE3	Did the patient have contact with animals in the past month?	DropDownList	Cattle Dogs Rats / rodents Other - specify	CATTLE DOG RAT OTH
If Other, specify	LPTOSPREPICRANIMLCONTANIMLTYPESPFY1 LPTOSPREPICRANIMLCONTANIMLTYPESPFY2 LPTOSPREPICRANIMLCONTANIMLTYPESPFY3	If Other animal contact, specify	FreeText		
Type of exposure	LPTOSPREPICRANIMLCONTANIMLEXPTYPE1 LPTOSPREPICRANIMLCONTANIMLEXPTYPE2 LPTOSPREPICRANIMLCONTANIMLEXPTYPE3	What was the type of animal exposure?	FreeText		
Place of exposure	LPTOSPREPICRANIMLCONTEXPLOC1 LPTOSPREPICRANIMLCONTEXPLOC2 LPTOSPREPICRANIMLCONTEXPLOC3	Describe the place where animal exposure occurred	FreeText		
Date of exposure	LPTOSPREPICRANIMLCONTEXPDT1 LPTOSPREPICRANIMLCONTEXPDT2 LPTOSPREPICRANIMLCONTEXPDT3	Date of exposure	Date (MM/DD/YYYY)		
Was the animal ill?	LPTOSPREPICRANIMLCONTIll_1 LPTOSPREPICRANIMLCONTIll_2 LPTOSPREPICRANIMLCONTIll_3	Was the animal ill?	DropDownList	Yes No Unknown	Y N U
Illness Summary	LPTOSPREPICRANIMLCONTIllSum_1 LPTOSPREPICRANIMLCONTIllSum_2 LPTOSPREPICRANIMLCONTIllSum_3	Illness Summary	Free Text		
Seen by Veterinarian?	LPTOSPREPICRANIMLCONTVet_1 LPTOSPREPICRANIMLCONTVet_2 LPTOSPREPICRANIMLCONTVet_3	Seen by Veterinarian?	DropDownList	Yes No Unknown	Y N U
Clinic / Hospital Name	LPTOSPREPICRANIMLCONTVetClinic_1 LPTOSPREPICRANIMLCONTVetClinic_2 LPTOSPREPICRANIMLCONTVetClinic_3	Clinic / Hospital Name	Link		
TRAVEL HISTORY					

EPIDEMIOLOGIC INFO – LEPTOSPIROSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Travel during incubation period?	LPTOSPREPICRTRVHXTRAVEL	Did patient travel outside of county of residence during the incubation period?	DropDownList	Yes No Unknown	Y N U
TRAVEL HISTORY - DETAILS					
Location	TRVHXDTLLOCATION1 TRVHXDTLLOCATION2 TRVHXDTLLOCATION3	Specify all locations (city, county, state, country)	FreeText		
Date travel started	TRVHXDTLSTARTDT1 TRVHXDTLSTARTDT2 TRVHXDTLSTARTDT3	Date travel started	Date (MM/DD/YYYY)		
Date travel ended	TRVHXDTLENDDT1 TRVHXDTLENDDT2 TRVHXDTLENDDT3	Date travel ended	Date (MM/DD/YYYY)		
CONTACTS/OTHER ILL PERSONS					
Contacts with similar illness?	CONTOTHCONTACT	Any contacts with similar illness?	DropDownList	Yes No Unknown	Y N U
REPORTING AGENCY					
Investigator name	REPAGENCYNAME	Investigator name	FreeText		
Local health jurisdiction	REPAGENCYLHJUR	Local health jurisdiction	FreeText		
Telephone number	REPAGENCYPHONE	Telephone number	FreeText		
Date	REPAGENCYDT	Date of report	Date (MM/DD/YYYY)		
First reported by	REPAGENCYREPORTEDBY	First reported by	DropDownList	Clinician Laboratory Other	CLI LAB OTH
If Other, specify	REPAGENCYREPORTEDBYSPFY	If Other, specify	FreeText		
OUTBREAK					

EPIDEMIOLOGIC INFO – LEPTOSPIROSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Part of known outbreak?	OBPARTOF	Is this Leptospirosis case part of a known outbreak?	DropDownList	Yes No Unknown	Y N U
Extent of outbreak	OBEXTENTOF_1 OBEXTENTOF_2 OBEXTENTOF_3 OBEXTENTOF_4 OBEXTENTOF_5 OBEXTENTOF_6	If Yes, what is the extent of outbreak	CheckBoxList (more than one choice is possible)	One CA jurisdiction Multiple CA jurisdictions Multistate International Unknown Other	ONEJUR MULJUR MULSTAT INTR UNK OTH
If Other, specify	OBEXTENTOFSPFY	If Other, please specify	FreeText		
Mode of transmission	OBTRANSMOD_1 OBTRANSMOD_2 OBTRANSMOD_3 OBTRANSMOD_4	What is the mode of transmission	CheckBoxList (more than one choice is possible)	Point source Person-to-person Unknown Other	SRC P2P UNK OTH
If Other, specify	OBTRANSMODSPFY	If Other mode, please specify	FreeText		
Vehicle of outbreak	OBVEHICLE	Vehicle of outbreak	FreeText		
Pattern 1 ID	OBPAT1IDNUM	Pattern 1 ID number	FreeText		
Pattern 2 ID	OBPAT2IDNUM	Pattern 2 ID number	FreeText		

Listeriosis

CLINICAL INFO – LISTERIOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
SIGNS AND SYMPTOMS					
Symptomatic?	LISTEROSCLICRSIGNSXSYMPTOMATIC	Does the patient have clinical signs or symptoms compatible with Listeriosis?	DropDownList	Yes No Unknown	Y N U
Onset date	LISTEROSCLICRSIGNSXONSETDT	Onset date of symptoms of Listeriosis	System Defined Field Link		
Date first sought medical care	LISTEROSCLICRSIGNSXSGTMEDCAREDT	Date first sought medical care for symptoms	Date (MM/DD/YYYY)		
Duration of Acute Symptoms (days)	LISTEROSCLICRSIGNSXDURATION	What was the duration of Acute Symptoms in terms of days?	FreeText		
Meningitis	LISTEROSCLICRSIGNSXMENINGITIS	Listeriosis signs and symptoms: **Meningitis**	DropDownList	Yes No Unknown	Y N U
Bacteremia / sepsis	LISTEROSCLICRSIGNSXBACTERIA	Listeriosis signs and symptoms: **Bacteremia or sepsis**	DropDownList	Yes No Unknown	Y N U
Febrile gastroenteritis	LISTEROSCLICRSIGNSXGASTRO	Listeriosis signs and symptoms: **Febrile gastroenteritis**	DropDownList	Yes No Unknown	Y N U
Highest temperature	LISTEROSCLICRSIGNSXGASTROHIGHTEMP	If Yes, highest temperature (specify F/C)	FreeText		
Amnionitis	LISTEROSCLICRSIGNSXAMNIO	Listeriosis signs and symptoms: **Amnionitis**	DropDownList	Yes No Unknown	Y N U
Miscarriage / stillbirth	LISTEROSCLICRSIGNSXMISCARRIAGE	Listeriosis signs and symptoms: **Miscarriage or stillbirth**	DropDownList	Yes No Unknown	Y N U
Pneumonia (neonate)	LISTEROSCLICRSIGNSXPNEUMONIA	Listeriosis signs and symptoms: **Pneumonia (neonate)**	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – LISTERIOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Granulomatosis infantisepticum (neonate)	LISTEROSCLICRSIGNSXGRANULOMA	Listeriosis signs and symptoms: **Granulomatosis infantisepticum (neonate)**	DropDownList	Yes No Unknown	Y N U
Other	LISTEROSCLICRSIGNSXOTH	Other signs or symptoms of Listeriosis	DropDownList	Yes No Unknown	Y N U
If Other, specify	LISTEROSCLICRSIGNSXOTHSPFY	Specify other signs or symptoms	FreeText		
PAST MEDICAL HISTORY					
Patient pregnant	LISTEROSCLICRPASMEDHXPREGNANT	Was the patient pregnant at onset?	DropDownList	Yes No Unknown	Y N U
If Yes, weeks gestation	LISTEROSCLICRPASMEDHXGESTATION	If Yes, specify weeks of gestation	FreeText		
Regular medications	LISTEROSCLICRPASMEDHXREGMEDS	Does the patient take any medications regularly?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	LISTEROSCLICRPASMEDHXREGMEDSSPFY	If Yes, specify regular medications	FreeText		
Medical conditions	LISTEROSCLICRPASMEDHXCONDITIONS	Does the patient have any medical conditions? (i.e., renal disease, diabetes, immune compromising conditions)	DropDownList	Yes No Unknown	Y N U
If Yes, condition	LISTEROSCLICRPASMEDHXCONDITIONSSPFY	If Yes, please specify the medical condition(s)	FreeText		
HOSPITALIZATION					
Patient visit ER?	HOSPER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U
Was patient hospitalized?	HOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
Total hospital nights	HOSPDAYSHOSP	If Yes, how many total hospital nights?	FreeText		

CLINICAL INFO – LISTERIOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
HOSPITALIZATION - DETAILS					
Hospital name	HOSPDTLNAME1 HOSPDTLNAME2 HOSPDTLNAME3	Name of facility where patient was hospitalized	FreeText		
Street address	HOSPDTLADDRESS1 HOSPDTLADDRESS2 HOSPDTLADDRESS3	Street address of hospital	FreeText		
City	HOSPDTLCITY1 HOSPDTLCITY2 HOSPDTLCITY3	City where hospital located	FreeText		
State	HOSPDTLSTATE1 HOSPDTLSTATE2 HOSPDTLSTATE3	State	FreeText		
Zip code	HOSPDTLZIPCODE1 HOSPDTLZIPCODE2 HOSPDTLZIPCODE3	Zip code	FreeText		
Telephone	HOSPDTLPHONE1 HOSPDTLPHONE2 HOSPDTLPHONE3	Telephone number for hospital	FreeText		
Admit date	HOSPDTLADMITDT1 HOSPDTLADMITDT2 HOSPDTLADMITDT3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPDTLDISCHDT1 HOSPDTLDISCHDT2 HOSPDTLDISCHDT3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		
Medical record number	HOSPDTLMRN1 HOSPDTLMRN2 HOSPDTLMRN3	Medical record number for patient	FreeText		
Discharge diagnosis	HOSPDTLDISCHDX1 HOSPDTLDISCHDX2 HOSPDTLDISCHDX3	What was the patient's final diagnosis at the time of discharge?	FreeText		
OUTCOME					
Outcome?	LISTEROSCLICROUTCOMEOUTCOME	What was the clinical outcome for this case?	DropDownList	Survived Died Unknown	S D U

CLINICAL INFO – LISTERIOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Survived as of	LISTEROSCLICROUTCOMESURVIVEDT	If patient survived, what was the date patient was known to still be living?	Date (MM/DD/YYYY)		
Date of death	LISTEROSCLICROUTCOMEDEATHDT	If patient died, what was the date of death?	System Defined Field Link		
Outcome of fetus	LISTEROSCLICROUTCOMEFETUS	If patient was pregnant, outcome of fetus?	DropDownList	Stillborn	STLBORN
				Born alive but died within seven days	DIED
				Alive, with complications	COMPLICAT
				Alive and well	ALIVE

LABORATORY INFO – LISTERIOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY RESULTS SUMMARY					
Specimen type	LISTEROSLABCRLABRSLTSUMSPECTYPE1 LISTEROSLABCRLABRSLTSUMSPECTYPE2 LISTEROSLABCRLABRSLTSUMSPECTYPE3	What type of specimen was submitted for lab testing?	DropDownList	Blood	BLD
				CSF	CSF
				Placenta	PLA
				Stool	STL
				Other	OTH
If Other, specify	LISTEROSLABCRLABRSLTSUMSPECTYPESPFY1 LISTEROSLABCRLABRSLTSUMSPECTYPESPFY2 LISTEROSLABCRLABRSLTSUMSPECTYPESPFY3	Specify other type of specimen	FreeText		
Source	LISTEROSLABCRLABRSLTSUMSOURCE1 LISTEROSLABCRLABRSLTSUMSOURCE2 LISTEROSLABCRLABRSLTSUMSOURCE3	Specify the source of the specimen	RadioButtonList	Mother	MOTH
				Neonate	NEO
Collection date	LISTEROSLABCRLABRSLTSUMDT1 LISTEROSLABCRLABRSLTSUMDT2 LISTEROSLABCRLABRSLTSUMDT3	Date specimen was collected	Date (MM/DD/YYYY)		
Results	LISTEROSLABCRLABRSLTSUMRSLT1 LISTEROSLABCRLABRSLTSUMRSLT2 LISTEROSLABCRLABRSLTSUMRSLT3	Results of laboratory testing	FreeText		

LABORATORY INFO – LISTERIOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Laboratory name	LISTEROSLABCRLABRSLTSUMLABNAME1 LISTEROSLABCRLABRSLTSUMLABNAME2 LISTEROSLABCRLABRSLTSUMLABNAME3	Name of lab where testing was performed	FreeText		
Telephone	LISTEROSLABCRLABRSLTSUMLABPHONE 1 LISTEROSLABCRLABRSLTSUMLABPHONE 2 LISTEROSLABCRLABRSLTSUMLABPHONE 3	Telephone number of lab	FreeText		
Result confirmed?	LISTEROSLABCRLABRSLTSUMPHLCONF1 LISTEROSLABCRLABRSLTSUMPHLCONF2 LISTEROSLABCRLABRSLTSUMPHLCONF3	Was result confirmed by local public health lab?	RadioButtonList	Yes No Unknown	Y N U
If Yes, specify	LISTEROSLABCRLABRSLTSUMPHLCONFRSLT1 LISTEROSLABCRLABRSLTSUMPHLCONFRSLT2 LISTEROSLABCRLABRSLTSUMPHLCONFRSLT3	If Yes, specify result (including subtype)	FreeText		
Local lab ID number	LISTEROSLABCRLABRSLTSUMPHLCONFID1 LISTEROSLABCRLABRSLTSUMPHLCONFID2 LISTEROSLABCRLABRSLTSUMPHLCONFID3	What is the local lab's ID number	FreeText		
Serotype confirmed?	LISTEROSLABCRLABRSLTSUMISOSENT1 LISTEROSLABCRLABRSLTSUMISOSENT2 LISTEROSLABCRLABRSLTSUMISOSENT3	Was isolate sent to state lab for serotyping confirmation?	RadioButtonList	Yes No Unknown	Y N U
If Yes, specify	LISTEROSLABCRLABRSLTSUMISOSENTRSLT1 LISTEROSLABCRLABRSLTSUMISOSENTRSLT2 LISTEROSLABCRLABRSLTSUMISOSENTRSLT3	If Yes, specify result (including serotype)	FreeText		
State lab ID number	LISTEROSLABCRLABRSLTSUMISOSENTID 1 LISTEROSLABCRLABRSLTSUMISOSENTID 2 LISTEROSLABCRLABRSLTSUMISOSENTID 3	What is the state lab's ID number	FreeText		
Was PFGE requested?	LISTEROSLABCRLABRSLTSUMPFGE1 LISTEROSLABCRLABRSLTSUMPFGE2 LISTEROSLABCRLABRSLTSUMPFGE3	Was PFGE (Pulsed-field gel electrophoresis) requested?	RadioButtonList	Yes No Unknown	Y N U
Pattern 1 #	LISTEROSLABCRLABRSLTSUMPFGEPAT11 LISTEROSLABCRLABRSLTSUMPFGEPAT12 LISTEROSLABCRLABRSLTSUMPFGEPAT13	Pattern 1 #	FreeText		
Pattern 2 #	LISTEROSLABCRLABRSLTSUMPFGEPAT21 LISTEROSLABCRLABRSLTSUMPFGEPAT22 LISTEROSLABCRLABRSLTSUMPFGEPAT23	Pattern 2 #	FreeText		

LABORATORY INFO – LISTERIOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
CDC ID	LISTEROSLABCRLABRSLTSUMPFGECDCID1 LISTEROSLABCRLABRSLTSUMPFGECDCID2 LISTEROSLABCRLABRSLTSUMPFGECDCID3	CDC Cluster ID # (if known)	FreeText		

EPIDEMIOLOGIC INFO – LISTERIOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
EXPOSURES/RISK FACTORS					
Listeriosis in mother?	LISTEROSEPICREXPRISKFACTLISTERIOSIS	If NEONATE / INFANT: Was listeriosis confirmed in mother?	DropDownList	Yes No Unknown	Y N U
If Yes, explain	LISTEROSEPICREXPRISKFACTLISTERIOSISEXP	If Yes, explain	FreeText		
Febrile illness during pregnancy?	LISTEROSEPICREXPRISKFACTILLNESS	If NEONATE: Did birth mother have febrile illness during this pregnancy?	DropDownList	Yes No Unknown	Y N U
If Yes, explain	LISTEROSEPICREXPRISKFACTILLNESSEXP	If Yes, explain	FreeText		
DID THE PATIENT EAT OR DRINK ANY OF THE FOLLOWING ITEMS DURING THE INCUBATION PERIOD?					
Cold cuts sliced at a deli	LISTEROSEPICREXPRISKFACTDELIMEAT	Did patient eat cold cuts sliced at a deli (e.g., turkey breast, ham, pastrami) during the incubation period?	DropDownList	Yes No Unknown	Y N U
Type(s)	LISTEROSEPICREXPRISKFACTDELIMEATSPFYTYP	If yes, specify type(s)	FreeText		
Where purchased?	LISTEROSEPICREXPRISKFACTDELIMEATSPFYLOC	Where was the food purchased?	FreeText		
Pre-packaged cold cuts	LISTEROSEPICREXPRISKFACTCOLDCUT	Did patient eat pre-packaged cold cuts during the incubation period?	DropDownList	Yes No Unknown	Y N U
Type(s)	LISTEROSEPICREXPRISKFACTCOLDCUTSPFYTYP	If yes, specify type(s)	FreeText		

EPIDEMIOLOGIC INFO – LISTERIOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Brand(s)	LISTEROSEPICREXPRISKFACTCOLDCUTSPFYBRN	If yes, specify brand(s)	FreeText		
Where purchased?	LISTEROSEPICREXPRISKFACTCOLDCUTSPFYLOC	Where was the food purchased?	FreeText		
Hot dogs	LISTEROSEPICREXPRISKFACTHOTDOG	Did patient eat hot dogs during the incubation period?	DropDownList	Yes No Unknown	Y N U
Type(s)	LISTEROSEPICREXPRISKFACTHOTDOGSPFYTYP	If yes, specify type(s)	FreeText		
Brand(s)	LISTEROSEPICREXPRISKFACTHOTDOGSPFYBRN	If yes, specify brand(s)	FreeText		
Eaten out of package	LISTEROSEPICREXPRISKFACTHOTDOGSPFYRAW	Eaten right out of the package?	DropDownList	Yes No Unknown	Y N U
Where purchased?	LISTEROSEPICREXPRISKFACTHOTDOGSPFYLOC	Where was the food purchased?	FreeText		
Refrigerated pâté or meat spreads	LISTEROSEPICREXPRISKFACTSPREAD	Did patient eat refrigerated pâté or meat spreads, not canned, during the incubation period?	DropDownList	Yes No Unknown	Y N U
Type(s)	LISTEROSEPICREXPRISKFACTSPREADSPFYTYP	If yes, specify type(s)	FreeText		
Brand(s)	LISTEROSEPICREXPRISKFACTSPREADSPFYBRN	If yes, specify brand(s)	FreeText		
Where purchased?	LISTEROSEPICREXPRISKFACTSPREADSPFYLOC	Where was the food purchased?	FreeText		
Refrigerated, smoked or cured seafood	LISTEROSEPICREXPRISKFACTSEAFD	Did patient eat refrigerated, smoked or cured seafood (e.g., salmon, whitefish, trout), not canned, during the incubation period?	DropDownList	Yes No Unknown	Y N U
Type(s)	LISTEROSEPICREXPRISKFACTSEAFDSPFYTYP	If yes, specify type(s)	FreeText		
Brand(s)	LISTEROSEPICREXPRISKFACTSEAFDSPFYBRN	If yes, specify brand(s)	FreeText		
Where purchased?	LISTEROSEPICREXPRISKFACTSEAFDSPFYLOC	Where was the food purchased?	FreeText		

EPIDEMIOLOGIC INFO – LISTERIOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Raw (unpasteurized) milk	LISTEROSEPICREXPRISKFACTRAWMLK	Did patient drink raw (unpasteurized) milk during the incubation period?	DropDownList	Yes No Unknown	Y N U
Type(s)	LISTEROSEPICREXPRISKFACTRAWMLKSPFYTYP	If yes, specify type(s)	FreeText		
Brand(s)	LISTEROSEPICREXPRISKFACTRAWMLKSPFYBRN	If yes, specify brand(s)	FreeText		
Where purchased?	LISTEROSEPICREXPRISKFACTRAWMLKSPFYLOC	Where was the food purchased?	FreeText		
Raw milk products	LISTEROSEPICREXPRISKFACTMLKPROD	Did patient eat or drink raw milk products during the incubation period?	DropDownList	Yes No Unknown	Y N U
Type(s)	LISTEROSEPICREXPRISKFACTMLKPRODSPFYTYP	If yes, specify type(s)	FreeText		
Brand(s)	LISTEROSEPICREXPRISKFACTMLKPRODSPFYBRN	If yes, specify brand(s)	FreeText		
Where purchased?	LISTEROSEPICREXPRISKFACTMLKPRODSPFYLOC	Where was the food purchased?	FreeText		
Mexican-style fresh cheese	LISTEROSEPICREXPRISKFACTFRSHCHS	Did patient eat mexican-style fresh cheese (queso fresco) or cheese from a street vendor during the incubation period?	DropDownList	Yes No Unknown	Y N U
Unpasteurized?	LISTEROSEPICREXPRISKFACTFRSHCHSSPFYUNPS	Was the cheese unpasteurized?	DropDownList	Yes No Unknown	Y N U
Type(s)	LISTEROSEPICREXPRISKFACTFRSHCHSSPFYTYP	Specify type(s)	FreeText		
Brand(s)	LISTEROSEPICREXPRISKFACTFRSHCHSSPFYBRN	Specify brand(s)	FreeText		
Location(s) where cheese obtained	LISTEROSEPICREXPRISKFACTFRSHCHSSPFYLOC	Specify the location(s) where the cheese was obtained	FreeText		
Soft cheese	LISTEROSEPICREXPRISKFACTSFTCHS	Did patient eat soft cheese (e.g., Brie, feta, Camembert, goat, blue) during the incubation period?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – LISTERIOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Type(s)	LISTEROSEPICREXPRISKFACTSFTCHSSPFYTYP	If yes, specify type(s)	FreeText		
Brand(s)	LISTEROSEPICREXPRISKFACTSFTCHSSPFYBRN	If yes, specify brand(s)	FreeText		
Where purchased?	LISTEROSEPICREXPRISKFACTSFTCHSSPFYLOC	Where was the food purchased?	FreeText		
Ready-to-eat deli style salads	LISTEROSEPICREXPRISKFACTDELSALD	Did patient eat ready-to-eat deli style salads (e.g., potato salad, pasta salad, tuna salad) during the incubation period?	DropDownList	Yes No Unknown	Y N U
Type(s)	LISTEROSEPICREXPRISKFACTDELSALDSPFYTYP	If yes, specify type(s)	FreeText		
Brand(s)	LISTEROSEPICREXPRISKFACTDELSALDSPFYBRN	If yes, specify brand(s)	FreeText		
Where purchased?	LISTEROSEPICREXPRISKFACTDELSALDSPFYLOC	Where was the food purchased?	FreeText		
Pre-prepared dips (e.g., hummus)	LISTEROSEPICREXPRISKFACTDIPS	Did patient eat pre-prepared dips (e.g., hummus) during the incubation period?	DropDownList	Yes No Unknown	Y N U
Type(s)	LISTEROSEPICREXPRISKFACTDIPSSPFYTYP	If yes, specify type(s)	FreeText		
Brand(s)	LISTEROSEPICREXPRISKFACTDIPSSPFYBRN	If yes, specify brand(s)	FreeText		
Where purchased?	LISTEROSEPICREXPRISKFACTDIPSSPFYLOC	Where was the food purchased?	FreeText		
Other food exposures of interest	LISTEROSEPICREXPRISKFACTOTHFOOD	Did patient have any other food exposures of interest?	DropDownList	Yes No Unknown	Y N U
Specify food item(s)	LISTEROSEPICREXPRISKFACTOTHFOODSPFY	If yes, please specify food item(s)	FreeText		

EPIDEMIOLOGIC INFO – LISTERIOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
FOOD HISTORY – GROCERIES					
Store / Location	LISTEROSEPICRFOODHXGROCLOCATION1 LISTEROSEPICRFOODHXGROCLOCATION2 LISTEROSEPICRFOODHXGROCLOCATION3 LISTEROSEPICRFOODHXGROCLOCATION4 LISTEROSEPICRFOODHXGROCLOCATION5	Name of store or location where patient purchased groceries (Include Farmer's Markets, delis, swap meets, etc.)	FreeText		
Address / Cross-streets	LISTEROSEPICRFOODHXGROCADDRESS1 LISTEROSEPICRFOODHXGROCADDRESS2 LISTEROSEPICRFOODHXGROCADDRESS3 LISTEROSEPICRFOODHXGROCADDRESS4 LISTEROSEPICRFOODHXGROCADDRESS5	Address / Cross-streets of store or location	FreeText		
City	LISTEROSEPICRFOODHXGROCCITY1 LISTEROSEPICRFOODHXGROCCITY2 LISTEROSEPICRFOODHXGROCCITY3 LISTEROSEPICRFOODHXGROCCITY4 LISTEROSEPICRFOODHXGROCCITY5	City	FreeText		
State	LISTEROSEPICRFOODHXGROCSTATE1 LISTEROSEPICRFOODHXGROCSTATE2 LISTEROSEPICRFOODHXGROCSTATE3 LISTEROSEPICRFOODHXGROCSTATE4 LISTEROSEPICRFOODHXGROCSTATE5	State	FreeText		
FOOD HISTORY – OUTSIDE HOME					
Consume food prepared outside home?	LISTEROSEPICRFOODHXOUTHMCONSUME	Did the patient consume food or drink prepared outside of the home during the incubation period?	DropDownList	Yes No Unknown	Y N U
Incubation period	LISTEROSEPICRFOODHXOUTHMINCUBPERIOD	Incubation period (This value is automatically populated)	FreeText	28 days prior to illness onset	The value for this variable is not included in the DDP export.
FOOD HISTORY – OUTSIDE OF HOME – DETAILS					
Name of place	LISTEROSEPICRFOODHXOUTHMDTLPLACE1 LISTEROSEPICRFOODHXOUTHMDTLPLACE2 LISTEROSEPICRFOODHXOUTHMDTLPLACE3 LISTEROSEPICRFOODHXOUTHMDTLPLACE4 LISTEROSEPICRFOODHXOUTHMDTLPLACE5	Name of location where patient consumed food or drink prepared outside of the home	FreeText		

EPIDEMIOLOGIC INFO – LISTERIOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Location (city, state)	LISTEROSEPICRFOODHXOUTHMDTLLOCATION1 LISTEROSEPICRFOODHXOUTHMDTLLOCATION2 LISTEROSEPICRFOODHXOUTHMDTLLOCATION3 LISTEROSEPICRFOODHXOUTHMDTLLOCATION4 LISTEROSEPICRFOODHXOUTHMDTLLOCATION5	Location (city, state)	FreeText		
Date	LISTEROSEPICRFOODHXOUTHMDTLDT1 LISTEROSEPICRFOODHXOUTHMDTLDT2 LISTEROSEPICRFOODHXOUTHMDTLDT3 LISTEROSEPICRFOODHXOUTHMDTLDT4 LISTEROSEPICRFOODHXOUTHMDTLDT5	Date food or drink was consumed	Date (MM/DD/YYYY)		
Items consumed	LISTEROSEPICRFOODHXOUTHMDTLITEMS1 LISTEROSEPICRFOODHXOUTHMDTLITEMS2 LISTEROSEPICRFOODHXOUTHMDTLITEMS3 LISTEROSEPICRFOODHXOUTHMDTLITEMS4 LISTEROSEPICRFOODHXOUTHMDTLITEMS5	Food or drink items consumed	FreeText		
TRAVEL HISTORY					
Travel during incubation period	TRVHXTRAVEL	Did patient travel outside of county of residence during the incubation period?	DropDownList	Yes No Unknown	Y N U
Incubation period	TRVHXINCUBPERIOD	Incubation period (This value is automatically populated)	FreeText	28 days prior to illness onset	The value for this variable is not included in the DDP export.
TRAVEL HISTORY - DETAILS					
Location	TRVHXDTLLOCATION1 TRVHXDTLLOCATION2 TRVHXDTLLOCATION3	Specify location (city, county, state, country) of patient travel	FreeText		
Date travel started	TRVHXDTLSTARTDT1 TRVHXDTLSTARTDT2 TRVHXDTLSTARTDT3	Date travel started	Date (MM/DD/YYYY)		
Date travel ended	TRVHXDTLENDDT1 TRVHXDTLENDDT2 TRVHXDTLENDDT3	Date travel ended	Date (MM/DD/YYYY)		
CONTACTS/OTHER ILL PERSONS					
Contacts with similar illness?	CONTOTHCONTACT	Any contacts with similar illness?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – LISTERIOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
REPORTING AGENCY					
Investigator name	REPAGENCYNAME	Investigator name	FreeText		
Local health jurisdiction	REPAGENCYLHJUR	Local health jurisdiction	FreeText		
Telephone number	REPAGENCYPHONE	Telephone number	FreeText		
Date	REPAGENCYDT	Date of report	Date (MM/DD/YYYY)		
First reported by	REPAGENCYREPORTEDBY	First reported by	DropDownList	Clinician Laboratory Other	CLI LAB OTH
If Other, specify	REPAGENCYREPORTEDBYSPFY	If Other, specify	FreeText		
EPIDEMIOLOGICAL LINKAGE					
Epi-linked case	EPILINKKNOWNCASE	Epi-Linked to known case of Listeriosis?	DropDownList	Yes No Unknown	Y N U
Contact name / Case #	EPILINKCONTNAMECASENUM	Contact name / Case #	FreeText		
DISEASE CASE CLASSIFICATION					
Neonatal or Non-Neonatal	LISTEROSEPICRCASECLASSTYPE	Was the condition Neonatal or Non-Neonatal?	DropDownList	Neonatal Non-Neonatal	NEO NON
Nosocomial or Community Acquired	LISTEROSEPICRCASECLASSAQUISITION	Was the condition Nosocomial or Community Acquired?	DropDownList	Nosocomial Community Acquired	NOSO COMM
Specify	LISTEROSEPICRCASECLASSTYPESPFY	Specify if the condition was foodborne	CheckBoxList	Unchecked Checked	(blank) FB
OUTBREAK					
Part of outbreak	OBPARTOF	Is this case part of a known Listeriosis outbreak?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – LISTERIOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Extent of outbreak	OBEXTENTOF_1 OBEXTENTOF_2 OBEXTENTOF_3 OBEXTENTOF_4 OBEXTENTOF_5 OBEXTENTOF_6	If Yes, what is the extent of the outbreak?	CheckBoxList (more than one choice is possible)	One CA jurisdiction Multiple CA jurisdictions Multistate International Unknown Other	ONEJUR MULJUR MULSTAT INTR UNK OTH
If Other, specify	OBEXTENTOFSPFY	Specify other extent of outbreak	FreeText		
Mode of transmission	OBTRANSMOD_1 OBTRANSMOD_2 OBTRANSMOD_3 OBTRANSMOD_4	What is the mode of transmission for the cholera outbreak?	CheckBoxList (more than one choice is possible)	Point source Person-to-person Unknown Other	SRC P2P UNK OTH
Specify Other	OBTRANSMODSPFY	Specify other mode of transmission	FreeText		
Vehicle of outbreak	OBVEHICLE	What is the vehicle of the cholera outbreak?	FreeText		
Pattern 1 ID	OBPAT1IDNUM	Pattern 1 ID number	FreeText		
Pattern 2 ID	OBPAT2IDNUM	Pattern 2 ID number	FreeText		

Lyme Disease

CLINICAL INFO – LYME DISEASE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
SIGNS AND SYMPTOMS					
Symptomatic?	LYMECLICRSIGNSXSYMPTOMATIC	Does the patient have clinical signs or symptoms compatible with Lyme disease?	DropDownList	Yes No Unknown	Y N U
Onset date	LYMECLICRSIGNSXONSETDT	Onset date of symptoms of Lyme disease	System Defined Field Link		
Medical care date	LYMECLICRSIGNSXSGTMEDCAREDT	Date first sought medical care for symptoms	Date (MM/DD/YYYY)		
Duration of acute symptoms (days)	LYMECLICRSIGNSXSXDUR	What was the duration of acute symptoms in terms of days?	FreeText		
Erythema migrans (EM)	LYMECLICRSIGNSXEM	Does the patient have Erythema migrans (EM)?	DropDownList	Yes No Unknown	Y N U
Onset date	LYMECLICRSIGNSXEMONSETDT	Onset date of Erythema migrans	Date (MM/DD/YYYY)		
Location on body	LYMECLICRSIGNSXEMANATMICLOC	Location of Erythema migrans on body	FreeText		
EM size at examination, diameter (cm)	LYMECLICRSIGNSXEMSIZE	Erythema migrans size at examination, specify diameter in cm	FreeText		
EM >= 5 cm	LYMECLICRSIGNSXEMSizeGT5	Was Erythema migrans size greater than or equal to 5 cm?	DropDownList	Yes No Unknown	Y N U
Swelling in one or a few joints	LYMECLICRSIGNSXJNTSWL	Does the patient experience brief recurrent attacks of swelling in one or a few joints	DropDownList	Yes No Unknown	Y N U
Onset date	LYMECLICRSIGNSXJNTSWLONSETDT	Onset date of swelling	Date (MM/DD/YYYY)		
Joints affected	LYMECLICRSIGNSXJNTSWLLIST	What joints affected swelled?	FreeText		

CLINICAL INFO – LYME DISEASE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Chronic progressive arthritis	LYMECLICRSIGNSXCPA	Does the patient experience chronic progressive arthritis not preceded by brief attacks?	DropDownList	Yes No Unknown	Y N U
If Yes, specify onset date	LYMECLICRSIGNSXCPAONSETDT	If Yes, specify onset date	Date (MM/DD/YYYY)		
Facial (VII) palsy	LYMECLICRSIGNSXVII	Does the patient have facial (VII) palsy or other cranial neuropathy?	DropDownList	Yes No Unknown	Y N U
If Yes, specify onset date	LYMECLICRSIGNSXVIIONSETDT	If Yes, specify onset date	Date (MM/DD/YYYY)		
Radiculoneuropathy	LYMECLICRSIGNSXRADI	Lyme disease signs and symptoms: **Radiculoneuropathy**	DropDownList	Yes No Unknown	Y N U
If Yes, specify onset date	LYMECLICRSIGNSXRADIONSETDT	If Yes, specify onset date	Date (MM/DD/YYYY)		
Paresthesias, dysesthesias	LYMECLICRSIGNSXPARDYS	Lyme disease signs and symptoms: **Paresthesias, dysesthesias**	DropDownList	Yes No Unknown	Y N U
If Yes, specify onset date	LYMECLICRSIGNSXPARDYSONSETDT	If Yes, specify onset date	Date (MM/DD/YYYY)		
Lymphocytic meningitis	LYMECLICRSIGNSXLYMPHMEN	Lyme disease signs and symptoms: **Lymphocytic meningitis**	DropDownList	Yes No Unknown	Y N U
If Yes, specify onset date	LYMECLICRSIGNSXLYMPHMENONSETDT	If Yes, specify onset date	Date (MM/DD/YYYY)		
Encephalomyelitis	LYMECLICRSIGNSXENCPHALM	Lyme disease signs and symptoms: **Encephalomyelitis**	DropDownList	Yes No Unknown	Y N U
If Yes, specify onset date	LYMECLICRSIGNSXENCPHALMONSETDT	If Yes, specify onset date	Date (MM/DD/YYYY)		

CLINICAL INFO – LYME DISEASE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Atrioventricular block	LYMECLICRSIGNSXATRVNBLK	Does the patient have a second or third degree Atrioventricular block?	DropDownList	Yes No Unknown	Y N U
If Yes, specify onset date	LYMECLICRSIGNSXATRVNBLKONSETDT	If Yes, specify onset date	Date (MM/DD/YYYY)		
Other	LYMECLICRSIGNSXOTH	Does the patient have any **Other** signs or symptoms of Lyme disease	DropDownList	Yes No Unknown	Y N U
If Yes, specify onset date	LYMECLICRSIGNSXOTHONSETDT	Specify onset date of other sign or symptom of Lyme disease	Date (MM/DD/YYYY)		
Specify	LYMECLICRSIGNSXSPFY	Specify other sign or symptom	Text Box		
PAST MEDICAL HISTORY					
Prior Lyme disease diagnosis	LYMECLICRPASMEDHXPRIORDX1 LYMECLICRPASMEDHXPRIORDX2 LYMECLICRPASMEDHXPRIORDX3	Does the patient have a prior Lyme disease diagnosis?	DropDownList	Yes No Unknown	Y N U
If Yes, specify diagnosis date	LYMECLICRPASMEDHXPRIORDXDT1 LYMECLICRPASMEDHXPRIORDXDT2 LYMECLICRPASMEDHXPRIORDXDT3	If Yes, specify prior diagnosis date	Date (MM/DD/YYYY)		
PAST MEDICAL HISTORY – OTHER					
Specify	LYMECLICRPASMEDHXOTHSPFY	Specify any other pertinent past medical history	Text Box		
HOSPITALIZATION					
Patient visit ER?	HOSPER	Did the patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U
Was patient hospitalized?	HOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
Total hospital nights	HOSPDAYSHOSP	If Yes, how many total hospital nights?	FreeText		

CLINICAL INFO – LYME DISEASE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
HOSPITALIZATION – DETAILS					
Hospital name	HOSPDTLNAME1 HOSPDTLNAME2 HOSPDTLNAME3	Name of facility where patient was hospitalized	FreeText		
Street address	HOSPDTLADDRESS1 HOSPDTLADDRESS2 HOSPDTLADDRESS3	Street address of hospital	FreeText		
City	HOSPDTLCITY1 HOSPDTLCITY2 HOSPDTLCITY3	City where hospital located	FreeText		
State	HOSPDTLSTATE1 HOSPDTLSTATE2 HOSPDTLSTATE3	State	FreeText		
Zip code	HOSPDTLZIPCODE1 HOSPDTLZIPCODE2 HOSPDTLZIPCODE3	Zip code	FreeText		
Telephone	HOSPDTLPHONE1 HOSPDTLPHONE2 HOSPDTLPHONE3	Telephone number for hospital	FreeText		
Admit date	HOSPDTLADMITDT1 HOSPDTLADMITDT2 HOSPDTLADMITDT3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPDTLDISCHDT1 HOSPDTLDISCHDT2 HOSPDTLDISCHDT3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		
Record Number	HOSPDTLMRN1 HOSPDTLMRN2 HOSPDTLMRN3	Medical record number for patient	FreeText		
Discharge Diagnosis	HOSPDTLDISCHDX1 HOSPDTLDISCHDX2 HOSPDTLDISCHDX3	What was the patient's final diagnosis at the time of discharge?	FreeText		
TREATMENT/MANAGEMENT					
Received treatment?	TXMGTTREATMENT	Did the patient receive treatment for this disease?	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – LYME DISEASE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
TREATMENT/MANAGEMENT – DETAILS					
Treatment type	LYMECLICRTXMGTDTLTXTYPE1 LYMECLICRTXMGTDTLTXTYPE2 LYMECLICRTXMGTDTLTXTYPE3	What was the general treatment type?	DropDownList	Antibiotic Other	ABX OTH
If Antibiotic, specify route	LYMECLICRTXMGTDTLABXROUTE1 LYMECLICRTXMGTDTLABXROUTE2 LYMECLICRTXMGTDTLABXROUTE3	If antibiotic, specify route of administration	DropDownList	Intravenous Oral	INTRAVENOUS ORAL
Treatment name	LYMECLICRTXMGTDTLTXNAME1 LYMECLICRTXMGTDTLTXNAME2 LYMECLICRTXMGTDTLTXNAME3	What was the specific name of the treatment?	FreeText		
Date started	LYMECLICRTXMGTDTLTXSTARTDT1 LYMECLICRTXMGTDTLTXSTARTDT2 LYMECLICRTXMGTDTLTXSTARTDT3	Date treatment started	Date (MM/DD/YYYY)		
Date ended	LYMECLICRTXMGTDTLTXENDDT1 LYMECLICRTXMGTDTLTXENDDT2 LYMECLICRTXMGTDTLTXENDDT3	Date treatment ended	Date (MM/DD/YYYY)		

LABORATORY INFO – LYME DISEASE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY RESULTS SUMMARY					
Specimen type	LYMELABCRLABRSLTSUMSPECTYPE1 LYMELABCRLABRSLTSUMSPECTYPE2 LYMELABCRLABRSLTSUMSPECTYPE3	What type of specimen was submitted for laboratory testing?	FreeText		
Collection date	LYMELABCRLABRSLTSUMCOLLECTDT1 LYMELABCRLABRSLTSUMCOLLECTDT2 LYMELABCRLABRSLTSUMCOLLECTDT3	Date specimen was collected	Date (MM/DD/YYYY)		
Type of test	LYMELABCRLABRSLTSUMTSTTYPE1 LYMELABCRLABRSLTSUMTSTTYPE2 LYMELABCRLABRSLTSUMTSTTYPE3	Type of laboratory test performed	DropDownList	EIA IFA Western immunoblot Other	EIA IFA WESTIMBLT OTH

LABORATORY INFO – LYME DISEASE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Other, specify test	LYMELABCRLABRSLTSUMTESTTYPESPFY1 LYMELABCRLABRSLTSUMTESTTYPESPFY2 LYMELABCRLABRSLTSUMTESTTYPESPFY3	If other, specify other type of laboratory test	FreeText		
Specify antibody	LYMELABCRLABRSLTSUMANTIBODY1 LYMELABCRLABRSLTSUMANTIBODY2 LYMELABCRLABRSLTSUMANTIBODY3	Specify the antibody tested	DropDownList	IgM	IGM
				IgG	IGG
				Total	TOTAL
				Unspecified	UNSPFY
				Other	OTH
If Other, specify antibody	LYMELABCRLABRSLTSUMANTIBODYSPFY1 LYMELABCRLABRSLTSUMANTIBODYSPFY2 LYMELABCRLABRSLTSUMANTIBODYSPFY3	If other, specify other antibody	FreeText		
Interpretation	LYMELABCRLABRSLTSUMINTERPRET1 LYMELABCRLABRSLTSUMINTERPRET2 LYMELABCRLABRSLTSUMINTERPRET3	Interpretation of laboratory test	DropDownList	Positive	POS
				Negative	NEG
				Equivocal	EQU
				Unknown	UNK
				Pending	PEN
Results (e.g., OD value, titer, etc.)	LYMELABCRLABRSLTSUMRESULT1 LYMELABCRLABRSLTSUMRESULT2 LYMELABCRLABRSLTSUMRESULT3	Results of laboratory testing (e.g. OD value, titer, etc.)	FreeText		
Western immunoblot	LYMELABCRLABRSLTSUMWESTIMBLTBAND_1a LYMELABCRLABRSLTSUMWESTIMBLTBAND_1b LYMELABCRLABRSLTSUMWESTIMBLTBAND_1c LYMELABCRLABRSLTSUMWESTIMBLTBAND_1d LYMELABCRLABRSLTSUMWESTIMBLTBAND_1e	Specify bands present for Western immunoblot (Up to 3 add sections possible.)	CheckBoxList (more than one choice is possible)	18 – 20	18 – 20
				21 – 24	21 – 24
				28	28
				30	30
				35	35
				39	39
				41	41
				45	45
				58	58
				66	66
				88	88

LABORATORY INFO – LYME DISEASE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
	LYMELABCRLABRSLTSUMWESTIMBLTBAND_1f LYMELABCRLABRSLTSUMWESTIMBLTBAND_1g LYMELABCRLABRSLTSUMWESTIMBLTBAND_1h LYMELABCRLABRSLTSUMWESTIMBLTBAND_1i LYMELABCRLABRSLTSUMWESTIMBLTBAND_1j LYMELABCRLABRSLTSUMWESTIMBLTBAND_1k LYMELABCRLABRSLTSUMWESTIMBLTBAND_1L			93	93
Laboratory name	LYMELABCRLABRSLTSUMLABNAME1 LYMELABCRLABRSLTSUMLABNAME2 LYMELABCRLABRSLTSUMLABNAME3	Name of laboratory where testing was performed	FreeText		
Telephone	LYMELABCRLABRSLTSUMLABPHONE1 LYMELABCRLABRSLTSUMLABPHONE2 LYMELABCRLABRSLTSUMLABPHONE3	Telephone number of laboratory	FreeText		
CDC REPORTING ELEMENTS (FOR STATE USE ONLY)					
CSF tested for antibodies	LYMELABCRCDCRepCSF	Was CSF tested for antibodies to *B. burgdorferi*?	DropDownList	Yes No Unknown	Y N U
Antibody higher in CSF?	LYMELABCRCDCRepCSFHigher	Was antibody to *B. burgdorferi* higher in CSF than in serum?	DropDownList	Yes No Unknown	Y N U
Serologic results	LYMELABCRCDCRepSerRes	Result of serologic test	DropDownList	Positive Negative Equivocal Not Done Unknown	P N E ND U
Culture testing results	LYMELABCRCDCRepCultRes	Result of culture testing	DropDownList	Positive Negative Equivocal Not Done Unknown	P N E ND U

EPIDEMIOLOGIC INFO – LYME DISEASE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
EXPOSURES / RISK FACTORS					
Outdoor activity	LYMEEPICREXPRSKFACOUTDRACTIVITY1 LYMEEPICREXPRSKFACOUTDRACTIVITY2 LYMEEPICREXPRSKFACOUTDRACTIVITY3	Did the patient participate in any outdoor activities in wooded, brushy, or grassy areas during the incubation period?	DropDownList	Hiking, Camping, Picnicking Other Recreational Occupational / Non-recreational	HIKECAMPPICNIC RECROTH OCCUPNONRECR
Describe activity	LYMEEPICREXPRSKFACACTIVITYDTL1 LYMEEPICREXPRSKFACACTIVITYDTL2 LYMEEPICREXPRSKFACACTIVITYDTL3	Describe the outdoor activity	FreeText		
Location	LYMEEPICREXPRSKFACACTIVITYLOC1 LYMEEPICREXPRSKFACACTIVITYLOC2 LYMEEPICREXPRSKFACACTIVITYLOC3	Location of the outdoor activity	FreeText		
Date	LYMEEPICREXPRSKFACACTIVITYDT1 LYMEEPICREXPRSKFACACTIVITYDT2 LYMEEPICREXPRSKFACACTIVITYDT3	Date of the outdoor activity	Date (MM/DD/YYYY)		
EXPOSURES / RISK FACTORS – TICK BITE					
Tick bite?	LYMEEPICREXPRSKFACTKBITETKBITE	Did the patient receive a tick bite during incubation period?	DropDownList	Yes No Unknown	Y N U
Describe	LYMEEPICREXPRSKFACTKBITEDTL	Describe the tick bite	FreeText		
Date noticed	LYMEEPICREXPRSKFACTKBITENOTICEDT	Date tick bite noticed	Date (MM/DD/YYYY)		
Where (county, habitat)?	LYMEEPICREXPRSKFACTKBITEGEOLOC	Where did the patient receive the tick bite (county, habitat)?	FreeText		
Where (anatomic)?	LYMEEPICREXPRSKFACTKBITEANATMICLOC	Where was the tick bite (anatomic)?	FreeText		
Duration of attachment	LYMEEPICREXPRSKFACTKBITEDURATION	Approximate duration of attachment	FreeText		
CDC REPORTING ELEMENTS (FOR STATE USE ONLY)					

EPIDEMIOLOGIC INFO – LYME DISEASE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
State where exposed	LYMEEPICRCDCRepState	State where patient was most likely exposed	FreeText		
County where exposed	LYMEEPICRCDCRepCounty	County where patient was most likely exposed	FreeText		
REPORTING AGENCY					
Investigator name	LYMEEPICRREPAGENCYNAME	LHD Investigator name	FreeText		
Local health jurisdiction	LYMEEPICRREPAGENCYLHJUR	Local health jurisdiction	FreeText		
Telephone number	LYMEEPICRREPAGENCYPHONE	Telephone number of LHD investigator	FreeText		
Date	LYMEEPICRREPAGENCYDT	Date agency reported the case	Date (MM/DD/YYYY)		
Date First Reported	LYMEEPICRREPAGENCYREPORTDT	Date First Reported to Public Health	Date (MM/DD/YYYY)		
First reported by	LYMEEPICRREPAGENCYREPORTEDBY	What reporting agency first reported the case?	DropDownList	Clinician Laboratory Other	CLI LAB OTH
If Other, specify	LYMEEPICRREPAGENCYREPORTEDBYSPFY	Specify other agency	FreeText		
EPIDEMIOLOGICAL LINKAGE					
Epi-linked case?	EPILINKKNOWNCASE	Epi-linked to known case?	DropDownList	Yes No Unknown	Y N U
Contact name / Case #	EPILINKCONTNAMECASENUM	Contact name / Case #	FreeText		

Lymphogranuloma Venereum (LGV)

CLINICAL INFO – LYMPHOGRANULOMA VENEREUM (LGV)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
EMERGENCY CONTACT INFORMATION					
Emergency contact name	CLICREMERGCONTNAME	Emergency contact name	FreeText		
Relationship	CLICREMERGCONTRELATIONSHIP	Relationship	FreeText		
Telephone	CLICREMERGCONTPHONE	Telephone	FreeText		
CLINICAL INFORMATION					
Date of initial healthcare visit	CLICRCLININFOINITVISITDATE	Date of initial health care visit for suspected LGV	Date (MM/DD/YYYY)		
Clinic where seen	CLICRCLININFOCLINIC	Clinic where patient was seen for suspected LGV	Link System Dictionary	See Appendix Q: Location Dictionary	
Clinic type	CLICRCLININFOTYPE	Clinic type	DropDownList	STD Clinic	STD
				HIV/AIDS Clinic	HIV
				Primary Care	Primary
				Emergency Department	ED
				ID Clinic	ID
				GI Clinic	GI
				Other	Other
If Other, specify	CLICRCLININFOCLINICOTH	If Clinic type is other, specify	FreeText		
Setting	CLICRCLININFOSETTING	Setting	DropDownList	Kaiser	KAISER
				Private Practice	PRIVATE
				University Hospital	UNIVHOSP
				Emergency department	ED
				Public community clinic	PUBLIC
				Correctional	CORR
				Other	OTH
If Other, specify	CLICRCLININFOSETTINGOTH	If Other, specify	FreeText		
Patient's Clinic ID#	CLICRCLININFOIDNUM	Patient's Clinic ID#	FreeText		

CLINICAL INFO – LYMPHOGRANULOMA VENEREUM (LGV)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Chief complaint	CLICRCLININFOCOMPLAINT	What was the patient's chief complaint(s) at the initial clinic visit for suspected LGV?	FreeText		
Sex partner of LGV case	CLICRCLININFOLGVSEXPARTNER	Is this patient the sex partner of a person diagnosed with proven or suspected LGV?	DropDownList	Yes No Unknown	Y N U
	CLICRCLININFOSEXPARTNERSYMP	Does this patient report having a sex partner with symptoms consistent with LGV?	DropDownList	Yes No Unknown	Y N U
SYMPTOMS					
Did patient give a history of symptoms?	CLICRSXSXHX	At the initial clinic visit for suspected LGV, did the patient give a history of having any symptoms?	DropDownList	Yes No Unknown	Y N U
Anal discharge	CLICRSXANALDISCH	Anal discharge	DropDownList	Yes No Unknown	Y N U
Approx. date of onset	CLICRSXANALDISCHDATE	Approximate date of onset	Date (MM/DD/YYYY)		
Still present at exam?	CLICRSXANALDISCHPRES	Still present at exam?	DropDownList	Yes No Unknown	Y N U
If No, duration	CLICRSXANALDISCHDAYS	If No, duration (# of days)	FreeText		
Rectal bleeding	CLICRSXRECTBLD	Rectal bleeding	DropDownList	Yes No Unknown	Y N U
Approx. date of onset	CLICRSXRECTBLDDATE	Approximate date of onset	Date (MM/DD/YYYY)		
Still present at exam?	CLICRSXRECTBLDPRES	Still present at exam?	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – LYMPHOGRANULOMA VENEREUM (LGV)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If No, duration	CLICRSXRECTBLDDAYS	If No, duration (# of days)	FreeText		
Anal spasms	CLICRSXANALSPASM	Anal spasms (cramping)	DropDownList	Yes No Unknown	Y N U
Approx. date of onset	CLICRSXANALSPASMDATE	Approximate date of onset	Date (MM/DD/YYYY)		
Still present at exam?	CLICRSXANALSPASMPRES	Still present at exam?	DropDownList	Yes No Unknown	Y N U
If No, duration	CLICRSXANALSPASMDAYS	If No, duration (# of days)	FreeText		
Urgency with pain with bowel movement	CLICRSXTENESMUS	Urgency with pain with bowel movement (Tenesmus)	DropDownList	Yes No Unknown	Y N U
Approx. date of onset	CLICRSXTENESMUSDATE	Approximate date of onset	Date (MM/DD/YYYY)		
Still present at exam?	CLICRSXTENESMUSPRES	Still present at exam?	DropDownList	Yes No Unknown	Y N U
If No, duration	CLICRSXTENESMUSDAYS	If No, duration (# of days)	FreeText		
Constipation	CLICRSXCONSTAP	Constipation	DropDownList	Yes No Unknown	Y N U
Approx. date of onset	CLICRSXCONSTAPDATE	Approximate date of onset	Date (MM/DD/YYYY)		
Still present at exam?	CLICRSXCONSTAPPRES	Still present at exam?	DropDownList	Yes No Unknown	Y N U
If No, duration	CLICRSXCONSTAPDAYS	If No, duration (# of days)	FreeText		

CLINICAL INFO – LYMPHOGRANULOMA VENEREUM (LGV)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Lymph node enlargement in groin	CLICRSXLYMPH	Lymph node enlargement in groin	DropDownList	Yes No Unknown	Y N U
Approx. date of onset	CLICRSXLYMPHDATE	Approximate date of onset	Date (MM/DD/YYYY)		
Still present at exam?	CLICRSXLYMPHPRES	Still present at exam?	DropDownList	Yes No Unknown	Y N U
If No, duration	CLICRSXLYMPHDAYS	If No, duration (# of days)	FreeText		
Ulcer	CLICRSXULCER	Ulcer	DropDownList	Yes No Unknown	Y N U
Approx. date of onset	CLICRSXULCERDATE	Approximate date of onset	Date (MM/DD/YYYY)		
Painful?	CLICRSXULCERPAIN	Painful?	DropDownList	Yes No Unknown	Y N U
Site	CLICRSXULCERSITE	Site	FreeText		
Still present at exam?	CLICRSXULCERPRES	Still present at exam?	DropDownList	Yes No Unknown	Y N U
If No, duration	CLICRSXULCERDAYS	If No, duration (# of days)	FreeText		
Papule	CLICRSXPAPULE	Papule	DropDownList	Yes No Unknown	Y N U
Approx. date of onset	CLICRSXPAPULEDATE	Approximate date of onset	Date (MM/DD/YYYY)		
Painful?	CLICRSXPAPULEPAIN	Painful?	DropDownList	Yes No Unknown	Y N U
Site	CLICRSXPAPULESITE	Site	FreeText		

CLINICAL INFO – LYMPHOGRANULOMA VENEREUM (LGV)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Still present at exam?	CLICRSXPAPULEPRES	Still present at exam?	DropDownList	Yes No Unknown	Y N U
If No, duration	CLICRSXPAPULEDAYS	If No, duration (# of days)	FreeText		
Fever	CLICRSXFEVER	Fever	DropDownList	Yes No Unknown	Y N U
Approx. date of onset	CLICRSXFEVERDATE	Approximate date of onset	Date (MM/DD/YYYY)		
Still present at exam?	CLICRSXFEVERPRES	Still present at exam?	DropDownList	Yes No Unknown	Y N U
If No, duration	CLICRSXFEVERDAYS	If No, duration (# of days)	FreeText		
Weight loss	CLICRSXWLOSS	Weight loss	DropDownList	Yes No Unknown	Y N U
Approx. date of onset	CLICRSXWLOSSDATE	Approximate date of onset	Date (MM/DD/YYYY)		
Still present at exam?	CLICRSXWLOSSPRES	Still present at exam?	DropDownList	Yes No Unknown	Y N U
If No, duration	CLICRSXWLOSSDAYS	If No, duration (# of days)	FreeText		
Malaise	CLICRSXMALAISE	Malaise	DropDownList	Yes No Unknown	Y N U
Approx. date of onset	CLICRSXMALAISEDATE	Approximate date of onset	Date (MM/DD/YYYY)		
Still present at exam?	CLICRSXMALAISEPRES	Still present at exam?	DropDownList	Yes No Unknown	Y N U
If No, duration	CLICRSXMALAISEDAYS	If No, duration (# of days)	FreeText		

CLINICAL INFO – LYMPHOGRANULOMA VENEREUM (LGV)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Other	CLICRSXOTHER	Other	DropDownList	Yes No Unknown	Y N U
Approx. date of onset	CLICRSXOTHERDATE	Approximate date of onset	Date (MM/DD/YYYY)		
Still present at exam?	CLICRSXOTHERPRES	Still present at exam?	DropDownList	Yes No Unknown	Y N U
If No, duration	CLICRSXOTHERDAYS	If No, duration (# of days)	FreeText		
PHYSICAL EXAM FINDINGS					
Inguinal lymphadenopathy	CLICRPHYSEXAMIL	Inguinal lymphadenopathy	DropDownList	Yes No Unknown	Y N U
Unilateral	CLICRPHYSEXAMILUNILATERAL	Unilateral	DropDownList	Yes No Unknown	Y N U
Bilateral	CLICRPHYSEXAMILBILATERAL	Bilateral	DropDownList	Yes No Unknown	Y N U
Tenderness	CLICRPHYSEXAMILTENDER	Tenderness	DropDownList	Yes No Unknown	Y N U
Bubo	CLICRPHYSEXAMILBUBO	Bubo	DropDownList	Yes No Unknown	Y N U
If Bubo is Yes, is it draining?	CLICRPHYSEXAMILDRAININGBUBO	If Bubo is Yes, is it draining?	DropDownList	Yes No Unknown	Y N U
Ulcer	CLICRPHYSEXAMULCER	Ulcer	DropDownList	Yes No Unknown	Y N U
Tender?	CLICRPHYSEXAMULCERTENDER	If Yes, Tender?	DropDownList	Yes No	Y N
Site	CLICRPHYSEXAMULCERSITE	If Yes, Site	FreeText		

CLINICAL INFO – LYMPHOGRANULOMA VENEREUM (LGV)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Papule	CLICRPHYSEXAMPAPULE	Papule	DropDownList	Yes No Unknown	Y N U
Tender?	CLICRPHYSEXAMPAPULETENDER	If Yes, Tender?	DropDownList	Yes No	Y N
Site	CLICRPHYSEXAMPAPULESITE	If Yes, Site	FreeText		
Mucous or purulent anal discharge	CLICRPHYSEXAMANALDISCH	Mucous or purulent anal discharge	DropDownList	Yes No Unknown	Y N U
Rectal bleeding	CLICRPHYSEXAMRECTBLD	Rectal bleeding	DropDownList	Yes No Unknown	Y N U
Fever	CLICRPHYSEXAMFEVER	Fever	DropDownList	Yes No Unknown	Y N U
Weight loss	CLICRPHYSEXAMWLOSS	Weight loss	DropDownList	Yes No Unknown	Y N U
Other(s)	CLICRPHYSEXAMOTHER	Other(s)	TextBox		
CLINICAL PROCEDURES					
Digital rectal exam done?	CLICRCLINPROCDIGRECTEXAM	Digital rectal exam done?	DropDownList	Yes No Unknown	Y N U
Indicate findings	CLICRCLINPROCDIGRECTEXAMDTL	If Yes, Indicate findings	FreeText		
Anoscopy done?	CLICRCLINPROCANOSCOP	Anoscopy done?	DropDownList	Yes No Unknown	Y N U
Indicate findings	CLICRCLINPROCANOSCOPDTL	If Yes, Indicate findings	FreeText		
Biopsy done?	CLICRCLINPROCANOSCOPBIOP	If Yes, Biopsy done?	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – LYMPHOGRANULOMA VENEREUM (LGV)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Protoscopy done?	CLICRCLINPROCPROCTO	Protoscopy done?	DropDownList	Yes No Unknown	Y N U
Indicate findings	CLICRCLINPROCPROCTODTL	If Yes, Indicate findings	FreeText		
Biopsy done?	CLICRCLINPROCPROCTOBIOP	If Yes, Biopsy done?	DropDownList	Yes No Unknown	Y N U
Sigmoidoscopy done?	CLICRCLINPROCSIGMOID	Sigmoidoscopy done?	DropDownList	Yes No Unknown	Y N U
Indicate findings	CLICRCLINPROCSIGMOIDDTL	If Yes, Indicate findings	FreeText		
Biopsy done?	CLICRCLINPROCSIGMOIDBIOP	If Yes, Biopsy done?	DropDownList	Yes No Unknown	Y N U
CHLAMYDIA TESTS CONDUCTED					
CT specimen type	CLICRCHLTESTSSPECIMEN_1 CLICRCHLTESTSSPECIMEN_2 CLICRCHLTESTSSPECIMEN_3	CT specimen type	DropDownList	Urine Urethral swab Rectal swab Oropharyngeal swab Serology Other	URINE URETH RECTAL OROPHAR SERO OTH
If Rectal swab, specify	CLICRCHLTESTSRECTSPFY_1 CLICRCHLTESTSRECTSPFY_2 CLICRCHLTESTSRECTSPFY_3	If Rectal swab, specify	DropDownList	Blind Specimen Directed under Anoscopy / Protoscopy / Sigmoidoscopy Unknown	BLIND DIRECT UNK
Specimen type	CLICRCHLTESTSSPECOTH_1 CLICRCHLTESTSSPECOTH_2 CLICRCHLTESTSSPECOTH_3	If Other, specify specimen type	FreeText		
Describe results	CLICRCHLTESTSSPECOTHRSLT_1 CLICRCHLTESTSSPECOTHRSLT_2 CLICRCHLTESTSSPECOTHRSLT_3	If Other, describe results	FreeText		
Describe test type	CLICRCHLTESTSSPECOTHTESTTYPE_1 CLICRCHLTESTSSPECOTHTESTTYPE_2 CLICRCHLTESTSSPECOTHTESTTYPE_3	If Other, describe test type	FreeText		

CLINICAL INFO – LYMPHOGRANULOMA VENEREUM (LGV)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Laboratory name	CLICRCHLTESTSLABNAME_1 CLICRCHLTESTSLABNAME_2 CLICRCHLTESTSLABNAME_3	Laboratory name	FreeText		
CT test results	CLICRCHLTESTSCTRSLT_1 CLICRCHLTESTSCTRSLT_2 CLICRCHLTESTSCTRSLT_3	CT test results	DropDownList	Positive	P
				Negative	N
				Equivocal	E
				Unknown	U
				Serology (specify titer and optical density)	S
Titer	CLICRCHLTESTSCTSEROTITER_1 CLICRCHLTESTSCTSEROTITER_2 CLICRCHLTESTSCTSEROTITER_3	If Serology, specify titer	FreeText		
Optical density	CLICRCHLTESTSCTSERODENSITY_1 CLICRCHLTESTSCTSERODENSITY_2 CLICRCHLTESTSCTSERODENSITY_3	If Serology, specify optical density	FreeText		
Test type (if known)	CLICRCHLTESTSTESTTYPE_1 CLICRCHLTESTSTESTTYPE_2 CLICRCHLTESTSTESTTYPE_3	Test type (if known)	DropDownList	Antigen detection (specify)	ANTIGEN
				BD ProbeTec	BD
				CF	CF
				Culture	CULTURE
				EIA	EIA
				GenProbe Aptima	GPAPTIMA
				GenProbe Pace 2	GPPACE2
				IFA	IFA
				MIF	MIF
				Roche Amplicor	ROCHEAMP
				Unknown	UNK
				Other	OTH
If Antigen detection, specify	CLICRCHLTESTSANTIGENSPFY_1 CLICRCHLTESTSANTIGENSPFY_2 CLICRCHLTESTSANTIGENSPFY_3	If Antigen detection, specify	FreeText		
If Other, specify	CLICRCHLTESTSOTHSPFY_1 CLICRCHLTESTSOTHSPFY_2 CLICRCHLTESTSOTHSPFY_3	If Other, specify	FreeText		
OTHER STD TESTS CONDUCTED					
STD	CLICROTHSTSTESTSSTD_1 CLICROTHSTSTESTSSTD_2	STD	DropDownList	Gonorrhea – Urine	GCURINE
				Gonorrhea – Rectal	GCRECTAL

CLINICAL INFO – LYMPHOGRANULOMA VENEREUM (LGV)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
	CLICROTHSTSTESTSSTD_3			Gonorrhea – Oropharyngeal	GCOROPHAR
				Trichomonas	TRICH
				Syphilis – Non-treponemal	SYPNONTREP
				Syphilis – Treponemal	SYPTREP
				Syphilis – Ulcer / Chancre	SYPULCER
				Genital / Rectal Herpes	HERPES
				Other	OTH
Other STD	CLICROTHSTSTESTSOTHSTD_1 CLICROTHSTSTESTSOTHSTD_2 CLICROTHSTSTESTSOTHSTD_3	Other STD	FreeText		
Test result	CLICROTHSTSTESTSRESULT_1 CLICROTHSTSTESTSRESULT_2 CLICROTHSTSTESTSRESULT_3	Test result	FreeText		
Test type	CLICROTHSTSTESTSTESTTYPE_1 CLICROTHSTSTESTSTESTTYPE_2 CLICROTHSTSTESTSTESTTYPE_3	Test type	FreeText		
If Syphilis ulcer/chancre, or Genital/rectal herpes, specify site #1	CLICROTHSTSTESTSSITE1_1 CLICROTHSTSTESTSSITE1_2 CLICROTHSTSTESTSSITE1_3	If Syphilis ulcer/chancre, or Genital/rectal herpes, specify site #1	FreeText		
If Syphilis ulcer/chancre, or Genital/rectal herpes, specify site #2	CLICROTHSTSTESTSSITE2_1 CLICROTHSTSTESTSSITE2_2 CLICROTHSTSTESTSSITE2_3	If Syphilis ulcer/chancre, or Genital/rectal herpes, specify site #2	FreeText		
Test results	CLICROTHSTSTESTSSITE1RSLT_1 CLICROTHSTSTESTSSITE1RSLT_2 CLICROTHSTSTESTSSITE1RSLT_3	Test results	DropDownList	Positive Negative Unknown	P N U
If result is for syphilis non-trep test, specify titer 1	CLICROTHSTSTESTSNONTREPTITER_1 CLICROTHSTSTESTSNONTREPTITER_2 CLICROTHSTSTESTSNONTREPTITER_3	If result is for syphilis non-trep test, specify titer 1	DropDownList	0	0
				1	1
				2	2
				4	4
				8	8

CLINICAL INFO – LYMPHOGRANULOMA VENEREUM (LGV)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				16	16
				32	32
				64	64
				128	128
				256	256
				512	512
				1024	1024
				2048	2048
				4096	4096
				8192	8192
				16384	16384
				32768	32768
				99999	99999
Test result for Site #2	CLICROTHSTSTESTSSITE2RSLT_1 CLICROTHSTSTESTSSITE2RSLT_2 CLICROTHSTSTESTSSITE2RSLT_3	Test result for Site #2	DropDownList	Positive Negative Unknown	P N U
Test type (if known)	CLICROTHSTSTESTSSITE1TYPE_1 CLICROTHSTSTESTSSITE1TYPE_2 CLICROTHSTSTESTSSITE1TYPE_3	Test type (if known)	DropDownList	Culture	CULT
				Darkfield	DARK
				DFA-TP	DFATP
				FTA-abs	FTAABS
				NAATs	NAAT
				RPR	RPR
				TP-PA	TPPA
				VDRL	VDRL
				Wet mount	WET
				Unknown	UNK
				Other	OTH
If other, specify	CLICROTHSTSTESTSSITE1TYPEOTH_1 CLICROTHSTSTESTSSITE1TYPEOTH_2 CLICROTHSTSTESTSSITE1TYPEOTH_3	If Other test type, specify	FreeText		
Test type for Site #2	CLICROTHSTSTESTSSITE2TYPE_1 CLICROTHSTSTESTSSITE2TYPE_2 CLICROTHSTSTESTSSITE2TYPE_3	Test type for Site #2 (if known)	DropDownList	Culture Unknown Other	CULT UNK OTH
If other, specify	CLICROTHSTSTESTSSITE2TYPEOTH_1 CLICROTHSTSTESTSSITE2TYPEOTH_2 CLICROTHSTSTESTSSITE2TYPEOTH_3	If Other test type, specify	FreeText		

CLINICAL INFO – LYMPHOGRANULOMA VENEREUM (LGV)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LGV TREATMENT					
Was treatment given?	CLICRLGVTXTREATED	Was treatment given for suspected LGV?	DropDownList	Yes No Unknown	Y N U
If Yes, specify date	CLICRLGVTXDATE	If Yes, specify treatment date	Date (MM/DD/YYYY)		
If Yes, specify drug and dosage	CLICRLGVTXDOSE	If Yes, specify drug and dosage	DropDownList	AZITHROMYCIN/ZITHROMAX 1G PO Q WEEK X 3 WKS	AZITH1GX3W
				DOXYCYCLINE 100MG PO BID X 21D	DOXYX21
				ERYTHROMYCIN BASE 500MG PO QID X 21D	ERYTH500XID21
				NO TREATMENT	NOTREAT
				OTHER	OTHER
				UNKNOWN TREATMENT	UNK
If Other, specify	CLICRLGVTXDOSEOTH	If Other drug and dosage, specify	FreeText		

INTERVIEW RECORD – LYMPHOGRANULOMA VENEREUM (LGV)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
CASE CLOSURE					
Date case closed	IRCRCASECLOSURECLOSED	Date case closed	Date (MM/DD/YYYY)		
DIS	IRCRCASECLOSUREDIS	DIS	FreeText		
Supervisor	IRCRCASECLOSURESUPERVISOR	Supervisor	FreeText		
CHLAMYDIA HISTORY					
History of chlamydia infection?	IRCRCHLHXCHLAMYDIAHX	Did the patient ever have a history of chlamydia infection (not including the current diagnosis)?	DropDownList	Yes No Unknown	Y N U
If Yes, # of infections	IRCRCHLHXNUMINFECT	If Yes, # of infections	FreeText		
History of chlamydia infection in the past year?	IRCRCHLHXCHLAMHXPAST12	Did the patient have a history of chlamydia infection in the past year (not including the current diagnosis)?	DropDownList	Yes No Unknown	Y N U
If Yes, # of infections	IRCRCHLHXNUMINFECTPAST12	If Yes, # of infections	FreeText		
Anatomic site(s) of last infection	IRCRCHLHXANATOMICSITE_URINE IRCRCHLHXANATOMICSITE_URETCERV IRCRCHLHXANATOMICSITE_RECT IRCRCHLHXANATOMICSITE_PHARY IRCRCHLHXANATOMICSITE_UNK IRCRCHLHXANATOMICSITE_OTH	Anatomic site(s) of last infection	CheckBoxList (more than one selection is possible)	Urine Urethral / Cervical Rectal Pharyngeal Unknown Other	URINE URETCERV RECT PHARY UNK OTH
If Other anatomic site, specify	IRCRCHLHXSITEOTH	If Other anatomic site, specify	FreeText		
Date	IRCRCHLHXINFECTDATE	Date	Date (MM/DD/YYYY)		
Treatment	IRCRCHLHXINFECTTX	Treatment	DropDownList	DOXYCYCLINE 100MG PO BID X 7D ERYTHROMYCIN BASE 250MG PO QID X 14D	DOXYX7 ERYTH250QID14

INTERVIEW RECORD – LYMPHOGRANULOMA VENEREUM (LGV)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				ERYTHROMYCIN BASE 500MG PO QID X 7D	ERYTH500QID7
				ERYTHROMYCIN ETHYL 400MG PO QID X 14D	ERYTHETH400
				ERYTHROMYCIN ETHYL 800MG PO QID X 7D	ERYTHETH800
				LEVOFLOXACIN 500MG PO Q D X 7D	LEVO500X7
				NO TREATMENT	NOTREAT
				OFLOXACIN 300MG PO BID X 7D	OFLOX300X7
				OTHER	OTHER
				UNKNOWN TREATMENT	UNK
If Other, specify	IRCRCHLHXINFECTTXOTH	If Other, specify	FreeText		
HIV STATUS – SELF REPORTED					
Patient knows HIV status?	IRCRHIVSTATUSKNOWN	Patient knows HIV status?	DropDownList	Yes No Unknown Refused	Y N U R
If Yes, status	IRCRHIVSTATUSSTATUS	If Yes, status	DropDownList	Infected Not infected Refused	I N R
Month	IRCRHIVSTATUSDXMONTH	Month	DropDownList		
Year	IRCRHIVSTATUSDXYEAR	Year	FreeText		
Month	IRCRHIVSTATUSLASTTESTMONTH	Month	DropDownList		
Year	IRCRHIVSTATUSLASTTESTYEAR	Year	FreeText		
Taken anti-retroviral therapy ever?	IRCRHIVSTATUSTHERAPY	Taken anti-retroviral therapy ever?	DropDownList	Yes No Unknown	Y N U
Taken anti-retroviral therapy in the last 12 months?	IRCRHIVSTATUSTHERAPYPAST12	Taken anti-retroviral therapy in the last 12 months?	DropDownList	Yes No Unknown	Y N U

INTERVIEW RECORD – LYMPHOGRANULOMA VENEREUM (LGV)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Taking anti-retroviral therapy currently?	IRCRHIVSTATUSTHERAPYCURR	Taking anti-retroviral therapy currently?	DropDownList	Yes No Unknown	Y N U
PATIENT'S SEXUAL HISTORY					
Male sex partners in the past 12 months	IRCRSEXUALHXMALENUMPAST12	Number of male sex partners the patient had in the past 12 months	FreeText		
Male sex partners in the past 2 months	IRCRSEXUALHXMALENUMPAST2	Number of male sex partners the patient had in the past 2 months	FreeText		
Of these, # new	IRCRSEXUALHXMALENUMNEW	Of these, # new	FreeText		
Of these, # anonymous	IRCRSEXUALHXMALENUMANON	Of these, # anonymous	FreeText		
In the past 2 months did the patient have sex (anal, vaginal) without a condom with any of these male partners?	IRCRSEXUALHXMALEUNPROTECT	In the past 2 months did the patient have sex (anal, vaginal) without a condom with any of these male partners?	DropDownList	Yes No Unknown	Y N U
In the past 2 months did the patient have receptive anal intercourse with any of these male partners?	IRCRSEXUALHXMALERECANAL	In the past 2 months did the patient have receptive anal intercourse with any of these male partners?	DropDownList	Yes No Unknown	Y N U
In the past 2 months did the patient hae receptive anal fisting with any of these male partners?	IRCRSEXUALHXMALERECFIST	In the past 2 months did the patient hae receptive anal fisting with any of these male partners?	DropDownList	Yes No Unknown	Y N U

INTERVIEW RECORD – LYMPHOGRANULOMA VENEREUM (LGV)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
MALE PATIENTS: In the past 2 months did the patient have insertive anal intercourse with any of these male partners?	IRCRSEXUALHXMALEANAL	FOR MALE PATIENTS ONLY: In the past 2 months did the patient have insertive anal intercourse with any of these male partners?	DropDownList	Yes No Unknown	Y N U
Number of female sex partners in the past 12 months	IRCRSEXUALHXFEMNUMPAST12	Number of female sex partners the patient had in the past 12 months	FreeText		
Number of female sex partners in the past 2 months	IRCRSEXUALHXFEMNUMPAST2	Number of female sex partners the patient had in the past 2 months	FreeText		
Of these, # new	IRCRSEXUALHXFEMNUMNEW	Of these, # new	FreeText		
Of these, # anonymous	IRCRSEXUALHXFEMNUMANON	Of these, # anonymous	FreeText		
FOR MALE PATIENTS ONLY: In the past 2 months did the patient have sex (anal, vaginal) without a condom with any of these female partners?	IRCRSEXUALHXFEMUNPROTECT	FOR MALE PATIENTS ONLY: In the past 2 months did the patient have sex (anal, vaginal) without a condom with any of these female partners?	DropDownList	Yes No Unknown	Y N U
FOR MALE PATIENTS ONLY: In the past 2 months did the patient have insertive anal intercourse with any of these female partners?	IRCRSEXUALHXFEMANAL	FOR MALE PATIENTS ONLY: In the past 2 months did the patient have insertive anal intercourse with any of these female partners?	DropDownList	Yes No Unknown	Y N U
RISK FACTORS					

INTERVIEW RECORD – LYMPHOGRANULOMA VENEREUM (LGV)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Marijuana	IRCRRISKFACTORSMARIJUANA	Marijuana	DropDownList	Yes No Unknown Refused	Y N U R
Crack cocaine	IRCRRISKFACTORSCRACK	Crack cocaine	DropDownList	Yes No Unknown Refused	Y N U R
Cocaine	IRCRRISKFACTORSCOCAINE	Cocaine	DropDownList	Yes No Unknown Refused	Y N U R
Ecstasy	IRCRRISKFACTORSECSTASY	Ecstasy	DropDownList	Yes No Unknown Refused	Y N U R
Heroin	IRCRRISKFACTORSHEROIN	Heroin	DropDownList	Yes No Unknown Refused	Y N U R
Methamphetamine	IRCRRISKFACTORSMETH	Methamphetamine	DropDownList	Yes No Unknown Refused	Y N U R
Other	IRCRRISKFACTORSOTHER	Other	DropDownList	Yes No Unknown Refused	Y N U R
If Yes, specify drug(s)	IRCRRISKFACTORSOTHERSPFY	If Yes, specify drug(s)	FreeText		
Been in jail / juvenile detention center?	IRCRRISKFACTORSJAIL	Been in jail / juvenile detention center?	DropDownList	Yes No Unknown Refused	Y N U R
Been in prison / long term correctional facility?	IRCRRISKFACTORSPRISON	Been in prison / long term correctional facility?	DropDownList	Yes No Unknown Refused	Y N U R

INTERVIEW RECORD – LYMPHOGRANULOMA VENEREUM (LGV)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Been a member of a gang	IRCRRISKFACTORSGANGMEMBER	Been a member of a gang	DropDownList	Yes No Unknown Refused	Y N U R
Gang name	IRCRRISKFACTORSGANGNAME	Gang name	FreeText		
Gave money / drugs for sex	IRCRRISKFACTORSPAYFORSEX	Gave money / drugs for sex	DropDownList	Yes No Unknown Refused	Y N U R
Received money / drugs for sex	IRCRRISKFACTORSSEXFORCASH	Received money / drugs for sex	DropDownList	Yes No Unknown Refused	Y N U R
Had any sex partners who have ever been in jail / prison / juvenile hall?	IRCRRISKFACTORSJAILPARTNER	Had any sex partners who have ever been in jail / prison / juvenile hall?	DropDownList	Yes No Unknown Refused	Y N U R
VENUES					
Refused	IRCRVENUESREFUSED	Refused to answer	CheckBox	Refused	Y
No new or anonymous partners in past 2 months	IRCRVENUESNONEWPAST2	No new or anonymous partners in past 2 months	CheckBox	No new or anonymous partners in past 2 months	Y
Bars / clubs	IRCRVENUESBAR	Bars / clubs	DropDownList	Yes No Unknown Refused	Y N U R
Name(s) of venues	IRCRVENUESBARNAME	Name(s) of venues	FreeText		
Baths / Spas	IRCRVENUESBATH	Baths / Spas	DropDownList	Yes No Unknown Refused	Y N U R

INTERVIEW RECORD – LYMPHOGRANULOMA VENEREUM (LGV)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Name(s) of venues	IRCRVENUESBATHNAME	Name(s) of venues	FreeText		
Sex clubs	IRCRVENUESCLUB	Sex clubs	DropDownList	Yes No Unknown Refused	Y N U R
Name(s) of venues	IRCRVENUESCLUBNAME	Name(s) of venues	FreeText		
Internet / chat rooms / email	IRCRVENUESINTERNET	Internet / chat rooms / email	DropDownList	Yes No Unknown Refused	Y N U R
Name(s) of venues	IRCRVENUESINTERNETNAME	Name(s) of venues	FreeText		
Private parties	IRCRVENUESPRIVATE	Private parties	DropDownList	Yes No Unknown Refused	Y N U R
Name(s) of venues	IRCRVENUESPRIVATENAME	Name(s) of venues	FreeText		
Circuit parties	IRCRVENUESCIRCUIT	Circuit parties	DropDownList	Yes No Unknown Refused	Y N U R
Name(s) of venues	IRCRVENUESCIRCUITNAME	Name(s) of venues	FreeText		
Telephone chat lines	IRCRVENUESPHONE	Telephone chat lines	DropDownList	Yes No Unknown Refused	Y N U R
Name(s) of venues	IRCRVENUESPHONENAME	Name(s) of venues	FreeText		
Other(s)	IRCRVENUESOTHER	Other(s)	DropDownList	Yes No Unknown Refused	Y N U R
Name(s) of venues	IRCRVENUESOTHERNAME	Name(s) of venues	FreeText		

INTERVIEW RECORD – LYMPHOGRANULOMA VENEREUM (LGV)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
TRAVEL HISTORY					
Did the patient to Europe in the past 2 months?	IRCRTRAVHXEUROPEPAST2	Did the patient to Europe in the past 2 months?	DropDownList	Yes No Unknown	Y N U
Did the patient travel anywhere else in the past 2 months?	IRCRTRAVHXTRAVELPAST2	Did the patient travel anywhere else in the past 2 months?	DropDownList	Yes No Unknown	Y N U
TRAVEL HISTORY – DETAILS					
Location	IRCRTRAVHXDTLLOCATION_1 IRCRTRAVHXDTLLOCATION_2 IRCRTRAVHXDTLLOCATION_3	Location	FreeText		
Date travel started	IRCRTRAVHXDTLSTARTDT_1 IRCRTRAVHXDTLSTARTDT_2 IRCRTRAVHXDTLSTARTDT_3	Date travel started	Date (MM/DD/YYYY)		
Date travel ended	IRCRTRAVHXDTLENDDT_1 IRCRTRAVHXDTLENDDT_2 IRCRTRAVHXDTLENDDT_3	Date travel ended	Date (MM/DD/YYYY)		
Sex there?	IRCRTRAVHXDTLSEX_1 IRCRTRAVHXDTLSEX_2 IRCRTRAVHXDTLSEX_3	Did the patient have sex there?	DropDownList	Yes No Unknown	Y N U
ADDITIONAL COMMENTS					
Additional comments you may have	IRCRADDCOMMENTSCOMMENT	Additional comments you may have (e.g., other history, risk factors, or behaviors of relevance for this suspected case)	TextBox		

Malaria

CLINICAL INFO – MALARIA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
SIGNS AND SYMPTOMS					
Symptomatic ?	MALARIACLICRSIGNSXSYMPTOMATIC	Did the patient have symptoms of Malaria?	DropDownList	Yes No Unknown	Y N U
Onset date	MALARIACLICRSIGNSXONSETDT	Onset Date	System Defined Field Link		
Medical care date	MALARIACLICRSIGNSXSGTMEDCAREDT	Date first sought medical care for symptoms	Date (MM/DD/YYYY)		
Fever	MALARIACLICRSIGNSXFEVER	Did patient have a fever?	DropDownList	Yes No Unknown	Y N U
Highest temperature	MALARIACLICRSIGNSXFEVERHIGHTEMP	If Yes, highest temperature (specify F/C)	FreeText		
Headache	MALARIACLICRSIGNSXHEADACHE	Did patient experience headaches?	DropDownList	Yes No Unknown	Y N U
Abdominal pain	MALARIACLICRSIGNSXABPAIN	Did patient experience abdominal pain?	DropDownList	Yes No Unknown	Y N U
Chills	MALARIACLICRSIGNSXCHILLS	Did patient have chills?	DropDownList	Yes No Unknown	Y N U
Sweats	MALARIACLICRSIGNSXSWEAT	Did patient experience sweats?	DropDownList	Yes No Unknown	Y N U
Myalgia	MALARIACLICRSIGNSXMYALGIA	Did the patient experience myalgia?	DropDownList	Yes No Unknown	Y N U
Other	MALARIACLICRSIGNSXOTH	Did the patient have any other symptoms or signs of Malaria?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	MALARIACLICRSIGNSXOTHSPFY	If Yes, specify	FreeText		

CLINICAL INFO – MALARIA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
PAST MEDICAL HISTORY					
Previous malaria diagnosis?	MALARIACLICRPASMEDHXPRIORDX	Has the patient previously been diagnosed with malaria?	DropDownList	Yes No Unknown	Y N U
Previous diagnosis	MALARIACLICRPASMEDHXPRIORDXTYPE	What was the previous diagnosis?	DropDownList	Vivax Falciparum Malariae Ovale Not Determined	VIVAX FALCIP MALARI OVALE NOTDET
Date of previous illness	MALARIACLICRPASMEDHXPRIORILLDT	Date of previous malaria illness	Date (MM/DD/YYYY)		
Blood transfusion or transplant	MALARIACLICRPASMEDHXBLDTRANS	Did the patient have a blood transfusion or transplant within the last 12 months?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	MALARIACLICRPASMEDHXBLDTRANSSPFY	If Yes, please specify blood transfusion or transplant details	FreeText		
CLINICAL COMPLICATIONS FOR THIS ATTACK					
Cerebral malaria	MALARIACLICRCLICOMPCEREBMALRIA	Did the patient experience cerebral malaria from this attack?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	MALARIACLICRCLICOMPCEREBMALRIASPFY	If Yes, specify	FreeText		
Spleen rupture	MALARIACLICRCLICOMPSPLEEN	Did the patient experience spleen rupture from this attack?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	MALARIACLICRCLICOMPSPLEENSPFY	If Yes, specify	FreeText		
ARDS pulmonary edema	MALARIACLICRCLICOMPARDS	Did the patient experience ARDS or pulmonary edema from this attack?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	MALARIACLICRCLICOMPARDSSPFY	If Yes, specify	FreeText		

CLINICAL INFO – MALARIA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Anemia (Hb<11, Hct<33)	MALARIACLICRCLICOMPANEMIA	Did the patient experience anemia (Hb<11, Hct<33) from this attack?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	MALARIACLICRCLICOMPANEMIASPFY	If Yes, specify	FreeText		
HOSPITALIZATION					
Patient visit ER?	HOSPER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U
Was patient hospitalized?	HOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
Total hospital nights	HOSPDAYSHOSP	If Yes, how many total hospital nights?	FreeText		
HOSPITALIZATION – DETAILS					
Hospital name	HOSPDTLNAME1 HOSPDTLNAME2 HOSPDTLNAME3	Name of facility where patient was hospitalized	FreeText		
Street address	HOSPDTLADDRESS1 HOSPDTLADDRESS2 HOSPDTLADDRESS3	Street address of hospital	FreeText		
City	HOSPDTLCITY1 HOSPDTLCITY2 HOSPDTLCITY3	City where hospital located	FreeText		
State	HOSPDTLSTATE1 HOSPDTLSTATE2 HOSPDTLSTATE3	State	FreeText		
Zip code	HOSPDTLZIPCODE1 HOSPDTLZIPCODE2 HOSPDTLZIPCODE3	Zip code	FreeText		
Telephone	HOSPDTLPHONE1 HOSPDTLPHONE2 HOSPDTLPHONE3	Telephone number for hospital	FreeText		
Admit date	HOSPDTLADMITDT1 HOSPDTLADMITDT2 HOSPDTLADMITDT3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		

CLINICAL INFO – MALARIA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Discharge / transfer date	HOSPDTLDISCHDT1 HOSPDTLDISCHDT2 HOSPDTLDISCHDT3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		
Medical record number	HOSPDTLMRN1 HOSPDTLMRN2 HOSPDTLMRN3	Medical record number for patient	FreeText		
Discharge diagnosis	HOSPDTLDISCHDX1 HOSPDTLDISCHDX2 HOSPDTLDISCHDX3	What was the patient's final diagnosis at the time of discharge?	FreeText		
TREATMENT / MANAGEMENT					
Received treatment?	MALARIACLICRTXMGTTREATMENT	Did the patient receive treatment for Malaria?	DropDownList	Yes No Unknown	Y N U
Therapy for this attack	MALARIACLICRTXMGTTHERAPY_0 MALARIACLICRTXMGTTHERAPY_1 MALARIACLICRTXMGTTHERAPY_2 MALARIACLICRTXMGTTHERAPY_3 MALARIACLICRTXMGTTHERAPY_4 MALARIACLICRTXMGTTHERAPY_5 MALARIACLICRTXMGTTHERAPY_6 MALARIACLICRTXMGTTHERAPY_7 MALARIACLICRTXMGTTHERAPY_8 MALARIACLICRTXMGTTHERAPY_9	If yes, specify therapy for this attack	CheckBoxList (more than one choice is possible)	Mefloquine Chloroquine Primaquine Tetracycline/doxycycline Quinine/quinidine Exchange transfusion Pyrimethamine-sulfadoxine Atovaquone-proguanil (Malarone™) Unknown Other	MEF CHL PRI TET QUI EXC PYR ATO UNK OTH
Specify other	MALARIACLICRTXMGTTHERAPYSPFY	If Other therapy, please specify other therapy	FreeText		
OUTCOME					
Outcome?	OUTCOMEOUTCOME	What was the clinical outcome for this case?	DropDownList	Survived Died Unknown	S D U
Survived as of	OUTCOMESURVIVEDT	If patient survived, what was the date patient was known to still be living?	Date (MM/DD/YYYY)		
Date of death	OUTCOMEDEATHDT	If patient died, what was the date of death?	System Defined Field Link		

CLINICAL INFO – MALARIA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
MALARIA CHEMOPROPHYLAXIS					
Malaria chemopro-phylaxis taken?	MALARIACLICRCHEMOPROPHMALARIACHEM	Was malaria chemoprophylaxis taken?	DropDownList	Yes No Unknown	Y N U
Drugs	MALARIACLICRCHEMOPROPHDRG_0 MALARIACLICRCHEMOPROPHDRG_1 MALARIACLICRCHEMOPROPHDRG_2 MALARIACLICRCHEMOPROPHDRG_3 MALARIACLICRCHEMOPROPHDRG_4 MALARIACLICRCHEMOPROPHDRG_5	If Yes, specify the drugs taken	CheckBoxList (more than one choice is possible)	Chloroquine Mefloquine Doxycycline Primaquine Atovaquone-proguanil (Malarone™) Other	CHL MEF DOX PRI ATO OTH
If Other, specify	MALARIACLICRCHEMOPROPHDRGSPFY	If Other, specify	FreeText		
All pills taken?	MALARIACLICRCHEMOPROPHPILLSTAKEN	Were all pills taken as prescribed?	DropDownList	Yes, missed no doses No, missed one to a few doses No, missed more than a few, but less than half of the doses No, missed half or more of the doses Don't know Other (specify)	NOMISS ONEMISS MOREMISS HALFMISS DKNOW OTH
Specify other	MALARIACLICRCHEMOPROPHPILLSTAKENSPFY	If Other, specify	FreeText		
Reason for missed doses	MALARIACLICRCHEMOPROPHRSNMISSED	If doses were missed, what was the reason?	DropDownList	Forgot Didn't think needed Had a side effect (specify) Was advised by others to stop Prematurely stopped taking once home	FORGOT NONEED SIDEFFECT ADVISED PREMATURE
If Side effect, specify	MALARIACLICRCHEMOPROPHDRGSIDEFFECT	If side effects were the reason for missed doses, please specify the side effects.	FreeText		

CLINICAL INFO – MALARIA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**

LABORATORY INFO – MALARIA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY RESULTS SUMMARY					
Microscopy of blood smear	MALARIALABCRLABRSLTSUMBLDSMEAR	Result of blood film (smear)	RadioButtonList	Positive Negative Not Done Unknown	POS NEG NOT UNK
If Positive, specify	MALARIALABCRLABRSLTSUMBLDSMEARSPFY	If blood film (smear) is positive, specify *Plasmodium* species	DropDownList	P. falciparum P. vivax P. malariae P. ovale Not Determined Unknown	FAL VIV MAL OVA NOT UNK
Collection date	MALARIALABCRLABRSLTSUMCOLLECTDT	Date lab specimen was collected	Date (MM/DD/YYYY)		
Laboratory name	MALARIALABCRLABRSLTSUMLABNAME	Laboratory name where testing was performed	FreeText		
Telephone	MALARIALABCRLABRSLTSUMLABPHONE	Telephone	FreeText		
PCR of blood	MALARIALABCRLABRSLTSUMPCR	Result of PCR	RadioButtonList	Positive Negative Not Done Unknown	POS NEG NOT UNK
If Positive, specify	MALARIALABCRLABRSLTSUMPCRSPFY	If PCR is positive, specify *Plasmodium* species	DropDownList	P. falciparum P. vivax P. malariae P. ovale Not Determined Unknown	FAL VIV MAL OVA NOT UNK
Collection date	MALARIALABCRLABRSLTSUMPCRCOLLECTDT	Date lab specimen was collected	Date (MM/DD/YYYY)		

CLINICAL INFO – MALARIA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Laboratory name	MALARIALABCRLABRSLTSUMPCRLABNAME	Laboratory name where testing was performed	FreeText		
Telephone	MALARIALABCRLABRSLTSUMPCRLABPHONE	Telephone	FreeText		
Rapid Diagnostic Test (RDT)	MALARIALABCRLABRSLTSUMRDT	Result of Rapid Diagnostic Test (RDT)	RadioButtonList	Positive Negative Not Done Unknown	POS NEG NOT UNK
If Positive, specify	MALARIALABCRLABRSLTSUMRDTSPFY	If RDT is positive, specify *Plasmodium* species	DropDownList	P. falciparum P. vivax, malariae or ovale Mixed infection (P. falciparum and P. vivax, malariae, or ovale)	FAL VIVMALOV MIX
Specify RDT	MALARIALABCRLABRSLTSUMRDTSPFYRDT	Specify the type of Rapid Diagnostic Test	DropDownList	BinaxNOW Other	BNOW OTH
If Other, specify	MALARIALABCRLABRSLTSUMRDTSPFYRDTSPFY	If Other lab test for malaria performed, please specify	FreeText		
Collection date	MALARIALABCRLABRSLTSUMRDTCOLLECTDT	Date lab specimen was collected	Date (MM/DD/YYYY)		
Laboratory name	MALARIALABCRLABRSLTSUMRDTLABNAME	Laboratory name where testing was performed	FreeText		
Telephone	MALARIALABCRLABRSLTSUMRDTLABPHONE	Telephone	FreeText		

EPIDEMIOLOGIC INFO – MALARIA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
TRAVEL HISTORY					
Travel 3 months prior?	MALARIAEPICRTRVHX3MONTHSPRIOR	Did patient travel out of county of residence during the three months prior to onset?	DropDownList	Yes No Unknown	Y N U
Travel during 3 years prior?	MALARIAEPICRTRVHX3YRSPRIOR	If No, did patient travel out of county of residence during the three years prior to onset?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – MALARIA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Reason for travel	MALARIAEPICRTRVHXRSNFORTRAV	Principal reason for travel from/to U.S. for most recent trip	DropDownList	Tourism Military Business Peace Corps Visiting friends / relatives Airline / ship crew Missionary or dependent Refugee / immigrant Student / teacher Other (specify)	TOUR MILI BUS PEAC VISIT AIR MISS REF STU OTH
If Other, specify	MALARIAEPICRTRVHXRSNFORTRAVSPFY	If Other, please specify	FreeText		
Reside in US prior to travel?	MALARIAEPICRTRVHXUSRESIDENCE	Did patient reside in U.S. prior to most recent travel?	DropDownList	Yes, for > 12 months Yes, for < 12 months No (specify country) Unknown	GT12 LS12 NO UNK
If No, specify country	MALARIAEPICRTRVHXUSRESIDENCESPFY	If No, specify country	FreeText		
TRAVEL HISTORY - DETAILS					
Location	TRVHXDTLLOCATION1 TRVHXDTLLOCATION2 TRVHXDTLLOCATION3	Specify all locations (city, county, state, country)	FreeText		
Date travel started	TRVHXDTLSTARTDT1 TRVHXDTLSTARTDT2 TRVHXDTLSTARTDT3	Date travel started	Date (MM/DD/YYYY)		
Date travel ended	TRVHXDTLENDDT1 TRVHXDTLENDDT2 TRVHXDTLENDDT3	Date travel ended	Date (MM/DD/YYYY)		
CONTACTS/OTHER ILL PERSONS					
Contacts with similar illness?	CONTOTHCONTACT	Any contacts with similar illness?	DropDownList	Yes No Unknown	Y N U
REPORTING AGENCY					

EPIDEMIOLOGIC INFO – MALARIA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Investigator name	REPAGENCYNAME	Investigator name	FreeText		
Local health jurisdiction	REPAGENCYLHJUR	Local health jurisdiction	FreeText		
Telephone number	REPAGENCYPHONE	Telephone number	FreeText		
Date	REPAGENCYDT	Date	Date (MM/DD/YYYY)		
First reported by	REPAGENCYREPORTEDBY	First reported by	DropDownList	Clinician Laboratory Other	CLI LAB OTH
If Other, specify	REPAGENCYREPORTEDBYSPFY	If Other, specify	FreeText		
EPIDEMIOLOGICAL LINKAGE					
Epi-linked case	EPILINKKNOWNCASE	Epi-Linked to known case of Malaria?	DropDownList	Yes No Unknown	Y N U
Contact name/Case #	EPILINKCONTNAMECASENUM	Contact name / Case #	FreeText		

Measles (Rubeola)

CLINICAL INFO – MEASLES (RUBEOLA)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
SIGNS AND SYMPTOMS					
Rash	MEASLESCLICRSIGNSXRASH	Measles signs and symptoms: **Rash**	DropDownList	Yes No Unknown	Y N U
Rash onset date	MEASLESCLICRSIGNSXRASHONSETDT	Indicate onset date of rash	Date (MM/DD/YYYY)		
Rash duration (days)	MEASLESCLICRSIGNSXRASHDUR	Indicate duration of rash in days	FreeText		
Generalized rash	MEASLESCLICRSIGNSXRASHGEN	Did patient have a Generalized rash?	DropDownList	Yes No Unknown	Y N U
Origin on body	MEASLESCLICRSIGNSXRASHORIG	Origin of rash on patient's body	FreeText		
Direction of spread	MEASLESCLICRSIGNSXRASHSPRDDIR	What was the rash's direction of spread?	FreeText		
Fever	MEASLESCLICRSIGNSXFEVER	Measles signs and symptoms: **Fever**	DropDownList	Yes No Unknown	Y N U
Fever onset date	MEASLESCLICRSIGNSXFEVERONSETDT	Indicate onset date of fever	Date (MM/DD/YYYY)		
Temperature >101F	MEASLESCLICRSIGNSXFEVERTEMP101F	Was temperature >101F (38.3C)	DropDownList	Yes No Unknown	Y N U
Highest temperature	MEASLESCLICRSIGNSXFEVERHIGHTEMP	If Yes, highest temperature (specify F/C)	FreeText		
Skin temperature	MEASLESCLICRSIGNSXSKINTEMP	If temperature not taken, skin was	DropDownList	Hot Warm Normal Unknown	HOT WARM NORMAL UNK
Cough	MEASLESCLICRSIGNSXCOUGH	Measles signs and symptoms: **Cough**	DropDownList	Yes No Unknown	Y N U
Runny nose (coryza)	MEASLESCLICRSIGNSXNOSERUN	Measles signs and symptoms: **Runny nose (coryza)**	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – MEASLES (RUBEOLA)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Conjunctivitis	MEASLESCLICRSIGNSXCONJUNCT	Measles signs and symptoms: **Conjunctivitis**	DropDownList	Yes No Unknown	Y N U
Koplik's spots	MEASLESCLICRSIGNSXKOPLIK	Measles signs and symptoms: **Koplik's spots**	DropDownList	Yes No Unknown	Y N U
Diagnosis date	MEASLESCLICRSIGNSXDXDT	Indicate the Measles diagnosis date	Date (MM/DD/YYYY)		
Other symptoms	MEASLESCLICRSIGNSXOTHSXDTL	If Other symptoms, describe	Text Box		
HOSPITALIZATION					
Patient visit ER?	HOSPER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U
Was patient hospitalized?	HOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
Total hospital nights	HOSPDAYSHOSP	If Yes, how many total hospital nights?	FreeText		
HOSPITALIZATION – DETAILS					
Hospital name	HOSPDTLNAME1 HOSPDTLNAME2 HOSPDTLNAME3	Name of facility where patient was hospitalized	FreeText		
Street address	HOSPDTLADDRESS1 HOSPDTLADDRESS2 HOSPDTLADDRESS3	Street address of hospital	FreeText		
City	HOSPDTLCITY1 HOSPDTLCITY2 HOSPDTLCITY3	City where hospital located	FreeText		
State	HOSPDTLSTATE1 HOSPDTLSTATE2 HOSPDTLSTATE3	State	FreeText		
Zip code	HOSPDTLZIPCODE1 HOSPDTLZIPCODE2 HOSPDTLZIPCODE3	Zip code	FreeText		

CLINICAL INFO – MEASLES (RUBEOLA)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Telephone	HOSPDTLPHONE1 HOSPDTLPHONE2 HOSPDTLPHONE3	Telephone number for hospital	FreeText		
Admit date	HOSPDTLADMITDT1 HOSPDTLADMITDT2 HOSPDTLADMITDT3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPDTLDISCHDT1 HOSPDTLDISCHDT2 HOSPDTLDISCHDT3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		
Medical record number	HOSPDTLMRN1 HOSPDTLMRN2 HOSPDTLMRN3	Medical record number for patient	FreeText		
Discharge diagnosis	HOSPDTLDISCHDX1 HOSPDTLDISCHDX2 HOSPDTLDISCHDX3	What was the patient's final diagnosis at the time of discharge?	FreeText		
COMPLICATIONS AND OTHER SYMPTOMS					
Pneumonia	MEASLESCLICRCOMPOTHSXPNEUMONIA	Did patient have Pneumonia?	DropDownList	Yes No Unknown	Y N U
Encephalitis	MEASLESCLICRCOMPOTHSXENCEPHALITIS	Did patient have Encephalitis?	DropDownList	Yes No Unknown	Y N U
Otitis	MEASLESCLICRCOMPOTHSXOTITIS	Did patient have Otitis?	DropDownList	Yes No Unknown	Y N U
Diarrhea	MEASLESCLICRCOMPOTHSXDIARRHEA	Did patient have Diarrhea?	DropDownList	Yes No Unknown	Y N U
Thrombocyto-penia	MEASLESCLICRCOMPOTHSXTHROMB	Did patient have Thrombocytopenia?	DropDownList	Yes No Unknown	Y N U
Other complications	MEASLESCLICRCOMPOTHSXOTHCOMP	Did patient have any other complications?	DropDownList	Yes No Unknown	Y N U
Describe complications	MEASLESCLICRCOMPOTHSXOTHCOMPSPFY	If Yes, describe other complications	FreeText		

CLINICAL INFO – MEASLES (RUBEOLA)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Did patient die?	MEASLESCLICRCOMPOTHSXDIED	Did patient die from this illness?	DropDownList	Yes No Lost to follow-up	Y N L
VACCINATION HISTORY					
Immunized for disease?	MEASLESCLICRVACHXIMM	Has the patient been immunized for this disease?	DropDownList	Yes No Unknown	Y N U
Type of vaccine	MEASLESCLICRVACHXVACTYPE	Type of vaccine administered for last dose	DropDownList	MMR MMRV Measles-Rubella (MR) Measles-Mumps (MM) Monovalent measles vaccine Killed measles vaccine (KMV) Unknown	MMR MMRV MR MM MMV KMV UNK
Dose #1	MEASLESCLICRVACHXVAC1	Dose #1	DropDownList	Yes, documented Yes, alleged	D A
Date	MEASLESCLICRVACHXVAC1DT	Date of dose #1	Date (MM/DD/YYYY)		
Date Unknown	MEASLESCLICRVACHXVAC1DTUNK	Indicate if the date of dose #1 is unknown	CheckBox	Unchecked Checked	(blank) Y
Dose #2	MEASLESCLICRVACHXVAC2	Dose #2	DropDownList	Yes, documented Yes, alleged No Unknown	D A N U
Date	MEASLESCLICRVACHXVAC2DT	Date of dose #2	Date (MM/DD/YYYY)		
Date Unknown	MEASLESCLICRVACHXVAC2DTUNK	Indicate if the date of dose #2 is unknown	CheckBox	Unchecked Checked	(blank) Y
Dose #3	MEASLESCLICRVACHXVAC3	Dose #3	DropDownList	Yes, documented Yes, alleged No Unknown	D A N U
Date	MEASLESCLICRVACHXVAC3DT	Date of dose #3	Date (MM/DD/YYYY)		

CLINICAL INFO – MEASLES (RUBEOLA)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Date Unknown	MEASLESCLICRVACHXVAC3DTUNK	Indicate if the date of dose #3 is unknown	CheckBox	Unchecked Checked	(blank) Y
Reason not vaccinated	MEASLESCLICRVACHXRSNNOTVAC_0 MEASLESCLICRVACHXRSNNOTVAC_1 MEASLESCLICRVACHXRSNNOTVAC_2 MEASLESCLICRVACHXRSNNOTVAC_3 MEASLESCLICRVACHXRSNNOTVAC_4 MEASLESCLICRVACHXRSNNOTVAC_5 MEASLESCLICRVACHXRSNNOTVAC_6 MEASLESCLICRVACHXRSNNOTVAC_7 MEASLESCLICRVACHXRSNNOTVAC_8	If patient not vaccinated for this condition, what is the reason(s) not vaccinated	CheckBoxList (more than one choice is possible)	Personal Beliefs Exemption (PBE) Permanent Medical Exemption (PME) Temporary Medical Exemption Lab confirmation of previous disease MD diagnosis of previous disease Under age for vaccination Delay in starting series or between doses Unknown Other	PBE PME TME LCD MDD UAV DEL UNK OTH
If Other, specify	MEASLESCLICRVACHXRSNNOTVACSPFY	If Other reason, please specify	FreeText		
Comments	MEASLESCLICRVACHXCOMMENTS	Comments	Text Box		
MEDICAL HISTORY					
Immunocomp-romised	MEDHXIMMUNO	Is patient immunocompromised?	DropDownList	Yes No Unknown	Y N U
Prior MD diagnosis?	MEDHXPRIORDX	Prior MD diagnosis of this disease?	DropDownList	Yes No Unknown	Y N U
Pre-existing conditions	MEDHXOTHPREXCOND	Describe any other pre-existing conditions	Text Box		

LABORATORY INFO – MEASLES (RUBEOLA)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY RESULTS					
CASE LAB CONFIRMED	MEASLESLABCRLABRSLTLABCONF	Was the case confirmed by laboratory testing?	DropDownList	Yes No Unknown	Y N U

LABORATORY INFO – MEASLES (RUBEOLA)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY RESULTS - DETAILS - VIRUS ISOLATION					
Specimen obtained?	MEASLESLABCRLABRSLTDTLVirIsoSpec	Specimen obtained for virus isolation	DropDownList	Yes No Unknown	Y N U
Date collected	MEASLESLABCRLABRSLTDTLVirIsoSpecDT	Date specimen collected	Date (MM/DD/YYYY)		
Specimen source	MEASLESLABCRLABRSLTDTLVirIsoSpecSrc	Indicate the specimen's source	DropDownList	Nasopharyngeal Urine Other Unknown	NASO URINE OTH UNK
If Other, specify	MEASLESLABCRLABRSLTDTLVirIsoSpecSpcfy	If other source, specify	FreeText		
Laboratory name	MEASLESLABCRLABRSLTDTLVirIsoSpecLab	Name of laboratory where testing was performed	FreeText		
Telephone	MEASLESLABCRLABRSLTDTLVirIsoSpecPhone	Telephone number of laboratory	FreeText		
Virus isolated	MEASLESLABCRLABRSLTDTLVirIsoSpecIso	Was the virus isolated?	DropDownList	Yes No Unknown	Y N U
LABORATORY RESULTS - DETAILS - BLOOD IgM					
Blood IgM	MEASLESLABCRLABRSLTDTLBldIgmRslt1 MEASLESLABCRLABRSLTDTLBldIgmRslt2 MEASLESLABCRLABRSLTDTLBldIgmRslt3	Results from Blood IgM testing	DropDownList	Positive Negative Indeterminate Unsatisfactory Specimen Not Done	POS NEG IND UNS NOT
Date specimen collected	MEASLESLABCRLABRSLTDTLBldIgmDt1 MEASLESLABCRLABRSLTDTLBldIgmDt2 MEASLESLABCRLABRSLTDTLBldIgmDt3	Date Blood IgM specimen collected	Date (MM/DD/YYYY)		
Laboratory Name	MEASLESLABCRLABRSLTDTLBldIgmLab1 MEASLESLABCRLABRSLTDTLBldIgmLab2 MEASLESLABCRLABRSLTDTLBldIgmLab3	Name of laboratory where testing was performed	FreeText		

LABORATORY INFO – MEASLES (RUBEOLA)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Laboratory Phone	MEASLESLABCRLABRSLTDTLBldIgmLabPhone1 MEASLESLABCRLABRSLTDTLBldIgmLabPhone2 MEASLESLABCRLABRSLTDTLBldIgmLabPhone3	Telephone number of laboratory	FreeText		
LABORATORY RESULTS - DETAILS - BLOOD IgG - ACUTE					
Blood IgG - Acute	MEASLESLABCRLABRSLTDTLBldIAcRslt1 MEASLESLABCRLABRSLTDTLBldIAcRslt2 MEASLESLABCRLABRSLTDTLBldIAcRslt3	Results from Blood IgG - Acute testing	DropDownList	Positive Negative Indeterminate Unsatisfactory Specimen Not Done	POS NEG IND UNS NOT
Date specimen collected	MEASLESLABCRLABRSLTDTLBldIAcDt1 MEASLESLABCRLABRSLTDTLBldIAcDt2 MEASLESLABCRLABRSLTDTLBldIAcDt3	Date Blood IgG - Acute specimen collected	Date (MM/DD/YYYY)		
Laboratory Name	MEASLESLABCRLABRSLTDTLBldIAcLab1 MEASLESLABCRLABRSLTDTLBldIAcLab2 MEASLESLABCRLABRSLTDTLBldIAcLab3	Name of laboratory where testing was performed	FreeText		
Laboratory Phone	MEASLESLABCRLABRSLTDTLBldIAcLabPhone1 MEASLESLABCRLABRSLTDTLBldIAcLabPhone2 MEASLESLABCRLABRSLTDTLBldIAcLabPhone3	Telephone number of laboratory	FreeText		
LABORATORY RESULTS - DETAILS - BLOOD IgG CONVALESCENT					
Blood IgG - Convalescent	MEASLESLABCRLABRSLTDTLBldIgGConvRslt1 MEASLESLABCRLABRSLTDTLBldIgGConvRslt2 MEASLESLABCRLABRSLTDTLBldIgGConvRslt3	Results from Blood IgG - Convalescent testing	DropDownList	Positive Negative Indeterminate Unsatisfactory Specimen Not Done	POS NEG IND UNS NOT
Date specimen collected	MEASLESLABCRLABRSLTDTLBldIgGConvDt1 MEASLESLABCRLABRSLTDTLBldIgGConvDt2 MEASLESLABCRLABRSLTDTLBldIgGConvDt3	Date Blood IgG - Convalescent specimen collected	Date (MM/DD/YYYY)		

LABORATORY INFO – MEASLES (RUBEOLA)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Laboratory Name	MEASLESLABCRLABRSLTDTLBldIgGConvLab1 MEASLESLABCRLABRSLTDTLBldIgGConvLab2 MEASLESLABCRLABRSLTDTLBldIgGConvLab3	Name of laboratory where testing was performed	FreeText		
Laboratory Phone	MEASLESLABCRLABRSLTDTLBldIgGConvLabPhone1 MEASLESLABCRLABRSLTDTLBldIgGConvLabPhone2 MEASLESLABCRLABRSLTDTLBldIgGConvLabPhone3	Telephone number of laboratory	FreeText		
LABORATORY RESULTS - DETAILS - RESPIRATORY PCR					
Respiratory PCR	MEASLESLABCRLABRSLTDTLRespPCRRslt1 MEASLESLABCRLABRSLTDTLRespPCRRslt2 MEASLESLABCRLABRSLTDTLRespPCRRslt3	Results from Respiratory PCR testing	DropDownList	Positive Negative Indeterminate Unsatisfactory Specimen Not Done	POS NEG IND UNS NOT
Date specimen collected	MEASLESLABCRLABRSLTDTLRespPCRDt1 MEASLESLABCRLABRSLTDTLRespPCRDt2 MEASLESLABCRLABRSLTDTLRespPCRDt3	Date Respiratory PCR specimen collected	Date (MM/DD/YYYY)		
Laboratory Name	MEASLESLABCRLABRSLTDTLRespPCRLab1 MEASLESLABCRLABRSLTDTLRespPCRLab2 MEASLESLABCRLABRSLTDTLRespPCRLab3	Name of laboratory where testing was performed	FreeText		
Laboratory Phone	MEASLESLABCRLABRSLTDTLRespPCRLabPhone1 MEASLESLABCRLABRSLTDTLRespPCRLabPhone2 MEASLESLABCRLABRSLTDTLRespPCRLabPhone3	Telephone number of laboratory	FreeText		
LABORATORY RESULTS - DETAILS - URINE PCR					
Urine PCR	MEASLESLABCRLABRSLTDTLUrinePCRRslt1 MEASLESLABCRLABRSLTDTLUrinePCRRslt2 MEASLESLABCRLABRSLTDTLUrinePCRRslt3	Results from Urine PCR testing	DropDownList	Positive Negative Indeterminate Unsatisfactory Specimen Not Done	POS NEG IND UNS NOT

LABORATORY INFO – MEASLES (RUBEOLA)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Date specimen collected	MEASLESLABCRLABRSLTDTLUrinePCRDt1 MEASLESLABCRLABRSLTDTLUrinePCRDt2 MEASLESLABCRLABRSLTDTLUrinePCRDt3	Date Urine PCR specimen collected	Date (MM/DD/YYYY)		
Laboratory Name	MEASLESLABCRLABRSLTDTLUrinePCRLab1 MEASLESLABCRLABRSLTDTLUrinePCRLab2 MEASLESLABCRLABRSLTDTLUrinePCRLab3	Name of laboratory where testing was performed	FreeText		
Laboratory Phone	MEASLESLABCRLABRSLTDTLUrinePCRLabPhone1 MEASLESLABCRLABRSLTDTLUrinePCRLabPhone2 MEASLESLABCRLABRSLTDTLUrinePCRLabPhone3	Telephone number of laboratory	FreeText		
LABORATORY RESULTS - DETAILS - GENOTYPE					
Genotype	MEASLESLABCRLABRSLTDTLGenoRslt1 MEASLESLABCRLABRSLTDTLGenoRslt2 MEASLESLABCRLABRSLTDTLGenoRslt3	Indicate the virus genotype	FreeText		
Date specimen collected	MEASLESLABCRLABRSLTDTLGenoDt1 MEASLESLABCRLABRSLTDTLGenoDt2 MEASLESLABCRLABRSLTDTLGenoDt3	Date Genotype specimen collected	Date (MM/DD/YYYY)		
Laboratory Name	MEASLESLABCRLABRSLTDTLGenoLab1 MEASLESLABCRLABRSLTDTLGenoLab2 MEASLESLABCRLABRSLTDTLGenoLab3	Name of laboratory where testing was performed	FreeText		
Laboratory Phone	MEASLESLABCRLABRSLTDTLGenoLabPhone1 MEASLESLABCRLABRSLTDTLGenoLabPhone2 MEASLESLABCRLABRSLTDTLGenoLabPhone3	Telephone number of laboratory	FreeText		
LABORATORY RESULTS - DETAILS - OTHER					
Other Test	MEASLESLABCRLABRSLTDTLOtherRslt1 MEASLESLABCRLABRSLTDTLOtherRslt2 MEASLESLABCRLABRSLTDTLOtherRslt3	Specify any other Laboratory tests done	FreeText		
Date specimen collected	MEASLESLABCRLABRSLTDTLOtherDt1 MEASLESLABCRLABRSLTDTLOtherDt2 MEASLESLABCRLABRSLTDTLOtherDt3	Date specimen collected	Date (MM/DD/YYYY)		
Result	This variable is not currently included in the DDP exports. The Export Values and VARIABLE will be updated as soon as the variable is added to the DDP.	Result of other Laboratory test	FreeText		

LABORATORY INFO – MEASLES (RUBEOLA)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Laboratory Name	MEASLESLABCRLABRSLTDTLOtherLab1 MEASLESLABCRLABRSLTDTLOtherLab2 MEASLESLABCRLABRSLTDTLOtherLab3	Name of laboratory where testing was performed	FreeText		
Laboratory Phone	MEASLESLABCRLABRSLTDTLOtherLabPhone 1 MEASLESLABCRLABRSLTDTLOtherLabPhone 2 MEASLESLABCRLABRSLTDTLOtherLabPhone 3	Telephone number of laboratory	FreeText		
LABORATORY RESULTS - DETAILS - VIRUS ISOLATION (Historic Data)					
Specimen obtained for virus isolation	MEASLESLABCRLABRSLTSPECVIRUSISO	This field is not currently being used for this condition in CalREDIE. Historic data is stored in the DDP.	DropDownList	Yes No Unknown	Y N U
Date collected	MEASLESLABCRLABRSLTCOLLECTDT	This field is not currently being used for this condition in CalREDIE. Historic data is stored in the DDP.	Date		
Specimen source	MEASLESLABCRLABRSLTSPECSRC	This field is not currently being used for this condition in CalREDIE. Historic data is stored in the DDP.	DropDownList	Nasopharyngeal Urine Other Unknown	NASO URINE OTH UNK
If Other, specify	MEASLESLABCRLABRSLTSPECSRCSPFY	This field is not currently being used for this condition in CalREDIE. Historic data is stored in the DDP.	FreeText		
Laboratory name	MEASLESLABCRLABRSLTLABNAME	This field is not currently being used for this condition in CalREDIE. Historic data is stored in the DDP.	FreeText		
Telephone	MEASLESLABCRLABRSLTLABPHONE	This field is not currently being used for this condition in CalREDIE. Historic data is stored in the DDP.	FreeText		
Virus isolated	MEASLESLABCRLABRSLTVIRUSISO	This field is not currently being used for this condition in CalREDIE. Historic data is stored in the DDP.	DropDownList	Yes No Unknown	Y N U

LABORATORY INFO – MEASLES (RUBEOLA)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Specimen sent to CDC for genotyping	MEASLESLABCRLABRSLTCDCSENT	This field is not currently being used for this condition in CalREDIE. Historic data is stored in the DDP.	DropDownList	Yes No Unknown	Y N U
Date sent	MEASLESLABCRLABRSLTSENTDT	This field is not currently being used for this condition in CalREDIE. Historic data is stored in the DDP.	Date		
Virus genotype	MEASLESLABCRLABRSLTVIRUSGENOTYPE	This field is not currently being used for this condition in CalREDIE. Historic data is stored in the DDP.	FreeText		
LABORATORY RESULTS – DETAILS (Historic Data)					
Test type	MEASLESLABCRLABRSLTDTLTSTTYPE1 MEASLESLABCRLABRSLTDTLTSTTYPE2 MEASLESLABCRLABRSLTDTLTSTTYPE3	This field is not currently being used for this condition in CalREDIE. Historic data is stored in the DDP.	DropDownList	IgM IgG (acute) IgG (convalescent) PCR Other	IGM IGA IGC PCR OTH
If Other, specify	MEASLESLABCRLABRSLTDTLTSTTYPESPFY1 MEASLESLABCRLABRSLTDTLTSTTYPESPFY2 MEASLESLABCRLABRSLTDTLTSTTYPESPFY3	This field is not currently being used for this condition in CalREDIE. Historic data is stored in the DDP.	FreeText		
Date specimen collected	MEASLESLABCRLABRSLTDTLCOLLECTDT1 MEASLESLABCRLABRSLTDTLCOLLECTDT2 MEASLESLABCRLABRSLTDTLCOLLECTDT3	This field is not currently being used for this condition in CalREDIE. Historic data is stored in the DDP.	Date		
Result	MEASLESLABCRLABRSLTDTLRSLT1 MEASLESLABCRLABRSLTDTLRSLT2 MEASLESLABCRLABRSLTDTLRSLT3	This field is not currently being used for this condition in CalREDIE. Historic data is stored in the DDP.	DropDownList	Positive Negative Indeterminate Pending Not Done Unknown	POS NEG IND PEND NOT UNK
Laboratory name	MEASLESLABCRLABRSLTDTLLABNAME1 MEASLESLABCRLABRSLTDTLLABNAME2 MEASLESLABCRLABRSLTDTLLABNAME3	This field is not currently being used for this condition in CalREDIE. Historic data is stored in the DDP.	FreeText		
Telephone	MEASLESLABCRLABRSLTDTLLABPHONE1 MEASLESLABCRLABRSLTDTLLABPHONE2 MEASLESLABCRLABRSLTDTLLABPHONE3	This field is not currently being used for this condition in CalREDIE. Historic data is stored in the DDP.	FreeText		

EPIDEMIOLOGIC INFO – MEASLES (RUBEOLA)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
TRAVEL HISTORY					
Travel during incubation period	TRVHXIZBTRAVEL	Did patient travel during the incubation period?	DropDownList	Yes No Unknown	Y N U
Contact with travelers or visitors	TRVHXIZBCONTACT	Did the patient have contact with travelers or visitors during the incubation period?	DropDownList	Yes No Unknown	Y N U
TRAVEL HISTORY – DETAILS					
Location	TRVHXDTLLOCATION1 TRVHXDTLLOCATION2 TRVHXDTLLOCATION3	Location (city, county, state, country)	FreeText		
Date travel started	TRVHXDTLSTARTDT1 TRVHXDTLSTARTDT2 TRVHXDTLSTARTDT3	Date travel started	Date (MM/DD/YYYY)		
Date travel ended	TRVHXDTLENDDT1 TRVHXDTLENDDT2 TRVHXDTLENDDT3	Date travel ended	Date (MM/DD/YYYY)		
Fly while infectious?	TRVHXDTLPatFly1 TRVHXDTLPatFly2 TRVHXDTLPatFly3	Did patient fly while infectious?	DropDownList	Yes No Unknown	Y N U
Airline(s)	TRVHXDTLPatFlyAirline1 TRVHXDTLPatFlyAirline2 TRVHXDTLPatFlyAirline3	What airline(s) did the patient fly on?	FreeText		
Flight number(s)	TRVHXDTLPatFlyNumber1 TRVHXDTLPatFlyNumber2 TRVHXDTLPatFlyNumber3	Specify the flight number(s) of the flight(s)	FreeText		
Departure date	TRVHXDTLPatFlyDepDt1 TRVHXDTLPatFlyDepDt2 TRVHXDTLPatFlyDepDt3	Flight departure date(s)	Date (MM/DD/YYYY)		
Arrival date	TRVHXDTLPatFlyArrDt1 TRVHXDTLPatFlyArrDt2 TRVHXDTLPatFlyArrDt3	Flight arrival date(s)	Date (MM/DD/YYYY)		
EPIDEMIOLOGICAL EXPOSURE HISTORY					

EPIDEMIOLOGIC INFO – MEASLES (RUBEOLA)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Close contact with rash?	MEASLESEPICREPIEXPHXCLOSECONT	Close contact with person(s) with rash during incubation period?	DropDownList	Yes No Unknown	Y N U
Exposure setting	MEASLESEPICREPIEXPHXSETTING	Describe contact exposure setting	FreeText		
SPREAD SETTING					
Setting type	SPREADSETTYPE1 SPREADSETTYPE2 SPREADSETTYPE3	What is the type of setting in which the infection spread?	DropDownList	Day care School Doctor's office Hospital Ward Hospital ER Outpatient hospital clinic Home Work Unknown College Military Correctional facility Church International travel Other	DAYCARE SCHOOL DOCOFFICE HOSPWARD ER OUTPT HOME WORK UNK COLLEGE MILITARY CORRFAC CHURCH INTRTRAV OTH
Name of setting	SPREADSETNAME1 SPREADSETNAME2 SPREADSETNAME3	Name of setting where Measles contact occurred	FreeText		
First date of contact	SPREADSETFIRSTCONTDT1 SPREADSETFIRSTCONTDT2 SPREADSETFIRSTCONTDT3	First date of Measles contact	Date (MM/DD/YYYY)		
Last date of contact	SPREADSETLASTCONTDT1 SPREADSETLASTCONTDT2 SPREADSETLASTCONTDT3	Last date of Measles contact	Date (MM/DD/YYYY)		
Number exposed	SPREADSETNUMEXPOSED1 SPREADSETNUMEXPOSED2 SPREADSETNUMEXPOSED3	Number of people exposed in the setting	FreeText		
Notes	SPREADSETNOTES1 SPREADSETNOTES2 SPREADSETNOTES3	Notes about the spread setting	FreeText		

EPIDEMIOLOGIC INFO – MEASLES (RUBEOLA)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
GENERAL CONTACTS					
Number susceptible	MEASLESEPICRCONTGENSUSCEPT	Number of susceptible contacts	FreeText		
Close contacts with rash?	MEASLESEPICRCONTGENCLOSECONT	Close contacts who have rash 8-17 days after exposure to case	DropDownList	Yes No Unknown	Y N U
EPIDEMIOLOGICAL LINKAGE					
Epi-linked case	EPILINKKNOWNCASE	Epi-linked to known case?	DropDownList	Yes No Unknown	Y N U
Contact name / Case #	EPILINKCONTNAMECASENUM	Contact name / Case #	FreeText		
IMPORT STATUS					
Import status	IMPSTATUSIMPORT	Indicates if the disease incident was indigenous to the reporting jurisdiction or imported from another area	System Defined Field Link		
Indigenous	IMPSTATUSINDIGCLASS	If case is indigenous, is case	DropDownList	Import-linked Imported virus Endemic Unknown Source	IMPLNK IMPVIR ENDEM UNK
Imported	IMPSTATUSSOURCE	If case is imported, describe source	FreeText		
OUTBREAK					
Part of known outbreak?	OBSHORTPARTOF	Is this case part of a known Measles outbreak?	DropDownList	Yes No Unknown	Y N U
If Yes, extent of outbreak	OBSHORTEXTENTOF_1 OBSHORTEXTENTOF_2 OBSHORTEXTENTOF_3 OBSHORTEXTENTOF_4 OBSHORTEXTENTOF_5 OBSHORTEXTENTOF_6	If Yes, what is the extent of the outbreak?	CheckBoxList (more than one choice is possible)	One CA jurisdiction Multiple CA jurisdictions Multistate International Unknown Other	ONEJUR MULJUR MULSTAT INTR UNK OTH
If Other, specify	OBSHORTEXTENTOFSPFY	Specify other extent of outbreak	FreeText		

EPIDEMIOLOGIC INFO – MEASLES (RUBEOLA)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Pattern 1 ID	OBSHORTPAT1IDNUM	Pattern 1 ID number	FreeText		
Pattern 2 ID	OBSHORTPAT2IDNUM	Pattern 2 ID number	FreeText		

Meningitis – Bacterial (other than N. meningitides and H. influenza) / Meningitis – Fungal (other than Coccidioidomycosis) / Meningitis – Not Otherwise Specified / Meningitis – Parasitic / Meningitis – Viral / Meningococcal Disease (Invasive)

CLINICAL INFO – MENINGITIS - BACTERIAL, FUNGAL, NOT OTHERWISE SPECIFIED, PARASITIC, VIRAL / MENINGOCOCCAL DISEASE (INVASIVE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
SIGNS AND SYMPTOMS					
Date hx obtained	CLICRSIGNSXHXDT	Date history obtained	Date (MM/DD/YYYY)		
Fever	CLICRSIGNSXFEVER	Fever ≥ 38oC	DropDownList	Yes No Unknown	Y N U
Highest temp	CLICRSIGNSXFEVERHIGHTEMP	If Yes, highest temperature (specify F/C)	FreeText		
Headache	CLICRSIGNSXHEADACHE	Headache	DropDownList	Yes No Unknown	Y N U
Stiff neck	CLICRSIGNSXSTIFFNECK	Stiff neck	DropDownList	Yes No Unknown	Y N U
Respiratory symptoms	CLICRSIGNSXRESPSX	Respiratory symptoms	DropDownList	Yes No Unknown	Y N U
Nausea / vomiting	CLICRSIGNSXNAUSEA	Nausea / vomiting	DropDownList	Yes No Unknown	Y N U
Seizures	CLICRSIGNSXSEIZURE	Seizures	DropDownList	Yes No Unknown	Y N U
Altered consciousness	CLICRSIGNSXALTCONSC	Altered consciousness	DropDownList	Yes No Unknown	Y N U
Maculopapular rash	CLICRSIGNSXMACRASH	Maculopapular rash	DropDownList	Yes No Unknown	Y N U
Clinical purpura fulminans	CLICRSIGNSXPURPURA	Clinical purpura fulminans	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – MENINGITIS - BACTERIAL, FUNGAL, NOT OTHERWISE SPECIFIED, PARASITIC, VIRAL / MENINGOCOCCAL DISEASE (INVASIVE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Petechial rash	CLICRSIGNSXPETRASH	Petechial rash	DropDownList	Yes No Unknown	Y N U
Petechial rash distribution	CLICRSIGNSXPETRASHSPFY	If Yes, distribution	FreeText		
Purpuric rash	CLICRSIGNSXPURPRASH	Purpuric rash	DropDownList	Yes No Unknown	Y N U
Purpuric rash distribution	CLICRSIGNSXPURPRASHSPFY	If Yes, distribution	FreeText		
Other relevant symptoms	CLICRSIGNSXOTHERSX	Other relevant symptoms	TextBox		
HOSPITALIZATION					
Hospitalized	CLICRHOSPHOSPITALIZED	Hospitalized?	DropDownList	Yes No Unknown	Y N U
Days hospitalized	CLICRHOSPDAYSHOSP	Days hospitalized	FreeText		
ICU admission	CLICRHOSPICU	ICU admission	DropDownList	Yes No Unknown	Y N U
HOSPITALIZATION – DETAILS					
Hospital name	HOSPDTLNAME_1 HOSPDTLNAME_2 HOSPDTLNAME_3	Name of facility where patient was hospitalized	FreeText		
Street address	HOSPDTLADDRESS_1 HOSPDTLADDRESS_2 HOSPDTLADDRESS_3	Street address of hospital	FreeText		
City	HOSPDTLCITY_1 HOSPDTLCITY_2 HOSPDTLCITY_3	City where hospital located	FreeText		
State	HOSPDTLSTATE_1 HOSPDTLSTATE_2 HOSPDTLSTATE_3	State where hospital located	FreeText		

CLINICAL INFO – MENINGITIS - BACTERIAL, FUNGAL, NOT OTHERWISE SPECIFIED, PARASITIC, VIRAL / MENINGOCOCCAL DISEASE (INVASIVE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Zip code	HOSPDTLZIPCODE_1 HOSPDTLZIPCODE_2 HOSPDTLZIPCODE_3	Zip code of hospital	FreeText		
Telephone	HOSPDTLPHONE_1 HOSPDTLPHONE_2 HOSPDTLPHONE_3	Telephone number for hospital	FreeText		
Admit date	HOSPDTLADMITDT_1 HOSPDTLADMITDT_2 HOSPDTLADMITDT_3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPDTLDISCHDT_1 HOSPDTLDISCHDT_2 HOSPDTLDISCHDT_3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		
Medical record number	HOSPDTLMRN_1 HOSPDTLMRN_2 HOSPDTLMRN_3	Medical record number for patient	FreeText		
Discharge diagnosis	HOSPDTLDISCHDX_1 HOSPDTLDISCHDX_2 HOSPDTLDISCHDX_3	What was the patient's final diagnosis at the time of discharge?	FreeText		
CLINICAL SYNDROM AND COMPLICATIONS					
Pneumonia / ARDS	CLICRCSCPNEUMONIAARDS	Pneumonia / ARDS	DropDownList	Yes No Unknown	Y N U
Encephalitis / Meningitis	CLICRCSCENCMEN	Encephalitis / Meningitis	DropDownList	Yes No Unknown	Y N U
Septic arthritis	CLICRCSCSEPARTH	Septic arthritis	DropDownList	Yes No Unknown	Y N U
Sepsis / Multi-organ failure	CLICRCSCSEPSORGANFAIL	Sepsis / Multi-organ failure	DropDownList	Yes No Unknown	Y N U
Disseminated intravascular coagulation	CLICRCSCDISINTRVASCOAG	Disseminated intravascular coagulation	DropDownList	Yes No Unknown	Y N U
Intubated	CLICRCSCINTUBATED	Intubated	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – MENINGITIS - BACTERIAL, FUNGAL, NOT OTHERWISE SPECIFIED, PARASITIC, VIRAL / MENINGOCOCCAL DISEASE (INVASIVE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Did patient die?	CLICRCSCDIED	Did patient die?	DropDownList	Yes No Lost to follow-up	Y N L
Sequelae	CLICRCSCSequelae	Does patient have known sequelae? (e.g., limb loss, hearing loss)	DropDownList	Yes No Unknown	Y N U
Describe sequelae	CLICRCSCSequelaeSpfy	If Yes, please describe:	Text Box		
Asplenia	CLICRCSCAsplenia	Did patient have Asplenia?	DropDownList	Yes No Unknown	Y N U
Complement deficiency	CLICRCSCCompDefcy	Did patient have Complement deficiency?	DropDownList	Yes No Unknown	Y N U
HIV status	CLICRCSCHIVStatus	**For Meningococcal Disease (Invasive) only**, Patient's HIV status	DropDownList	Positive Negative Unknown	P N U
If Negative, month of most recent test	CLICRCSCHIVNegTstM	If Negative, month of most recent test	DropDownList	January February March April May June July August September October November December Unknown	1 2 3 4 5 6 7 8 9 10 11 12 99
If Negative, year of most recent test	CLICRCSCHIVNegTstY	If Negative, year of most recent test (yyyy); enter 9999 if unknown	FreeText		
Underlying conditions	CLICRCSCPRIORMEDHX	Prior medical history / underlying conditions	Text Box		
Head injury / trauma	CLICRCSCHIstHeadInj (variable applies to Meningitis – Bacterial only)	History of head injury or trauma	DropDownList	Yes No Unknown	Y N U
Type of injury / trauma	CLICRCSCHIstHeadInjSpecify (variable applies to Meningitis – Bacterial only)	If yes, specify type of injury or trauma	FreeText		

CLINICAL INFO – MENINGITIS - BACTERIAL, FUNGAL, NOT OTHERWISE SPECIFIED, PARASITIC, VIRAL / MENINGOCOCCAL DISEASE (INVASIVE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Date	CLICRCSCHIstHeadInjUDt (variable applies to Meningitis – Bacterial only)	Date of head injury or trauma (If known)	Date (MM/DD/YYYY)		
Brain / ear surgery	CLICRCSCHistBrnSurg (variable applies to Meningitis – Bacterial only)	History of brain or ear surgery (exclude tympanostomy tube implantation)	DropDownList	Yes No Unknown	Y N U
Type of surgery	CLICRCSCHistBrnSurgSpecify (variable applies to Meningitis – Bacterial only)	If yes, specify type of surgery	FreeText		
Date	CLICRCSCHistBrnSurgUDt (variable applies to Meningitis – Bacterial only)	Date of brain or ear surgery (If known)	Date (MM/DD/YYYY)		
Spinal injections(s)	CLICRCSCHistSpineInj (variable applies to Meningitis – Bacterial only)	History of spinal injections(s)	DropDownList	Yes No Unknown	Y N U
Name of medication	CLICRCSCHistSpineInjSpecify (variable applies to Meningitis – Bacterial only)	If yes, name of medication (if known)	FreeText		
Date	CLICRCSCHistSpineInjUDt (variable applies to Meningitis – Bacterial only)	Date of spinal injections(s) (If known)	Date (MM/DD/YYYY)		
TREATMENT / MANAGEMENT					
ABs before blood collection	CLICRTXMGTABXTAKENB4BLDCOLLECT	Were antibiotics taken prior to collection of blood for microbial testing?	DropDownList	Yes No Unknown	Y N U
ABs before CSF collection	CLICRTXMGTABXTAKENB4CSFCOLLECT	Were antibiotics taken prior to collection of CSF for microbial testing?	DropDownList	Yes No Unknown	Y N U
TREATMENT / MANAGEMENT – ANTIBIOTIC DETAILS					
AB type	CLICRTXMGTABXDTLABXTYPE_1 CLICRTXMGTABXDTLABXTYPE_2 CLICRTXMGTABXDTLABXTYPE_3	Antibiotic type administered	FreeText		
Date started ABs	CLICRTXMGTABXDTLSTARTDT_1 CLICRTXMGTABXDTLSTARTDT_2 CLICRTXMGTABXDTLSTARTDT_3	Date started antibiotic treatment	Date (MM/DD/YYYY)		
Time started ABs	CLICRTXMGTABXDTLSTARTTIME_1 CLICRTXMGTABXDTLSTARTTIME_2 CLICRTXMGTABXDTLSTARTTIME_3	Time started (military, HH:MM) antibiotic treatment	FreeText		
VACCINATION HISTORY					

CLINICAL INFO – MENINGITIS - BACTERIAL, FUNGAL, NOT OTHERWISE SPECIFIED, PARASITIC, VIRAL / MENINGOCOCCAL DISEASE (INVASIVE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Received meningococcal vaccine	CLICRVACHXIMM_1 CLICRVACHXIMM_2 CLICRVACHXIMM_3	Has the patient previously received meningococcal vaccine?	DropDownList	Yes No Unknown	Y N U
Type of vaccine	CLICRVACHXVACTYPE_1 CLICRVACHXVACTYPE_2 CLICRVACHXVACTYPE_3	If Yes, specify type of vaccine administered	DropDownList	Polysaccharide (MPSV-4) Conjugate (MenACWY) MenB Hib-MenCY-TT	POLY CONJ MENB HIB
Date of vaccination	CLICRVACHXVACDT_1 CLICRVACHXVACDT_2 CLICRVACHXVACDT_3	Date of vaccination (if known)	Date (MM/DD/YYYY)		
Comments	CLICRVACHXCOMMENTS	Comments	Text Box		
VACCINATION HISTORY - PNEUMOCOCCAL					
Received pneumococcal vaccine?	CLICRPVacHxVac	Has the patient previously received pneumococcal vaccine?	DropDownList	Yes No Unknown	Y N U
Dose #1	CLICRPVacHx1D	Dose #1	DropDownList	PCV7 (conjugate) PCV13 (conjugate) Pneumovax 23 or PPSV23 (polysaccharide) Unknown	PCV7 PCV13 P23 UNK
Date administered	CLICRPVacHx1DDt	Date administered	Date (MM/DD/YYYY)		
Date unknown	CLICRPVacHx1DDtUnk	Date unknown	CheckBox	(Checked)	Y
Self-reported	CLICRPVacHx1DSRpt	Self-reported	CheckBox	(Checked)	Y
Dose #2	CLICRPVacHx2D	Dose #2	DropDownList	PCV7 (conjugate) PCV13 (conjugate) Pneumovax 23 or PPSV23 (polysaccharide) Unknown	PCV7 PCV13 P23 UNK
Date administered	CLICRPVacHx2DDt	Date administered	Date (MM/DD/YYYY)		
Date unknown	CLICRPVacHx2DDtUnk	Date unknown	CheckBox	(Checked)	Y

CLINICAL INFO – MENINGITIS - BACTERIAL, FUNGAL, NOT OTHERWISE SPECIFIED, PARASITIC, VIRAL / MENINGOCOCCAL DISEASE (INVASIVE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Self-reported	CLICRPVacHx2DSRpt	Self-reported	CheckBox	(Checked)	Y
Dose #3	CLICRPVacHx3D	Dose #3	DropDownList	PCV7 (conjugate)	PCV7
				PCV13 (conjugate)	PCV13
				Pneumovax 23 or PPSV23 (polysaccharide)	P23
				Unknown	UNK
Date administered	CLICRPVacHx3DDt	Date administered	Date (MM/DD/YYYY)		
Date unknown	CLICRPVacHx3DDtUnk	Date unknown	CheckBox	(Checked)	Y
Self-reported	CLICRPVacHx3DSRpt	Self-reported	CheckBox	(Checked)	Y
Dose #4	CLICRPVacHx4D	Dose #4	DropDownList	PCV7 (conjugate)	PCV7
				PCV13 (conjugate)	PCV13
				Pneumovax 23 or PPSV23 (polysaccharide)	P23
				Unknown	UNK
Date administered	CLICRPVacHx4DDt	Date administered	Date (MM/DD/YYYY)		
Date unknown	CLICRPVacHx4DDtUnk	Date unknown	CheckBox	(Checked)	Y
Self-reported	CLICRPVacHx4DSRpt	Self-reported	CheckBox	(Checked)	Y
Dose #5	CLICRPVacHx5D	Dose #5	DropDownList	PCV7 (conjugate)	PCV7
				PCV13 (conjugate)	PCV13
				Pneumovax 23 or PPSV23 (polysaccharide)	P23
				Unknown	UNK
Date administered	CLICRPVacHx5DDt	Date administered	Date (MM/DD/YYYY)		
Date unknown	CLICRPVacHx5DDtUnk	Date unknown	CheckBox	(Checked)	Y
Self-reported	CLICRPVacHx5DSRpt	Self-reported	CheckBox	(Checked)	Y
Dose #6	CLICRPVacHx6D	Dose #6	DropDownList	PCV7 (conjugate)	PCV7

CLINICAL INFO – MENINGITIS - BACTERIAL, FUNGAL, NOT OTHERWISE SPECIFIED, PARASITIC, VIRAL / MENINGOCOCCAL DISEASE (INVASIVE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				PCV13 (conjugate)	PCV13
				Pneumovax 23 or PPSV23 (polysaccharide)	P23
				Unknown	UNK
Date administered	CLICRPVacHx6DDt	Date administered	Date (MM/DD/YYYY)		
Date unknown	CLICRPVacHx6DDtUnk	Date unknown	CheckBox	(Checked)	Y
Self-reported	CLICRPVacHx6DSRpt	Self-reported	CheckBox	(Checked)	Y

LABORATORY INFO – MENINGITIS - BACTERIAL, FUNGAL, NOT OTHERWISE SPECIFIED, PARASITIC, VIRAL / MENINGOCOCCAL DISEASE (INVASIVE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
N. meningitidis TESTING ONLY – LABORATORY RESULTS SUMMARY *this section is used ONLY for the following disease type: Meningococcal Disease (Invasive)					
Blood culture date	LABCRLRSBLDCULTDT	Blood culture date	Date (MM/DD/YYYY)		
Blood culture result	LABCRLRSBLDCULTRSLT	Blood culture result	DropDownList	Positive Negative Pending Not Done Unknown	POS NEG PEN NOT UNK
Blood PCR date	LABCRLRSBLDPCRDT	Blood PCR date	Date (MM/DD/YYYY)		
Blood PCR result	LABCRLRSBLDPCRRSLT	Blood PCR result	DropDownList	Positive Negative Pending Not Done Unknown	POS NEG PEN NOT UNK
Bacterial gram stain	LABCRLRSBLDGramStain	Was bacterial gram stain performed?	DropDownList	Yes No Unknown	Y N U
	LABCRLRSBldGramStainReslt_NONE			No organisms seen	NONE

LABORATORY INFO – MENINGITIS - BACTERIAL, FUNGAL, NOT OTHERWISE SPECIFIED, PARASITIC, VIRAL / MENINGOCOCCAL DISEASE (INVASIVE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Gram stain results	LABCRLRSBldGramStainReslt_POS LABCRLRSBldGramStainReslt_NEG LABCRLRSBldGramStainReslt_COCCI LABCRLRSBldGramStainReslt_RODS LABCRLRSBldGramStainReslt_DIPLO	Gram stain results – Blood Culture	CheckBox List (more than one selection is possible)	Gram positive Gram negative Cocci Rods Diplococci	POS NEG COCCI RODS DIPLO
CSF culture date	LABCRLRSCSFCULTDT	CSF culture date	Date (MM/DD/YYYY)		
CSF culture result	LABCRLRSCSFCULTRSLT	CSF culture result	DropDownList	Positive Negative Pending Not Done Unknown	POS NEG PEN NOT UNK
CSF PCR date	LABCRLRSCSFPCRDT	CSF PCR date	Date (MM/DD/YYYY)		
CSF PCR result	LABCRLRSCSFPCRRSLT	CSF PCR result	DropDownList	Positive Negative Pending Not Done Unknown	POS NEG PEN NOT UNK
CSF antigen date	LABCRLRSCSFANTIGENDT	CSF antigen test date	Date (MM/DD/YYYY)		
CSF antigen result	LABCRLRSCSFANTIGENRSLT	CSF antigen test result	DropDownList	Positive Negative Pending Not Done Unknown	POS NEG PEN NOT UNK
Bacterial gram stain	LABCRLRSCSFGramStain	Was bacterial gram stain performed?	DropDownList	Yes No Unknown	Y N U
Gram stain results	LABCRLRSCSFGramStainReslt_NONE LABCRLRSCSFGramStainReslt_POS LABCRLRSCSFGramStainReslt_NEG LABCRLRSCSFGramStainReslt_COCCI LABCRLRSCSFGramStainReslt_RODS LABCRLRSCSFGramStainReslt_DIPLO	Gram stain results - CSF	CheckBox	No organisms seen Positive Negative Cocci Rods Diplococci	NONE POS NEG COCCI RODS DIPLO
	LABCRLRSCSFGRAMSTNRSLT		DropDownList	Positive	POS

LABORATORY INFO – MENINGITIS - BACTERIAL, FUNGAL, NOT OTHERWISE SPECIFIED, PARASITIC, VIRAL / MENINGOCOCCAL DISEASE (INVASIVE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
CSF gram stain result		CSF gram stain (for gram negative diploccocci) result		Negative	NEG
				Pending	PEN
				Not Done	NOT
				Unknown	UNK
Specify culture specimen	LABCRLRSOTHSPECCULT	Other specimen culture (specify)	FreeText		
Other culture date	LABCRLRSOTHCULDT	Other culture date	Date (MM/DD/YYYY)		
Other culture result	LABCRLRSOTHCULRSLT	Other culture result	DropDownList	Positive	POS
				Negative	NEG
				Pending	PEN
				Not Done	NOT
				Unknown	UNK
Specify PCR specimen	LABCRLRSOTHSPECPCR	Other specimen PCR (specify)	FreeText		
Other PCR date	LABCRLRSOTHPCRDT	Other PCR date	Date (MM/DD/YYYY)		
Other PCR result	LABCRLRSOTHPCRRSLT	Other PCR result	DropDownList	Positive	POS
				Negative	NEG
				Pending	PEN
				Not Done	NOT
				Unknown	UNK
Notes / Lab results	LABCRLRSNOTES	Notes and/or other pertinent lab results	Text Box		
N. meningitidis TESTING ONLY – SEROGROUP AND MOLECULAR IDENTIFICATION *this section is used ONLY for the following disease type: Meningococcal Disease (Invasive)					
Serogroup identification	LABCRSEROGRPIDSEROGRPID	Serogroup identification	DropDownList	A	A
				B	B
				C	C
				Y	Y
				W135	W135
				Not Groupable	NOTGRP
				Other	OTH
				Not done	NOT
				Unknown	UNK
				Pending	PEN

LABORATORY INFO – MENINGITIS - BACTERIAL, FUNGAL, NOT OTHERWISE SPECIFIED, PARASITIC, VIRAL / MENINGOCOCCAL DISEASE (INVASIVE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Specify other serogroup	LABCRSEROGRPIDSEROGRPIDSPFY	If Other, specify	FreeText		
Specimen submitted to CDPH	LABCRSEROGRPIDSubmitCDPH	Was specimen/isolate submitted to CDPH?	DropDownList	Yes	Y
				No	N
				Unknown	U
MDL accession ID	LABCRSEROGRPIDMDLACCID	MDL Accession ID	FreeText		
Specimen submitted to CDC	LABCRSEROGRPIDSubmitCDC	Was specimen/isolate submitted to CDC?	DropDownList	Yes	Y
				No	N
				Unknown	U
CDC accession ID	LABCRSEROGRPIDCDCACCID	CDC Accession ID	FreeText		
PHL accession ID	LABCRSEROGRPIDPHLACCID	Local PHL Accession ID	FreeText		
MLVA pattern	LABCRSEROGRPIDMLVAPAT	MLVA pattern	FreeText		
PFGE pattern	LABCRSEROGRPIDPFGEPAT	PFGE pattern	FreeText		
MLST	LABCRSEROGRPIDMLSTPAT	MLST pattern	FreeText		
LABORATORY STUDIES					
CSF studies performed	LABCRStudiesCSF	Were CSF studies performed?	DropDownList	Yes	Y
				No	N
				Unknown	U
WBC results	LABCRStudiesCSFWBC	If Yes, list results for: **WBC (cells/ml)**	FreeText		
Differential results	LABCRStudiesDifferential	If Yes, list results for: **Differential (e.g., %PMNs/ %Lymph)**	FreeText		
RBC results	LABCRStudiesCSFRBC	If Yes, list results for: **RBC (cells/mL)**	FreeText		
Protein results	LABCRStudiesCSFProt	If Yes, list results for: **Protein**	FreeText		

LABORATORY INFO – MENINGITIS - BACTERIAL, FUNGAL, NOT OTHERWISE SPECIFIED, PARASITIC, VIRAL / MENINGOCOCCAL DISEASE (INVASIVE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Glucose results	LABCRStudiesCSFGluc	If Yes, list results for: **Glucose**	FreeText		
Liver / renal tests	LABCRStudiesBld	Were liver and/or renal function tests performed?	DropDownList	Yes	Y
				No	N
				Unknown	U
ALT results	LABCRStudiesBldALT	If Yes, list results for: **ALT**	FreeText		
AST results	LABCRStudiesBldAST	If Yes, list results for: **AST**	FreeText		
BUN results	LABCRStudiesBldBUN	If Yes, list results for: **BUN**	FreeText		
Cr results	LABCRStudiesBldBr	If Yes, list results for: **Cr**	FreeText		
Glucose results	LABCRStudiesBldGluc	If Yes, list results for: **Glucose**	FreeText		
BACTERIAL ISOLATION *this section is used ONLY for the following disease type: Meningitis - Bacterial					
Bacterial gram stain	LABCRBactIsoGram	Was bacterial gram stain performed?	DropDownList	Yes	Y
				No	N
				Unknown	U
Bacterial gram stain results	LABCRBactIsoGramReslt_NONE LABCRBactIsoGramReslt_POS LABCRBactIsoGramReslt_NEG LABCRBactIsoGramReslt_COCCI LABCRBactIsoGramReslt_RODS LABCRBactIsoGramReslt_DIPLO	Bacterial gram stain results	CheckBox	No organisms seen	NONE
				Gram positive	POS
				Gram negative	NEG
				Cocci	COCCI
				Rods	RODS
				Diplococci	DIPLO
Bacteria from sterile site	LABCRBactIsoSterSite	Was bacteria identified from any normally sterile site?	DropDownList	Yes	Y
				No	N
				Unknown	U
BACTERIAL ISOLATION – DETAILS *this section is used ONLY for the following disease type: Meningitis - Bacterial					
	LABCRBactIsoDtlBactSpecID_1 LABCRBactIsoDtlBactSpecID_2	Bacterial species identified	DropDownList	Haemophilus influenza	HAEM
				Streptococcus, group B	STREPB

LABORATORY INFO – MENINGITIS - BACTERIAL, FUNGAL, NOT OTHERWISE SPECIFIED, PARASITIC, VIRAL / MENINGOCOCCAL DISEASE (INVASIVE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Bacterial species identified	LABCRBactIsoDtlBactSpecID_3			Streptococcus pneumonia (pneumococcus)	STREPN
				Listeria monocytogenes	LISTM
				Other bacterial species	OTH
Specify other species	LABCRBactIsoDtlBactSpecIDSpcfy_1 LABCRBactIsoDtlBactSpecIDSpcfy_2 LABCRBactIsoDtlBactSpecIDSpcfy_3	If other bacterial species, specify	FreeText		
Specimen	LABCRBactIsoDtlSpecm_1 LABCRBactIsoDtlSpecm_2 LABCRBactIsoDtlSpecm_3	Specimen site	DropDownList	CSF	CSF
				Blood	BLD
				Meninges	MEN
				Pleural Fluid	PLEUR
				Peritoneal Fluid	PERIT
				Pericardial Fluid	PERIC
				Joint	JOINT
				Placenta	PLAC
				Other	OTH
Specify other specimen	LABCRBactIsoDtlSpecmSpcfy_1 LABCRBactIsoDtlSpecmSpcfy_2 LABCRBactIsoDtlSpecmSpcfy_3	If other specimen, specify	FreeText		
Date specimen collected	LABCRBactIsoDtlSpecmColDt_1 LABCRBactIsoDtlSpecmColDt_2 LABCRBactIsoDtlSpecmColDt_3	Date bacterial specimen collected	Date (MM/DD/YYYY)		
Test type	LABCRBactIsoDtlTest_1 LABCRBactIsoDtlTest_2 LABCRBactIsoDtlTest_3	Test type	DropDownList	culture	CLTR
				PCR	PCR
				serology	SERO
				Other	OTH
Specify other test	LABCRBactIsoDtlTestSpcfy_1 LABCRBactIsoDtlTestSpcfy_2 LABCRBactIsoDtlTestSpcfy_3	If other test type, specify	FreeText		
VIRUS DETECTION *this section is used ONLY for the following disease type: Meningitis - Viral					
Viral detection studies	LABCRVirDetLab	Were laboratory studies performed for viral detection?	DropDownList		

LABORATORY INFO – MENINGITIS - BACTERIAL, FUNGAL, NOT OTHERWISE SPECIFIED, PARASITIC, VIRAL / MENINGOCOCCAL DISEASE (INVASIVE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
VIRUS DETECTION – DETAILS *this section is used ONLY for the following disease type: Meningitis - Viral					
Virus identified	LABCRVirDetDtlVirus_1 LABCRVirDetDtlVirus_2 LABCRVirDetDtlVirus_3	Virus identified	DropDownList	Enterovirus	ENTERO
				Varicella	VARI
				Herpes	HERPES
				Epstein Barr (EBV)	EBV
				Other virus	OTH
				None	NONE
Specify other virus	LABCRVirDetDtlVirusSpcfy_1 LABCRVirDetDtlVirusSpcfy_2 LABCRVirDetDtlVirusSpcfy_3	If other virus, specify	FreeText		
Specimen	LABCRVirDetDtlSpecm_1 LABCRVirDetDtlSpecm_2 LABCRVirDetDtlSpecm_3	Specimen site	DropDownList	CSF	CSF
				Blood	BLD
				Meninges	MEN
				Pleural Fluid	PLEUR
				Feritoneal Fluid	PERIT
				Fericardial Fluid	PERIC
				Joint	JOINT
				Placenta	PLAC
				Other	OTH
Specify other specimen	LABCRVirDetDtlSpecmSpcfy_1 LABCRVirDetDtlSpecmSpcfy_2 LABCRVirDetDtlSpecmSpcfy_3	If other specimen, specify	FreeText		
Date specimen collected	LABCRVirDetDtlSpecmColDt_1 LABCRVirDetDtlSpecmColDt_2 LABCRVirDetDtlSpecmColDt_3	Date viral specimen collected	Date (MM/DD/YYYY)		
Test type	LABCRVirDetDtlTest_1 LABCRVirDetDtlTest_2 LABCRVirDetDtlTest_3	Test type	DropDownList	culture	CLTR
				PCR	PCR
				Serology	SERO
				other	OTH
Specify other test	LABCRVirDetDtlTestSpcfy_1 LABCRVirDetDtlTestSpcfy_2 LABCRVirDetDtlTestSpcfy_3	If other test type, specify	FreeText		

LABORATORY INFO – MENINGITIS - BACTERIAL, FUNGAL, NOT OTHERWISE SPECIFIED, PARASITIC, VIRAL / MENINGOCOCCAL DISEASE (INVASIVE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
FUNGUS DETECTION *this section is used ONLY for the following disease type: Meningitis - Fungal					
Fungal detection studies	LABCRFungDetLab			Yes	Y
				No	N
				Unknown	U
FUNGUS DETECTION – DETAILS *this section is used ONLY for the following disease type: Meningitis - Fungal					
Fungus identified	LABCRFungDetDtlFungus_1 LABCRFungDetDtlFungus_2 LABCRFungDetDtlFungus_3	Fungus identified	DropDownList	Aspergillus	ASP
				Candida	CAN
				Cryptococcus	CRY
				Other fungus	OTH
				None	NON
Full name of fungus	LABCRFungDetDtlFungusName_1 LABCRFungDetDtlFungusName_2 LABCRFungDetDtlFungusName_3	If known, list full name (including species) of fungus	FreeText		
Specify other fungus	LABCRFungDetDtlFungusSpcfy_1 LABCRFungDetDtlFungusSpcfy_2 LABCRFungDetDtlFungusSpcfy_3	If other fungus, specify	FreeText		
Specimen	LABCRFungDetDtlSpecm_1 LABCRFungDetDtlSpecm_2 LABCRFungDetDtlSpecm_3	Specimen site	DropDownList	CSF	CSF
				Blood	BLD
				Meninges	MEN
				Pleural Fluid	PLEUR
				Peritoneal Fluid	PERIT
				Pericardial Fluid	PERIC
				Joint	JOINT
				Placenta	PLAC
				Other	OTH
Specify other specimen	LABCRFungDetDtlSpecmSpcfy_1 LABCRFungDetDtlSpecmSpcfy_2 LABCRFungDetDtlSpecmSpcfy_3	If other specimen, specify	FreeText		
Date specimen collected	LABCRFungDetDtlSpecmColDt_1 LABCRFungDetDtlSpecmColDt_2 LABCRFungDetDtlSpecmColDt_3	Date fungal specimen collected	Date (MM/DD/YYYY)		
Test type	LABCRFungDetDtlTest_1 LABCRFungDetDtlTest_2 LABCRFungDetDtlTest_3	Test type	DropDownList	Culture	CLTR
				PCR	PCR
				Serology	SERO

LABORATORY INFO – MENINGITIS - BACTERIAL, FUNGAL, NOT OTHERWISE SPECIFIED, PARASITIC, VIRAL / MENINGOCOCCAL DISEASE (INVASIVE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				Other	OTH
Test results	LABCRFungDetDtlTestName_1 LABCRFungDetDtlTestName_2 LABCRFungDetDtlTestName_3	List serological test(s) and results if known	FreeText		
Specify other test	LABCRFungDetDtlTestSpcfy_1 LABCRFungDetDtlTestSpcfy_2 LABCRFungDetDtlTestSpcfy_3	If other test type, specify	FreeText		
NOTES					
Lab info notes	LABCRNotesNotes	Laboratory Information Notes			

EPIDEMIOLOGIC INFO – MENINGITIS - BACTERIAL, FUNGAL, NOT OTHERWISE SPECIFIED, PARASITIC, VIRAL / MENINGOCOCCAL DISEASE (INVASIVE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
TRAVEL HISTORY					
Travel during incubation period	TRVHXIZBTRAVEL	Did patient travel during the incubation period?	DropDownList	Yes No Unknown	Y N U
Contact with travelers or visitors	TRVHXIZBCONTACT	Did the patient have contact with travelers or visitors during the incubation period?	DropDownList	Yes No Unknown	Y N U
TRAVEL HISTORY – DETAILS					
Location	TRVHXDTLLOCATION_1 TRVHXDTLLOCATION_2 TRVHXDTLLOCATION_3	Location (city, county, state, country)	FreeText		
Date travel started	TRVHXDTLSTARTDT_1 TRVHXDTLSTARTDT_2 TRVHXDTLSTARTDT_3	Date travel started	Date (MM/DD/YYYY)		
Date travel ended	TRVHXDTLENDDT_1 TRVHXDTLENDDT_2 TRVHXDTLENDDT_3	Date travel ended	Date (MM/DD/YYYY)		

EPIDEMIOLOGIC INFO – MENINGITIS - BACTERIAL, FUNGAL, NOT OTHERWISE SPECIFIED, PARASITIC, VIRAL / MENINGOCOCCAL DISEASE (INVASIVE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Fly while infectious	TRVHXDTLPatFly_1 TRVHXDTLPatFly_2 TRVHXDTLPatFly_3	Did patient fly while infectious?	DropDownList	Yes No Unknown	Y N U
Airline(s)	TRVHXDTLPatFlyAirline_1 TRVHXDTLPatFlyAirline_2 TRVHXDTLPatFlyAirline_3	Airline(s)	FreeText		
Flight number(s)	TRVHXDTLPatFlyNumber_1 TRVHXDTLPatFlyNumber_2 TRVHXDTLPatFlyNumber_3	Flight number(s)	FreeText		
Departure date	TRVHXDTLPatFlyDepDt_1 TRVHXDTLPatFlyDepDt_2 TRVHXDTLPatFlyDepDt_3	Departure date	Date (MM/DD/YYYY)		
Arrival date	TRVHXDTLPatFlyArrDt_1 TRVHXDTLPatFlyArrDt_2 TRVHXDTLPatFlyArrDt_3	Arrival date	Date (MM/DD/YYYY)		
EPIDEMIOLOGIC EXPOSURES AND SPREAD					
Incubation: Day care	EPICREPIEXPSPREADDAYCARE	*Did patient report any of the following exposures during the incubation period?* **Day care**	DropDownList	Yes No Unknown	Y N U
Incubation: Military	EPICREPIEXPSPREADMilitary	*Did patient report any of the following exposures during the incubation period?* **Military**	DropDownList	Yes No Unknown	Y N U
Incubation: Kindergarten	EPICREPIEXPSPREADKG	*Did patient report any of the following exposures during the incubation period?* **Kindergarten**	DropDownList	Yes No Unknown	Y N U
Incubation: Correctional facility	EPICREPIEXPSPREADCorFac	*Did patient report any of the following exposures during the incubation period?* **Correctional facility**	DropDownList	Yes No Unknown	Y N U
Incubation: Grade 1-5	EPICREPIEXPSPREADGR1TO5	*Did patient report any of the following exposures during the incubation period?* **Grade 1-5**	DropDownList	Yes No Unknown	Y N U
Incubation: Homeless	EPICREPIEXPSPREADHLess	*Did patient report any of the following exposures during the incubation period?* **Homeless**	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – MENINGITIS - BACTERIAL, FUNGAL, NOT OTHERWISE SPECIFIED, PARASITIC, VIRAL / MENINGOCOCCAL DISEASE (INVASIVE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Incubation: Grade 6-8	EPICREPIEXPSPREADGR6TO8	*Did patient report any of the following exposures during the incubation period?* **Grade 6-8**	DropDownList	Yes No Unknown	Y N U
Incubation: Illicit drug use	EPICREPIEXPSPREADDrug	*Did patient report any of the following exposures during the incubation period?***Illicit drug use**	DropDownList	Yes No Unknown	Y N U
Incubation: High school	EPICREPIEXPSPREADHIGHSCHOOL	*Did patient report any of the following exposures during the incubation period?* **High school**	DropDownList	Yes No Unknown	Y N U
Incubation: Smoking	EPICREPIEXPSPREADSmoking	*Did patient report any of the following exposures during the incubation period?* **Smoking (e.g. cigarettes, marijuana, e-cigarettes, cigars, hookahs)**	DropDownList	Yes No Unknown	Y N U
Incubation: College / University	EPICREPIEXPSPREADCOLLEGE	*Did patient report any of the following exposures during the incubation period?***College / University**	DropDownList	Yes No Unknown	Y N U
Did patient reside in a dormitory while ill?	EPICREPIEXPSPREADDORM	Did patient reside in a dormitory while ill?	DropDownList	Yes No Unknown	Y N U
Incubation / illness: Congregate setting	EPICREPIEXPSPREADOTHCONGSETTING	*Did patient report any of the following exposures during the incubation period?* **Did patient reside in another congregate setting?**	DropDownList	Yes No Unknown	Y N U
Incubation: Other setting	EPICREPIEXPSPREADOTHSETTING	*Did patient report any of the following exposures during the incubation period?* **If Other setting, list**	FreeText	Yes No Unknown	Y N U
Exposure details	EPICREPIEXPSPREADDETAILS	Provide details on setting, dates of exposure and number of close contacts	TextBox		
EPIDEMIOLOGIC EXPOSURES – FUNGAL MENINGITIS *this section is only used for the following disease type: Meningitis - Fungal					
	EPICREpiExpFungExp_INJMEDS			Injectible medications	INJMEDS

EPIDEMIOLOGIC INFO – MENINGITIS - BACTERIAL, FUNGAL, NOT OTHERWISE SPECIFIED, PARASITIC, VIRAL / MENINGOCOCCAL DISEASE (INVASIVE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Exposed to any of the following?	EPICREpiExpFungExp_INJREC EPICREpiExpFungExp_SURG EPICREpiExpFungExp_BIRD EPICREpiExpFungExp_GUANO	**In the <u>year prior to diagnosis</u>, was the patient exposed to any of the following?**	CheckBoxList (more than one selection is possible)	Injectible recreation drugs	INJREC
				Surgical procedures	SURG
				Bird droppings	BIRD
				Bat droppings	GUANO
Immuno-compromised	EPICREpiExpFungImmuno	Has the patient been diagnosed with an immunocompromising condition (e.g., cancer) or is the patient taking immunosuppressive medication (e.g., steroids, chemotherapy)?	DropDownList	Yes No Unknown	Y N U
GENERAL CONTACTS					
Chemo-prophylaxis	EPICRCONTGENHHCHEMO	Were household contacts or other close contacts of this case provided chemoprophylaxis?	DropDownList	Yes No Unknown	Y N U
How many	EPICRCONTGENHHCHEMONUM	If Yes, how many	FreeText		
CLUSTER INFORMATION					
Cluster	EPICRCLUSTERINFOPARTOF	Was this case part of an identified cluster?	DropDownList	Yes No Unknown	Y N U
Cluster notes	EPICRCLUSTERINFONOTES	Notes	TextBox		
EPIDEMIOLOGICAL LINKAGE					
Epi-linked case	EPILINKKNOWNCASE	Epi-linked to known case?	DropDownList	Yes No Unknown	Y N U
Contact name / Case #	EPILINKCONTNAMECASENUM	Contact name / Case #	FreeText		
OUTBREAK *this section is only used for the following disease types: Meningitis – Fungal, Meningitis – Not Otherwise Specified, Meningitis – Parasitic and Meningococcal Disease (Invasive)					
Part of known outbreak?	OBSHORTPARTOF	Is this case part of a known Meningococcal disease (invasive) outbreak?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – MENINGITIS - BACTERIAL, FUNGAL, NOT OTHERWISE SPECIFIED, PARASITIC, VIRAL / MENINGOCOCCAL DISEASE (INVASIVE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Yes, extent of outbreak	OBSHORTEXTENTOF_ONEJUR OBSHORTEXTENTOF_MULJUR OBSHORTEXTENTOF_MULSTAT OBSHORTEXTENTOF_INTR OBSHORTEXTENTOF_UNK OBSHORTEXTENTOF_OTH	If Yes, what is the extent of the outbreak?	CheckBoxList (more than one choice is possible)	One CA jurisdiction Multiple CA jurisdictions Multistate International Unknown Other	ONEJUR MULJUR MULSTAT INTR UNK OTH
If Other, specify	OBSHORTEXTENTOFSPFY	Specify other extent of outbreak	FreeText		
Pattern 1 ID	OBSHORTPAT1IDNUM	Pattern 1 ID number	FreeText		
Pattern 2 ID	OBSHORTPAT2IDNUM	Pattern 2 ID number	FreeText		
PHEP Surveillance *this section is only used for the following disease type: Meningococcal Disease (Invasive)					
* Disease	PHEPGeneralDisease	Specify the disease/condition that is reported on this form	DropDownList	Invasive Meningococcal Disease	MEN
* Case Event Date	PHEPGeneralEventDt	**Meningococcal Disease (N. meningitides):** Date of specimen collection	Date (MM/DD/YYYY)		
Date LHD notified	PHEPGeneralFirstNotDt	Date LHD first notified about case	Date (MM/DD/YYYY)		
Time LHD notified	PHEPGeneralFirstNotTime	Time LHD notified about case HH:MM AM/PM	FreeText		
LHD first notified by:	PHEPGeneralFirstNotBy	Specify the agency that first notified the LHD	DropDownList	Clinician Lab Other CA Jurisdiction Other State Other	CLIN LAB OTHJUR OTHST OTH
If Other, specify	PHEPGeneralFirstNotOth	If other agency first notified LHD, specify	FreeText		
Health Department Response					

EPIDEMIOLOGIC INFO – MENINGITIS - BACTERIAL, FUNGAL, NOT OTHERWISE SPECIFIED, PARASITIC, VIRAL / MENINGOCOCCAL DISEASE (INVASIVE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Control measures	PHEPGeneralImpControl	Did the LHD implement control measures	RadioButtonList	Yes No/not needed Unknown	Y N UNK
Date initiated	PHEPGeneralInitInvDt	Date LHD initiated control measures	Date (MM/DD/YYYY)		
Time initiated	PHEPGeneralInitInvTime Not in Use	This is a historic field that is no longer in use as of June 2013. Time LHD initiated investigation HH:MM AM/PM	FreeText		
Isolation	PHEPGeneralIsolation	Did LHD recommend isolation?	DropDownList	Yes No Unknown Not Applicable	Y N UNK NA
Date recommended	PHEPGeneralIsolationDt	Date isolation recommended	Date (MM/DD/YYYY)		
Contact tracing	PHEPGeneralContactTrac	Did LHD initiate contact tracing?	DropDownList	Yes No Unknown Not Applicable	Y N UNK NA
Date initiated	PHEPGeneralContactTracDt	Date initiated contact tracing	Date (MM/DD/YYYY)		
Vaccine/post-exposure prophylaxis	PHEPGeneralVaccPEP	Did LHD recommend vaccine/post-exposure prophylaxis?	DropDownList	Yes No Unknown Not Applicable	Y N UNK NA
Date recommended	PHEPGeneralVaccPEPDt	Date vaccine/PEP recommended	Date (MM/DD/YYYY)		
Educate patient/ contacts	PHEPGeneralEducate	Did LHD educate patient/ contacts?	DropDownList	Yes No Unknown Not Applicable	Y N UNK NA

EPIDEMIOLOGIC INFO – MENINGITIS - BACTERIAL, FUNGAL, NOT OTHERWISE SPECIFIED, PARASITIC, VIRAL / MENINGOCOCCAL DISEASE (INVASIVE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Date initiated	PHEPGeneralEducateDt	Date initiated education	Date (MM/DD/YYYY)		
Exclusion measures	PHEPGeneralExclusion	Did LHD institute exclusion measures for patient/contact?	DropDownList	Yes No Unknown Not Applicable	Y N UNK NA
Date initiated	PHEPGeneralExclusionDt	Date exclusion measures initiated	Date (MM/DD/YYYY)		
Identify source	PHEPGeneralIdSource	Did LHD identify the source of the infection?	DropDownList	Yes No Unknown Not Applicable	Y N UNK NA
If Yes, specify	PHEPGeneralIdSourceSpecify	If Yes, specify the source	FreeText		
If other, describe	PHEPGeneralOthControl	If other control measures implemented, please describe	FreeText		
Date initiated	PHEPGeneralOthControlDt	Date other control measures initiated	Date (MM/DD/YYYY)		
Comments	PHEPGeneralComments	Comments	Text Box		

Mumps

CLINICAL INFO – MUMPS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
SIGNS AND SYMPTOMS					
Parotitis or salivary gland swelling	MUMPSCLICRSIGNSXSWELLING	Mumps signs and symptoms: **Parotitis or salivary gland swelling**	DropDownList	Yes No Unknown	Y N U
Swelling onset date	MUMPSCLICRSIGNSXSWELLINGDT	Indicate onset date of swelling	Date (MM/DD/YYYY)		
Swelling duration (days)	MUMPSCLICRSIGNSXSWELLINGDUR	Indicate duration of swelling in days	FreeText		
Upper respiratory infection symptoms	MUMPSCLICRSIGNSXRESPINFECTSX	Did patient have upper respiratory infection symptoms (e.g., sore throat, cough)?	DropDownList	Yes No Unknown	Y N U
Diagnosis date	MUMPSCLICRSIGNSXDXDT	Indicate the Measles diagnosis date	Date (MM/DD/YYYY)		
Other symptoms	MUMPSCLICRSIGNSXOTHSX	If Other symptoms, describe	Text Box		
HOSPITALIZATION					
Patient visit ER?	HOSPER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U
Was patient hospitalized?	HOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
Total hospital nights	HOSPDAYSHOSP	If Yes, how many total hospital nights?	FreeText		
HOSPITALIZATION – DETAILS					
Hospital name	HOSPDTLNAME1 HOSPDTLNAME2 HOSPDTLNAME3	Name of facility where patient was hospitalized	FreeText		
Street address	HOSPDTLADDRESS1 HOSPDTLADDRESS2 HOSPDTLADDRESS3	Street address of hospital	FreeText		

CLINICAL INFO – MUMPS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
City	HOSPDTLCITY1 HOSPDTLCITY2 HOSPDTLCITY3	City where hospital located	FreeText		
State	HOSPDTLSTATE1 HOSPDTLSTATE2 HOSPDTLSTATE3	State where hospital located	FreeText		
Zip code	HOSPDTLZIPCODE1 HOSPDTLZIPCODE2 HOSPDTLZIPCODE3	Zip code of hospital	FreeText		
Telephone	HOSPDTLPHONE1 HOSPDTLPHONE2 HOSPDTLPHONE3	Telephone number for hospital	FreeText		
Admit date	HOSPDTLADMITDT1 HOSPDTLADMITDT2 HOSPDTLADMITDT3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPDTLDISCHDT1 HOSPDTLDISCHDT2 HOSPDTLDISCHDT3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		
Medical record number	HOSPDTLMRN1 HOSPDTLMRN2 HOSPDTLMRN3	Medical record number for patient	FreeText		
Discharge diagnosis	HOSPDTLDISCHDX1 HOSPDTLDISCHDX2 HOSPDTLDISCHDX3	What was the patient's final diagnosis at the time of discharge?	FreeText		
COMPLICATIONS AND OTHER SYMPTOMS					
Meningitis	MUMPSCLICRCOMPOTHSXMENINGITIS	Did patient have Meningitis?	DropDownList	Yes No Unknown	Y N U
Encephalitis	MUMPSCLICRCOMPOTHSXENCEPH	Did patient have Encephalitis?	DropDownList	Yes No Unknown	Y N U
Orchitis	MUMPSCLICRCOMPOTHSXORCHITIS	Did patient have Orchitis?	DropDownList	Yes No Unknown	Y N U
Other complications	MUMPSCLICRCOMPOTHSXOTHCOMP	Did patient have any other complications?	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – MUMPS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Describe complications	MUMPSCLICRCOMPOTHSXOTHCOMPSPFY	If Yes, describe other complications	FreeText		
Did patient die?	MUMPSCLICRCOMPOTHSXDIED	Did patient die from this illness?	DropDownList	Yes No Lost to follow-up	Y N L
VACCINATION HISTORY					
Immunized for disease?	MUMPSCLICRVACHXIMM	Has the patient been immunized for this disease?	DropDownList	Yes No Unknown	Y N U
Type of vaccine	MUMPSCLICRVACHXVACTYPE	Type of vaccine administered for last dose	DropDownList	MMR MMRV Measles-Mumps (MM) Monovalent measles Unknown	MMR MMRV MM MMV UNK
Dose #1	MUMPSCLICRVACHXVAC1	Dose #1	DropDownList	Yes, documented Yes, alleged	D A
Date	MUMPSCLICRVACHXVAC1DT	Date of dose #1	Date (MM/DD/YYYY)		
Date Unknown	MUMPSCLICRVACHXVAC1DTUNK	Indicate if the date of dose #1 is unknown	CheckBox	Unchecked Checked	(blank) Y
Dose #2	MUMPSCLICRVACHXVAC2	Dose #2	DropDownList	Yes, documented Yes, alleged No Unknown	D A N U
Date	MUMPSCLICRVACHXVAC2DT	Date of dose #2	Date (MM/DD/YYYY)		
Date Unknown	MUMPSCLICRVACHXVAC2DTUNK	Indicate if the date of dose #2 is unknown	CheckBox	Unchecked Checked	(blank) Y
Dose #3	MUMPSCLICRVACHXVAC3	Dose #3	DropDownList	Yes, documented Yes, alleged No Unknown	D A N U
Date	MUMPSCLICRVACHXVAC3DT	Date of dose #3	Date (MM/DD/YYYY)		
Date Unknown	MUMPSCLICRVACHXVAC3DTUNK	Indicate if the date of dose #3 is unknown	CheckBox	Unchecked Checked	(blank) Y

CLINICAL INFO – MUMPS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Reason not vaccinated	MUMPSCLICRVACHXRSNNOTVAC_1 MUMPSCLICRVACHXRSNNOTVAC_2 MUMPSCLICRVACHXRSNNOTVAC_3 MUMPSCLICRVACHXRSNNOTVAC_4 MUMPSCLICRVACHXRSNNOTVAC_5 MUMPSCLICRVACHXRSNNOTVAC_6 MUMPSCLICRVACHXRSNNOTVAC_7 MUMPSCLICRVACHXRSNNOTVAC_8	If patient not vaccinated for this condition, what is the reason(s) not vaccinated	CheckBoxList (more than one choice is possible)	Personal Beliefs Exemption (PBE)	PBE
				Permanent Medical Exemption (PME)	PME
				Temporary Medical Exemption	TME
				Lab confirmation of previous disease	LCD
				MD diagnosis of previous disease	MDD
				Under age for vaccination	UAV
				Delay in starting series or between doses	DEL
				Unknown	UNK
				Other	OTH
If Other, specify	MUMPSCLICRVACHXRSNNOTVACSPFY	If Other reason, please specify	FreeText		
Comments	MUMPSCLICRVACHXCOMMENTS	Comments	Text Box		
MEDICAL HISTORY					
Immuno-compromised	MEDHXIMMUNO	Is patient immunocompromised?	DropDownList	Yes No Unknown	Y N U
Prior MD diagnosis?	MEDHXPRIORDX	Prior MD diagnosis of this disease?	DropDownList	Yes No Unknown	Y N U
Pre-existing conditions	MEDHXOTHPREXCOND	Describe any other pre-existing conditions	Text Box		

LABORATORY INFO – MUMPS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY RESULTS					
CASE LAB CONFIRMED	MUMPSLABCRLABRSLTLABCON	Was the case confirmed by laboratory testing?	DropDownList	Yes No Unknown	Y N U
LABORATORY RESULTS - DETAILS - VIRUS ISOLATION					
Specimen obtained?	MUMPSLABCRLABRSLTDTLVirIsoSpec	Was the specimen obtained for virus isolation?	DropDownList	Yes No Unknown	Y N U
Date collected	MUMPSLABCRLABRSLTDTLVirIsoSpecDT	Date specimen collected	Date (MM/DD/YYYY)		
Specimen source	MUMPSLABCRLABRSLTDTLVirIsoSpecSrc	Indicate the specimen's source	DropDownList	Nasopharyngeal Buccal Urine Other Unknown	NASO BUCL URINE OTH UNK
If Other, specify	MUMPSLABCRLABRSLTDTLVirIsoSpecSpcfy	If other source, specify	FreeText		
Laboratory name	MUMPSLABCRLABRSLTDTLVirIsoSpecLab	Name of laboratory where testing was performed	FreeText		
Telephone	MUMPSLABCRLABRSLTDTLVirIsoSpecPhone	Telephone number of laboratory	FreeText		
Virus isolated	MUMPSLABCRLABRSLTDTLVirIsoSpecIso	Was the virus isolated?	DropDownList	Yes No Unknown	Y N U
LABORATORY RESULTS - DETAILS - BLOOD IgM					
Blood IgM	MUMPSLABCRLABRSLTDTLBldIgmRslt1 MUMPSLABCRLABRSLTDTLBldIgmRslt2 MUMPSLABCRLABRSLTDTLBldIgmRslt3	Results from Blood IgM testing	DropDownList	Positive Negative Indeterminate Unsatisfactory Specimen Not Done	POS NEG IND UNS NOT

LABORATORY INFO – MUMPS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Date specimen collected	MUMPSLABCRLABRSLTDTLBldIgmDt1 MUMPSLABCRLABRSLTDTLBldIgmDt2 MUMPSLABCRLABRSLTDTLBldIgmDt3	Date Blood IgM specimen collected	Date (MM/DD/YYYY)		
Laboratory Name	MUMPSLABCRLABRSLTDTLBldIgmLab1 MUMPSLABCRLABRSLTDTLBldIgmLab2 MUMPSLABCRLABRSLTDTLBldIgmLab3	Name of laboratory where testing was performed	FreeText		
Laboratory Phone	MUMPSLABCRLABRSLTDTLBldIgmLabPhone1 MUMPSLABCRLABRSLTDTLBldIgmLabPhone2 MUMPSLABCRLABRSLTDTLBldIgmLabPhone3	Telephone number of laboratory	FreeText		
LABORATORY RESULTS - DETAILS - BLOOD IgG - ACUTE					
Blood IgG - Acute	MUMPSLABCRLABRSLTDTLBldIAcRslt1 MUMPSLABCRLABRSLTDTLBldIAcRslt2 MUMPSLABCRLABRSLTDTLBldIAcRslt3	Results from Blood IgG - Acute testing	DropDownList	Positive Negative Indeterminate Unsatisfactory Specimen Not Done	POS NEG IND UNS NOT
Date specimen collected	MUMPSLABCRLABRSLTDTLBldIAcDt1 MUMPSLABCRLABRSLTDTLBldIAcDt2 MUMPSLABCRLABRSLTDTLBldIAcDt3	Date Blood IgG - Acute specimen collected	Date (MM/DD/YYYY)		
Laboratory Name	MUMPSLABCRLABRSLTDTLBldIAcLab1 MUMPSLABCRLABRSLTDTLBldIAcLab2 MUMPSLABCRLABRSLTDTLBldIAcLab3	Name of laboratory where testing was performed	FreeText		
Laboratory Phone	MUMPSLABCRLABRSLTDTLBldIAcLabPhone1 MUMPSLABCRLABRSLTDTLBldIAcLabPhone2 MUMPSLABCRLABRSLTDTLBldIAcLabPhone3	Telephone number of laboratory	FreeText		
LABORATORY RESULTS - DETAILS - BLOOD IgG CONVALESCENT					
Blood IgG - Convalescent	MUMPSLABCRLABRSLTDTLBldIgGConvRslt1 MUMPSLABCRLABRSLTDTLBldIgGConvRslt2 MUMPSLABCRLABRSLTDTLBldIgGConvRslt3	Results from Blood IgG - Convalescent testing	DropDownList	Positive Negative Indeterminate Unsatisfactory Specimen Not Done	POS NEG IND UNS NOT
Date specimen collected	MUMPSLABCRLABRSLTDTLBldIgGConvDt1 MUMPSLABCRLABRSLTDTLBldIgGConvDt2 MUMPSLABCRLABRSLTDTLBldIgGConvDt3	Date Blood IgG - Convalescent specimen collected	Date (MM/DD/YYYY)		

LABORATORY INFO – MUMPS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Laboratory Name	MUMPSLABCRLABRSLTDTLBldIgGConvLab1 MUMPSLABCRLABRSLTDTLBldIgGConvLab2 MUMPSLABCRLABRSLTDTLBldIgGConvLab3	Name of laboratory where testing was performed	FreeText		
Laboratory Phone	MUMPSLABCRLABRSLTDTLBldIgGConvLabPhone1 MUMPSLABCRLABRSLTDTLBldIgGConvLabPhone2 MUMPSLABCRLABRSLTDTLBldIgGConvLabPhone3	Telephone number of laboratory	FreeText		
LABORATORY RESULTS - DETAILS - BUCCAL PCR					
Buccal PCR	MUMPSLABCRLABRSLTDTLRespPCRRslt1 MUMPSLABCRLABRSLTDTLRespPCRRslt2 MUMPSLABCRLABRSLTDTLRespPCRRslt3	Results from Buccal PCR testing	DropDownList	Positive Negative Indeterminate Unsatisfactory Specimen Not Done	POS NEG IND UNS NOT
Date specimen collected	MUMPSLABCRLABRSLTDTLRespPCRDt1 MUMPSLABCRLABRSLTDTLRespPCRDt2 MUMPSLABCRLABRSLTDTLRespPCRDt3	Date Buccal PCR specimen collected	Date (MM/DD/YYYY)		
Laboratory Name	MUMPSLABCRLABRSLTDTLRespPCRLab1 MUMPSLABCRLABRSLTDTLRespPCRLab2 MUMPSLABCRLABRSLTDTLRespPCRLab3	Name of laboratory where testing was performed	FreeText		
Laboratory Phone	MUMPSLABCRLABRSLTDTLRespPCRLabPhone1 MUMPSLABCRLABRSLTDTLRespPCRLabPhone2 MUMPSLABCRLABRSLTDTLRespPCRLabPhone3	Telephone number of laboratory	FreeText		
LABORATORY RESULTS - DETAILS - URINE PCR					
Urine PCR	MUMPSLABCRLABRSLTDTLUrinePCRRslt1 MUMPSLABCRLABRSLTDTLUrinePCRRslt2 MUMPSLABCRLABRSLTDTLUrinePCRRslt3	Results from Urine PCR testing	DropDownList	Positive Negative Indeterminate Unsatisfactory Specimen Not Done	POS NEG IND UNS NOT
Date specimen collected	MUMPSLABCRLABRSLTDTLUrinePCRDt1 MUMPSLABCRLABRSLTDTLUrinePCRDt2 MUMPSLABCRLABRSLTDTLUrinePCRDt3	Date Urine PCR specimen collected	Date (MM/DD/YYYY)		

LABORATORY INFO – MUMPS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Laboratory Name	MUMPSLABCRLABRSLTDTLUrinePCRLab1 MUMPSLABCRLABRSLTDTLUrinePCRLab2 MUMPSLABCRLABRSLTDTLUrinePCRLab3	Name of laboratory where testing was performed	FreeText		
Laboratory Phone	MUMPSLABCRLABRSLTDTLUrinePCRLabPhone1 MUMPSLABCRLABRSLTDTLUrinePCRLabPhone2 MUMPSLABCRLABRSLTDTLUrinePCRLabPhone3	Telephone number of laboratory	FreeText		
LABORATORY RESULTS - DETAILS - GENOTYPE					
Genotype	MUMPSLABCRLABRSLTDTLGenoRslt1 MUMPSLABCRLABRSLTDTLGenoRslt2 MUMPSLABCRLABRSLTDTLGenoRslt3	Indicate the virus genotype	FreeText		
Date specimen collected	MUMPSLABCRLABRSLTDTLGenoDt1 MUMPSLABCRLABRSLTDTLGenoDt2 MUMPSLABCRLABRSLTDTLGenoDt3	Date Genotype specimen collected	Date (MM/DD/YYYY)		
Laboratory Name	MUMPSLABCRLABRSLTDTLGenoLab1 MUMPSLABCRLABRSLTDTLGenoLab2 MUMPSLABCRLABRSLTDTLGenoLab3	Name of laboratory where testing was performed	FreeText		
Laboratory Phone	MUMPSLABCRLABRSLTDTLGenoLabPhone1 MUMPSLABCRLABRSLTDTLGenoLabPhone2 MUMPSLABCRLABRSLTDTLGenoLabPhone3	Telephone number of laboratory	FreeText		
LABORATORY RESULTS - DETAILS - OTHER					
Other Test	MUMPSLABCRLABRSLTDTLOtherRslt1 MUMPSLABCRLABRSLTDTLOtherRslt2 MUMPSLABCRLABRSLTDTLOtherRslt3	Specify any other Laboratory tests done	FreeText		
Date specimen collected	MUMPSLABCRLABRSLTDTLOtherDt1 MUMPSLABCRLABRSLTDTLOtherDt2 MUMPSLABCRLABRSLTDTLOtherDt3	Date specimen collected	Date (MM/DD/YYYY)		
Result	MUMPSLABCRLABRSLTDTLOtherRsltSpcfy1 MUMPSLABCRLABRSLTDTLOtherRsltSpcfy2 MUMPSLABCRLABRSLTDTLOtherRsltSpcfy3	Result of other Laboratory test	FreeText		
Laboratory Name	MUMPSLABCRLABRSLTDTLOtherLab1 MUMPSLABCRLABRSLTDTLOtherLab2 MUMPSLABCRLABRSLTDTLOtherLab3	Name of laboratory where testing was performed	FreeText		
Laboratory Phone	MUMPSLABCRLABRSLTDTLOtherLabPhone1 MUMPSLABCRLABRSLTDTLOtherLabPhone2 MUMPSLABCRLABRSLTDTLOtherLabPhone3	Telephone number of laboratory	FreeText		

EPIDEMIOLOGIC INFO – MUMPS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
TRAVEL HISTORY					
Travel during incubation period	TRVHXIZBTRAVEL	Did patient travel during the incubation period?	DropDownList	Yes No Unknown	Y N U
Contact with travelers or visitors	TRVHXIZBCONTACT	Did the patient have contact with travelers or visitors during the incubation period?	DropDownList	Yes No Unknown	Y N U
TRAVEL HISTORY – DETAILS					
Location	TRVHXDTLLOCATION1 TRVHXDTLLOCATION2 TRVHXDTLLOCATION3	Location (city, county, state, country)	FreeText		
Date travel started	TRVHXDTLSTARTDT1 TRVHXDTLSTARTDT2 TRVHXDTLSTARTDT3	Date travel started	Date (MM/DD/YYYY)		
Date travel ended	TRVHXDTLENDDT1 TRVHXDTLENDDT2 TRVHXDTLENDDT3	Date travel ended	Date (MM/DD/YYYY)		
EPIDEMIOLOGICAL EXPOSURE HISTORY					
Close contact with parotitis?	MUMPSEPICREPIEXPHXCLOSECONT	Close contact with person(s) with parotitis during incubation period?	DropDownList	Yes No Unknown	Y N U
Exposure setting	MUMPSEPICREPIEXPHXSETTING	Describe contact exposure setting	FreeText		
SPREAD SETTING					
Setting type	SPREADSETTYPE1 SPREADSETTYPE2 SPREADSETTYPE3	What is the type of setting in which the infection spread?	DropDownList	Day care School Doctor's office Hospital Ward Hospital ER Outpatient hospital clinic Home Work Unknown	DAYCARE SCHOOL DOCOFFICE HOSPWARD ER OUTPT HOME WORK UNK

EPIDEMIOLOGIC INFO – MUMPS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				College	COLLEGE
				Military	MILITARY
				Correctional facility	CORRFAC
				Church	CHURCH
				International travel	INTRTRAV
				Other	OTH
Name of setting	SPREADSETNAME1 SPREADSETNAME2 SPREADSETNAME3	Name of setting where Measles contact occurred	FreeText		
First date of contact	SPREADSETFIRSTCONTDT1 SPREADSETFIRSTCONTDT2 SPREADSETFIRSTCONTDT3	First date of Measles contact	Date (MM/DD/YYYY)		
Last date of contact	SPREADSETLASTCONTDT1 SPREADSETLASTCONTDT2 SPREADSETLASTCONTDT3	Last date of Measles contact	Date (MM/DD/YYYY)		
Number exposed	SPREADSETNUMEXPOSED1 SPREADSETNUMEXPOSED2 SPREADSETNUMEXPOSED3	Number of people exposed in the setting	FreeText		
Notes	SPREADSETNOTES1 SPREADSETNOTES2 SPREADSETNOTES3	Notes about the spread setting This variable may not be present in the DDP exports for some conditions	FreeText		
GENERAL CONTACTS					
Number susceptible	MUMPSEPICRCONTGENSUSCEPT	Number of susceptible contacts	FreeText		
Close contacts with rash?	MUMPSEPICRCONTGENCLOSECONT	Close contacts who have rash 12-25 days after exposure to case	DropDownList	Yes No Unknown	Y N U
EPIDEMIOLOGICAL LINKAGE					
Epi-linked case	EPILINKKNOWNCASE	Epi-linked to known case?	DropDownList	Yes No Unknown	Y N U
Contact name / Case #	EPILINKCONTNAMECASENUM	Contact name / Case #	FreeText		

EPIDEMIOLOGIC INFO – MUMPS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
IMPORT STATUS					
Import status	IMPSTATUSIMPORT	Indicates if the disease incident was indigenous to the reporting jurisdiction or imported from another area	System Defined Field Link		
Indigenous	IMPSTATUSINDIGCLASS	If case is indigenous, is case	DropDownList	Import-linked Imported virus Endemic Unknown Source	IMPLNK IMPVIR ENDEM UNK
Imported	IMPSTATUSSOURCE	If case is imported, describe source	FreeText		
OUTBREAK					
Part of known outbreak?	OBSHORTPARTOF	Is this case part of a known Mumps outbreak?	DropDownList	Yes No Unknown	Y N U
If Yes, extent of outbreak	OBSHORTEXTENTOF_1 OBSHORTEXTENTOF_2 OBSHORTEXTENTOF_3 OBSHORTEXTENTOF_4 OBSHORTEXTENTOF_5 OBSHORTEXTENTOF_6	If Yes, what is the extent of the outbreak?	CheckBoxList (more than one choice is possible)	One CA jurisdiction Multiple CA jurisdictions Multistate International Unknown Other	ONEJUR MULJUR MULSTAT INTR UNK OTH
If Other, specify	OBSHORTEXTENTOFSPFY	Specify other extent of outbreak	FreeText		
Pattern 1 ID	OBSHORTPAT1IDNUM	Pattern 1 ID number	FreeText		
Pattern 2 ID	OBSHORTPAT2IDNUM	Pattern 2 ID number	FreeText		

Paratyphoid/Typhoid Fever

CLINICAL INFO – Paratyphoid / Typhoid Fever					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
SIGNS AND SYMPTOMS					
Symptomatic?	TYPHCASCLICRSIGNSXTYPHOID	Was the patient ill with symptoms of typhoid or paratyphoid fever (sustained fever, headache, anorexia, relative bradycardia, constipation or diarrhea, and non-productive cough)?	DropDownList	Yes No Unknown	Y N U
Onset date	TYPHCASCLICRSIGNSXTYPHOIDONSETDT	Onset date of symptoms of typhoid or paratyphoid fever	System Defined Field Link		
Medical care date	TYPHCASCLICRSIGNSXSGTMEDCAREDT	Date first sought medical care	Date (MM/DD/YYYY)		
PAST MEDICAL HISTORY					
Typhoid vaccination	TYPHCASCLICRPASMEDHXTYPHOIDVAC	Did the patient receive typhoid vaccination (primary series or booster) within five years before onset of illness?	DropDownList	Yes No Unknown	Y N U
Vaccination type (oral)	TYPHCASCLICRPASMEDHXTY21A	If Yes, Oral Ty21a or Vivotif (Berna) four pill series	DropDownList	Yes No Unknown	Y N U
Year	TYPHCASCLICRPASMEDHXTY21ARECVD	Year received	FreeText		
Vaccination type (shot)	TYPHCASCLICRPASMEDHXVICPS	If Yes, ViCPS or Typhim Vi shot (Pasteur Merieux)	DropDownList	Yes No Unknown	Y N U
Year	TYPHCASCLICRPASMEDHXVICPSRECVD	Year received	FreeText		

CLINICAL INFO – Paratyphoid / Typhoid Fever					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
HOSPITALIZATION					
Patient visit ER?	HOSPER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U
Was patient hospitalized?	HOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
Total hospital nights	HOSPDAYSHOSP	If Yes, how many total hospital nights?	FreeText		
HOSPITALIZATION - DETAILS					
Hospital name	HOSPDTLNAME1 HOSPDTLNAME2 HOSPDTLNAME3	Name of facility where patient was hospitalized	FreeText		
Street address	HOSPDTLADDRESS1 HOSPDTLADDRESS2 HOSPDTLADDRESS3	Street address of hospital	FreeText		
City	HOSPDTLCITY1 HOSPDTLCITY2 HOSPDTLCITY3	City where hospital located	FreeText		
State	HOSPDTLSTATE1 HOSPDTLSTATE2 HOSPDTLSTATE3	State	FreeText		
Zip code	HOSPDTLZIPCODE1 HOSPDTLZIPCODE2 HOSPDTLZIPCODE3	Zip code	FreeText		
Telephone	HOSPDTLPHONE1 HOSPDTLPHONE2 HOSPDTLPHONE3	Telephone number for hospital	FreeText		
Admit date	HOSPDTLADMITDT1 HOSPDTLADMITDT2 HOSPDTLADMITDT3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPDTLDISCHDT1 HOSPDTLDISCHDT2 HOSPDTLDISCHDT3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		

CLINICAL INFO – Paratyphoid / Typhoid Fever					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Medical record number	HOSPDTLMRN1 HOSPDTLMRN2 HOSPDTLMRN3	Medical record number for patient	FreeText		
Discharge diagnosis	HOSPDTLDISCHDX1 HOSPDTLDISCHDX2 HOSPDTLDISCHDX3	What was the patient's final diagnosis at the time of discharge?	FreeText		
TREATMENT/MANAGEMENT					
Received treatment?	TXMGTTREATMENT	Did the patient receive treatment for Paratyphoid/Typhoid?	DropDownList	Yes No Unknown	Y N U
TREATMENT/MANAGMENT – DETAILS					
Treatment type	TYPHCASCLICRTXMGTDTLTYPE1 TYPHCASCLICRTXMGTDTLTYPE2 TYPHCASCLICRTXMGTDTLTYPE3	What was the general treatment type?	DropDownList	Antibiotic Other	ABX OTH
Treatment name	TYPHCASCLICRTXMGTDTLNAME1 TYPHCASCLICRTXMGTDTLNAME2 TYPHCASCLICRTXMGTDTLNAME3	What was the specific name of the treatment?	FreeText		
Date started	TYPHCASCLICRTXMGTDTLSTARTDT1 TYPHCASCLICRTXMGTDTLSTARTDT2 TYPHCASCLICRTXMGTDTLSTARTDT3	Date treatment started	Date (MM/DD/YYYY)		
Date ended	TYPHCASCLICRTXMGTDTLENDDT1 TYPHCASCLICRTXMGTDTLENDDT2 TYPHCASCLICRTXMGTDTLENDDT3	Date treatment ended	Date (MM/DD/YYYY)		
OUTCOME					
Outcome?	OUTCOMEOUTCOME	What was the clinical outcome for this case?	DropDownList	Survived Died Unknown	S D U
Survived as of	OUTCOMESURVIVEDT	If patient survived, what was the date patient was known to still be living?	Date (MM/DD/YYYY)		
Date of death	OUTCOMEDEATHDT	If patient died, what was the date of death?	System Defined Field Link		

LABORATORY INFO – Paratyphoid / Typhoid Fever					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY RESULTS SUMMARY					
Date isolated	TYPHCASLABCRLABRSLTSUMISOLDT	Date Salmonella first isolated	Date (MM/DD/YYYY)		
Site(s) of isolation	TYPHCASLABCRLABRSLTSUMISOLSITE_0 TYPHCASLABCRLABRSLTSUMISOLSITE_1 TYPHCASLABCRLABRSLTSUMISOLSITE_2 TYPHCASLABCRLABRSLTSUMISOLSITE_3 TYPHCASLABCRLABRSLTSUMISOLSITE_4	Site(s) of isolation – Blood Site(s) of isolation – Stool Site(s) of isolation – Gall Bladder Site(s) of isolation – Unknown Site(s) of isolation – Other	CheckBoxList (more than one selection is possible)	Blood Stool Gall bladder Unknown Other	BLOOD STOOL GALLBLAD UNK OTH
If other, specify	TYPHCASLABCRLABRSLTSUMISOLSITESPFY	If Other, specify	FreeText		
Isolate ID	TYPHCASLABCRLABRSLTSUMLABID	State lab isolate ID number	FreeText		
Serotype (Historical)	TYPHCASLABCRLABRSLTSUMSEROTYP	Serotype	DropDownList	OBSOLETE	Historic data recorded in this field are maintained in DDP exports
Serotype (Paratyphoid Fever)	TYPHCASLABCRLABRSLTSUMSeroPF	Serotype for Paratyphoid Fever incidents only	DropDownList	S. Paratyphi A S. Paratyphi B tartrate negative S. Paratyphi C Unknown	PARAA PARAB PARAC UNK
Serotype (Typhoid Fever)	TYPHCASLABCRLABRSLTSUMSeroTF	Serotype for Typhoid Fever incidents only	DropDownList	S. Typhi Unknown	STYPH UNK
Antibiotic sensitivity	TYPHCASLABCRLABRSLTSUMTSTPERFORMED	Was antibiotic sensitivity testing performed on this (these) isolate(s) at the laboratory?	DropDownList	Yes No Unknown	Y N U
Ampicillin resistant	TYPHCASLABCRLABRSLTSUMAMPICILLIN	If Yes, was the organism resistant to: Ampicillin	DropDownList	Yes No Not tested Unknown	Y N NOT UNK

LABORATORY INFO – Paratyphoid / Typhoid Fever					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Chloramphenicol resistant	TYPHCASLABCRLABRSLTSUMCHLORA	If Yes, was the organism resistant to: Chloramphenicol	DropDownList	Yes No Not tested Unknown	Y N NOT UNK
Trimethoprim-sulfamethoxazole resistant	TYPHCASLABCRLABRSLTSUMTRISULF	If Yes, was the organism resistant to: Trimethoprim-sulfamethoxazole	DropDownList	Yes No Not tested Unknown	Y N NOT UNK
Fluoroquinolones resistant	TYPHCASLABCRLABRSLTSUMFLUORO	If Yes, was the organism resistant to: Fluoroquinolones (e.g., Ciprofloxacin)	DropDownList	Yes No Not tested Unknown	Y N NOT UNK
LABORATORY RESULTS SUMMARY - DETAILS					
Specimen type	TYPHCASLABCRLABRSLTSUMDTLSPETYP1 TYPHCASLABCRLABRSLTSUMDTLSPETYP2 TYPHCASLABCRLABRSLTSUMDTLSPETYP3	What type of specimen was submitted for testing?	FreeText		
Type of test	TYPHCASLABCRLABRSLTSUMDTLTSTTYP1 TYPHCASLABCRLABRSLTSUMDTLTSTTYP2 TYPHCASLABCRLABRSLTSUMDTLTSTTYP3	Type of test	FreeText		
Collection date	TYPHCASLABCRLABRSLTSUMDTLCOLLECTIONDT1 TYPHCASLABCRLABRSLTSUMDTLCOLLECTIONDT2 TYPHCASLABCRLABRSLTSUMDTLCOLLECTIONDT3	Date lab specimen was collected	Date (MM/DD/YYYY)		
Results	TYPHCASLABCRLABRSLTSUMDTLRSLT1 TYPHCASLABCRLABRSLTSUMDTLRSLT2 TYPHCASLABCRLABRSLTSUMDTLRSLT3	Lab test results	FreeText		
Laboratory name	TYPHCASLABCRLABRSLTSUMDTLNAME1 TYPHCASLABCRLABRSLTSUMDTLNAME2 TYPHCASLABCRLABRSLTSUMDTLNAME3	Name of lab where testing was performed	FreeText		
Telephone	TYPHCASLABCRLABRSLTSUMDTLPHONE1 TYPHCASLABCRLABRSLTSUMDTLPHONE2 TYPHCASLABCRLABRSLTSUMDTLPHONE3	Telephone number of lab	FreeText		

EPIDEMIOLOGIC INFO – Paratyphoid / Typhoid Fever					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
TRAVEL HISTORY					
Incubation period	TRVHXINCUBPERIOD	Incubation period (This value is automatically populated)	FreeText	30 days prior to illness onset	The value for this variable is not included in the DDP export.
Travel outside US	TYPHCASEPICRTRVHXTRAVOUTUS	Did patient travel or live outside the United States during incubation period?	DropDownList	Yes No Unknown	Y N U
Date of return	TYPHCASEPICRTRVHXRETURNDT	If Yes, date of most recent return or entry to the United States	Date (MM/DD/YYYY)		
Personal contact	TYPHCASEPICRTRVHXTRVINT	If No, is patient a close personal contact of a person who travelled internationally?	DropDownList	Yes No Unknown	Y N U
Describe personal contact	TYPHCASEPICRTRVHXTRVINTSPFY	If Yes, describe	FreeText		
Travel outside county	TYPHCASEPICRTRVHXTRAVOUTCOUNTY	Did patient travel outside the county of residence during incubation period?	DropDownList	Yes No Unknown	Y N U
TRAVEL HISTORY - DETAILS					
Location (city, county, state, country)	TRVHXDTLLOCATION1 TRVHXDTLLOCATION2 TRVHXDTLLOCATION3	Specify location (city, county, state, country) of patient travel	FreeText		
Date travel started	TRVHXDTLSTARTDT1 TRVHXDTLSTARTDT2 TRVHXDTLSTARTDT3	Date travel started	Date (MM/DD/YYYY)		
Date travel ended	TRVHXDTLENDDT1 TRVHXDTLENDDT2 TRVHXDTLENDDT3	Date travel ended	Date (MM/DD/YYYY)		
EXPOSURES / RISK FACTORS					

EPIDEMIOLOGIC INFO – Paratyphoid / Typhoid Fever					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Consume food or drink	TYPHCASEPICREXPRISKFACTFOODOUT	Did patient consume food or drink prepared outside of the home during the incubation period?	DropDownList	Yes No Unknown	Y N U
EXPOSURES / RISK FACTORS - DETAILS					
Name of place	TYPHCASEPICREXPRISKFACTDTLPLACE1 TYPHCASEPICREXPRISKFACTDTLPLACE2 TYPHCASEPICREXPRISKFACTDTLPLACE3	Name of place (e.g., restaurant, concession stand, friend's house, etc)	FreeText		
Location	TYPHCASEPICREXPRISKFACTDTLLOC1 TYPHCASEPICREXPRISKFACTDTLLOC2 TYPHCASEPICREXPRISKFACTDTLLOC3	Location (city, state)	FreeText		
Date	TYPHCASEPICREXPRISKFACTDTLDT1 TYPHCASEPICREXPRISKFACTDTLDT2 TYPHCASEPICREXPRISKFACTDTLDT3	Date	Date (MM/DD/YYYY)		
Items consumed	TYPHCASEPICREXPRISKFACTDTLCONSUMED1 TYPHCASEPICREXPRISKFACTDTLCONSUMED2 TYPHCASEPICREXPRISKFACTDTLCONSUMED3	Items consumed	FreeText		
CONTACTS / OTHER ILL PERSONS					
Traced to carrier	TYPHCASEPICRCONTOTHTRACED	Was the case traced to a typhoid carrier?	DropDownList	Yes No Unknown	Y N U
Previously known	TYPHCASEPICRCONTOTHKNOWN	If Yes, was the carrier previously known to the health department?	DropDownList	Yes No Unknown	Y N U
Contacts with illness	TYPHCASEPICRCONTOTHCONTACT	Any contact with similar illness?	DropDownList	Yes No Unknown	Y N U
REPORTING AGENCY					
Investigator name	REPAGENCYNAME	Investigator name	FreeText		
Local health jurisdiction	REPAGENCYLHJUR	Local health jurisdiction	FreeText		
Telephone number	REPAGENCYPHONE	Telephone number	FreeText		

EPIDEMIOLOGIC INFO – Paratyphoid / Typhoid Fever						
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**		**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Date	REPAGENCYDT		Date	Date (MM/DD/YYYY)		
First reported by	REPAGENCYREPORTEDBY		First reported by	DropDownList	Clinician Laboratory Other	CLI LAB OTH
If Other, specify	REPAGENCYREPORTEDBYSPFY		If Other, specify	FreeText		
EPIDEMIOLOGICAL LINKAGE						
Epi-linked case	TYPHCASEPICREPILINKKNOWNCASE		Epi-linked to known case?	DropDownList	Yes No Unknown	Y N U
OUTBREAK						
Part of known outbreak?	OBPARTOF		Part of a known outbreak?	DropDownList	Yes No Unknown	Y N U
Extent of outbreak	(Paratyphoid Fever) OBEXTENTOF_1 OBEXTENTOF_2 OBEXTENTOF_3 OBEXTENTOF_4 OBEXTENTOF_5 OBEXTENTOF_6	(Typhoid Fever) OBEXTENTOF_0 OBEXTENTOF_1 OBEXTENTOF_2 OBEXTENTOF_3 OBEXTENTOF_4 OBEXTENTOF_5	If Yes, what is the extent of the outbreak?	CheckBoxList (more than one choice is possible)	One CA jurisdiction Multiple CA jurisdictions Multistate International Unknown Other	ONEJUR MULJUR MULSTAT INTR UNK OTH
If Other, specify	OBEXTENTOFSPFY		If Other, please specify	FreeText		
Mode of transmission	(Paratyphoid Fever) OBTRANSMOD_1 OBTRANSMOD_2 OBTRANSMOD_3 OBTRANSMOD_4	(Typhoid Fever) OBTRANSMOD_0 OBTRANSMOD_1 OBTRANSMOD_2 OBTRANSMOD_3	What is the mode of transmission?	CheckBoxList (more than one choice is possible)	Point source Person-to-person Unknown Other	SRC P2P UNK OTH
If Other, specify	OBTRANSMODSPFY		If Other mode, please specify	FreeText		
Vehicle of outbreak	OBVEHICLE		Vehicle of outbreak	FreeText		

EPIDEMIOLOGIC INFO – Paratyphoid / Typhoid Fever					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Pattern 1 ID #	OBPAT1IDNUM	Pattern 1 ID number	FreeText		
Pattern 2 ID #	OBPAT2IDNUM	Pattern 2 ID number	FreeText		

Pertussis

CLINICAL INFO – PERTUSSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
SIGNS AND SYMPTOMS					
* Cough	PERTUSISCLICRSIGNSXCOUGH	Pertussis signs and symptoms: **Cough**	DropDownList	Yes No Unknown	Y N U
Cough onset date	PERTUSISCLICRSIGNSXCOUGHONSETDT	If Yes, specify cough onset date	Date (MM/DD/YYYY)		
Paroxysmal cough	PERTUSISCLICRSIGNSXPAROXSYM	Pertussis signs and symptoms: **Paroxysmal cough**	DropDownList	Yes No Unknown	Y N U
Whoop	PERTUSISCLICRSIGNSXWHOOP	Pertussis signs and symptoms: **Whoop**	DropDownList	Yes No Unknown	Y N U
Post-tussive vomiting	PERTUSISCLICRSIGNSXVOMIT	Pertussis signs and symptoms: **Post-tussive vomiting**	DropDownList	Yes No Unknown	Y N U
Apnea	PERTUSISCLICRSIGNSXAPNEA	Pertussis signs and symptoms: **Apnea**	DropDownList	Yes No Unknown	Y N U
Cyanosis	PERTUSISCLICRSIGNSXCynosis	Pertussis signs and symptoms: **Cyanosis**	DropDownList	Yes No Unknown	Y N U
Fever	PERTUSISCLICRSIGNSXFever	Pertussis signs and symptoms: **Fever**	DropDownList	Yes No Unknown	Y N U
Highest temperature	PERTUSISCLICRSIGNSXFeverHigh	If yes, then highest recorded	FreeText		
Other symptoms	PERTUSISCLICRSIGNSXOTHSX	Other signs or symptoms of Pertussis	DropDownList	Yes No Unknown	Y N U
If Yes, describe	PERTUSISCLICRSIGNSXOTHSXSPFY	If Yes, describe other signs / symptoms	FreeText		
Final interview date	PERTUSISCLICRSIGNSXFINALINTDT	Indicate the date of final interview	Date (MM/DD/YYYY)		

CLINICAL INFO – PERTUSSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Cough at final interview	PERTUSISCLICRSIGNSXCOUGHFIN	Indicate if the patient had a cough at final interview	DropDownList	Yes No Unknown	Y N U
Cough duration (in days)	PERTUSISCLICRSIGNSXCoughDur	Cough duration at final interview (in days)	DropDownList	<14 days >= 14 days Unknown	<14 14+ UNK
Cough duration (historical field)	PERTUSISCLICRSIGNSXDURCOUGH	Cough duration at final interview (historical field)	FreeText		
HOSPITALIZATION					
Patient visit ER?	HOSPER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U
Was patient hospitalized?	HOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
Total hospital nights	HOSPDAYSHOSP	If Yes, how many total hospital nights?	FreeText		
HOSPITALIZATION - DETAILS					
Hospital name	HOSPDTLNAME1 HOSPDTLNAME2 HOSPDTLNAME3	Name of facility where patient was hospitalized	FreeText		
Street address	HOSPDTLADDRESS1 HOSPDTLADDRESS2 HOSPDTLADDRESS3	Street address of hospital	FreeText		
City	HOSPDTLCITY1 HOSPDTLCITY2 HOSPDTLCITY3	City where hospital located	FreeText		
State	HOSPDTLSTATE1 HOSPDTLSTATE2 HOSPDTLSTATE3	State	FreeText		
Zip code	HOSPDTLZIPCODE1 HOSPDTLZIPCODE2 HOSPDTLZIPCODE3	Zip code	FreeText		
Telephone	HOSPDTLPHONE1 HOSPDTLPHONE2 HOSPDTLPHONE3	Telephone number for hospital	FreeText		

CLINICAL INFO – PERTUSSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Admit date	HOSPDTLADMITDT1 HOSPDTLADMITDT2 HOSPDTLADMITDT3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPDTLDISCHDT1 HOSPDTLDISCHDT2 HOSPDTLDISCHDT3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		
Medical record number	HOSPDTLMRN1 HOSPDTLMRN2 HOSPDTLMRN3	Medical record number for patient	FreeText		
Discharge diagnosis	HOSPDTLDISCHDX1 HOSPDTLDISCHDX2 HOSPDTLDISCHDX3	What was the patient's final diagnosis at the time of discharge?	FreeText		
Insurance provider	HOSPDTLINSURPROVID1 HOSPDTLINSURPROVID2 HOSPDTLINSURPROVID3	Name of insurance provider for patient	FreeText		
HOSPITALIZATION COURSE					
Intubated	PERTUSISCLICRHospCourseIntub	Was patient intubated?	DropDownList	Yes No Unknown	Y N U
Days intubated	PERTUSISCLICRHospCourseIntubDays	How many days was patient intubated	FreeText		
ICU	PERTUSISCLICRHospCourseICU2	Was patient in the ICU?	DropDownList	Yes No Unknown	Y N UNK
Days in ICU	PERTUSISCLICRHospCourseICUDays	How many days was patient in ICU	FreeText		
Nitric oxide?	PERTUSISCLICRHospCourseNitricOxide2	Did patient receive nitric oxide?	DropDownList	Yes No Unknown	Y N UNK
Exchange transfusion?	PERTUSISCLICRHospCourseTransfusion2	Did patient receive an exchange transfusion?	DropDownList	Yes No Unknown	Y N UNK
ECMO	PERTUSISCLICRHospCourseECMO2	Did patient receive ECMO?	DropDownList	Yes No Unknown	Y N UNK
Days on ECMO	PERTUSISCLICRHospCourseECMODays	How many days was patient on ECMO	FreeText		

CLINICAL INFO – PERTUSSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Prior pertussis medical care?	PERTUSISCLICRHospCoursePriorCare	Did patient receive medical care for pertussis prior to hospital admission?	DropDownList	Yes No Unknown	Y N UNK
Number of prior visits	PERTUSISCLICRHospCoursePriorCareVisits	If yes, total number of prior visits	FreeText		
First medical visit	PERTUSISCLICRHospCoursePriorCareDate	Date of first pertussis medical visit	Date (MM/DD/YYYY)		
COMPLICATIONS AND OTHER SYMPTOMS					
Seizures due to pertussis	PERTUSISCLICRCOMPOTHSXSEIZURE	Did patient have seizures due to pertussis	DropDownList	Yes No Unknown	Y N U
Acute encephalopathy	PERTUSISCLICRCOMPOTHSXENCEPHAL	Did patient have acute encephalopathy	DropDownList	Yes No Unknown	Y N U
Chest x-ray for pneumonia	PERTUSISCLICRCOMPOTHSXCXR	Did patient have a chest x-ray for pneumonia	DropDownList		
Pulmonary hypertension	PERTUSISCLICRCOMPOTHSXPULHYPERTEN	Did patient have pulmonary hypertension	DropDownList	Yes No Unknown	Y N U
Respiratory pathogens?	PERTUSISCLICRCOMPOTHSPosRespPath	Did patient have a positive laboratory test for any additional respiratory pathogens?	DropDownList	Yes No Unknown	Y N U
Bordetella parapertussis	PERTUSISCLICRCOMPOTHSPosRespPathBord	Specify respiratory pathogens: **Bordetella parapertussis**	DropDownList	Yes No Unknown	Y N U
Respiratory syncytial virus (RSV)	PERTUSISCLICRCOMPOTHSPosRespPathRSV	Specify respiratory pathogens: **Respiratory syncytial virus (RSV)**	DropDownList	Yes No Unknown	Y N U
Influenza	PERTUSISCLICRCOMPOTHSPosRespPathInfl	Specify respiratory pathogens: **Influenza**	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – PERTUSSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Streptococcus pneumoniae	PERTUSISCLICRCOMPOTHSPosRespPathStrep	Specify respiratory pathogens: **Streptococcus pneumoniae**	DropDownList	Yes No Unknown	Y N U
Other	PERTUSISCLICRCOMPOTHSPosRespPathOth	Specify any **other** respiratory pathogens that tested positive	DropDownList	Yes No Unknown	Y N U
If yes, describe	PERTUSISCLICRCOMPOTHSPosRespPathOthSpfy	Describe other respiratory pathogen	FreeText		
Other complications	PERTUSISCLICRCOMPOTHSXOTHCOMP	Did patient have any other complications	DropDownList	Yes No Unknown	Y N U
If Yes, specify	PERTUSISCLICRCOMPOTHSXOTHCOMPSPFY	If Yes, specify other complications	FreeText		
Did patient die?	PERTUSISCLICRCOMPOTHSXDIED	Did patient die from this illness?	DropDownList	Yes No Lost to follow-up	Y N L
TREATMENT / MANAGEMENT (OPTIONAL / FOR LHD USE ONLY)					
Were antibiotics prescribed?	PERTUSISCLICRTXMGTABX	Were antibiotics prescribed as part of the treatment for the illness?	DropDownList	Yes No Unknown	Y N U
TREATMENT / MANAGEMENT – ANTIBIOTIC DETAILS					
Antibiotic type	PERTUSISCLICRTXMGTDTLABXTYPE1 PERTUSISCLICRTXMGTDTLABXTYPE2 PERTUSISCLICRTXMGTDTLABXTYPE3	If Antibiotics were given, specify antibiotic type	DropDownList	Erythromycin (includes pediazole) Trimethoprim/sulfamethoxazole (co-trimoxazole) and Bactrim/Septra Azythromycin Tetracycline/doxycycline Amoxicillin/Penicillin/Ampicillin/Augmentin/Ceclor Other None Clarithromycin Unknown	ERYTH TRIM AZYTH TETRA AMOX OTH NONE CLAR UNK
Date started	PERTUSISCLICRTXMGTDTLSTARTDT1 PERTUSISCLICRTXMGTDTLSTARTDT2 PERTUSISCLICRTXMGTDTLSTARTDT3	Date antibiotics started	Date (MM/DD/YYYY)		

CLINICAL INFO – PERTUSSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Days prescribed	PERTUSISCLICRTXMGTDTLDAYSPRESCRIBE1 PERTUSISCLICRTXMGTDTLDAYSPRESCRIBE2 PERTUSISCLICRTXMGTDTLDAYSPRESCRIBE3	Number of days prescribed	FreeText		
Days antibiotics actually taken	PERTUSISCLICRTXMGTDTLDAYSTAKEN1 PERTUSISCLICRTXMGTDTLDAYSTAKEN2 PERTUSISCLICRTXMGTDTLDAYSTAKEN3	Number of days antibiotics were actually taken	FreeText		
VACCINATION HISTORY					
Immunized for disease?	PERTUSISCLICRVACHXIMM	Has the patient been immunized for this disease?	DropDownList	Yes No Unknown	Y N U
Number of doses	PERTUSISCLICRVACHXIMMCount	Number of doses prior to illness onset?	DropDownList	0 1 2 3 4 5 6 7 Unknown	0 1 2 3 4 5 6 7 UNK
Type of vaccine	PERTUSISCLICRVACHXVACTYPE	Type of vaccine administered for last dose	DropDownList	DTaP Tdap DTP Monovalent Pertussis Unknown	DTAP TDAP DTP MONO UNK
Date of last dose	PERTUSISCLICRVACHXVacTypeLastDt	Indicate the date of the last dose	Date (MM/DD/YYYY)		
Dose #1	PERTUSISCLICRVACHXVAC1	Dose #1	DropDownList	Yes, documented Yes, alleged	D A
Date	PERTUSISCLICRVACHXVAC1DT	Date of dose #1	Date (MM/DD/YYYY)		
Date Unknown	PERTUSISCLICRVACHXVAC1DTUNK	Indicate if the date of dose #1 is unknown	CheckBox	Unchecked Checked	(blank) Y

CLINICAL INFO – PERTUSSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Dose #2	PERTUSISCLICRVACHXVAC2	Dose #2	DropDownList	Yes, documented Yes, alleged No Unknown	D A N U
Date	PERTUSISCLICRVACHXVAC2DT	Date of dose #2	Date (MM/DD/YYYY)		
Date Unknown	PERTUSISCLICRVACHXVAC2DTUNK	Indicate if the date of dose #2 is unknown	CheckBox	Unchecked Checked	(blank) Y
Dose #3	PERTUSISCLICRVACHXVAC3	Dose #3	DropDownList	Yes, documented Yes, alleged No Unknown	D A N U
Date	PERTUSISCLICRVACHXVAC3DT	Date of dose #3	Date (MM/DD/YYYY)		
Date Unknown	PERTUSISCLICRVACHXVAC3DTUNK	Indicate if the date of dose #3 is unknown	CheckBox	Unchecked Checked	(blank) Y
Dose #4	PERTUSISCLICRVACHXVAC4	Dose #4	DropDownList	Yes, documented Yes, alleged No Unknown	D A N U
Date	PERTUSISCLICRVACHXVAC4DT	Date of dose #4	Date (MM/DD/YYYY)		
Date Unknown	PERTUSISCLICRVACHXVAC4DTUNK	Indicate if the date of dose #4 is unknown	CheckBox	Unchecked Checked	(blank) Y
Dose #5	PERTUSISCLICRVACHXVAC5	Dose #5	DropDownList	Yes, documented Yes, alleged No Unknown	D A N U
Date	PERTUSISCLICRVACHXVAC5DT	Date of dose #5	Date (MM/DD/YYYY)		
Date Unknown	PERTUSISCLICRVACHXVAC5DTUNK	Indicate if the date of dose #5 is unknown	CheckBox	Unchecked Checked	(blank) Y

CLINICAL INFO – PERTUSSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Dose #6	PERTUSISCLICRVACHXVAC6	Dose #6	DropDownList	Yes, documented Yes, alleged No Unknown	D A N U
Date	PERTUSISCLICRVACHXVAC6DT	Date of dose #6	Date (MM/DD/YYYY)		
Date Unknown	PERTUSISCLICRVACHXVAC6DTUNK	Indicate if the date of dose #6 is unknown	CheckBox	Unchecked Checked	(blank) Y
Reason not vaccinated	PERTUSISCLICRVACHXRSNNOTVAC_0 PERTUSISCLICRVACHXRSNNOTVAC_1 PERTUSISCLICRVACHXRSNNOTVAC_2 PERTUSISCLICRVACHXRSNNOTVAC_3 PERTUSISCLICRVACHXRSNNOTVAC_4 PERTUSISCLICRVACHXRSNNOTVAC_5 PERTUSISCLICRVACHXRSNNOTVAC_6 PERTUSISCLICRVACHXRSNNOTVAC_7 PERTUSISCLICRVACHXRSNNOTVAC_8	If patient not vaccinated for this condition, what is the reason(s) not vaccinated	CheckBoxList (more than one choice is possible)	Personal Beliefs Exemption (PBE) Permanent Medical Exemption (PME) Temporary Medical Exemption Lab confirmation of previous disease MD diagnosis of previous disease Under age for vaccination Delay in starting series or between doses Unknown Other	PBE PME TME LCD MDD UAV DEL UNK OTH
If Other, specify	PERTUSISCLICRVACHXRSNNOTVACSPFY	If Other reason, please specify	FreeText		
Comments	PERTUSISCLICRVACHXCOMMENTS	Comments	Text Box		
MEDICAL HISTORY					
Immunocom-promised	PERTUSISCLICRMEDHXIMMUNO	This field is not currently being used for this condition in CalREDIE. Historic data is stored in the DDP.	DropDownList	Yes No Unknown	Y N U
Name of hospital	PERTUSISCLICRMEDHXINFANT	For infant cases (<1 yr old) name of hospital where case was born	FreeText		
Mother receive Tdap vaccine?	PERTUSISCLICRMEDHXINFANTTdap	For infant cases (<1 yr old) Did mother receive Tdap vaccine?	DropDownList	Yes No Unknown	Y N U
When was Tdap received?	PERTUSISCLICRMEDHXINFANTTdapWhen	If Yes, when was Tdap received?	DropDownList	Pre-partum During pregnancy Postpartum	PREPART DURPREG POSTPART

CLINICAL INFO – PERTUSSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Which trimester?	PERTUSISCLICRMEDHXINFANTTdapWhenTri	If 'During pregnancy', Which trimester?	DropDownList	First	FRST
				Second	SCND
				Third	THRD
				Unknown	UNK
Date of vaccine	PERTUSISCLICRMEDHXINFANTTdapDt	Date of mother's Tdap vaccine	Date (MM/DD/YYYY)		
Pre-existing conditions	PERTUSISCLICRMEDHXPREXCOND	Describe any other pre-existing conditions	Text Box		

LABORATORY INFO – PERTUSSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY RESULTS SUMMARY					
CASE LAB CONFIRMED	PERTUSISLABCRLABRSLTSUMLABCONF	Was the case confirmed by laboratory testing?	DropDownList	Yes No Unknown	Y N U
Culture specimen date	PERTUSISLABCRLABRSLTSUMSPECDT	Indicate the culture specimen date	Date (MM/DD/YYYY)		
Culture result	PERTUSISLABCRLABRSLTSUMCULTRSLT	Indicate result of culture	DropDownList	Positive Negative Indeterminate Pending Not Done Unknown	POS NEG IND PEN NOT UNK
PCR specimen date	PERTUSISLABCRLABRSLTSUMPCRDT	Indicate the PCR specimen date	Date (MM/DD/YYYY)		
PCR result	PERTUSISLABCRLABRSLTSUMPCRRSLT	Indicate result of PCR	DropDownList	Positive Negative Indeterminate Pending Not Done Unknown	POS NEG IND PEN NOT UNK
WBC count performed	PERTUSISLABCRLABRSLTSUMWBCCNT	Was a WBC count performed	DropDownList	Yes No Unknown	Y N U
WBC specimen date	PERTUSISLABCRLABRSLTSUMWBCDT	Indicate the WBC specimen date	Date (MM/DD/YYYY)		
WBC results	PERTUSISLABCRLABRSLTSUMWBCRSLT	WBC results (record percent lymphocytes)	FreeText		
OTHER LAB TESTS					
Other lab	LABTSTOTHSPECIFY1 LABTSTOTHSPECIFY2 LABTSTOTHSPECIFY3	Specify other lab tests	FreeText		

LABORATORY INFO – PERTUSSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Specimen date	LABTSTOTHDT1 LABTSTOTHDT2 LABTSTOTHDT3	Other lab test specimen date	Date (MM/DD/YYYY)		
Results	LABTSTOTHRSLT1 LABTSTOTHRSLT2 LABTSTOTHRSLT3	Other lab test results	FreeText		

EPIDEMIOLOGIC INFO – PERTUSSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
TRAVEL HISTORY					
Travel during incubation period	TRVHXIZBTRAVEL	Did patient travel during the incubation period?	DropDownList	Yes No Unknown	Y N U
Contact with travelers or visitors	TRVHXIZBCONTACT	Did the patient have contact with travelers or visitors during the incubation period?	DropDownList	Yes No Unknown	Y N U
TRAVEL HISTORY - DETAILS					
Location	TRVHXDTLLOCATION1 TRVHXDTLLOCATION2 TRVHXDTLLOCATION3	Location (city, county, state, country)	FreeText		
Date travel started	TRVHXDTLSTARTDT1 TRVHXDTLSTARTDT2 TRVHXDTLSTARTDT3	Date travel started	Date (MM/DD/YYYY)		
Date travel ended	TRVHXDTLENDDT1 TRVHXDTLENDDT2 TRVHXDTLENDDT3	Date travel ended	Date (MM/DD/YYYY)		
Fly while infectious?	TRVHXDTLPatFly1 TRVHXDTLPatFly2 TRVHXDTLPatFly3	Did patient fly while infectious?	DropDownList	Yes No Unknown	Y N U
Airline(s)	TRVHXDTLPatFlyAirline1 TRVHXDTLPatFlyAirline2 TRVHXDTLPatFlyAirline3	Airline(s)	FreeText		

EPIDEMIOLOGIC INFO – PERTUSSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Flight number(s)	TRVHXDTLPatFlyNumber1 TRVHXDTLPatFlyNumber2 TRVHXDTLPatFlyNumber3	Flight number(s)	FreeText		
Departure date	TRVHXDTLPatFlyDepDt1 TRVHXDTLPatFlyDepDt2 TRVHXDTLPatFlyDepDt3	Departure date	Date (MM/DD/YYYY)		
Arrival date	TRVHXDTLPatFlyArrDt1 TRVHXDTLPatFlyArrDt2 TRVHXDTLPatFlyArrDt3	Arrival date	Date (MM/DD/YYYY)		
EPIDEMIOLOGICAL EXPOSURES AND SPREAD					
Day care	PERTUSISEPICREPIEXPHXDAYCARE	Did patient attend day care during the incubation period?	DropDownList	Yes No Unknown	Y N U
Military	PERTUSISEPICREPIEXPHXMilitary	Was patient part of the military during the incubation period?	DropDownList	Yes No Unknown	Y N U
Kindergarten	PERTUSISEPICREPIEXPHXKG	Did patient attend kindergarten during the incubation period?	DropDownList	Yes No Unknown	Y N U
Correctional facility	PERTUSISEPICREPIEXPHXCorFac	Did patient spend time in a correctional facility during the incubation period?	DropDownList	Yes No Unknown	Y N U
Grade 1-5	PERTUSISEPICREPIEXPHXGR1TO5	Did patient attend grade 1-5 during the incubation period?	DropDownList	Yes No Unknown	Y N U
Healthcare	PERTUSISEPICREPIEXPHXHthcare	Was patient involved in healthcare during the incubation period?	DropDownList	Yes No Unknown	Y N U
Grade 6-8	PERTUSISEPICREPIEXPHXGR6TO8	Did patient attend grade 6-8 during the incubation period?	DropDownList	Yes No Unknown	Y N U
Dormitory while ill?	PERTUSISEPICREPIEXPHXDORM	Did patient reside in a dormitory while ill?	DropDownList	Yes No Unknown	Y N U
High school	PERTUSISEPICREPIEXPHXHIGHSCHOOL	Did patient attend high school during the incubation period?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – PERTUSSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Congregate setting?	PERTUSISEPICREPIEXPHXOTHCONGSETTING	Did patient reside in another congregate setting?	DropDownList	Yes No Unknown	Y N U
College / University	PERTUSISEPICREPIEXPHXCOLLEGE	Did patient attend college / university during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Other setting, list	PERTUSISEPICREPIEXPHXOTHSETTING	If patient spent time in any other setting during the incubation period, list the settings	FreeText		
Provide details	This variable is not currently included in the DDP exports.	Provide details on setting, dates of exposure and number of close contacts	Text Box		
Close contact to an infant?	PERTUSISEPICREPIEXPHXContInfant	Does case have close contact to an infant <12 months of age, or a pregnant woman?	DropDownList	Yes No Unknown	Y N U
If Yes, details:	This variable is not currently included in the DDP exports.	If Yes, provide details on close contact	Text Box		
SPREAD SETTING					
Setting type	SPREADSETTYPE1 SPREADSETTYPE2 SPREADSETTYPE3	What is the type of setting in which the infection spread?	DropDownList	Day care School Doctor's office Hospital Ward Hospital ER Outpatient hospital clinic Home Work Unknown College Military Correctional facility Church International travel Other	DAYCARE SCHOOL DOCOFFICE HOSPWARD ER OUTPT HOME WORK UNK COLLEGE MILITARY CORRFAC CHURCH INTRTRAV OTH
Name of setting	SPREADSETNAME1 SPREADSETNAME2 SPREADSETNAME3	Name of setting where Pertussis contact occurred	FreeText		

EPIDEMIOLOGIC INFO – PERTUSSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
First date of contact	SPREADSETFIRSTCONTDT1 SPREADSETFIRSTCONTDT2 SPREADSETFIRSTCONTDT3	First date of Pertussis contact	Date (MM/DD/YYYY)		
Last date of contact	SPREADSETLASTCONTDT1 SPREADSETLASTCONTDT2 SPREADSETLASTCONTDT3	Last date of Pertussis contact	Date (MM/DD/YYYY)		
Number exposed	SPREADSETNUMEXPOSED1 SPREADSETNUMEXPOSED2 SPREADSETNUMEXPOSED3	Number of people exposed in the setting	FreeText		
Notes	SPREADSETNOTES1 SPREADSETNOTES2 SPREADSETNOTES3	Notes about the spread setting	FreeText		
GENERAL CONTACTS					
# antibiotics recommended	PERTUSISEPICRCONTGENNUMABXCONT	Number of contacts for whom antibiotics was recommended	FreeText		
Number of ill contacts	PERTUSISEPICRCONTGENNUMILLCONT	Number of ill contacts	FreeText		
EPIDEMIOLOGICAL LINKAGE					
Epi-linked case	PERTEPIEpiLinkLabConfCase	Epi-linked to lab-confirmed case?	DropDownList	Yes No Unknown	Y N U
Contact name / Case #	PERTEPIEpiLinkContNameCaseNo	Contact name / Case #	FreeText		
OUTBREAK					
Part of known outbreak?	OBSHORTPARTOF	Is this case part of a known Pertussis outbreak?	DropDownList	Yes No Unknown	Y N U
If Yes, extent of outbreak	OBSHORTEXTENTOF_1 OBSHORTEXTENTOF_2 OBSHORTEXTENTOF_3 OBSHORTEXTENTOF_4 OBSHORTEXTENTOF_5 OBSHORTEXTENTOF_6	If Yes, what is the extent of the outbreak?	CheckBoxList (more than one choice is possible)	One CA jurisdiction Multiple CA jurisdictions Multistate International Unknown Other	ONEJUR MULJUR MULSTAT INTR UNK OTH
If Other, specify	OBSHORTEXTENTOFSPFY	Specify other extent of outbreak	FreeText		

EPIDEMIOLOGIC INFO – PERTUSSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Pattern 1 ID	OBSHORTPAT1IDNUM	Pattern 1 ID number	FreeText		
Pattern 2 ID	OBSHORTPAT2IDNUM	Pattern 2 ID number	FreeText		

Pesticide Illness (known or suspected)

PESTICIDE ILLNESS (KNOWN OR SUSPECTED)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
PESTICIDE-RELATED ILLNESS INFORMATION					
Illness Onset Date	PESTILLInfoDtOnset	Illness onset date (populated from Case Investigation tab)	FreeText		
Examination Date	PESTILLInfoExamDt	Initial examination date	Date (MM/DD/YYYY)		
Pre-Exisiting Conditions	PESTILLInfoPreExistCond	List any pre-existing conditions (e.g. allergies, asthma, etc)	FreeText		
SYMPTOMATIC					
Asymptomatic	PESTILLSympAsymp	Asymptomatic	CheckBox	Checked Unchecked	Y (blank)
PESTICIDE-RELATED ILLNESS INFORMATION - SIGNS AND SYMPTOMS					
Dermatologic	PESTILLSignSxDerm_0 PESTILLSignSxDerm_1 PESTILLSignSxDerm_2 PESTILLSignSxDerm_3 PESTILLSignSxDerm_4 PESTILLSignSxDerm_5 PESTILLSignSxDerm_6 PESTILLSignSxDerm_7	Dermatologic	CheckBox	Blistering Burns Edema Erythema (redness) Irritation/Pain Other Pruritis (itching) Rash	BL B E ER I O P R
Specify Other	PESTILLSignSxDermSpcfy	Dermatologic: **If other, specify**	FreeText		
Gastrointestinal	PESTILLSignSxGI_0 PESTILLSignSxGI_1 PESTILLSignSxGI_2 PESTILLSignSxGI_3 PESTILLSignSxGI_4	Gastrointestinal	CheckBox	Abdominal Pain/Cramping Diarrhea Nausea Vomiting Other	A D N V O
Specify Other	PESTILLSignSxGISpcfy	Gastrointestinal: **If other, specify**	FreeText		
Neurologic / Sensory	PESTILLSignSxNeuro_0 PESTILLSignSxNeuro_1 PESTILLSignSxNeuro_2	Neurologic / Sensory	CheckBoxList (more than one	Anxiety/Irritability Ataxia (incoordination) Confusion	AN AT C

PESTICIDE ILLNESS (KNOWN OR SUSPECTED)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
	PESTILLSignSxNeuro_3 PESTILLSignSxNeuro_4 PESTILLSignSxNeuro_5 PESTILLSignSxNeuro_6 PESTILLSignSxNeuro_7 PESTILLSignSxNeuro_8 PESTILLSignSxNeuro_9 PESTILLSignSxNeuro_10 PESTILLSignSxNeuro_11 PESTILLSignSxNeuro_12 PESTILLSignSxNeuro_13 PESTILLSignSxNeuro_14		selection is possible)	Depressed Consciousness / Coma	DC
				Diaphoresis (profuse sweating)	DIA
				Dizziness	D
				Fasciculation (muscle twitching)	F
				Headache	H
				Muscle Pain / Cramping	MC
				Muscle Weakness	MW
				Numbness / Tingling	N
				Other	O
				Salivation	S
				Seizure	SZ
				Tremors	T
Specify Other	PESTILLSignSxNeuroSpcfy	Neurologic/Sensory: **If other, specify**	FreeText		
Ocular	PESTILLSignSxOcular_0 PESTILLSignSxOcular_1 PESTILLSignSxOcular_2 PESTILLSignSxOcular_3 PESTILLSignSxOcular_4 PESTILLSignSxOcular_5 PESTILLSignSxOcular_6	Ocular	CheckBoxList (more than one selection is possible)	Blurred Vision	B
				Corneal Abrasion	C
				Irritation/Pain	I
				Lacrimation (tearing)	L
				Miosis (pinpoint pupils)	M
				Other	O
				Photophobia	P
Specify Other	PESTILLSignSxOcularSpcfy	Ocular: **If other, specify**	FreeText		
Respiratory	PESTILLSignSxResp_0 PESTILLSignSxResp_1 PESTILLSignSxResp_2 PESTILLSignSxResp_3 PESTILLSignSxResp_4 PESTILLSignSxResp_5	Respiratory	CheckBoxList (more than one selection is possible)	Cough	C
				Dyspnea (shortness of breath)	D
				Rhinitis (runny nose)	R
				Upper Respiratory Irritation/Pain	U
				Wheezing	W
				Other	O
Specify Other	PESTILLSignSxRespSpcfy	Respiratory: **If other, specify**	FreeText		
Other Systemic	PESTILLSignSxSys_0 PESTILLSignSxSys_1 PESTILLSignSxSys_2 PESTILLSignSxSys_3	Other Systemic	CheckBoxList (more than one selection is possible)	Chest Pain	C
				Excessive Urination	E
				Fatigue	F
				Fever/Hyperexia	H

PESTICIDE ILLNESS (KNOWN OR SUSPECTED)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
	PESTILLSignSxSys_4 PESTILLSignSxSys_5 PESTILLSignSxSys_6			Malaise Other Tachycardia	M O T
Specify Other	PESTILLSignSxSysSpcfy	Other Systemic: **If other, specify**	FreeText		
Death	PESTILLSignSxDeath	Pesiticide related death	CheckBox	Checked Unchecked	Y (blank)
Date-Death	PESTILLSignSxDtDeath	Date of Death (populated from the Case Investigation tab)	System Defined Field Link		
PESTICIDE-RELATED ILLNESS INFORMATION-LAB TESTS					
Tests Conducted	PESTILLLabDx1 PESTILLLabDx2 PESTILLLabDx3	Were diagnostic or laboratory tests conducted?	RadioButtonList	No Yes, completed Yes, pending	N Ycomp YPend
Test	PESTILLLabTest1 PESTILLLabTest2 PESTILLLabTest3	If Completed or Pending, please describe: **Test**	FreeText		
Results	PESTILLLabTestRslt1 PESTILLLabTestRslt2 PESTILLLabTestRslt3	If Completed or Pending, please describe: **Results (include reporting units)**	FreeText		
Normal Range/ Baseline	PESTILLLabRangeUsed1 PESTILLLabRangeUsed2 PESTILLLabRangeUsed3	If Completed or Pending, please describe: **Normal range or baseline used**	FreeText		
Date Collected	PESTILLLabDtColl1 PESTILLLabDtColl2 PESTILLLabDtColl3	If Completed or Pending, please describe: **Date specimen collected**	Date (MM/DD/YYYY)		
PESTICIDE-RELATED ILLNESS INFORMATION - OTHER DETAILS					
Hospitalization	PESTILLOthPatHosp	Was patient hospitalized?	RadioButtonList	Yes No Unknown	Y N U
Treatment	PESTILLOthTx	Treatment rendered	FreeText		
Diagnosis	PESTILLOthDx	Medical diagnosis	FreeText		

PESTICIDE ILLNESS (KNOWN OR SUSPECTED)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Remarks	PESTILLOthRem	Remarks (Include physician observations, or other details relevant to the case, not provided above)	FreeText		
Exposure Date	PESTILLOthExpDt	Pesticide exposure date	Date (MM/DD/YYYY)		
Active Ingredients	PESTILLOthName	Name of pesticide(s) or active ingredient(s)	FreeText		
Unknown	PESTILLOthNameUnk	Name unknown: **Unknown**	CheckBox	Checked Unchecked	U (blank)
Exposure Location	PESTILLOthLoc	Location where pesticide exposure occurred (street address, cross streets etc.)	FreeText		
City	PESTILLOthCity	City of exposure	FreeText		
County	PESTILLOthCounty5	County	DropDownList	See Appendix C	See Appendix C
State	PESTILLOthState	State	FreeText		
Zipcode	PESTILLOthZip	Zipcode	FreeText		
Route of Exposure	PESTILLOthExpDtl	Describe how patient was exposed to pesticide (e.g. drift, direct spray, environmental residue, spill, ingestion)	FreeText		
Exposure at Work	PESTILLOthExpWork	Did exposure occur at work?	RadioButtonList	Yes No Unknown	Y N U
Employer	PESTILLOthExpWorkSpcfy	If yes, name of patient's employer	FreeText		
Supervisor	PESTILLOthExpWorkSup	Name of patient's supervisor	FreeText		

PESTICIDE ILLNESS (KNOWN OR SUSPECTED)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Activity	PESTILLOthExpAct	Patient's activity when pesticide exposure occurred	DropDownList	Emergency response	Emerg
				Field Work	FldWrk
				Flagging	Flag
				Maintaining/repairing pesticide application equipment	Maintain
				Manufacturing/formulating pesticide	Manuf
				Mixing/loading/applying pesticide	Mix
				Other	Othr
				Packing/processing agricultural commodities	Pack
				Routine indoor activity not involved with pesticide	Indoor
				Routine outdoor activity not involved with pesticide	Outdoor
				Transporting/storing/ disposing of pesticide	Trans
				Unknown	Unk
Other Activity	PESTILLOthExpActSpcfy	If other, specify	FreeText		
Exposure to Others	PESTILLOthExpOthers	Were others exposed?	RadioButtonList	Yes No Unknown	Y N U
Additional Details	PESTILLOthExpAddDtl5	Additional detail on pesticide exposure incident	FreeText		

PID with Chlamydia / PID with Gonorrhea / PID with Other/Unknown Etiology / Contact to PID

See User Defined Form sections (Clinical, STD Contacts) under the STD Group entry

Plague (Human)

CLINICAL INFO – PLAGUE (HUMAN)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
SIGNS AND SYMPTOMS					
Symptomatic?	PLAGUEHCLICRSIGNSXSYMPTOMATIC	Does the patient have clinical signs or symptoms compatible with Plague (Human)?	DropDownList	Yes No Unknown	Y N U
Onset date	PLAGUEHCLICRSIGNSXONSETDT	Onset date of symptoms of Plague (Human)	System Defined Field Link		
Date sought medical care	PLAGUEHCLICRSIGNSXSGTMEDCAREDT	Date first sought medical care for symptoms	Date (MM/DD/YYYY)		
Fever	PLAGUEHCLICRSIGNSXFEVER	Did patient have a fever?	DropDownList	Yes No Unknown	Y N U
Onset date	PLAGUEHCLICRSIGNSXFEVERONSETDT	Onset date of fever	Date (MM/DD/YYYY)		
Highest temperature	PLAGUEHCLICRSIGNSXFEVERHIGHTEMP	If Yes, highest temperature (specify F/C)	FreeText		
Headache	PLAGUEHCLICRSIGNSXHEADACHE	Plague (Human) signs and symptoms: **Headache**	DropDownList	Yes No Unknown	Y N U
Sweats / chills / rigors	PLAGUEHCLICRSIGNSXSWEATS	Plague (Human) signs and symptoms: **Sweats / chills / rigors**	DropDownList	Yes No Unknown	Y N U
Confusion / delirium	PLAGUEHCLICRSIGNSXCONFUSION	Plague (Human) signs and symptoms: **Confusion / delirium**	DropDownList	Yes No Unknown	Y N U
Weakness / lethargy / malaise	PLAGUEHCLICRSIGNSXWEAKNESS	Plague (Human) signs and symptoms: **Weakness / lethargy / malaise**	DropDownList	Yes No Unknown	Y N U
Muscle / joint pains	PLAGUEHCLICRSIGNSXMUSCLEPAIN	Plague (Human) signs and symptoms: **Muscle / joint pains**	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – PLAGUE (HUMAN)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Shortness of breath	PLAGUEHCLICRSIGNSXSHORTBREATH	Plague (Human) signs and symptoms: **Shortness of breath**	DropDownList	Yes No Unknown	Y N U
If Yes, onset date	PLAGUEHCLICRSIGNSXSHORTBREATHDT	If Yes, specify onset date of shortness of breath	Date (MM/DD/YYYY)		
Nausea, vomiting, and / or diarrhea	PLAGUEHCLICRSIGNSXNAUSEA	Plague (Human) signs and symptoms: **Nausea, vomiting, and / or diarrhea**	DropDownList	Yes No Unknown	Y N U
Chest pain	PLAGUEHCLICRSIGNSXCHSTPAIN	Plague (Human) signs and symptoms: **Chest pain**	DropDownList	Yes No Unknown	Y N U
Abdominal pain	PLAGUEHCLICRSIGNSXABPAIN	Plague (Human) signs and symptoms: **Abdominal pain**	DropDownList	Yes No Unknown	Y N U
Cough	PLAGUEHCLICRSIGNSXCOUGH	Plague (Human) signs and symptoms: **Cough**	DropDownList	Yes No Unknown	Y N U
If Yes, onset date	PLAGUEHCLICRSIGNSXCOUGHONSETDT	If Yes, specify onset date of cough	Date (MM/DD/YYYY)		
Bloody sputum	PLAGUEHCLICRSIGNSXBLDYSPUTUM	Plague (Human) signs and symptoms: **Bloody sputum**	DropDownList	Yes No Unknown	Y N U
If Yes, onset date	PLAGUEHCLICRSIGNSXBLDYSPUTUMDT	If Yes, specify onset date of bloody sputum	Date (MM/DD/YYYY)		
Skin lesion(s)	PLAGUEHCLICRSIGNSXLESIONS	Plague (Human) signs and symptoms: **Skin lesion(s)**	DropDownList	Yes No Unknown	Y N U
Onset date	PLAGUEHCLICRSIGNSXLESIONSONSETDT	If Yes, specify onset date of skin lesion(s)	Date (MM/DD/YYYY)		
Description (size, color, etc.)	PLAGUEHCLICRSIGNSXLESIONDESC	Describe size, color, and any other pertinent information about the skin lesion(s)	FreeText		
Swollen tender lymph nodes	PLAGUEHCLICRSIGNSXLYMPHNOD	Plague (Human) signs and symptoms: **Swollen tender lymph nodes**	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – PLAGUE (HUMAN)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Other symptom	PLAGUEHCLICRSIGNSXOTHSX	**Other** signs or symptoms of Plague (Human)	DropDownList	Yes No Unknown	Y N U
If Yes, specify	PLAGUEHCLICRSIGNSXOTHSXSPFY	Specify other signs/symptoms	FreeText		
LYMPH NODE – DETAILS					
Lymph node	PLAGUEHCLICRLYMPHDTLNODE1 PLAGUEHCLICRLYMPHDTLNODE2 PLAGUEHCLICRLYMPHDTLNODE3	Specify location of lymph node	DropDownList	Axillary Cervical Femoral Inguinal Other	A C F I O
If Other, specify	PLAGUEHCLICRLYMPHDTLNODESPFY1 PLAGUEHCLICRLYMPHDTLNODESPFY2 PLAGUEHCLICRLYMPHDTLNODESPFY3	If other location, specify	FreeText		
Location of lymph node	PLAGUEHCLICRLYMPHDTLLOCATION1 PLAGUEHCLICRLYMPHDTLLOCATION2 PLAGUEHCLICRLYMPHDTLLOCATION3	Specify the location (Left or Right) of lymph node	DropDownList	Right Left Bilateral	R L B
Description	PLAGUEHCLICRLYMPHDTLDESCRIPTION 1 PLAGUEHCLICRLYMPHDTLDESCRIPTION 2 PLAGUEHCLICRLYMPHDTLDESCRIPTION 3	Description (size, tenderness, erythema, etc.) of lymph node	FreeText		
IMAGING / X-RAY					
Chest x-ray done	PLAGUEHCLICRIMGXRAYCHESTXRAY	Was a chest x-ray performed?	DropDownList	Yes No Unknown	Y N U
Date	PLAGUEHCLICRIMGXRAYDT	Date of chest x-ray	Date (MM/DD/YYYY)		
Results	PLAGUEHCLICRIMGXRAYRSLT_1 PLAGUEHCLICRIMGXRAYRSLT_2 PLAGUEHCLICRIMGXRAYRSLT_3 PLAGUEHCLICRIMGXRAYRSLT_4 PLAGUEHCLICRIMGXRAYRSLT_5 PLAGUEHCLICRIMGXRAYRSLT_6 PLAGUEHCLICRIMGXRAYRSLT_7	Specify the results of the chest x-ray	CheckBoxList (more than one choice is possible)	Clear / normal Hilar adenopathy Infiltrates, unilateral Infiltrates, bilateral Interstitial changes Pleural effusion Pulmonary abscess	NORMAL HILARADEN INFILTUNI INFILTBI INTERSTI PLEUREFF PULMABS

CLINICAL INFO – PLAGUE (HUMAN)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
	PLAGUEHCLICRIMGXRAYRSLT_8 PLAGUEHCLICRIMGXRAYRSLT_9			Pulmonary nodules Unknown	PULMNOD UNK
HOSPITALIZATION					
Patient visit ER?	HOSPER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U
Was patient hospitalized?	HOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
Total hospital nights	HOSPDAYSHOSP	If Yes, how many total hospital nights?	FreeText		
HOSPITALIZATION - DETAILS					
Hospital name	HOSPDTLNAME1 HOSPDTLNAME2 HOSPDTLNAME3	Name of facility where patient was hospitalized	FreeText		
Street address	HOSPDTLADDRESS1 HOSPDTLADDRESS2 HOSPDTLADDRESS3	Street address of hospital	FreeText		
City	HOSPDTLCITY1 HOSPDTLCITY2 HOSPDTLCITY3	City where hospital located	FreeText		
State	HOSPDTLSTATE1 HOSPDTLSTATE2 HOSPDTLSTATE3	State	FreeText		
Zip code	HOSPDTLZIPCODE1 HOSPDTLZIPCODE2 HOSPDTLZIPCODE3	Zip code	FreeText		
Telephone	HOSPDTLPHONE1 HOSPDTLPHONE2 HOSPDTLPHONE3	Telephone number for hospital	FreeText		
Admit date	HOSPDTLADMITDT1 HOSPDTLADMITDT2 HOSPDTLADMITDT3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPDTLDISCHDT1 HOSPDTLDISCHDT2 HOSPDTLDISCHDT3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		

CLINICAL INFO – PLAGUE (HUMAN)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Medical record number	HOSPDTLMRN1 HOSPDTLMRN2 HOSPDTLMRN3	Medical record number for patient	FreeText		
Discharge diagnosis	HOSPDTLDISCHDX1 HOSPDTLDISCHDX2 HOSPDTLDISCHDX3	What was the patient's final diagnosis at the time of discharge?	FreeText		
TREATMENT / MANAGEMENT					
Received treatment?	TXMGTTREATMENT	Did the patient receive treatment for this disease?	DropDownList	Yes No Unknown	Y N U
TREATMENT / MANAGEMENT – DETAILS					
Antibiotic	PLAGUEHCLICRTXMGTDTLABX1 PLAGUEHCLICRTXMGTDTLABX2 PLAGUEHCLICRTXMGTDTLABX3	Specify the antibiotic administered to the patient	FreeText		
Dose	PLAGUEHCLICRTXMGTDTLDOSE1 PLAGUEHCLICRTXMGTDTLDOSE2 PLAGUEHCLICRTXMGTDTLDOSE3	Specify the dosage of the antibiotic	FreeText		
Date started	PLAGUEHCLICRTXMGTDTLSTARTDT1 PLAGUEHCLICRTXMGTDTLSTARTDT2 PLAGUEHCLICRTXMGTDTLSTARTDT3	Date antibiotics started	Date (MM/DD/YYYY)		
Days prescribed	PLAGUEHCLICRTXMGTDTLDAYS1 PLAGUEHCLICRTXMGTDTLDAYS2 PLAGUEHCLICRTXMGTDTLDAYS3	Number of days prescribed	FreeText		
CLINICAL COMPLICATIONS					
Check all that apply	PLAGUEHCLICRCLICOMPCOMP_1 PLAGUEHCLICRCLICOMPCOMP_2 PLAGUEHCLICRCLICOMPCOMP_3 PLAGUEHCLICRCLICOMPCOMP_4 PLAGUEHCLICRCLICOMPCOMP_5 PLAGUEHCLICRCLICOMPCOMP_6 PLAGUEHCLICRCLICOMPCOMP_7 PLAGUEHCLICRCLICOMPCOMP_8 PLAGUEHCLICRCLICOMPCOMP_9	Check the box next to each clinical complication that applies to this patient	CheckBoxList (more than one choice is possible)	Amputation / limb ischemia Multisystem (i.e. > 2) organ failure Bleeding / DIC Renal failure (Cr > 2.0 mg/dl) Cardiac arrest Secondary pneumonia Intubation Shock (SBP < 90 mmHg) Other(s)	AMPUTISCHEM MULTIORGFAIL BLDDIC RENALFAIL CARDARRST SECONDPNEU INTUB SHOCK OTH
If Other(s), specify	PLAGUEHCLICRCLICOMPCOMPOTH	Specify any other clinical complications	FreeText		
OUTCOME					

CLINICAL INFO – PLAGUE (HUMAN)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Outcome?	OUTCOMEOUTCOME	What was the clinical outcome for this case?	DropDownList	Survived Died Unknown	S D U
Survived as of	OUTCOMESURVIVEDT	If patient survived, what was the date patient was known to still be living?	Date (MM/DD/YYYY)		
Date of death	OUTCOMEDEATHDT	If patient died, what was the date of death?	System Defined Field Link		

LABORATORY INFO – PLAGUE (HUMAN)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY RESULTS SUMMARY					
Specimen type	PLAGUEHLABCRLABRSLTSUMSPECTYPE1 PLAGUEHLABCRLABRSLTSUMSPECTYPE2 PLAGUEHLABCRLABRSLTSUMSPECTYPE3	Specify type of specimen submitted for lab testing	DropDownList	Whole blood Serum Blood smear Lymph node aspirate Lymph node biopsy Wound/lymph node swab Nasopharyngeal swab Sputum Tracheal wash Other tissue (specify)	WHLBLD SERUM BLDSMEAR LNASP LNBIOP WLNSWAB NSWAB SPUT TRACH OTH
If Other tissue, specify	PLAGUEHLABCRLABRSLTSUMSPECTYPESPFY1 PLAGUEHLABCRLABRSLTSUMSPECTYPESPFY2 PLAGUEHLABCRLABRSLTSUMSPECTYPESPFY3	If other tissue submitted for lab testing, specify tissue	FreeText		
Type of test	PLAGUEHLABCRLABRSLTSUMTSTTYPE1 PLAGUEHLABCRLABRSLTSUMTSTTYPE2 PLAGUEHLABCRLABRSLTSUMTSTTYPE3	Type of laboratory test performed	DropDownList	Gram's stain Wayson stain Giemsa stain Direct fluorescent antibody Polymerase chain reaction	GRASTAIN WSTAIN GIESTAIN DFA PCR

LABORATORY INFO – PLAGUE (HUMAN)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				Culture	CULT
				Bacteriophage lysis	BACT
				Passive hemaglutination and inhibition	PASHEMO
				Enzyme-linked immunoassay	ELI
Results	PLAGUEHLABCRLABRSLTSUMRSLT1 PLAGUEHLABCRLABRSLTSUMRSLT2 PLAGUEHLABCRLABRSLTSUMRSLT3	Results of laboratory testing	FreeText		
Collection date	PLAGUEHLABCRLABRSLTSUMDT1 PLAGUEHLABCRLABRSLTSUMDT2 PLAGUEHLABCRLABRSLTSUMDT3	Date specimen was collected	Date (MM/DD/YYYY)		
Interpretation	PLAGUEHLABCRLABRSLTSUMINTERPRET1 PLAGUEHLABCRLABRSLTSUMINTERPRET2 PLAGUEHLABCRLABRSLTSUMINTERPRET3	Interpretation of lab test results	FreeText		
Laboratory name	PLAGUEHLABCRLABRSLTSUMLABNAME1 PLAGUEHLABCRLABRSLTSUMLABNAME2 PLAGUEHLABCRLABRSLTSUMLABNAME3	Name of laboratory where testing was performed	FreeText		
Telephone	PLAGUEHLABCRLABRSLTSUMLABPHONE1 PLAGUEHLABCRLABRSLTSUMLABPHONE2 PLAGUEHLABCRLABRSLTSUMLABPHONE3	Telephone number of laboratory	FreeText		
LABORATORY RESULTS – INITIAL BLOOD TESTS					
Date	PLAGUEHLABCRLABRSLTBLDTSTDT	Date of initial blood tests	Date (MM/DD/YYYY)		
WBC ($x10^3$)	PLAGUEHLABCRLABRSLTBLDTSTWBC	White Blood Cell (WBC) count ($x10^3$) per mm^3	FreeText		
Differential (indicate %)	PLAGUEHLABCRLABRSLTBLDTSTDIFF	White Blood Cell differential (indicate percentages)	FreeText		
Segs	PLAGUEHLABCRLABRSLTBLDTSTSEGS	Percentage of Segs (Neutrophils)	FreeText		
Bands	PLAGUEHLABCRLABRSLTBLDTSTBANDS	Percentage of Bands (immature Neutrophils)	FreeText		
Lymphs	PLAGUEHLABCRLABRSLTBLDTSTLYMPHS	Percentage of lymphocytes	FreeText		

LABORATORY INFO – PLAGUE (HUMAN)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Hgb (mg/dl) or Hct	PLAGUEHLABCRLABRSLTBLDTSTHGB	Hgb (Hemoglobin mg/dl) or Hct (Hematocrit percentage)	FreeText		
Platelets ($x10^3$)	PLAGUEHLABCRLABRSLTBLDTSTPLATELETS	Platelet count ($x10^3$)	FreeText		
BUN (U/dl)	PLAGUEHLABCRLABRSLTBLDTSTBUN	BUN (Blood urea nitrogen U/dl)	FreeText		
Creatinine (mg/dl)	PLAGUEHLABCRLABRSLTBLDTSTCREATINE	Creatinine blood test (mg/dl)	FreeText		

EPIDEMIOLOGIC INFO – PLAGUE (HUMAN)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
EXPOSURES / RISK FACTORS					
Contact with sick or dead animals?	PLAGUEHEPICREXPRISKFACTSICKANIML	Did the patient have contact with sick or dead animals during the incubation period?	DropDownList	Yes No Unknown	Y N U
Location	PLAGUEHEPICREXPRISKFACTSICKANIMLLOC	Location of animal contact	FreeText		
Date of contact	PLAGUEHEPICREXPRISKFACTSICKANIMLDT	Date of animal contact	Date (MM/DD/YYYY)		
Nature of contact	PLAGUEHEPICREXPRISKFACTSICKANIMLNAT	Describe the nature of animal contact	FreeText		
Contact with known plague patient?	PLAGUEHEPICREXPRISKFACTPLGPAT	Did the patient have contact with known plague patient during the incubation period?	DropDownList	Yes No Unknown	Y N U
Location	PLAGUEHEPICREXPRISKFACTPLGPATSPFYLOC	Location of plague patient contact	FreeText		
Date of contact	PLAGUEHEPICREXPRISKFACTPLGPATSPFYDT	Date of plague patient contact	Date (MM/DD/YYYY)		
Nature of contact	PLAGUEHEPICREXPRISKFACTPLGPATSPFYNAT	Describe the nature of plague patient contact	FreeText		
Flea or other insect bites?	PLAGUEHEPICREXPRISKFACTINSBIT	Did the patient have any flea or other insect bites during the incubation period?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – PLAGUE (HUMAN)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Location	PLAGUEHEPICREXPRISKFACTINSBITSPFYLOC	Geographic location of insect bite	FreeText		
Date of contact	PLAGUEHEPICREXPRISKFACTINSBITSPFYDT	Date of insect contact	Date (MM/DD/YYYY)		
Nature of contact	PLAGUEHEPICREXPRISKFACTINSBITSPFYNAT	Describe the nature of insect contact	FreeText		
Contact with any pet cats?	PLAGUEHEPICREXPRISKFACTCATS	Did the patient have contact with any pet cats during the incubation period?	DropDownList	Yes No Unknown	Y N U
Location	PLAGUEHEPICREXPRISKFACTCATSSPFYLOC	Location of cat contact	FreeText		
Date of contact	PLAGUEHEPICREXPRISKFACTCATSSPFYDT	Date of cat contact	Date (MM/DD/YYYY)		
Nature of contact	PLAGUEHEPICREXPRISKFACTCATSSPFYNAT	Describe the nature of cat contact	FreeText		
Contact with someone ill or who has died?	PLAGUEHEPICREXPRISKFACTILLDIE	Did the patient have contact with someone ill, or who has died, during the incubation period?	DropDownList	Yes No Unknown	Y N U
Location	PLAGUEHEPICREXPRISKFACTILLDIESPFYLOC	Location of contact	FreeText		
Date of contact	PLAGUEHEPICREXPRISKFACTILLDIESPFYDT	Date of contact with ill person	Date (MM/DD/YYYY)		
Nature of contact	PLAGUEHEPICREXPRISKFACTILLDIESPFYNAT	Describe the nature of contact with ill person	FreeText		
Other contact / exposure	PLAGUEHEPICREXPRISKFACTOTHEXP	Did the patient have any other pertinent contacts or exposures during the incubation period?	DropDownList	Yes No Unknown	Y N U
Type of exposure	PLAGUEHEPICREXPRISKFACTOTHEXPSPFYTYP	Type of exposure	FreeText		
Location	PLAGUEHEPICREXPRISKFACTOTHEXPSPFYLOC	Location of contact or exposure	FreeText		
Date of contact	PLAGUEHEPICREXPRISKFACTOTHEXPSPFYDT	Date of contact	Date (MM/DD/YYYY)		

EPIDEMIOLOGIC INFO – PLAGUE (HUMAN)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Nature of contact	PLAGUEHEPICREXPRISKFACTOTHEXPSPFYNAT	Nature of contact	FreeText		
Pets at home?	PLAGUEHEPICREXPRISKFACTPETS	Are there any pets in the patient's home?	DropDownList	Yes No Unknown	Y N U
Animal(s)	PLAGUEHEPICREXPRISKFACTPETSSPFYANIML_1 PLAGUEHEPICREXPRISKFACTPETSSPFYANIML_2 PLAGUEHEPICREXPRISKFACTPETSSPFYANIML_3	If yes, specify the animal(s)	CheckBoxList (more than one choice is possible)	Dog(s) Cat(s) Other	DOG CAT OTH
If Other, specify	PLAGUEHEPICREXPRISKFACTPETSSPFYANMLOTH	If other animal, specify	FreeText		
Ill or died during incubation?	PLAGUEHEPICREXPRISKFACTPETSSPFYILLDIE	Are any ill or have any died during the incubation period?	DropDownList	Yes No Unknown	Y N U
Brought home dead animals?	PLAGUEHEPICREXPRISKFACTPETSSPFYBRTDEAD	Have they brought home dead animals?	DropDownList	Yes No Unknown	Y N U
Details	PLAGUEHEPICREXPRISKFACTDETAILS	Details regarding the environmental and epidemiologic investigation (including exposures during the incubation period; contact tracing of household, school / work, and community close contacts for pneumonic cases; and / or explanations from above)	Text Box		
TRAVEL HISTORY					
Travel during incubation period?	PLAGUEHEPICRTRVHXOUTSIDECOUNTY	Did patient travel outside of county of residence during the incubation period?	DropDownList	Yes No Unknown	Y N U
Incubation period	PLAGUEHEPICRTRVHXINCUBPERIOD	Incubation period (This value is automatically populated)	FreeText	10 days prior to illness onset	The value for this variable is not included in the DDP export.
Traveled outside U.S.	PLAGUEHEPICRTRVHXOUTSIDEUS	Has the patient traveled outside the U.S. during the incubation period?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – PLAGUE (HUMAN)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
TRAVEL HISTORY - DETAILS					
Location	TRVHXDTLLOCATION1 TRVHXDTLLOCATION2 TRVHXDTLLOCATION3	Specify location (city, county, state, country) of patient travel	FreeText		
Date travel started	TRVHXDTLSTARTDT1 TRVHXDTLSTARTDT2 TRVHXDTLSTARTDT3	Date travel started	Date (MM/DD/YYYY)		
Date travel ended	TRVHXDTLENDDT1 TRVHXDTLENDDT2 TRVHXDTLENDDT3	Date travel ended	Date (MM/DD/YYYY)		
Fly while infectious?	TRVHXDTLPatFly1 TRVHXDTLPatFly2 TRVHXDTLPatFly3	Did patient fly while infectious?	DropDownList	Yes No Unknown	Y N U
Airline(s)	TRVHXDTLPatFlyAirline1 TRVHXDTLPatFlyAirline2 TRVHXDTLPatFlyAirline3	What airline(s) did the patient fly on?	FreeText		
Flight number(s)	TRVHXDTLPatFlyNumber1 TRVHXDTLPatFlyNumber2 TRVHXDTLPatFlyNumber3	Specify the flight number(s) of the flight(s)	FreeText		
Departure date	TRVHXDTLPatFlyDepDt1 TRVHXDTLPatFlyDepDt2 TRVHXDTLPatFlyDepDt3	Flight departure date(s)	Date (MM/DD/YYYY)		
Arrival date	TRVHXDTLPatFlyArrDt1 TRVHXDTLPatFlyArrDt2 TRVHXDTLPatFlyArrDt3	Flight arrival date(s)	Date (MM/DD/YYYY)		
CONTACTS / OTHER ILL PERSONS					
Contacts with similar illness	CONTOTHCONTACT	Any contacts with similar illness?	DropDownList	Yes No Unknown	Y N U
REPORTING AGENCY					
Investigator name	REPAGENCYNAME	LHD Investigator name	FreeText		
Local health jurisdiction	REPAGENCYLHJUR	Local health jurisdiction	FreeText		
Telephone number	REPAGENCYPHONE	Telephone number of LHD investigator	FreeText		

EPIDEMIOLOGIC INFO – PLAGUE (HUMAN)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Date	REPAGENCYDT	Date agency reported the case	Date (MM/DD/YYYY)		
First reported by	REPAGENCYREPORTEDBY	What reporting agency first reported the case?	DropDownList	Clinician Laboratory Other	CLI LAB OTH
If Other, specify	REPAGENCYREPORTEDBYSPFY	Specify other agency	FreeText		
EPIDEMIOLOGICAL LINKAGE					
Epi-linked case	EPILINKKNOWNCASE	Epi-linked to known case?	DropDownList	Yes No Unknown	Y N U
Contact name / Case #	EPILINKCONTNAMECASENUM	Contact name / Case #	FreeText		
DISEASE CASE CLASSIFICATION					
Classification unknown	PLAGUEHEPICRCASECLASSUNKNOWN	Indicate if the disease classification is unknown	CheckBox	Unchecked Checked	(blank) Y
Primary classification	PLAGUEHEPICRCASECLASSPRIMARY	Primary disease classification	DropDownList	Bubonic Pneumonic Septicemic Pharyngeal Meningitic	BUBON PNEUMO SEPTI PHARYN MENIN
Secondary classification	PLAGUEHEPICRCASECLASSSECONDARY	Secondary disease classification	DropDownList	Bubonic Pneumonic Septicemic Pharyngeal Meningitic No secondary classification	BUBON PNEUMO SEPTI PHARYN MENIN NONE
OUTBREAK					
Part of known outbreak?	PLAGUEHEPICROBPARTOF	Is this case part of a known Plague (Human) outbreak?	DropDownList	Yes No Unknown	Y N U
If Yes, extent of outbreak	PLAGUEHEPICROBEXTENTOF_1 PLAGUEHEPICROBEXTENTOF_2 PLAGUEHEPICROBEXTENTOF_3	If Yes, what is the extent of the outbreak?	CheckBoxList (more than one	One CA jurisdiction Multiple CA jurisdictions	ONEJUR MULJUR

EPIDEMIOLOGIC INFO – PLAGUE (HUMAN)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
	PLAGUEHEPICROBEXTENTOF_4 PLAGUEHEPICROBEXTENTOF_5 PLAGUEHEPICROBEXTENTOF_6		choice is possible)	Multistate International Unknown Other	MULSTAT INTR UNK OTH
If Other, specify	PLAGUEHEPICROBEXTENTOFSPFY	Specify other extent of outbreak	FreeText		
Mode of transmission	PLAGUEHEPICROBTRANSMOD_1 PLAGUEHEPICROBTRANSMOD_2 PLAGUEHEPICROBTRANSMOD_3 PLAGUEHEPICROBTRANSMOD_4	What is the mode of transmission for the Plague (Human) outbreak?	CheckBoxList (more than one choice is possible)	Point source Person-to-person Unknown Other	SRC P2P UNK OTH
If Other, specify	PLAGUEHEPICROBTRANSMODSPFY	Specify other mode of transmission	FreeText		

Poliovirus Infection or Poliomyelitis

CLINICAL INFO – POLIOVIRUS INFECTION OR POLIOMYELITIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
SIGNS AND SYMPTOMS					
Weakness or paralysis	POLIOCLICRSIGNSXWEAKNESS	Did patient experience Weakness or paralysis?	DropDownList	Yes No Unknown	Y N U
Weakness / paralysis onset	POLIOCLICRSIGNSXWEALMESSDT	Specify the onset date of the Weakness or paralysis	Date (MM/DD/YYYY)		
60 days after onset?	POLIOCLICRSIGNSX60DYSAFTER	Was there paralysis or muscle weakness 60 days after onset?	DropDownList	Yes No Unknown	Y N U
If Yes, describe	POLIOCLICRSIGNSX60DYSAFTERSPFY	If Yes, describe paralysis or muscle weakness	FreeText		
Describe symptoms, signs	POLIOCLICRSIGNSXDESCSYMP	Describe symptoms, signs (fever, gastrointestinal symptoms, meningeal irritation, myalgia; type—flaccid vs. plastic / rigid—distribution and progress of paralysis)	Text Box		
Did patient die?	POLIOCLICRSIGNSXDIED	Did patient die from this illness?	DropDownList	Yes No Lost to follow-up	Y N L
Attending physician	POLIOCLICRSIGNSXPHYSICIAN	Name of the Attending / consultant physician	FreeText		
Telephone #	POLIOCLICRSIGNSXPHONE	Telephone # of physician	FreeText		
HOSPITALIZATION					
Patient visit ER?	HOSPER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U
Was patient hospitalized?	HOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
Total hospital nights	HOSPDAYSHOSP	If Yes, how many total hospital nights?	FreeText		
HOSPITALIZATION - DETAILS					

CLINICAL INFO – POLIOVIRUS INFECTION OR POLIOMYELITIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Hospital name	HOSPDTLNAME1 HOSPDTLNAME2 HOSPDTLNAME3	Name of facility where patient was hospitalized	FreeText		
Street address	HOSPDTLADDRESS1 HOSPDTLADDRESS2 HOSPDTLADDRESS3	Street address of hospital	FreeText		
City	HOSPDTLCITY1 HOSPDTLCITY2 HOSPDTLCITY3	City where hospital located	FreeText		
State	HOSPDTLSTATE1 HOSPDTLSTATE2 HOSPDTLSTATE3	State	FreeText		
Zip code	HOSPDTLZIPCODE1 HOSPDTLZIPCODE2 HOSPDTLZIPCODE3	Zip code	FreeText		
Telephone	HOSPDTLPHONE1 HOSPDTLPHONE2 HOSPDTLPHONE3	Telephone number for hospital	FreeText		
Admit date	HOSPDTLADMITDT1 HOSPDTLADMITDT2 HOSPDTLADMITDT3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPDTLDISCHDT1 HOSPDTLDISCHDT2 HOSPDTLDISCHDT3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		
Medical record number	HOSPDTLMRN1 HOSPDTLMRN2 HOSPDTLMRN3	Medical record number for patient	FreeText		
Discharge diagnosis	HOSPDTLDISCHDX1 HOSPDTLDISCHDX2 HOSPDTLDISCHDX3	What was the patient's final diagnosis at the time of discharge?	FreeText		
VACCINATION HISTORY					
Patient immunized for disease?	POLIOCLICRVACHXIMM	Has the patient been immunized for this disease?	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – POLIOVIRUS INFECTION OR POLIOMYELITIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Reason not vaccinated	POLIOCLICRVACHXREASONNOVAC_0 POLIOCLICRVACHXREASONNOVAC_1 POLIOCLICRVACHXREASONNOVAC_2 POLIOCLICRVACHXREASONNOVAC_3 POLIOCLICRVACHXREASONNOVAC_4 POLIOCLICRVACHXREASONNOVAC_5 POLIOCLICRVACHXREASONNOVAC_6 POLIOCLICRVACHXREASONNOVAC_7 POLIOCLICRVACHXREASONNOVAC_8	If patient not vaccinated for this condition, what is the reason(s) not vaccinated	CheckBoxList (more than one choice is possible)	Personal Beliefs Exemption (PBE) Permanent Medical Exemption (PME) Temporary Medical Exemption Lab confirmation of previous disease MD diagnosis of previous disease Under age for vaccination Delay in starting series or between doses Unknown Other	PBE PME TME LCONF MDDIAG UNDERA DELAY UNK OTH
If Other, specify	POLIOCLICRVACHXREASONNOVACSPFY	If Other reason, please specify	FreeText		
Comments	POLIOCLICRVACHXCOMMENTS	Comments	Text Box		
VACCINATION HISTORY – DETAILS					
Date	POLIOCLICRVACHXDTLDT1 POLIOCLICRVACHXDTLDT2 POLIOCLICRVACHXDTLDT3	Date of vaccination	Date (MM/DD/YYYY)		
Type of vaccine administered	POLIOCLICRVACHXDTLTYPE1 POLIOCLICRVACHXDTLTYPE2 POLIOCLICRVACHXDTLTYPE3	What type of vaccine administered?	DropDownList	IPV OPV	IPV OPV
Manufacturer	POLIOCLICRVACHXDTLMANUFACTURE1 POLIOCLICRVACHXDTLMANUFACTURE2 POLIOCLICRVACHXDTLMANUFACTURE3	Manufacturer of the vaccine	FreeText		
Lot number	POLIOCLICRVACHXDTLLOTNUM1 POLIOCLICRVACHXDTLLOTNUM2 POLIOCLICRVACHXDTLLOTNUM3	What was the lot number?	FreeText		
MEDICAL HISTORY					
Immunocom-promised	MEDHXSHORTIMMUNO	Is patient immunocompromised?	DropDownList	Yes No Unknown	Y N U
Pre-existing conditions	MEDHXSHORTPREXCOND	Describe any other pre-existing conditions	Text Box		

LABORATORY INFO – POLIOVIRUS INFECTION OR POLIOMYELITIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY RESULTS SUMMARY					
CASE LAB CONFIRMED	POLIOLABCRLABRSLTSUMCONFIRMED	Was the case confirmed by laboratory testing?	DropDownList	Yes No Unknown	Y N U
Notes	POLIOLABCRLABRSLTSUMNOTES	Notes on laboratory tests	Text Box		

EPIDEMIOLOGIC INFO – POLIOVIRUS INFECTION OR POLIOMYELITIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
TRAVEL HISTORY					
Did patient travel	TRVHXIZBTRAVEL	Did patient travel during the incubation period?	DropDownList	Yes No Unknown	Y N U
Contact with travelers or visitors	TRVHXIZBCONTACT	Did the patient have contact with travelers or visitors during the incubation period?	DropDownList	Yes No Unknown	Y N U
TRAVEL HISTORY - DETAILS					
Location	TRVHXDTLLOCATION1 TRVHXDTLLOCATION2P TRVHXDTLLOCATION3	Location (city, county, state, country)	FreeText		
Date travel started	TRVHXDTLSTARTDT1 TRVHXDTLSTARTDT2 TRVHXDTLSTARTDT3	Date travel started	Date (MM/DD/YYYY)		
Date travel ended	TRVHXDTLENDDT1 TRVHXDTLENDDT2 TRVHXDTLENDDT3	Date travel ended	Date (MM/DD/YYYY)		
Fly while infectious?	TRVHXDTLPatFly1 TRVHXDTLPatFly2 TRVHXDTLPatFly3	Did patient fly while infectious?	DropDownList	Yes No Unknown	Y N U
Airline(s)	TRVHXDTLPatFlyAirline1 TRVHXDTLPatFlyAirline2 TRVHXDTLPatFlyAirline3	What airline(s) did the patient fly on?	FreeText		

EPIDEMIOLOGIC INFO – POLIOVIRUS INFECTION OR POLIOMYELITIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Flight number(s)	TRVHXDTLPatFlyNumber1 TRVHXDTLPatFlyNumber2 TRVHXDTLPatFlyNumber3	Specify the flight number(s) of the flight(s)	FreeText		
Departure date	TRVHXDTLPatFlyDepDt1 TRVHXDTLPatFlyDepDt2 TRVHXDTLPatFlyDepDt3	Flight departure date(s)	Date (MM/DD/YYYY)		
Arrival date	TRVHXDTLPatFlyArrDt1 TRVHXDTLPatFlyArrDt2 TRVHXDTLPatFlyArrDt3	Flight arrival date(s)	Date (MM/DD/YYYY)		
GENERAL CONTACTS					
Contact with person who received OPV	POLIOEPICRCONTGENOPVLESS75DAYS	Contact with person who received OPV ≤ 75 days before onset of case's symptoms	DropDownList	Yes No Unknown	Y N U
Contact with other polio-like illness	POLIOEPICRCONTGENOTHCASELES30DYS	Other cases of polio-like illness in the community or in contact with the case ≤ 30 days before onset	DropDownList	Yes No Unknown	Y N U

Psittacosis

CLINICAL INFO – PSITTACOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
SIGNS AND SYMPTOMS					
Symptomatic?	PSITACOSCLICRSIGNSXSYMPTOMATIC	Does the patient have clinical signs or symptoms compatible with psittacosis?	DropDownList	Yes No Unknown	Y N U
Date first sought medical care	PSITACOSCLICRSIGNSXSGTMEDCAREDT	Date first sought medical care for symptoms	Date (MM/DD/YYYY)		
Onset date	PSITACOSCLICRSIGNSXONSETDT	Onset date of symptoms of cholera	System Defined Field Link		
Fever?	PSITACOSCLICRSIGNSXFEVER	Did patient have a fever?	DropDownList	Yes No Unknown	Y N U
Highest temperature	PSITACOSCLICRSIGNSXHIGHTEMP	If Yes, highest temperature (specify F/C)	FreeText		
Chills	PSITACOSCLICRSIGNSXCHILLS	Psittacosis signs and symptoms: **Chills**	DropDownList	Yes No Unknown	Y N U
Headache	PSITACOSCLICRSIGNSXHEADACHE	Psittacosis signs and symptoms: **Headache**	DropDownList	Yes No Unknown	Y N U
Photophobia	PSITACOSCLICRSIGNSXPHOTOPHOBIA	Psittacosis signs and symptoms: **Photophobia**	DropDownList	Yes No Unknown	Y N U
Cough	PSITACOSCLICRSIGNSXCOUGH	Psittacosis signs and symptoms: **Cough**	DropDownList	Yes No Unknown	Y N U
Myalgia	PSITACOSCLICRSIGNSXMYALGIA	Psittacosis signs and symptoms: **Myalgia**	DropDownList	Yes No Unknown	Y N U
Other	PSITACOSCLICRSIGNSXOTH	**Other** signs or symptoms of Psittacosis	DropDownList	Yes No Unknown	Y N U
If Yes, specify	PSITACOSCLICRSIGNSXOTHSPFY	If Yes, specify	FreeText		

CLINICAL INFO – PSITTACOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
HOSPITALIZATION					
Patient visit ER?	HOSPER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U
Was patient hospitalized?	HOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
Total hospital nights	HOSPDAYSHOSP	If Yes, how many total hospital nights?	FreeText		
HOSPITALIZATION - DETAILS					
Hospital name	HOSPDTLNAME1 HOSPDTLNAME2 HOSPDTLNAME3	Name of facility where patient was hospitalized	FreeText		
Street address	HOSPDTLADDRESS1 HOSPDTLADDRESS2 HOSPDTLADDRESS3	Street address of hospital	FreeText		
City	HOSPDTLCITY1 HOSPDTLCITY2 HOSPDTLCITY3	City where hospital located	FreeText		
State	HOSPDTLSTATE1 HOSPDTLSTATE2 HOSPDTLSTATE3	State	FreeText		
Zip code	HOSPDTLZIPCODE1 HOSPDTLZIPCODE2 HOSPDTLZIPCODE3	Zip code	FreeText		
Telephone	HOSPDTLPHONE1 HOSPDTLPHONE2 HOSPDTLPHONE3	Telephone number for hospital	FreeText		
Admit date	HOSPDTLADMITDT1 HOSPDTLADMITDT2 HOSPDTLADMITDT3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPDTLDISCHDT1 HOSPDTLDISCHDT2 HOSPDTLDISCHDT3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		
Medical record number	HOSPDTLMRN1 HOSPDTLMRN2 HOSPDTLMRN3	Medical record number for patient	FreeText		

CLINICAL INFO – PSITTACOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Discharge diagnosis	HOSPDTLDISCHDX1 HOSPDTLDISCHDX2 HOSPDTLDISCHDX3	What was the patient's final diagnosis at the time of discharge?	FreeText		
TREATMENT/MANAGEMENT					
Received treatment?	TXMGTTREATMENT	Did the patient receive treatment for psittacosis?	DropDownList	Yes No Unknown	Y N U
TREATMENT/MANAGMENT - DETAILS					
Treatment type	PSITACOSCLICRTXMGTDTLTYPE1 PSITACOSCLICRTXMGTDTLTYPE2 PSITACOSCLICRTXMGTDTLTYPE3	What was the general treatment type?	DropDownList	Antibiotic Other	ABX OTH
Treatment name	PSITACOSCLICRTXMGTDTLNAME1 PSITACOSCLICRTXMGTDTLNAME2 PSITACOSCLICRTXMGTDTLNAME3	What was the specific name of the treatment?	FreeText		
Date started	PSITACOSCLICRTXMGTDTLSTARTDT1 PSITACOSCLICRTXMGTDTLSTARTDT2 PSITACOSCLICRTXMGTDTLSTARTDT3	Date treatment started	Date (MM/DD/YYYY)		
Date ended	PSITACOSCLICRTXMGTDTLENDDT1 PSITACOSCLICRTXMGTDTLENDDT2 PSITACOSCLICRTXMGTDTLENDDT3	Date treatment ended	Date (MM/DD/YYYY)		
OUTCOME					
Outcome?	OUTCOMEOUTCOME	What was the clinical outcome for this case?	DropDownList	Survived Died Unknown	S D U
Survived as of	OUTCOMESURVIVEDT	If patient survived, what was the date patient was known to still be living?	Date (MM/DD/YYYY)		
Date of death	OUTCOMEDEATHDT	If patient died, what was the date of death?	System Defined Field Link		

CLINICAL INFO – PSITTACOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**

LABORATORY INFO – PSITTACOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY RESULTS SUMMARY					
Specimen type	PSITACOSLABCRLABRSLTSUMSPECTYP1 PSITACOSLABCRLABRSLTSUMSPECTYP2 PSITACOSLABCRLABRSLTSUMSPECTYP3	What type of specimen was submitted for lab testing?	DropDownList	Serum (Acute) Serum (Convalescent) Other	ACUTE CONVAL OTH
If Other, specify	PSITACOSLABCRLABRSLTSUMSPECTYPOTH1 PSITACOSLABCRLABRSLTSUMSPECTYPOTH2 PSITACOSLABCRLABRSLTSUMSPECTYPOTH3	If Other specimen type was submitted, please specify the type of specimen.	FreeText		
Type of test	PSITACOSLABCRLABRSLTSUMTYP1 PSITACOSLABCRLABRSLTSUMTYP2 PSITACOSLABCRLABRSLTSUMTYP3	Type of laboratory test performed	DropDownList	MIF CF Culture Other	MIF CF CULT OTH
If Other, specify	PSITACOSLABCRLABRSLTSUMTYPOTH1 PSITACOSLABCRLABRSLTSUMTYPOTH2 PSITACOSLABCRLABRSLTSUMTYPOTH3	If Other test type was performed, please specify the type of test	FreeText		
C. psittaci IgM titer	PSITACOSLABCRLABRSLTSUMIGM1 PSITACOSLABCRLABRSLTSUMIGM2 PSITACOSLABCRLABRSLTSUMIGM3	What was the C. psittaci IgM titer score?	FreeText		
C. psittaci IgG titer	PSITACOSLABCRLABRSLTSUMIGG1 PSITACOSLABCRLABRSLTSUMIGG2 PSITACOSLABCRLABRSLTSUMIGG3	What was the C. psittaci IgG titer score?	FreeText		
Results	PSITACOSLABCRLABRSLTSUMRSLT1 PSITACOSLABCRLABRSLTSUMRSLT2 PSITACOSLABCRLABRSLTSUMRSLT3	What are the results of the laboratory testing?	FreeText		
Interpretation	PSITACOSLABCRLABRSLTSUMINTERPRET1 PSITACOSLABCRLABRSLTSUMINTERPRET2 PSITACOSLABCRLABRSLTSUMINTERPRET3	Interpretation of lab test results	DropDownList	Positive Negative Equivocal	POS NEG EQU
Laboratory name	PSITACOSLABCRLABRSLTSUMNAME1 PSITACOSLABCRLABRSLTSUMNAME2 PSITACOSLABCRLABRSLTSUMNAME3	Name of laboratory where testing was performed	FreeText		

CLINICAL INFO – PSITTACOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Telephone	PSITACOSLABCRLABRSLTSUMPHONE1 PSITACOSLABCRLABRSLTSUMPHONE2 PSITACOSLABCRLABRSLTSUMPHONE3	Telephone number of laboratory	FreeText		
IMAGING SUMMARY					
Anatomic site	IMGSUMSHORTANATOMICSITE	If imaging study was done, what anatomic site was imaged?	FreeText		
Date	IMGSUMSHORTDT	Date of imaging study?	Date (MM/DD/YYYY)		
Type of imaging	IMGSUMSHORTIMGTYPE_1 IMGSUMSHORTIMGTYPE_2 IMGSUMSHORTIMGTYPE_3 IMGSUMSHORTIMGTYPE_4	Specific type of imaging or radiographic study	CheckBoxList (more than one choice is possible)	X-Ray CT MRI Other	XRAY CT MRI OTH
If Other, specify	IMGSUMSHORTIMGTYPESPFY	If Other, specify	FreeText		
Result	IMGSUMSHORTRSLT	What was the result of the radiographic or imaging study?	FreeText		
Interpretation	IMGSUMSHORTINTERPRET	What was the interpretation of the radiographic or imaging study?	FreeText		
Facility name	IMGSUMSHORTNAME	What is the facility name where the imaging study was conducted?	FreeText		
Telephone	IMGSUMSHORTPHONE	Telephone number for the imaging facility	FreeText		

EPIDEMIOLOGIC INFO – PSITTACOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
EXPOSURES / RISK FACTORS					
Bird(s)	PSITACOSEPICREXPRISKFACTBIRD1 PSITACOSEPICREXPRISKFACTBIRD2 PSITACOSEPICREXPRISKFACTBIRD3	Did the patient have contact with birds during the month prior to illness onset?	DropDownList	Yes No Unknown	Y N U
Type of bird	PSITACOSEPICREXPRISKFACTTYPBIRD1 PSITACOSEPICREXPRISKFACTTYPBIRD2 PSITACOSEPICREXPRISKFACTTYPBIRD3	If yes, specify type(s) of bird(s)	DropDownList	Psittacines Pigeons Poultry	PSIT PIDG POUL

EPIDEMIOLOGIC INFO – PSITTACOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				Other	OTH
If Other, specify	PSITACOSEPICREXPRISKFACTTYPBIRDSPFY1 PSITACOSEPICREXPRISKFACTTYPBIRDSPFY2 PSITACOSEPICREXPRISKFACTTYPBIRDSPFY3	If other type, please specify	FreeText		
Type of bird exposure	PSITACOSEPICREXPRISKFACTTYPBIRDEXP1 PSITACOSEPICREXPRISKFACTTYPBIRDEXP2 PSITACOSEPICREXPRISKFACTTYPBIRDEXP3	What type of bird exposure did the patient have?	DropDownList	Household pet Aviary Private Commercial Pet store Other	HH AVI PRI COMM PSTORE OTH
If Other, specify	PSITACOSEPICREXPRISKFACTTYPBIRDEXPSPFY1 PSITACOSEPICREXPRISKFACTTYPBIRDEXPSPFY2 PSITACOSEPICREXPRISKFACTTYPBIRDEXPSPFY3	If other type, please specify	FreeText		
Exposure start date	PSITACOSEPICREXPRISKFACTSTARTDT1 PSITACOSEPICREXPRISKFACTSTARTDT2 PSITACOSEPICREXPRISKFACTSTARTDT3	Date exposure started	Date (MM/DD/YYYY)		
Exposure end date	PSITACOSEPICREXPRISKFACTENDDT1 PSITACOSEPICREXPRISKFACTENDDT2 PSITACOSEPICREXPRISKFACTENDDT3	Date exposure ended	Date (MM/DD/YYYY)		
Where were birds from?	PSITACOSEPICREXPRISKFACTAQUIRED1 PSITACOSEPICREXPRISKFACTAQUIRED2 PSITACOSEPICREXPRISKFACTAQUIRED3	Where were the birds acquired from?	FreeText		
Any birds ill?	PSITACOSEPICREXPRISKFACTBIRDILL1 PSITACOSEPICREXPRISKFACTBIRDILL2 PSITACOSEPICREXPRISKFACTBIRDILL3	Were any of the birds ill?	DropDownList	Yes No Unknown	Y N U
Any birds die?	PSITACOSEPICREXPRISKFACTBIRDDIE1 PSITACOSEPICREXPRISKFACTBIRDDIE2 PSITACOSEPICREXPRISKFACTBIRDDIE3	Did any of the birds die?	DropDownList	Yes No Unknown	Y N U
Any birds tested?	PSITACOSEPICREXPRISKFACTBIRDTST1 PSITACOSEPICREXPRISKFACTBIRDTST2 PSITACOSEPICREXPRISKFACTBIRDTST3	Were any birds tested?	DropDownList	Yes No Unknown	Y N U
If Yes, results	PSITACOSEPICREXPRISKFACTBIRDRSLT1 PSITACOSEPICREXPRISKFACTBIRDRSLT2 PSITACOSEPICREXPRISKFACTBIRDRSLT3	If any of the birds were tested, please specify the results	FreeText		
Human psittacosis case	PSITACOSEPICREXPRISKFACTHUMANCASE1 PSITACOSEPICREXPRISKFACTHUMANCASE2 PSITACOSEPICREXPRISKFACTHUMANCASE3	Did the patient have contact with any human psittacosis cases during the month prior to illness onset?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – PSITTACOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Yes, specify	PSITACOSEPICREXPRISKFACTHUMANCASESPFY1 PSITACOSEPICREXPRISKFACTHUMANCASESPFY2 PSITACOSEPICREXPRISKFACTHUMANCASESPFY3	If Yes, specify contact	FreeText		
Other contact	PSITACOSEPICREXPRISKFACTOTHCONT1 PSITACOSEPICREXPRISKFACTOTHCONT2 PSITACOSEPICREXPRISKFACTOTHCONT3	Did the patient have contact with any other contacts of interest during the month prior to illness onset?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	PSITACOSEPICREXPRISKFACTOTHCONTSPFY1 PSITACOSEPICREXPRISKFACTOTHCONTSPFY2 PSITACOSEPICREXPRISKFACTOTHCONTSPFY3	If Yes, specify contact	FreeText		
CONTACTS / OTHER ILL PERSONS					
Any contacts with similar illness?	CONTOTHCONTACT	Any contacts with similar illness?	DropDownList	Yes No Unknown	Y N U
REPORTING AGENCY					
Investigator name	REPAGENCYNAME	LHD Investigator name	FreeText		
Local health jurisdiction	REPAGENCYLHJUR	Local health jurisdiction	FreeText		
Telephone number	REPAGENCYPHONE	Telephone number of LHD investigator	FreeText		
Date	REPAGENCYDT	Date agency reported the case	Date (MM/DD/YYYY)		
First reported by	REPAGENCYREPORTEDBY	What reporting agency first reported the case?	DropDownList	Clinician Laboratory Other	CLI LAB OTH
If Other, specify	REPAGENCYREPORTEDBYSPFY	Specify other agency	FreeText		
EPIDEMIOLOGICAL LINKAGE					
Epi-Linked to known case?	EPILINKKNOWNCASE	Epi-Linked to known case of psittacosis?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – PSITTACOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Contact name / Case #	EPILINKCONTNAMECASENUM	Contact name / case #	FreeText		

Q Fever

CLINICAL INFO – Q FEVER					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
SIGNS AND SYMPTOMS					
Symptomatic?	QFVRCLICRSIGNSXSYMPTOMATIC	Does the patient have clinical signs or symptoms compatible with Q Fever?	DropDownList	Yes No Unknown	Y N U
Onset date	QFVRCLICRSIGNSXONSETDT	Onset date of symptoms of Q Fever	System Defined Field Link		
Date first sought medical care	QFVRCLICRSIGNSXSGTMEDCAREDT	Date first sought medical care for symptoms	Date (MM/DD/YYYY)		
Fever	QFVRCLICRSIGNSXFEVER	Did patient have a fever?	DropDownList	Yes No Unknown	Y N U
Highest temperature	QFVRCLICRSIGNSXFEVERHIGHTEMP	If Yes, highest temperature (specify F/C)	FreeText		
Myalgia	QFVRCLICRSIGNSXMYALGIA	Q Fever signs and symptoms: **Myalgia**	DropDownList	Yes No Unknown	Y N U
Retrobulbar pain	QFVRCLICRSIGNSXRETROPAIN	Q Fever signs and symptoms: **Retrobulbar pain**	DropDownList	Yes No Unknown	Y N U
Malaise	QFVRCLICRSIGNSXMALAISE	Q Fever signs and symptoms: **Malaise**	DropDownList	Yes No Unknown	Y N U
Rash	QFVRCLICRSIGNSXRASH	Q Fever signs and symptoms: **Rash**	DropDownList	Yes No Unknown	Y N U
If Yes, specify location	QFVRCLICRSIGNSXRASHLOC	If Yes, specify anatomic location of rash	FreeText		
Cough	QFVRCLICRSIGNSXCOUGH	Q Fever signs and symptoms: **Cough**	DropDownList	Yes No Unknown	Y N U
Severe headache	QFVRCLICRSIGNSXHEADACHE	Q Fever signs and symptoms: **Severe headache**	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – Q FEVER					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Splenomegaly	QFVRCLICRSIGNSXSPLENOM	Q Fever signs and symptoms: **Splenomegaly**	DropDownList	Yes No Unknown	Y N U
Hepatomegaly	QFVRCLICRSIGNSXHEPATOM	Q Fever signs and symptoms: **Hepatomegaly**	DropDownList	Yes No Unknown	Y N U
Pneumonia	QFVRCLICRSIGNSXPNEUM	Q Fever signs and symptoms: **Pneumonia**	DropDownList	Yes No Unknown	Y N U
Hepatitis	QFVRCLICRSIGNSXHEPATITIS	Q Fever signs and symptoms: **Hepatitis**	DropDownList	Yes No Unknown	Y N U
Endocarditis	QFVRCLICRSIGNSXENDOCARD	Q Fever signs and symptoms: **Endocarditis**	DropDownList	Yes No Unknown	Y N U
Intestinal pain	QFVRCLICRSIGNSXINTESTINPAIN	Q Fever signs and symptoms: **Intestinal pain**	DropDownList	Yes No Unknown	Y N U
Abnormal chest x-ray	QFVRCLICRSIGNSXABNORMALCXR	Q Fever signs and symptoms: **Abnormal chest x-ray**	DropDownList	Yes No Unknown	Y N U
If Yes, specify findings	QFVRCLICRSIGNSXABNORMALCXRSPFY	If Yes, specify x-ray findings	FreeText		
Other	QFVRCLICRSIGNSXOTH	**Other** signs or symptoms of Q Fever	DropDownList	Yes No Unknown	Y N U
If Yes, specify	QFVRCLICRSIGNSXOTHSPFY	Specify other signs/symptoms	FreeText		
PAST MEDICAL HISTORY					
Immunocom-promised	QFVRCLICRPASMEDHXIMMUNO	Is patient immunocompromised?	DropDownList	Yes No Unknown	Y N U
If Yes, specify condition	QFVRCLICRPASMEDHXIMMUNOSPFY	If Yes, specify condition	FreeText		
Valvular heart disease	QFVRCLICRPASMEDHXVALVHEARTDIS	Does patient have Valvular heart disease?	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – Q FEVER					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Prior Q fever diagnosis	QFVRCLICRPASMEDHXQFEVERDX	Has the patient been previously diagnosed with Q Fever?	DropDownList	Yes No Unknown	Y N U
If Yes, specify date	QFVRCLICRPASMEDHXQFEVERDXDT	If Yes, specify date of previous diagnosis	Date (MM/DD/YYYY)		
Chronic kidney disease	QFVRCLICRPASMEDHXKIDNEYDIS	Does the patient have Chronic kidney disease	DropDownList	Yes No Unknown	Y N U
If Yes, specify condition	QFVRCLICRPASMEDHXKIDNEYDISSPFY	If Yes, specify condition	FreeText		
Pregnancy	QFVRCLICRPASMEDHXPREGNANCY	Is the patient pregnant?	DropDownList	Yes No Unknown	Y N U
Thrombocytopenia	QFVRCLICRPASMEDHXTHROMBO	Does the patient have Thrombocytopenia (platelets ≤ 150,000 mm^3)?	DropDownList	Yes No Unknown	Y N U
Other	QFVRCLICRPASMEDHXOTH	Specify any other pertinent past medical history	Text Box		
HOSPITALIZATION					
Patient visit ER?	HOSPER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U
Was patient hospitalized?	HOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
Total hospital nights	HOSPDAYSHOSP	If Yes, how many total hospital nights?	FreeText		
HOSPITALIZATION - DETAILS					
Hospital name	HOSPDTLNAME1 HOSPDTLNAME2 HOSPDTLNAME3	Name of facility where patient was hospitalized	FreeText		
Street address	HOSPDTLADDRESS1 HOSPDTLADDRESS2 HOSPDTLADDRESS3	Street address of hospital	FreeText		

CLINICAL INFO – Q FEVER					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
City	HOSPDTLCITY1 HOSPDTLCITY2 HOSPDTLCITY3	City where hospital located	FreeText		
State	HOSPDTLSTATE1 HOSPDTLSTATE2 HOSPDTLSTATE3	State	FreeText		
Zip code	HOSPDTLZIPCODE1 HOSPDTLZIPCODE2 HOSPDTLZIPCODE3	Zip code	FreeText		
Telephone	HOSPDTLPHONE1 HOSPDTLPHONE2 HOSPDTLPHONE3	Telephone number for hospital	FreeText		
Admit date	HOSPDTLADMITDT1 HOSPDTLADMITDT2 HOSPDTLADMITDT3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPDTLDISCHDT1 HOSPDTLDISCHDT2 HOSPDTLDISCHDT3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		
Medical record number	HOSPDTLMRN1 HOSPDTLMRN2 HOSPDTLMRN3	Medical record number for patient	FreeText		
Discharge diagnosis	HOSPDTLDISCHDX1 HOSPDTLDISCHDX2 HOSPDTLDISCHDX3	What was the patient's final diagnosis at the time of discharge?	FreeText		
TREATMENT/MANAGEMENT					
Received treatment?	TXMGTTREATMENT	Did the patient receive treatment for this disease?	DropDownList	Yes No Unknown	Y N U
TREATMENT/MANAGMENT - DETAILS					
Treatment type	QFVRCLICRTXMGTDTLTYPE1 QFVRCLICRTXMGTDTLTYPE2 QFVRCLICRTXMGTDTLTYPE3	What was the general treatment type?	DropDownList	Antibiotic Other	ABX OTH
Treatment name	QFVRCLICRTXMGTDTLNAME1 QFVRCLICRTXMGTDTLNAME2 QFVRCLICRTXMGTDTLNAME3	What was the specific name of the treatment?	FreeText		

CLINICAL INFO – Q FEVER					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Date started	QFVRCLICRTXMGTDTLSTARTDT1 QFVRCLICRTXMGTDTLSTARTDT2 QFVRCLICRTXMGTDTLSTARTDT3	Date treatment started	Date (MM/DD/YYYY)		
Date ended	QFVRCLICRTXMGTDTLENDDT1 QFVRCLICRTXMGTDTLENDDT2 QFVRCLICRTXMGTDTLENDDT3	Date treatment ended	Date (MM/DD/YYYY)		
OUTCOME					
Outcome?	OUTCOMEOUTCOME	What was the clinical outcome for this case?	DropDownList	Survived Died Unknown	S D U
Survived as of	OUTCOMESURVIVEDT	If patient survived, what was the date patient was known to still be living?	Date (MM/DD/YYYY)		
Date of death	OUTCOMEDEATHDT	If patient died, what was the date of death?	System Defined Field Link		

LABORATORY INFO – Q FEVER					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY RESULTS SUMMARY – SERUM					
Specimen type	QFVRLABCRLABRSLTSUMSPECTYPE1 QFVRLABCRLABRSLTSUMSPECTYPE2 QFVRLABCRLABRSLTSUMSPECTYPE3	Specify type of specimen submitted for lab testing	DropDownList	Serum (acute) Serum (convalescent)	SERUMA SERUMC
Type of test	QFVRLABCRLABRSLTSUMTSTTYPE1 QFVRLABCRLABRSLTSUMTSTTYPE2 QFVRLABCRLABRSLTSUMTSTTYPE3	Type of laboratory test performed	DropDownList	IFA CF ELISA MAT	IFA CF ELISA MAT
Test phase	QFVRLABCRLABRSLTSUMTSTPHASE1 QFVRLABCRLABRSLTSUMTSTPHASE2 QFVRLABCRLABRSLTSUMTSTPHASE3	Specify the testing phase	RadioButtonList	PHASE I PHASE II	1 2

LABORATORY INFO – Q FEVER					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Antibody type	QFVRLABCRLABRSLTSUMANTIBODYTYPE1 QFVRLABCRLABRSLTSUMANTIBODYTYPE2 QFVRLABCRLABRSLTSUMANTIBODYTYPE3	Specify the type of Antibody	RadioButtonList	IgM IgG	IGM IGG
Collection date	QFVRLABCRLABRSLTSUMCOLLECTDT1 QFVRLABCRLABRSLTSUMCOLLECTDT2 QFVRLABCRLABRSLTSUMCOLLECTDT3	Date specimen was collected	Date (MM/DD/YYYY)		
C. burnetti result	QFVRLABCRLABRSLTSUMCBURNRSLT1 QFVRLABCRLABRSLTSUMCBURNRSLT2 QFVRLABCRLABRSLTSUMCBURNRSLT3	Results of *C. burnetti* laboratory testing	FreeText		
Specify result unit	QFVRLABCRLABRSLTSUMRSLTUNIT1 QFVRLABCRLABRSLTSUMRSLTUNIT2 QFVRLABCRLABRSLTSUMRSLTUNIT3	Specify result unit	RadioButtonList	Titer O.D.	TITER OD
Interpretation	QFVRLABCRLABRSLTSUMINTERPRET1 QFVRLABCRLABRSLTSUMINTERPRET2 QFVRLABCRLABRSLTSUMINTERPRET3	Interpretation of laboratory test results	DropDownList	Positive Negative Equivocal	P N E
Laboratory name	QFVRLABCRLABRSLTSUMLABNAME1 QFVRLABCRLABRSLTSUMLABNAME2 QFVRLABCRLABRSLTSUMLABNAME3	Name of laboratory where testing was performed	FreeText		
Telephone	QFVRLABCRLABRSLTSUMLABPHONE1 QFVRLABCRLABRSLTSUMLABPHONE2 QFVRLABCRLABRSLTSUMLABPHONE3	Telephone number of laboratory	FreeText		
LABORATORY RESULTS SUMMARY – OTHER					
Specimen type	QFVRLABCRLABRSLTSUMOTHSPECTYPE1 QFVRLABCRLABRSLTSUMOTHSPECTYPE2 QFVRLABCRLABRSLTSUMOTHSPECTYPE3	What type of specimen was submitted for laboratory testing?	DropDownList	Blood Clinical specimen	BLD CLI
If Clinical specimen, specify	QFVRLABCRLABRSLTSUMOTHSPECSPFY1 QFVRLABCRLABRSLTSUMOTHSPECSPFY2 QFVRLABCRLABRSLTSUMOTHSPECSPFY3	If clinical specimen, specify	FreeText		
Type of test	QFVRLABCRLABRSLTSUMOTHTSTTYPE1 QFVRLABCRLABRSLTSUMOTHTSTTYPE2 QFVRLABCRLABRSLTSUMOTHTSTTYPE3	Type of laboratory test performed	RadioButtonList	Culture PCR Immunostain	CULT PCR IMM

LABORATORY INFO – Q FEVER					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Collection date	QFVRLABCRLABRSLTSUMOTHCOLLECTDT1 QFVRLABCRLABRSLTSUMOTHCOLLECTDT2 QFVRLABCRLABRSLTSUMOTHCOLLECTDT3	Date specimen was collected	Date (MM/DD/YYYY)		
Interpretation	QFVRLABCRLABRSLTSUMOTHINTERPRET1 QFVRLABCRLABRSLTSUMOTHINTERPRET2 QFVRLABCRLABRSLTSUMOTHINTERPRET3	What was the interpretation of the laboratory test?	DropDownList	Positive Negative Equivocal	POS NEG EQU
Laboratory name	QFVRLABCRLABRSLTSUMOTHLABNAME1 QFVRLABCRLABRSLTSUMOTHLABNAME2 QFVRLABCRLABRSLTSUMOTHLABNAME3	Name of lab where testing was performed	FreeText		
Telephone	QFVRLABCRLABRSLTSUMOTHLABPHONE1 QFVRLABCRLABRSLTSUMOTHLABPHONE2 QFVRLABCRLABRSLTSUMOTHLABPHONE3	Telephone number of lab	FreeText		
IMAGING SUMMARY					
Anatomic site	IMGSUMSHORTANATOMICSITE	If imaging study was done, what anatomic site was imaged?	FreeText		
Date	IMGSUMSHORTDT	Date of imaging study?	Date (MM/DD/YYYY)		
Type of imaging	IMGSUMSHORTIMGTYPE	Specific type of imaging or radiographic study	CheckBoxList (more than one choice is possible)	X-Ray CT MRI Other	XRAY CT MRI OTH
If Other, specify	IMGSUMSHORTIMGTYPESPFY	If Other, specify	FreeText		
Result	IMGSUMSHORTRSLT	What was the result of the radiographic or imaging study?	FreeText		
Interpretation	IMGSUMSHORTINTERPRET	What was the interpretation of the radiographic or imaging study?	FreeText		
Facility name	IMGSUMSHORTNAME	What is the facility name where the imaging study was conducted?	FreeText		

LABORATORY INFO – Q FEVER					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Telephone	IMGSUMSHORTPHONE	Telephone number for the imaging facility	FreeText		

EPIDEMIOLOGIC INFO – Q FEVER					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
FOOD HISTORY					
Unpasteurized milk	QFVREPICRFOODHXUNPASTMILK	Did the patient drink any unpasteurized milk during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	QFVREPICRFOODHXUNPASTMILKSRC	If Yes, specify animal species and source	FreeText		
Other unpasteurized dairy product	QFVREPICRFOODHXUNPASTDAIRY	Did the patient drink any other unpasteurized dairy product during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	QFVREPICRFOODHXUNPASTDAIRYSRC	If Yes, specify animal species and source	FreeText		
Other	QFVREPICRFOODHXOTH	Did the patient eat or drink any other items of interest during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	QFVREPICRFOODHXOTHSPFY	If Yes, specify other consumed item	FreeText		
ANIMAL EXPOSURES					
Birthing animals or birth products	QFVREPICRANIMALEXPBIRTHPROD	Did the patient have contact with Birthing animals or birth products during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	QFVREPICRANIMALEXPBIRTHPRODLOC	If Yes, specify animal species and location	FreeText		
Cattle	QFVREPICRANIMALEXPCATTLE	Did the patient have contact with Cattle during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	QFVREPICRANIMALEXPCATTLEEXPLOC	If Yes, specify exposure and geographic location	FreeText		

EPIDEMIOLOGIC INFO – Q FEVER					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Sheep	QFVREPICRANIMALEXPSHEEP	Did the patient have contact with Sheep during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	QFVREPICRANIMALEXPSHEEPEXPLOC	If Yes, specify exposure and geographic location	FreeText		
Goats	QFVREPICRANIMALEXPGOAT	Did the patient have contact with Goats during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	QFVREPICRANIMALEXPGOATEXPLOC	If Yes, specify exposure and geographic location	FreeText		
Pigeons	QFVREPICRANIMALEXPPIGEONS	Did the patient have contact with Pigeons during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	QFVREPICRANIMALEXPPIGEONSEXPLOC	If Yes, specify exposure and geographic location	FreeText		
Rabbits	QFVREPICRANIMALEXPRABBITS	Did the patient have contact with Rabbits during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	QFVREPICRANIMALEXPRABBITSEXPLOC	If Yes, specify exposure and geographic location	FreeText		
Cats	QFVREPICRANIMALEXPCATS	Did the patient have contact with Cats during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	QFVREPICRANIMALEXPCATSEXPLOC	If Yes, specify exposure and geographic location	FreeText		
Other	QFVREPICRANIMALEXPOTH	Did the patient have contact with any Other animals during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	QFVREPICRANIMALEXPOTHEXPLOC	If Yes, specify animal, exposure, and location	FreeText		
OCCUPATIONAL / RECREATIONAL EXPOSURES					
Wool or felt plant	QFVREPICROCCUPRECEXPWOOL	Was the patient employed in or spend time in a Wool or felt plant during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify location	QFVREPICROCCUPRECEXPWOOLLOC	If Yes, specify location	FreeText		

EPIDEMIOLOGIC INFO – Q FEVER					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Tannery or rendering plant	QFVREPICROCCUPRECEXPTANNERY	Was the patient employed in or spend time in a Tannery or rendering plant during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify location	QFVREPICROCCUPRECEXPTANNERYLOC	If Yes, specify location	FreeText		
Veterinary medicine	QFVREPICROCCUPRECEXPVETMED	Was the patient employed in Veterinary medicine during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	QFVREPICROCCUPRECEXPVETMEDLOC	If Yes, specify animal species and location	FreeText		
Medical research	QFVREPICROCCUPRECEXPMEDRSRCH	Was the patient employed in Medical research during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	QFVREPICROCCUPRECEXPMEDRSRCHLOC	If Yes, specify animal species and location	FreeText		
Animal research	QFVREPICROCCUPRECEXPANIMLRSRCH	Was the patient employed in Animal research during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	QFVREPICROCCUPRECEXPANIMLRSRCHLOC	If Yes, specify animal species and location	FreeText		
Microbiology laboratory	QFVREPICROCCUPRECEXPMICROLAB	Was the patient employed in or spend time in a Microbiology laboratory during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify location	QFVREPICROCCUPRECEXPMICROLABLOC	If Yes, specify location	FreeText		
Dairy	QFVREPICROCCUPRECEXPDAIRY	Was the patient employed in or spend time in a Dairy during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	QFVREPICROCCUPRECEXPDAIRYLOC	If Yes, specify animal species and location	FreeText		
Slaughterhouse	QFVREPICROCCUPRECEXPSLAUGHTER	Was the patient employed in or spend time in a Slaughterhouse during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	QFVREPICROCCUPRECEXPSLAUGHTERLOC	If Yes, specify animal species and location	FreeText		

EPIDEMIOLOGIC INFO – Q FEVER					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Animal farm / ranch	QFVREPICROCCUPRECEXPFARM	Was the patient employed on or spend time on an Animal farm / ranch during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	QFVREPICROCCUPRECEXPFARMLOC	If Yes, specify animal species and location	FreeText		
Live with person related to above	QFVREPICROCCUPRECEXPHH	Did the patient live in household with person occupationally related to above businesses?	DropDownList	Yes No Unknown	Y N U
If Yes, specify occupation	QFVREPICROCCUPRECEXPHHOCCUP	If Yes, specify occupation	FreeText		
Other	QFVREPICROCCUPRECEXPOTHER	Was the patient employed in or spend time in any Other places of interest during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	QFVREPICROCCUPRECEXPOTHERSPFY	If Yes, specify exposure and geographic location	FreeText		
TRAVEL HISTORY					
Travel during incubation period	TRVHXTRAVEL	Did patient travel outside of county of residence during the incubation period?	DropDownList	Yes No Unknown	Y N U
Incubation period	TRVHXINCUBPERIOD	Incubation period (This value is automatically populated)	FreeText	2 months prior to illness onset	The value for this variable is not included in the DDP export.
TRAVEL HISTORY - DETAILS					
Location	TRVHXDTLLOCATION1 TRVHXDTLLOCATION2 TRVHXDTLLOCATION3	Specify location (city, county, state, country) of patient travel	FreeText		
Date travel started	TRVHXDTLSTARTDT1 TRVHXDTLSTARTDT2 TRVHXDTLSTARTDT3	Date travel started	Date (MM/DD/YYYY)		
Date travel ended	TRVHXDTLENDDT1 TRVHXDTLENDDT2 TRVHXDTLENDDT3	Date travel ended	Date (MM/DD/YYYY)		
CONTACTS/OTHER ILL PERSONS					

EPIDEMIOLOGIC INFO – Q FEVER					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Contacts with similar illness?	CONTOTHCONTACT	Any contact with similar illness?	DropDownList	Yes No Unknown	Y N U
REPORTING AGENCY					
Investigator name	REPAGENCYNAME	LHD Investigator name	FreeText		
Local health jurisdiction	REPAGENCYLHJUR	Local health jurisdiction	FreeText		
Telephone number	REPAGENCYPHONE	Telephone number of LHD investigator	FreeText		
Date	REPAGENCYDT	Date agency reported the case	Date (MM/DD/YYYY)		
First reported by	REPAGENCYREPORTEDBY	What reporting agency first reported the case?	DropDownList	Clinician Laboratory Other	CLI LAB OTH
If Other, specify	REPAGENCYREPORTEDBYSPFY	Specify other agency	FreeText		
EPIDEMIOLOGICAL LINKAGE					
Epi-linked case	EPILINKKNOWNCASE	Epi-linked to known case?	DropDownList	Yes No Unknown	Y N U
Contact name / Case #	EPILINKCONTNAMECASENUM	Contact name / Case #	FreeText		
DISEASE CASE CLASSIFICATION					
Disease type	QFVREPICRCASECLASSDISEASE_0 QFVREPICRCASECLASSDISEASE_1 QFVREPICRCASECLASSDISEASE_2 QFVREPICRCASECLASSDISEASE_3	What was the disease type(s)?	CheckBoxList (more than one choice is possible)	Confirmed Acute Probable Acute Confirmed Chronic Probable Chronic	CONFACUTE PROBACUTE CONFCHRON PROBCHRON
OUTBREAK					
Part of known outbreak?	OBPARTOF	Is this case part of a known disease outbreak?	DropDownList	Yes No Unknown	Y N U
If Yes, extent of outbreak	OBEXTENTOF_0 OBEXTENTOF_1 OBEXTENTOF_2	If Yes, what is the extent of the outbreak?	CheckBoxList (more than one	One CA jurisdiction Multiple CA jurisdictions	ONEJUR MULJUR

EPIDEMIOLOGIC INFO – Q FEVER					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
	OBEXTENTOF_3 OBEXTENTOF_4 OBEXTENTOF_5		choice is possible)	Multistate International Unknown Other	MULSTAT INTR UNK OTH
If Other, specify	OBEXTENTOFSPFY	Specify other extent of outbreak	FreeText		
Mode of transmission	OBTRANSMOD_0 OBTRANSMOD_1 OBTRANSMOD_2 OBTRANSMOD_3	What is the mode of transmission for the disease outbreak?	CheckBoxList (more than one choice is possible)	Point source Person-to-person Unknown Other	SRC P2P UNK OTH
If Other, specify	OBTRANSMODSPFY	Specify other mode of transmission	FreeText		
Vehicle of outbreak	OBVEHICLE	What is the vehicle of the disease outbreak?	FreeText		
Pattern 1 ID number	OBPAT1IDNUM	Pattern 1 ID number	FreeText		
Pattern 2 ID number	OBPAT2IDNUM	Pattern 2 ID number	FreeText		

Rabies (Human)

CLINICAL INFO – RABIES (HUMAN)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
SIGNS AND SYMPTOMS					
Symptomatic?	RABIESHCLICRSIGNSXSYMPTOMATIC	Does the patient have clinical signs or symptoms compatible with rabies?	DropDownList		
Onset date	RABIESHCLICRSIGNSXONSETDT	Onset date of symptoms of rabies	System Defined Field Link		
Date sought medical care	RABIESHCLICRSIGNSXSGTMEDCAREDT	Date first sought medical care for symptoms	Date (MM/DD/YYYY)		
Fever	RABIESHCLICRSIGNSXFEVER	Did patient have a fever?	DropDownList	Yes No Unknown	Y N U
Highest temperature	RABIESHCLICRSIGNSXHIGHESTTEMP	IF Yes, highest temperature (specify F/C)	FreeText		
Encephalitis	RABIESHCLICRSIGNSXENCEPH	Rabies signs and symptoms: **Encephalitis**	DropDownList	Yes No Unknown	Y N U
Myelitis	RABIESHCLICRSIGNSXMYELITIS	Rabies signs and symptoms: **Myelitis**	DropDownList	Yes No Unknown	Y N U
Ascending flaccid paralysis	RABIESHCLICRSIGNSXFLACPAYALYSIS	Rabies signs and symptoms: **Ascending flaccid paralysis**	DropDownList	Yes No Unknown	Y N U
Aerophobia	RABIESHCLICRSIGNSXAEROPHOBIA	Rabies signs and symptoms: **Aerophobia**	DropDownList	Yes No Unknown	Y N U
Malaise	RABIESHCLICRSIGNSXMALAISE	Rabies signs and symptoms: **Malaise**	DropDownList	Yes No Unknown	Y N U
Headache	RABIESHCLICRSIGNSXHEADACHE	Rabies signs and symptoms: **Headache**	DropDownList	Yes No Unknown	Y N U
Nausea / vomiting	RABIESHCLICRSIGNSXNAUSEA	Rabies signs and symptoms: **Nausea / vomiting**	DropDownList	Yes No Unknown	Y N U
Anxiety	RABIESHCLICRSIGNSXANXIETY	Rabies signs and symptoms: **Anxiety**	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – RABIES (HUMAN)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Muscle spasm	RABIESHCLICRSIGNSXMUSCLESPASM	Rabies signs and symptoms: **Muscle spasm**	DropDownList	Yes No Unknown	Y N U
Dysphagia	RABIESHCLICRSIGNSXDYSPHAGIA	Rabies signs and symptoms: **Dysphagia**	DropDownList	Yes No Unknown	Y N U
Anorexia	RABIESHCLICRSIGNSXANOREXIA	Rabies signs and symptoms: **Anorexia**	DropDownList	Yes No Unknown	Y N U
Ataxia	RABIESHCLICRSIGNSXATAXIA	Rabies signs and symptoms: **Ataxia**	DropDownList	Yes No Unknown	Y N U
Priapism	RABIESHCLICRSIGNSXPRIAPISM	Rabies signs and symptoms: **Priapism**	DropDownList	Yes No Unknown	Y N U
Seizures	RABIESHCLICRSIGNSXSEIZURES	Rabies signs and symptoms: **Seizures**	DropDownList	Yes No Unknown	Y N U
Hydrophobia	RABIESHCLICRSIGNSXHYDROPHOBIA	Rabies signs and symptoms: **Hydrophobia**	DropDownList	Yes No Unknown	Y N U
Localized weakness	RABIESHCLICRSIGNSXLWEAKNESS	Rabies signs and symptoms: **Localized weakness**	DropDownList	Yes No Unknown	Y N U
Localized pain / parasthesia	RABIESHCLICRSIGNSXLPAIN	Rabies signs and symptoms: **Localized pain / parasthesia**	DropDownList	Yes No Unknown	Y N U
Confusion or delirium	RABIESHCLICRSIGNSXCONFUSION	Rabies signs and symptoms: **Confusion or delirium**	DropDownList	Yes No Unknown	Y N U
Agitation / combativeness	RABIESHCLICRSIGNSXAGOTATOPM	Rabies signs and symptoms: **Agitation / combativeness**	DropDownList	Yes No Unknown	Y N U
Autonomic instability	RABIESHCLICRSIGNSXAUTOMONIC	Rabies signs and symptoms: **Autonomic instability**	DropDownList	Yes No Unknown	Y N U
Hyperactivity	RABIESHCLICRSIGNSXHYPERACTIVITY	Rabies signs and symptoms: **Hyperactivity**	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – RABIES (HUMAN)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Hallucinations	RABIESHCLICRSIGNSXHALLUCINAT	Rabies signs and symptoms: **Hallucinations**	DropDownList	Yes No Unknown	Y N U
Insomnia	RABIESHCLICRSIGNSXINSOMNIA	Rabies signs and symptoms: **Insomnia**	DropDownList	Yes No Unknown	Y N U
Hypersalivation	RABIESHCLICRSIGNSXHYPERSAL	Rabies signs and symptoms: **Hypersalivation**	DropDownList	Yes No Unknown	Y N U
Other sign / symptom	RABIESHCLICRSIGNSXOTHSIGN	**Other** signs or symptoms of rabies	DropDownList	Yes No Unknown	Y N U
If Yes, specify	RABIESHCLICRSIGNSXOTHSIGNSPFY	Specify other signs/symptoms	FreeText		
PAST MEDICAL HISTORY – RABIES VACCINATION					
Vaccine name	RABIESHCLICRPASTMEDHXRABIEVCCNAME1 RABIESHCLICRPASTMEDHXRABIEVCCNAME2 RABIESHCLICRPASTMEDHXRABIEVCCNAME3	If the patient received a rabies vaccination, what was the vaccine's name?	FreeText		
Date of vaccination	RABIESHCLICRPASTMEDHXRABIEVCCDT1 RABIESHCLICRPASTMEDHXRABIEVCCDT2 RABIESHCLICRPASTMEDHXRABIEVCCDT3	What was the date of vaccination?	Date (MM/DD/YYYY)		
PAST MEDICAL HISTORY – OTHER					
Other condition	RABIESHCLICRPASTMEDHXOTHOTHCOND	Does patient have past medical history of other condition(s)?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	RABIESHCLICRPASTMEDHXOTHOTHCONDSPFY	If yes, specify other condition(s)	FreeText		
HOSPITALIZATION					
Patient visit ER?	HOSPER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – RABIES (HUMAN)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Was patient hospitalized?	HOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
Total hospital nights	HOSPDAYSHOSP	If Yes, how many total hospital nights?	FreeText		
HOSPITALIZATION - DETAILS					
Hospital name	HOSPDTLNAME1 HOSPDTLNAME2 HOSPDTLNAME3	Name of facility where patient was hospitalized	FreeText		
Street address	HOSPDTLADDRESS1 HOSPDTLADDRESS2 HOSPDTLADDRESS3	Street address of hospital	FreeText		
City	HOSPDTLCITY1 HOSPDTLCITY2 HOSPDTLCITY3	City where hospital located	FreeText		
State	HOSPDTLSTATE1 HOSPDTLSTATE2 HOSPDTLSTATE3	State	FreeText		
Zip code	HOSPDTLZIPCODE1 HOSPDTLZIPCODE2 HOSPDTLZIPCODE3	Zip code	FreeText		
Telephone	HOSPDTLPHONE1 HOSPDTLPHONE2 HOSPDTLPHONE3	Telephone number for hospital	FreeText		
Admit date	HOSPDTLADMITDT1 HOSPDTLADMITDT2 HOSPDTLADMITDT3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPDTLDISCHDT1 HOSPDTLDISCHDT2 HOSPDTLDISCHDT3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		
Medical record number	HOSPDTLMRN1 HOSPDTLMRN2 HOSPDTLMRN3	Medical record number for patient	FreeText		
Discharge diagnosis	HOSPDTLDISCHDX1 HOSPDTLDISCHDX2 HOSPDTLDISCHDX3	What was the patient's final diagnosis at the time of discharge?	FreeText		
COMA					

CLINICAL INFO – RABIES (HUMAN)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Was the patient in a coma?	RABIESHCLICRCOMACOMA	Was the patient in a coma?	DropDownList	Yes No Unknown	Y N U
If Yes, coma onset date	RABIESHCLICRCOMACOMAONSETDT	If Yes, what was the coma's onset date?	Date (MM/DD/YYYY)		
TREATMENT / MANAGEMENT					
Local treatment of wound?	RABIESHCLICRTXMGTLOCALTX	Did the patient receive local treatment of wound?	DropDownList	Yes No Unknown	Y N U
Date	RABIESHCLICRTXMGTLOCALTXDT	Date local treatment was administered	Date (MM/DD/YYYY)		
Additional information	RABIESHCLICRTXMGTLOCALTXADDINFO	Specify any additional information of interest	FreeText		
Postexposure Prophylaxis	RABIESHCLICRTXMGTPROPHYLASIS	Did the patient receive postexposure prophylaxis?	DropDownList	Yes No	Y N
If Yes, specify type of products	RABIESHCLICRTXMGTPRODTYP	If Yes, specify type of products	FreeText		
TREATMENT / MANAGEMENT – DETAILS					
Type	RABIESHCLICRTXMGTDTLTYPE1 RABIESHCLICRTXMGTDTLTYPE2 RABIESHCLICRTXMGTDTLTYPE3	What was the treatment type?	DropDownList	Rabies Immune Globulin Rabies Vaccine	IMMGLOBULIN VACC
Number of doses	RABIESHCLICRTXMGTDTLDOSENAME1 RABIESHCLICRTXMGTDTLDOSENAME2 RABIESHCLICRTXMGTDTLDOSENAME3	Specify the number of doses used	FreeText		
First dose	RABIESHCLICRTXMGTDTLFIRSTDOSE1 RABIESHCLICRTXMGTDTLFIRSTDOSE2 RABIESHCLICRTXMGTDTLFIRSTDOSE3	Date first dose was administered	Date (MM/DD/YYYY)		
Last dose	RABIESHCLICRTXMGTDTLLASTDOSE1 RABIESHCLICRTXMGTDTLLASTDOSE2 RABIESHCLICRTXMGTDTLLASTDOSE3	Date last dose was administered	Date (MM/DD/YYYY)		
Manufacturer	RABIESHCLICRTXMGTDTLMANUFACTURE1 RABIESHCLICRTXMGTDTLMANUFACTURE2 RABIESHCLICRTXMGTDTLMANUFACTURE3	Manufacturer of the drug	FreeText		
Vaccine lot number	RABIESHCLICRTXMGTDTLVACLOTNUM1 RABIESHCLICRTXMGTDTLVACLOTNUM2 RABIESHCLICRTXMGTDTLVACLOTNUM3	What was the vaccine lot number?	FreeText		

CLINICAL INFO – RABIES (HUMAN)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
OUTCOME					
Outcome?	OUTCOMEOUTCOME	What was the clinical outcome for this case?	DropDownList	Survived Died Unknown	S D U
Survived as of	OUTCOMESURVIVEDT	If patient survived, what was the date patient was known to still be living?	Date (MM/DD/YYYY)		
Date of death	OUTCOMEDEATHDT	If patient died, what was the date of death?	System Defined Field Link		

LABORATORY INFO – RABIES (HUMAN)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY RESULTS SUMMARY					
Specimen type	RABIESHLABCRLABRSLTSUMTYPE1 RABIESHLABCRLABRSLTSUMTYPE2 RABIESHLABCRLABRSLTSUMTYPE3	What type of specimen was submitted for testing?	DropDownList	Serum Nuchal biospsy Saliva CSF Brain Corneal impression Other	SERUM NBIOPSY SALIVA CSF BRAIN CIMPRESSION OTH
If Other, specify specimen type	RABIESHLABCRLABRSLTSUMOTHTYP1 RABIESHLABCRLABRSLTSUMOTHTYP2 RABIESHLABCRLABRSLTSUMOTHTYP3	If Other specimen type was submitted, please specify the type of specimen	FreeText		
Specify type of test	RABIESHLABCRLABRSLTSUMTSTTYPE1 RABIESHLABCRLABRSLTSUMTSTTYPE2 RABIESHLABCRLABRSLTSUMTSTTYPE3	Specify type of laboratory test performed	DropDownList	IFA RFFIT DFA PCR Other	IFA RFFIT DFA PCR OTH

LABORATORY INFO – RABIES (HUMAN)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Other, specify	RABIESHLABCRLABRSLTSUMTSTTYPESPFY1 RABIESHLABCRLABRSLTSUMTSTTYPESPFY2 RABIESHLABCRLABRSLTSUMTSTTYPESPFY3	Specify other type of lab test	FreeText		
Collection date	RABIESHLABCRLABRSLTSUMCOLLECTDT1 RABIESHLABCRLABRSLTSUMCOLLECTDT2 RABIESHLABCRLABRSLTSUMCOLLECTDT3	Date specimen was collected	Date (MM/DD/YYYY)		
Results	RABIESHLABCRLABRSLTSUMRSLT1 RABIESHLABCRLABRSLTSUMRSLT2 RABIESHLABCRLABRSLTSUMRSLT3	Results of laboratory testing	FreeText		
If Serum, specify titer	RABIESHLABCRLABRSLTSUMTITER1 RABIESHLABCRLABRSLTSUMTITER2 RABIESHLABCRLABRSLTSUMTITER3	If serum laboratory test, specify titer score	FreeText		
Interpretation	RABIESHLABCRLABRSLTSUMINTERPRET1 RABIESHLABCRLABRSLTSUMINTERPRET2 RABIESHLABCRLABRSLTSUMINTERPRET3	Interpretation of lab test results	RadioButtonList	Positive Negative Equivocal	POS NEG EQUIV
Laboratory name	RABIESHLABCRLABRSLTSUMNAME1 RABIESHLABCRLABRSLTSUMNAME2 RABIESHLABCRLABRSLTSUMNAME3	Name of laboratory where testing was performed	FreeText		
Telephone	RABIESHLABCRLABRSLTSUMPHONE1 RABIESHLABCRLABRSLTSUMPHONE2 RABIESHLABCRLABRSLTSUMPHONE3	Telephone number of laboratory	FreeText		

EPIDEMIOLOGIC INFO – RABIES (HUMAN)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
ANIMAL EXPOSURES					
Contact with animal(s)	RABIESHEPICRANIMALEXPANIMALCONT1 RABIESHEPICRANIMALEXPANIMALCONT2 RABIESHEPICRANIMALEXPANIMALCONT3	Did the patient come into contact with animal(s) during the incubation period	DropDownList	Yes No Unknown	Y N U
Animals	RABIESHEPICRANIMALEXPANIMAL1 RABIESHEPICRANIMALEXPANIMAL2	If yes, specify the type of animal(s)	DropDownList	Bat Skunk	BAT SKUNK

EPIDEMIOLOGIC INFO – RABIES (HUMAN)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
	RABIESHEPICRANIMALEXPANIMAL3			Raccoon	RACOON
				Fox	FOX
				Dog	DOG
				Cat	CAT
				Other	OTH
If Other, specify	RABIESHEPICRANIMALEXPANIMALOTH1 RABIESHEPICRANIMALEXPANIMALOTH2 RABIESHEPICRANIMALEXPANIMALOTH3	Specify other animal type	FreeText		
Type of exposure	RABIESHEPICRANIMALEXPEXPTYP1 RABIESHEPICRANIMALEXPEXPTYP2 RABIESHEPICRANIMALEXPEXPTYP3	Specify the type of animal exposure	DropDownList	Bite	BITE
				Nonbite (scratch)	SCRATCH
				Nonbite (contact)	CONTACT
				No known exposure	NONE
				Unknown	UNK
				Other	OTH
If Other, specify	RABIESHEPICRANIMALEXPEXPTYPOTH1 RABIESHEPICRANIMALEXPEXPTYPOTH2 RABIESHEPICRANIMALEXPEXPTYPOTH3	If Other type of exposure, specify	FreeText		
Exposure start date	RABIESHEPICRANIMALEXPEXPSTARTDT1 RABIESHEPICRANIMALEXPEXPSTARTDT2 RABIESHEPICRANIMALEXPEXPSTARTDT3	Date exposure started	Date (MM/DD/YYYY)		
Exposure end date	RABIESHEPICRANIMALEXPEXPENDDT1 RABIESHEPICRANIMALEXPEXPENDDT2 RABIESHEPICRANIMALEXPEXPENDDT3	Date exposure ended	Date (MM/DD/YYYY)		
Exposure circumstances	RABIESHEPICRANIMALEXPEXPCIRCUM1 RABIESHEPICRANIMALEXPEXPCIRCUM2 RABIESHEPICRANIMALEXPEXPCIRCUM3	Describe the circumstances surrounding the Exposure incident	FreeText		
OCCUPATIONAL / RECREATIONAL EXPOSURES					
Rabies laboratory	RABIESHEPICROCCUEXPRABIESLAB	Did the patient have any occupational or recreational rabies exposure through a rabies laboratory?	DropDownList	Yes No Unknown	Y N U
Laboratory name	RABIESHEPICROCCUEXPNAME	Laboratory name where rabies exposure occurred	FreeText		
Exposure activity	RABIESHEPICROCCUEXPEXPACTIVITY	What activity was being performed when exposure occurred?	FreeText		
Other	RABIESHEPICROCCUEXPOTH	Did the patient have any other occupational or recreational exposures?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – RABIES (HUMAN)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Yes, specify	RABIESHEPICROCCUEXPOTHSPFY	If Yes, specify the exposure	FreeText		
TRAVEL HISTORY					
Did patient travel	TRVHXTRAVEL	Did patient travel outside of county of residence during the incubation period?	DropDownList	Yes No Unknown	Y N U
Incubation period	TRVHXINCUBPERIOD	Incubation period (This value is automatically populated)	FreeText	12 months prior to illness onset	The value for this variable is not included in the DDP export.
TRAVEL HISTORY - DETAILS					
Location	TRVHXDTLLOCATION1 TRVHXDTLLOCATION2 TRVHXDTLLOCATION3	Specify location (city, county, state, country) of patient travel	FreeText		
Date travel started	TRVHXDTLSTARTDT1 TRVHXDTLSTARTDT2 TRVHXDTLSTARTDT3	Date travel started	Date (MM/DD/YYYY)		
Date travel ended	TRVHXDTLENDDT1 TRVHXDTLENDDT2 TRVHXDTLENDDT3	Date travel ended	Date (MM/DD/YYYY)		
Did patient fly while infectious?	This variable is not currently included in the DDP exports. The Export Values and VARIABLE will be updated as soon as the variable is added to the DDP.	Did patient fly while infectious?	DropDownList	Yes No Unknown	
Airline(s)	This variable is not currently included in the DDP exports. The Export Values and VARIABLE will be updated as soon as the variable is added to the DDP.	What airline(s) did the patient fly on?	FreeText		
Flight number(s)	This variable is not currently included in the DDP exports. The Export Values and VARIABLE will be updated as soon as the variable is added to the DDP.	Specify the flight number(s) of the flight(s)	FreeText		
Departure date	This variable is not currently included in the DDP exports. The Export Values and VARIABLE will be updated as soon as the variable is added to the DDP.	Flight departure date(s)	Date (MM/DD/YYYY)		
Arrival date	This variable is not currently included in the DDP exports. The Export Values and VARIABLE will be updated as soon as the variable is added to the DDP.	Flight arrival date(s)	Date (MM/DD/YYYY)		

EPIDEMIOLOGIC INFO – RABIES (HUMAN)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
CONTACT / OTHER ILL PERSONS					
Any contacts with similar illness?	CONTOTHCONTACT	Any contacts with similar illness?	DropDownList	Yes No Unknown	Y N U
REPORTING AGENCY					
Investigator name	REPAGENCYNAME	LHD Investigator name	FreeText		
Local health jurisdiction	REPAGENCYLHJUR	Local health jurisdiction	FreeText		
Telephone number	REPAGENCYPHONE	Telephone number of LHD investigator	FreeText		
Date	REPAGENCYDT	Date agency reported the case	Date (MM/DD/YYYY)		
First reported by	REPAGENCYREPORTEDBY	What reporting agency first reported the case?	DropDownList	Clinician Laboratory Other	CLI LAB OTH
If Other, specify	REPAGENCYREPORTEDBYSPFY	Specify other agency	FreeText		
EPIDEMIOLOGICAL LINKAGE					
Epi-linked case?	EPILINKKNOWNCASE	Epi-Linked to known case of rabies?	DropDownList	Yes No Unknown	Y N U
Contact name / Case #	EPILINKCONTNAMECASENUM	Contact name / Case #	FreeText		

Relapsing Fever

CLINICAL INFO – RELAPSING FEVER					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
SIGNS AND SYMPTOMS					
Symptomatic?	RLPSFVRCLICRSIGNSXSYMPTOMATIC	Did the patient have symptoms of Relapsing Fever?	DropDownList	Yes No Unknown	Y N U
Onset date	RLPSFVRCLICRSIGNSXONSETDT	Onset date of clinical symptoms of Relapsing Fever	System Defined Field Link		
Medical care date	RLPSFVRCLICRSIGNSXSGTMEDCAREDT	Date first sought medical care for symptoms	Date (MM/DD/YYYY)		
Fever	RLPSFVRCLICRSIGNSXFEVER	Did patient have a fever? (If Yes, specify in the Febrile Episode – details section)	DropDownList	Yes No Unknown	Y N U
Chills	RLPSFVRCLICRSIGNSXCHILLS	Did patient have chills?	DropDownList	Yes No Unknown	Y N U
Sweats	RLPSFVRCLICRSIGNSXSWEAT	Did patient experience sweats?	DropDownList	Yes No Unknown	Y N U
Headache	RLPSFVRCLICRSIGNSXHEADACHE	Did patient experience headaches?	DropDownList	Yes No Unknown	Y N U
Body aches	RLPSFVRCLICRSIGNSXBODYACHES	Did patient have body aches?	DropDownList	Yes No Unknown	Y N U
Nausea or vomiting	RLPSFVRCLICRSIGNSXNAUSEA	Did patient experience nausea or vomiting?	DropDownList	Yes No Unknown	Y N U
Loss of appetite	RLPSFVRCLICRSIGNSXLOSSAPPETITE	Did patient experience loss of appetite?	DropDownList	Yes No Unknown	Y N U
Dry cough	RLPSFVRCLICRSIGNSXDRYCOUGH	Did patient have a dry cough?	DropDownList	Yes No Unknown	Y N U
Other	RLPSFVRCLICRSIGNSXOTH	Did patient have any other symptoms or signs of Relapsing Fever?	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – RELAPSING FEVER					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Specify	RLPSFVRCLICRSIGNSXOTHSPFY	If Yes, specify	FreeText		
FEBRILE EPISODE – DETAILS					
Episode start date	RLPSFVRCLICRFEBRILEDTSTARTDT1 RLPSFVRCLICRFEBRILEDTSTARTDT2 RLPSFVRCLICRFEBRILEDTSTARTDT3	Date febrile episode started	Date (MM/DD/YYYY)		
Episode end date	RLPSFVRCLICRFEBRILEDTENDDT1 RLPSFVRCLICRFEBRILEDTENDDT2 RLPSFVRCLICRFEBRILEDTENDDT3	Date febrile episode ended	Date (MM/DD/YYYY)		
Highest temperature	RLPSFVRCLICRFEBRILEDTHIGHESTTEMP1 RLPSFVRCLICRFEBRILEDTHIGHESTTEMP2 RLPSFVRCLICRFEBRILEDTHIGHESTTEMP3	Highest recorded temperature (specify F/C)	FreeText		
HOSPITALIZATION					
Patient visit ER?	HOSPER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U
Was patient hospitalized?	HOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
Total hospital nights	HOSPDAYSHOSP	If Yes, how many total hospital nights?	FreeText		
HOSPITALIZATION - DETAILS					
Hospital name	HOSPDTLNAME1 HOSPDTLNAME2 HOSPDTLNAME3	Name of facility where patient was hospitalized	FreeText		
Street address	HOSPDTLADDRESS1 HOSPDTLADDRESS2 HOSPDTLADDRESS3	Street address of hospital	FreeText		
City	HOSPDTLCITY1 HOSPDTLCITY2 HOSPDTLCITY3	City where hospital located	FreeText		
State	HOSPDTLSTATE1 HOSPDTLSTATE2 HOSPDTLSTATE3	State	FreeText		

CLINICAL INFO – RELAPSING FEVER					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Zip code	HOSPDTLZIPCODE1 HOSPDTLZIPCODE2 HOSPDTLZIPCODE3	Zip code	FreeText		
Telephone	HOSPDTLPHONE1 HOSPDTLPHONE2 HOSPDTLPHONE3	Telephone number for hospital	FreeText		
Admit date	HOSPDTLADMITDT1 HOSPDTLADMITDT2 HOSPDTLADMITDT3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPDTLDISCHDT1 HOSPDTLDISCHDT2 HOSPDTLDISCHDT3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		
Medical record number	HOSPDTLMRN1 HOSPDTLMRN2 HOSPDTLMRN3	Medical record number for patient	FreeText		
Discharge diagnosis	HOSPDTLDISCHDX1 HOSPDTLDISCHDX2 HOSPDTLDISCHDX3	What was the patient's final diagnosis at the time of discharge?	FreeText		
TREATMENT/MANAGEMENT					
Received treatment?	TXMGTTREATMENT	Did the patient receive treatment for Relapsing Fever?	DropDownList	Yes No Unknown	Y N U
TREATMENT/MANAGMENT - DETAILS					
Treatment type	RLPSFVRCLICRTXMGTDTLTYPE1 RLPSFVRCLICRTXMGTDTLTYPE2 RLPSFVRCLICRTXMGTDTLTYPE3	What was the general treatment type?	DropDownList	Antibiotic Other	ABX OTH
Treatment name	RLPSFVRCLICRTXMGTDTLNAME1 RLPSFVRCLICRTXMGTDTLNAME2 RLPSFVRCLICRTXMGTDTLNAME3	What was the specific name of the treatment?	FreeText		
Date started	RLPSFVRCLICRTXMGTDTLSTARTDT1 RLPSFVRCLICRTXMGTDTLSTARTDT2 RLPSFVRCLICRTXMGTDTLSTARTDT3	Date treatment started	Date (MM/DD/YYYY)		
Date ended	RLPSFVRCLICRTXMGTDTLENDDT1 RLPSFVRCLICRTXMGTDTLENDDT2 RLPSFVRCLICRTXMGTDTLENDDT3	Date treatment ended	Date (MM/DD/YYYY)		
OUTCOME					

CLINICAL INFO – RELAPSING FEVER					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Outcome?	OUTCOMEOUTCOME	What was the clinical outcome for this case?	DropDownList	Survived Died Unknown	S D U
Survived as of	OUTCOMESURVIVEDT	If patient survived, what was the date patient was known to still be living?	Date (MM/DD/YYYY)		
Date of death	OUTCOMEDEATHDT	If patient died, what was the date of death?	System Defined Field Link		

LABORATORY INFO – RELAPSING FEVER					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY RESULTS SUMMARY					
Specimen type	RLPSFVRLABCRLABRSLTSUMSPECYTYP1 RLPSFVRLABCRLABRSLTSUMSPECYTYP2 RLPSFVRLABCRLABRSLTSUMSPECYTYP3	What type of specimen was submitted for testing?	RadioButtonList	Blood Other	BLD OTH
If Other, specify	RLPSFVRLABCRLABRSLTSUMSPECYTYPSPFY1 RLPSFVRLABCRLABRSLTSUMSPECYTYPSPFY2 RLPSFVRLABCRLABRSLTSUMSPECYTYPSPFY3	If Other specimen type was submitted, please specify the type of specimen	FreeText		
Collection date	RLPSFVRLABCRLABRSLTSUMCOLLECTDT1 RLPSFVRLABCRLABRSLTSUMCOLLECTDT2 RLPSFVRLABCRLABRSLTSUMCOLLECTDT3	Date lab specimen was collected	Date (MM/DD/YYYY)		
Type of test	RLPSFVRLABCRLABRSLTSUMTSTTYP1 RLPSFVRLABCRLABRSLTSUMTSTTYP2 RLPSFVRLABCRLABRSLTSUMTSTTYP3	Type of laboratory test performed	DropDownList	Thick smear Thin smear EIA Western Blot Other	THICK THIN EIA WBLOT OTH
If Other, specify	RLPSFVRLABCRLABRSLTSUMTSTTYPSPFY1 RLPSFVRLABCRLABRSLTSUMTSTTYPSPFY2 RLPSFVRLABCRLABRSLTSUMTSTTYPSPFY3	If Other test, please specify	FreeText		
Results	RLPSFVRLABCRLABRSLTSUMRSLT1 RLPSFVRLABCRLABRSLTSUMRSLT2 RLPSFVRLABCRLABRSLTSUMRSLT3	What were the results of the laboratory testing?	DropDownList	Spirochetes observed Positive Negative Not done Unknown	SPIRO POS NEG NOT UNK

LABORATORY INFO – RELAPSING FEVER					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				Other	OTH
If Other, specify	RLPSFVRLABCRLABRSLTSUMRSLTSPFY1 RLPSFVRLABCRLABRSLTSUMRSLTSPFY2 RLPSFVRLABCRLABRSLTSUMRSLTSPFY3	If Other result, please specify	FreeText		
Laboratory name	RLPSFVRLABCRLABRSLTSUMNAME1 RLPSFVRLABCRLABRSLTSUMNAME2 RLPSFVRLABCRLABRSLTSUMNAME3	Laboratory name where testing was performed	FreeText		
Telephone	RLPSFVRLABCRLABRSLTSUMPHONE1 RLPSFVRLABCRLABRSLTSUMPHONE2 RLPSFVRLABCRLABRSLTSUMPHONE3	Telephone	FreeText		

EPIDEMIOLOGIC INFO – RELAPSING FEVER					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
BITE HISTORY					
Rodents around residence	RLPSFVREPICRBITEHXOBSRODENTS	Did the patient observe any rodents in or around residence?	DropDownList	Yes No Unknown	Y N U
Insect bites during incubation period	RLPSFVREPICRBITEHXBITES	Did the patient recall any insect bites during the incubation period?	DropDownList	Yes No Unknown	Y N U
BITE HISTORY – DETAILS					
Location	RLPSFVREPICRBITEHXDTLOCATION1 RLPSFVREPICRBITEHXDTLOCATION2 RLPSFVREPICRBITEHXDTLOCATION3	Specify all locations (county, state, country)	FreeText		
Date of insect bite	RLPSFVREPICRBITEHXDTBITEDT1 RLPSFVREPICRBITEHXDTBITEDT2 RLPSFVREPICRBITEHXDTBITEDT3	Date patient was bitten by insect	Date (MM/DD/YYYY)		
Type of insect bite	RLPSFVREPICRBITEHXDTBITETYPE1 RLPSFVREPICRBITEHXDTBITETYPE2 RLPSFVREPICRBITEHXDTBITETYPE3	What type of insect bite did the patient have?	DropDownList	Tick Other Unknown	TICK OTH UNK
Specify other	RLPSFVREPICRBITEHXDTBITETYPESPFY1 RLPSFVREPICRBITEHXDTBITETYPESPFY2 RLPSFVREPICRBITEHXDTBITETYPESPFY3	If Other, specify	FreeText		

EPIDEMIOLOGIC INFO – RELAPSING FEVER					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
TRAVEL HISTORY					
Travel during incubation period?	TRVHXTRAVEL	Did patient travel outside of county of residence during the incubation period?	DropDownList	Yes No Unknown	Y N U
Incubation period	TRVHXINCUBPERIOD	Incubation period (This value is automatically populated)	FreeText	21 days prior to illness onset	The value for this variable is not included in the DDP export.
TRAVEL HISTORY - DETAILS					
Location	RLPSFVREPICRTRVHXDTLLOCATION1 RLPSFVREPICRTRVHXDTLLOCATION2 RLPSFVREPICRTRVHXDTLLOCATION3	Specify all locations (city, county, state, country)	FreeText		
Date travel started	RLPSFVREPICRTRVHXDTLSTARTDT1 RLPSFVREPICRTRVHXDTLSTARTDT2 RLPSFVREPICRTRVHXDTLSTARTDT3	Date travel started	Date (MM/DD/YYYY)		
Date travel ended	RLPSFVREPICRTRVHXDTLENDDT1 RLPSFVREPICRTRVHXDTLENDDT2 RLPSFVREPICRTRVHXDTLENDDT3	Date travel ended	Date (MM/DD/YYYY)		
Name of owner	RLPSFVREPICRTRVHXDTLOWNERMGR1 RLPSFVREPICRTRVHXDTLOWNERMGR2 RLPSFVREPICRTRVHXDTLOWNERMGR3	Name of property owner or manager	FreeText		
Telephone number	RLPSFVREPICRTRVHXDTLPHONE1 RLPSFVREPICRTRVHXDTLPHONE2 RLPSFVREPICRTRVHXDTLPHONE3	Telephone number	FreeText		
CONTACTS/OTHER ILL PERSONS					
Contacts with similar illness?	RLPSFVREPICRCONTOTHCONTACT	Any contacts or travel companions with similar illness?	DropDownList	Yes No Unknown	Y N U
REPORTING AGENCY					
Investigator name	REPAGENCYNAME	Investigator name	FreeText		
Local health jurisdiction	REPAGENCYLHJUR	Local health jurisdiction	FreeText		
Telephone number	REPAGENCYPHONE	Telephone number	FreeText		

EPIDEMIOLOGIC INFO – RELAPSING FEVER					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Date	REPAGENCYDT	Date	Date (MM/DD/YYYY)		
First reported by	REPAGENCYREPORTEDBY	First reported by	DropDownList	Clinician Laboratory Other	CLI LAB OTH
If Other, specify	REPAGENCYREPORTEDBYSPFY	If Other, specify	FreeText		
EPIDEMIOLOGICAL LINKAGE					
Epi-linked case	RLPSFVREPICREPILINKKNOWNCASE	Epi-Linked to known case of Relapsing Fever?	DropDownList	Yes No Unknown	Y N U
Contact name / Case #	RLPSFVREPICREPILINKCONTNAMECASENUM	Contact name / Case #	FreeText		
OUTBREAK					
Part of known outbreak?	OBPARTOF	Is this Relapsing Fever case part of a known outbreak?	DropDownList	Yes No Unknown	Y N U
Extent of outbreak	OBEXTENTOF_0 OBEXTENTOF_1 OBEXTENTOF_2 OBEXTENTOF_3 OBEXTENTOF_4 OBEXTENTOF_5	If Yes, what is the extent of the outbreak	CheckBoxList (more than one choice is possible)	One CA jurisdiction Multiple CA jurisdictions Multistate International Unknown Other	ONEJUR MULJUR MULSTAT INTR UNK OTH
If Other, specify	OBEXTENTOFSPFY	If Other, please specify	FreeText		
Mode of transmission	OBTRANSMOD_0 OBTRANSMOD_1 OBTRANSMOD_2 OBTRANSMOD_3	What is the mode of transmission?	CheckBoxList (more than one choice is possible)	Point source Person-to-person Unknown Other	SRC P2P UNK OTH
If Other, specify	OBTRANSMODSPFY	If Other mode, please specify	FreeText		
Vehicle of outbreak	OBVEHICLE	Vehicle of outbreak	FreeText		
Pattern 1 ID number	OBPAT1IDNUM	Pattern 1 ID number	FreeText		

EPIDEMIOLOGIC INFO – RELAPSING FEVER					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Pattern 2 ID number	OBPAT2IDNUM	Pattern 2 ID number	FreeText		

Rickettsial Group

CLINICAL INFO – RICKETTSIAL GROUP ENTRY for the following conditions : ANAPLASMOSIS / EHRLICHIOSIS / ROCKY MOUNTAIN SPOTTED FEVER / SPOTTED FEVER RICKETTSIOSES / TYPHUS AND OTHER NON-SPOTTED RICKETTSIOSES					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
SIGNS AND SYMPTOMS					
Symptomatic?	RICKSPOXCLICRSIGNSXSYMPTOMATIC	Did the patient have clinical symptoms compatible with this illness?	DropDownList	Yes No Unknown	Y N U
Onset date	RICKSPOXCLICRSIGNSXONSETDT	Onset date of clinical symptoms	System Defined Field Link		
Medical care date	RICKSPOXCLICRSIGNSXSGTMEDCAREDT	Date first sought medical care for symptoms	Date (MM/DD/YYYY)		
Fever	RICKSPOXCLICRSIGNSXFEVER	Did patient have a fever?	DropDownList	Yes No Unknown	Y N U
Highest temperature	RICKSPOXCLICRSIGNSXFEVERHIGHTEMP	If Yes, highest temperature (specify F/C)	FreeText		
Chills	RICKSPOXCLICRSIGNSXCHILLS	Did patient have chills?	DropDownList	Yes No Unknown	Y N U
Sweats	RICKSPOXCLICRSIGNSXSWEATS	Did patient experience sweats?	DropDownList	Yes No Unknown	Y N U
Headache	RICKSPOXCLICRSIGNSXHEADACHE	Did patient experience headaches?	DropDownList	Yes No Unknown	Y N U
Muscle pain	RICKSPOXCLICRSIGNSXMUSCLEPAIN	Did patient experience muscle pain?	DropDownList	Yes No Unknown	Y N U
Joint pain	RICKSPOXCLICRSIGNSXJOINTPAIN	Did patient experience joint pain?	DropDownList	Yes No Unknown	Y N U
If Yes, specify joint(s)	RICKSPOXCLICRSIGNSXJOINTPAINSPFY	If Yes, specify joint(s)	FreeText		
Eye pain	RICKSPOXCLICRSIGNSXEYEPAIN	Did patient experience eye pain?	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – RICKETTSIAL GROUP ENTRY for the following conditions : ANAPLASMOSIS / EHRLICHIOSIS / ROCKY MOUNTAIN SPOTTED FEVER / SPOTTED FEVER RICKETTSIOSES / TYPHUS AND OTHER NON-SPOTTED RICKETTSIOSES					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Abdominal pain	RICKSPOXCLICRSIGNSXABNMPAIN	Did patient experience abdominal pain?	DropDownList	Yes No Unknown	Y N U
Nausea or vomiting	RICKSPOXCLICRSIGNSXNAUSVOMIT	Did patient experience nausea or vomiting?	DropDownList	Yes No Unknown	Y N U
Diarrhea	RICKSPOXCLICRSIGNSXDIARRHEA	Did patient have diarrhea?	DropDownList	Yes No Unknown	Y N U
Rash or other cutaneous lesion	RICKSPOXCLICRSIGNSXRASHLESION	Did patient have a rash or other cutaneous lesion?	DropDownList	Yes No Unknown	Y N U
Location / size / appearance	RICKSPOXCLICRSIGNSXRASHLESIONLOC	What was the location, size, and appearance of the rash or other cutaneous lesion?	FreeText		
Cough	RICKSPOXCLICRSIGNSXCOUGH	Did patient have a cough?	DropDownList	Yes No Unknown	Y N U
Hypotension	RICKSPOXCLICRSIGNSXHYPOTEN	Did patient experience hypotension?	DropDownList	Yes No Unknown	Y N U
Date measured	RICKSPOXCLICRSIGNSXHYPOTENDT	If Yes, date blood pressure measured	Date (MM/DD/YYYY)		
Systolic / Diastolic	RICKSPOXCLICRSIGNSXHYPOTENSYSDIAS	Systolic / Diastolic	FreeText		
Other	RICKSPOXCLICRSIGNSXOTH	Did patient have any other symptoms or signs?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	RICKSPOXCLICRSIGNSXOTHSPFY	If Yes, specify	FreeText		
HOSPITALIZATION					
Patient visit ER?	HOSPER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U
Was patient hospitalized?	HOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – RICKETTSIAL GROUP ENTRY for the following conditions : ANAPLASMOSIS / EHRLICHIOSIS / ROCKY MOUNTAIN SPOTTED FEVER / SPOTTED FEVER RICKETTSIOSES / TYPHUS AND OTHER NON-SPOTTED RICKETTSIOSES					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Total hospital nights	HOSPDAYSHOSP	If Yes, how many total hospital nights?	FreeText		
HOSPITALIZATION - DETAILS					
Hospital name	HOSPDTLNAME1 HOSPDTLNAME2 HOSPDTLNAME3	Name of facility where patient was hospitalized	FreeText		
Street address	HOSPDTLADDRESS1 HOSPDTLADDRESS2 HOSPDTLADDRESS3	Street address of hospital	FreeText		
City	HOSPDTLCITY1 HOSPDTLCITY2 HOSPDTLCITY3	City where hospital located	FreeText		
State	HOSPDTLSTATE1 HOSPDTLSTATE2 HOSPDTLSTATE3	State	FreeText		
Zip code	HOSPDTLZIPCODE1 HOSPDTLZIPCODE2 HOSPDTLZIPCODE3	Zip code	FreeText		
Telephone	HOSPDTLPHONE1 HOSPDTLPHONE2 HOSPDTLPHONE3	Telephone number for hospital	FreeText		
Admit date	HOSPDTLADMITDT1 HOSPDTLADMITDT2 HOSPDTLADMITDT3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPDTLDISCHDT1 HOSPDTLDISCHDT2 HOSPDTLDISCHDT3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		
Medical record number	HOSPDTLMRN1 HOSPDTLMRN2 HOSPDTLMRN3	Medical record number for patient	FreeText		
Discharge diagnosis	HOSPDTLDISCHDX1 HOSPDTLDISCHDX2 HOSPDTLDISCHDX3	What was the patient's final diagnosis at the time of discharge?	FreeText		
OUTCOME					

CLINICAL INFO – RICKETTSIAL GROUP ENTRY for the following conditions : ANAPLASMOSIS / EHRLICHIOSIS / ROCKY MOUNTAIN SPOTTED FEVER / SPOTTED FEVER RICKETTSIOSES / TYPHUS AND OTHER NON-SPOTTED RICKETTSIOSES					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Outcome?	OUTCOMEOUTCOME	What was the clinical outcome for this case?	DropDownList	Survived Died Unknown	S D U
Survived as of	OUTCOMESURVIVEDT	If patient survived, what was the date patient was known to still be living?	Date (MM/DD/YYYY)		
Date of death	OUTCOMEDEATHDT	If patient died, what was the date of death?	System Defined Field Link		

LABORATORY INFO – RICKETTSIAL GROUP ENTRY for the following conditions : ANAPLASMOSIS / EHRLICHIOSIS / ROCKY MOUNTAIN SPOTTED FEVER / SPOTTED FEVER RICKETTSIOSES / TYPHUS AND OTHER NON-SPOTTED RICKETTSIOSES					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY RESULTS SUMMARY					
Specimen type	RICKSPOXLABCRLABRSLTSUMSPECTYPE1 RICKSPOXLABCRLABRSLTSUMSPECTYPE2 RICKSPOXLABCRLABRSLTSUMSPECTYPE3	What type of specimen was submitted for testing?	FreeText		
Collection date	RICKSPOXLABCRLABRSLTSUMCOLLECTDT1 RICKSPOXLABCRLABRSLTSUMCOLLECTDT2 RICKSPOXLABCRLABRSLTSUMCOLLECTDT3	Date lab specimen was collected	Date (MM/DD/YYYY)		
Type of test	RICKSPOXLABCRLABRSLTSUMTSTTYPE1 RICKSPOXLABCRLABRSLTSUMTSTTYPE2 RICKSPOXLABCRLABRSLTSUMTSTTYPE3	Type of laboratory test performed	FreeText		
Antigen	RICKSPOXLABCRLABRSLTSUMANTIGEN1 RICKSPOXLABCRLABRSLTSUMANTIGEN2 RICKSPOXLABCRLABRSLTSUMANTIGEN3	What antigen was detected?	FreeText		
Result	RICKSPOXLABCRLABRSLTSUMRSLT1 RICKSPOXLABCRLABRSLTSUMRSLT2 RICKSPOXLABCRLABRSLTSUMRSLT3	What were the results of the laboratory testing?	FreeText		
Laboratory name	RICKSPOXLABCRLABRSLTSUMLABNAME1 RICKSPOXLABCRLABRSLTSUMLABNAME2 RICKSPOXLABCRLABRSLTSUMLABNAME3	Laboratory name where testing was performed	FreeText		
Telephone	RICKSPOXLABCRLABRSLTSUMLABPHONE1 RICKSPOXLABCRLABRSLTSUMLABPHONE2 RICKSPOXLABCRLABRSLTSUMLABPHONE3	Telephone	FreeText		

LABORATORY INFO – RICKETTSIAL GROUP ENTRY for the following conditions : ANAPLASMOSIS / EHRLICHIOSIS / ROCKY MOUNTAIN SPOTTED FEVER / SPOTTED FEVER RICKETTSIOSES / TYPHUS AND OTHER NON-SPOTTED RICKETTSIOSES					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY RESULTS SUMMARY – OTHER					
Hematology?	RICKSPOXLABCRLABRSLTSUMOTHHEMATOL	Was a hematology performed?	RadioButtonList	Yes No Unknown	Y N U
Date collected	RICKSPOXLABCRLABRSLTSUMOTHCOLLECTDT	If Yes, specify date sample collected	Date (MM/DD/YYYY)		
WBC	RICKSPOXLABCRLABRSLTSUMOTHWBC	Hematology results: WBC (white blood cell count)	FreeText		
HCT	RICKSPOXLABCRLABRSLTSUMOTHHCT	Hematology results: HCT (hematocrit)	FreeText		
Hb	RICKSPOXLABCRLABRSLTSUMOTHHB	Hematology results: Hb (hemoglobin)	FreeText		
Platelets	RICKSPOXLABCRLABRSLTSUMOTHPLTLT	Hematology results: Platelet count	FreeText		
Other laboratory diagnostics	RICKSPOXLABCRLABRSLTSUMOTHOTHLABDX	Other laboratory diagnostics performed (e.g., IHC, virus isolation)?	RadioButtonList	Yes No Unknown	Y N U
If Yes, describe	RICKSPOXLABCRLABRSLTSUMOTHOTHLABDXDESC	If Yes, describe other laboratory tests	FreeText		

EPIDEMIOLOGIC INFO – RICKETTSIAL GROUP ENTRY for the following conditions : ANAPLASMOSIS / EHRLICHIOSIS / ROCKY MOUNTAIN SPOTTED FEVER / SPOTTED FEVER RICKETTSIOSES / TYPHUS AND OTHER NON-SPOTTED RICKETTSIOSES					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
ANIMAL AND INSECT EXPOSURES					
Observe at home	RICKSPOXEPICRANIMLINSCTEXPAROUNDHOME_0 RICKSPOXEPICRANIMLINSCTEXPAROUNDHOME_1 RICKSPOXEPICRANIMLINSCTEXPAROUNDHOME_2 RICKSPOXEPICRANIMLINSCTEXPAROUNDHOME_3 RICKSPOXEPICRANIMLINSCTEXPAROUNDHOME_4 RICKSPOXEPICRANIMLINSCTEXPAROUNDHOME_5	Did the patient observe any of the following animals or bugs at or around their home?	CheckBoxList (more than one choice is possible)	Rodents Cats Fleas Opossums Dogs Ticks	RODENT CATS FLEAS OPOS DOGS TICK
Observe at place of employment	RICKSPOXEPICRANIMLINSCTEXPEMPLOYPLACE_0 RICKSPOXEPICRANIMLINSCTEXPEMPLOYPLACE_1 RICKSPOXEPICRANIMLINSCTEXPEMPLOYPLACE_2 RICKSPOXEPICRANIMLINSCTEXPEMPLOYPLACE_3 RICKSPOXEPICRANIMLINSCTEXPEMPLOYPLACE_4 RICKSPOXEPICRANIMLINSCTEXPEMPLOYPLACE_5	Did the patient observe any of the following animals or bugs at their place of employment?	CheckBoxList (more than one choice is possible)	Rodents Cats Fleas Opossums Dogs Ticks	RODENT CATS FLEAS OPOS DOGS TICK
Insect bites 10 days prior?	RICKSPOXEPICRANIMLINSCTEXPINSCTBIT	Did patient recall any insect bites in the 10 days prior to illness?	DropDownList	Yes No Unknown	Y N U
INSECT BITE HISTORY – DETAILS					
Location	RICKSPOXEPICRINSCTBITEHXDTLINSCTBITLOC1 RICKSPOXEPICRINSCTBITEHXDTLINSCTBITLOC2 RICKSPOXEPICRINSCTBITEHXDTLINSCTBITLOC3	Location (city, county, state, country) of the insect bite?	FreeText		
Date of insect bite	RICKSPOXEPICRINSCTBITEHXDTLINSCTBITDT1 RICKSPOXEPICRINSCTBITEHXDTLINSCTBITDT2 RICKSPOXEPICRINSCTBITEHXDTLINSCTBITDT3	Date of insect bite	Date (MM/DD/YYYY)		
		Type of insect bite	DropDownList	Flea	FLEA

EPIDEMIOLOGIC INFO – RICKETTSIAL GROUP ENTRY for the following conditions : ANAPLASMOSIS / EHRLICHIOSIS / ROCKY MOUNTAIN SPOTTED FEVER / SPOTTED FEVER RICKETTSIOSES / TYPHUS AND OTHER NON-SPOTTED RICKETTSIOSES					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Type of insect bite	RICKSPOXEPICRINSCTBITEHXDTLINSCTBIT1 RICKSPOXEPICRINSCTBITEHXDTLINSCTBIT2 RICKSPOXEPICRINSCTBITEHXDTLINSCTBIT3			Tick Other	TK OTH
If Other, specify	RICKSPOXEPICRINSCTBITEHXDTLINSCTBITOTH1 RICKSPOXEPICRINSCTBITEHXDTLINSCTBITOTH2 RICKSPOXEPICRINSCTBITEHXDTLINSCTBITOTH3	If Other, specify insect bit type	FreeText		
TRAVEL HISTORY					
Travel during incubation period?	TRVHXTRAVEL	Did patient travel outside of county of residence during the incubation period?	DropDownList	Yes No Unknown	Y N U
Incubation period	TRVHXINCUBPERIOD	Incubation period (This value is automatically populated)	FreeText	This field in not editable.	The value for this variable is not included in the DDP export.
TRAVEL HISTORY - DETAILS					
Location	TRVHXDTLLOCATION1 TRVHXDTLLOCATION2 TRVHXDTLLOCATION3	Specify all locations (city, county, state, country)	FreeText		
Date travel started	TRVHXDTLSTARTDT1 TRVHXDTLSTARTDT2 TRVHXDTLSTARTDT3	Date travel started	Date (MM/DD/YYYY)		
Date travel ended	TRVHXDTLENDDT1 TRVHXDTLENDDT2 TRVHXDTLENDDT3	Date travel ended	Date (MM/DD/YYYY)		
REPORTING AGENCY					
Investigator name	REPAGENCYNAME	Investigator name	FreeText		
Local health jurisdiction	REPAGENCYLHJUR	Local health jurisdiction	FreeText		
Telephone number	REPAGENCYPHONE	Telephone number	FreeText		
Date	REPAGENCYDT	Date of report	Date (MM/DD/YYYY)		

EPIDEMIOLOGIC INFO – RICKETTSIAL GROUP ENTRY for the following conditions : ANAPLASMOSIS / EHRLICHIOSIS / ROCKY MOUNTAIN SPOTTED FEVER / SPOTTED FEVER RICKETTSIOSES / TYPHUS AND OTHER NON-SPOTTED RICKETTSIOSES					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
First reported by	REPAGENCYREPORTEDBY	First reported by	DropDownList	Clinician Laboratory Other	CLI LAB OTH
If Other, specify	REPAGENCYREPORTEDBYSPFY	If Other, specify	FreeText		
DISEASE CASE CLASSIFICATION					
Disease classification	RICKSPOXEPICRCASECLASSDISEASE	Specify disease classification	FreeText		
Specify other	RICKSPOXEPICRCASECLASSDISEASESPFY	If Other, specify	FreeText		
Anaplasmosis Pathogen	RICKSPOXEPICRCASECLASSAnaPath	Specify the *Anaplasmosis* pathogen	RadioButtonList	Anaplasma phagocyt-ophilum	phago
				Anaplasmosis / Ehrlichiosis, undetermined	undetermined
Ehrlichiosis Pathogen	RICKSPOXEPICRCASECLASSEhrlPath	Specify the *Ehrlichiosis* pathogen	RadioButtonList	Ehrlichia chaffeensis	chaff
				Ehrlichia ewingii	ewingii
				Ehrlichiosis / Anaplasmosis, undetermined	undetermined
Spotted Fever Rickettsioses Pathogen	RICKSPOXEPICRCASECLASSRickPath	Specify the Spotted Fever Rickettsioses (excluding Rocky Mountain Spotted Fever) pathogen	RadioButtonList	Rickettsia philippi (strain 364D)	PHIL
				Other	OTH
If Other, specify	RICKSPOXEPICRCASECLASSRickPathSpcfy	If Other, specify	FreeText		
Typhus and Other Non-Spotted Fever Rickettsioses	RICKSPOXEPICRCASECLASSTyphusPath	Specify the *Typhus and Other Non-Spotted Fever Rickettsioses* pathogen	RadioButtonList	Murine typhus (Rickettsia typhi, Rickettsia felis	MURINE
				Epidemic typhus (Rickettsia prowazekii)	EPIDEMIC
				Other	OTH
If Other, specify	RICKSPOXEPICRCASECLASSTyphusPathSpcfy	If Other, specify	FreeText		

Rocky Mountain Spotted Fever

See User Defined Form sections (Clinical, Laboratory and Epidemiologic) under the Rickettsial Group entry

Rubella Syndrome, Congenital (CRS)

CLINICAL INFO – RUBELLA SYNDROME, CONGENITAL (CRS)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
ADDITIONAL DEMOGRAPHIC INFORMATION					
Date of last evaluation of infant	RUBLCNGCLICRDEMOINFOLASTINFEVALDT	Specify the date the infant was last evaluated	Date (MM/DD/YYYY)		
Age diagnosed	RUBLCNGCLICRDEMOINFOAGEDX	Age congenital rubella syndrome diagnosed	FreeText		
Birth weight	RUBLCNGCLICRDEMOINFOBIRTHWEIGHT	Specify the infant's birth weight	FreeText		
Gestational age (weeks)	RUBLCNGCLICRDEMOINFOGESTAGE	Specify the infant's gestational age (weeks)	FreeText		
CLINCAL CHARACTERISTICS					
Cataracts	RUBLCNGCLICRCLINCHARCATARACTS	Clinical characteristics of CRS: **Cataracts**	DropDownList	Yes No Unknown	Y N U
Hearing loss	RUBLCNGCLICRCLINCHARHEARINGLOSS	Clinical characteristics of CRS: **Hearing loss**	DropDownList	Yes No Unknown	Y N U
Meningoen-cephalitis	RUBLCNGCLICRCLINCHARMENING	Clinical characteristics of CRS: **Meningoencephalitis**	DropDownList	Yes No Unknown	Y N U
Microcephaly	RUBLCNGCLICRCLINCHARMICROCEPH	Clinical characteristics of CRS: **Microcephaly**	DropDownList	Yes No Unknown	Y N U
Mental retardation	RUBLCNGCLICRCLINCHARMENTALRETARD	Clinical characteristics of CRS: **Mental retardation**	DropDownList	Yes No Unknown	Y N U
Purpura	RUBLCNGCLICRCLINCHARPURPURA	Clinical characteristics of CRS: **Purpura**	DropDownList	Yes No Unknown	Y N U
Enlarged spleen	RUBLCNGCLICRCLINCHARLRGSPLEEN	Clinical characteristics of CRS: **Enlarged spleen**	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – RUBELLA SYNDROME, CONGENITAL (CRS)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Enlarged liver	RUBLCNGCLICRCLINCHARLRGLIVER	Clinical characteristics of CRS: **Enlarged liver**	DropDownList	Yes No Unknown	Y N U
Congenital glaucoma	RUBLCNGCLICRCLINCHARGLAUCOMA	Clinical characteristics of CRS: **Congenital glaucoma**	DropDownList	Yes No Unknown	Y N U
Pigmentary retinopathy	RUBLCNGCLICRCLINCHARPIGMENTRETI	Clinical characteristics of CRS: **Pigmentary retinopathy**	DropDownList	Yes No Unknown	Y N U
Long bone radiolucencies	RUBLCNGCLICRCLINCHARLONGBONE	Clinical characteristics of CRS: **Long bone radiolucencies**	DropDownList	Yes No Unknown	Y N U
Other abnormalities	RUBLCNGCLICRCLINCHAROTH	Does the patient have any other abnormalities?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	RUBLCNGCLICRCLINCHAROTHSPFY	If Yes, specify abnormalities	FreeText	Yes No Unknown	Y N U
Congenital heart disease	RUBLCNGCLICRCLINCHARHEARTDIS	Clinical characteristics of CRS: **Congenital heart disease**	DropDownList	Yes No Unknown	Y N U
Patent ductus arteriosus	RUBLCNGCLICRCLINCHARPATENTDUCT	Clinical characteristics of CRS: **Patent ductus arteriosus**	DropDownList	Yes No Unknown	Y N U
Peripheral pulmonic stenosis	RUBLCNGCLICRCLINCHARPERIPHPUL	Clinical characteristics of CRS: **Peripheral pulmonic stenosis**	DropDownList	Yes No Unknown	Y N U
Congenital heart disease type unknown	RUBLCNGCLICRCLINCHARTYPEUNK	Clinical characteristics of CRS: **Congenital heart disease type unknown**	DropDownList	Yes No Unknown	Y N U
If Other, specify	RUBLCNGCLICRCLINCHARHEATRDISOTH	If Other type of heart disease, specify	FreeText		
Did patient die?	RUBLCNGCLICRCLINCHARDIED	Did the patient die from CRS or complications associated with CRS?	DropDownList	Yes No Lost to follow-up	Y N L
Causes of death	RUBLCNGCLICRCLINCHARCAUSEOFDEATH	Causes of death (from death certificate)	FreeText		
Autopsy performed?	RUBLCNGCLICRCLINCHARAUTOPSY	If child died, was autopsy performed?	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – RUBELLA SYNDROME, CONGENITAL (CRS)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Final diagnosis	RUBLCNGCLICRCLINCHARPOSTRSLT	Final anatomical diagnosis and post-mortem results	Text Box		
Was case stillborn?	RUBLCNGCLICRCLINCHARSTILLBORN	Was the case stillborn?	DropDownList	Yes No Unknown	Y N U
"Infection only"	RUBLCNGCLICRCLINCHARINFECTIONONLY	Was case determined to be "infection only"?	DropDownList	Yes No Unknown	Y N U
MATERNAL HISTORY					
Mother's last name	RUBLCNGCLICRMATHXMOTHLASTNAME	Mother's last name	FreeText		
Mother's first name	RUBLCNGCLICRMATHXMOTHFIRSTNAME	Mother's first name	FreeText		
Age at delivery (years)	RUBLCNGCLICRMATHXAGEATDELIV	Specify the Mother's age at delivery (years)	FreeText		
Occupation at time of conception	RUBLCNGCLICRMATHXOCCUPAT	Specify the Mother's occupation at time of conception	FreeText		
Previous pregnancies	RUBLCNGCLICRMATHXNUMPREVPREG	Indicate the number of previous pregnancies the Mother has had	FreeText		
Number of live births	RUBLCNGCLICRMATHXNUMLIVEBIRTH	Indicate the number of live births the Mother has had	FreeText		
Family planning clinic?	RUBLCNGCLICRMATHXPLANNINGCLIN	Did mother attend family planning clinic prior to conception?	DropDownList	Yes No Unknown	Y N U
Prenatal care?	RUBLCNGCLICRMATHXPRENATALCARE	Did mother receive prenatal care for this pregnancy?	DropDownList	Yes No Unknown	Y N U
Date of first visit	RUBLCNGCLICRMATHXFIRSTVISITDT	Specify the date of first prenatal care visit	Date (MM/DD/YYYY)		
Where obtained?	RUBLCNGCLICRMATHXPRENATALLOC	Where was prenatal care obtained?	DropDownList	Public sector Private sector Unknown	PUB PRIV UNK
Unknown	RUBLCNGCLICRMATHXFIRSTVISITDTUNK	Indicate if the date of first prenatal care visit is unknown	CheckBox	Unchecked Checked	(blank) Y

CLINICAL INFO – RUBELLA SYNDROME, CONGENITAL (CRS)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Mother illness during pregnancy	RUBLCNGCLICRMATHXLIKEILLNESS	Did mother have a rubella-like illness during pregnancy	DropDownList	Yes No Unknown	Y N U
If Yes, month of pregnancy	RUBLCNGCLICRMATHXILLMONTH	If Yes, month of pregnancy in which symptoms first occurred	FreeText		
Unknown	RUBLCNGCLICRMATHXILLMONTHUNK	Indicate if the month of pregnancy is unknown	CheckBox	Unchecked Checked	(blank) Y
Rubella diagnosed?	RUBLCNGCLICRMATHXRUBELLADX	Was rubella diagnosed by a physician at time of illness?	DropDownList	Yes No Unknown	Y N U
If not MD, by whom?	RUBLCNGCLICRMATHXWHODX	If not MD, who diagnosed?	FreeText		
Serologically confirmed?	RUBLCNGCLICRMATHXSERCONF	Was rubella serologically confirmed at time of illness?	DropDownList	Yes No Unknown	Y N U
Rash	RUBLCNGCLICRMATHXRASH	Clinical features of maternal illness: **Rash**	DropDownList	Yes No Unknown	Y N U
If Yes, date of onset	RUBLCNGCLICRMATHXRASHONSET	If Yes, specify onset date of rash	Date (MM/DD/YYYY)		
Fever	RUBLCNGCLICRMATHXFEVER	Clinical features of maternal illness: **Fever**	DropDownList	Yes No Unknown	Y N U
Highest temperature	RUBLCNGCLICRMATHXFEVERHIGHTEMP	If Yes, highest temperature (specify F/C)	FreeText		
Lymphaden-opathy	RUBLCNGCLICRMATHXLYMPH	Clinical features of maternal illness: **Lymphadenopathy**	DropDownList	Yes No Unknown	Y N U
Arthralgia / arthritis	RUBLCNGCLICRMATHXARTHRIT	Clinical features of maternal illness: **Arthralgia / arthritis**	DropDownList	Yes No Unknown	Y N U
Other symptoms	RUBLCNGCLICRMATHXOTHSX	Maternal illness present with any other symptoms?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	RUBLCNGCLICRMATHXOTHSXSPFY	If Yes, specify other symptoms	FreeText		

CLINICAL INFO – RUBELLA SYNDROME, CONGENITAL (CRS)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Mother immunized?	RUBLCNGCLICRMATHXMOTHIMM	Mother immunized with rubella vaccine	DropDownList	Yes No Unknown	Y N U
Date of first vaccination	RUBLCNGCLICRMATHXIMM1DT	Indicate the date of first vaccination	Date (MM/DD/YYYY)		
Date of second vaccination	RUBLCNGCLICRMATHXIMM2DT	Indicate the date of second vaccination	Date (MM/DD/YYYY)		
Date of third vaccination	RUBLCNGCLICRMATHXIMM3DT	Indicate the date of third vaccination	Date (MM/DD/YYYY)		
Source of information	RUBLCNGCLICRMATHXINFOSOURCE	Indicate the source of maternal vaccination information	DropDownList	Physician Mother only School Other (specify) Immunization Registry Hospital database Unknown	PHYS MOTH SCH OTH IMMREG HOSPDB UNK
If Other, specify	RUBLCNGCLICRMATHXINFOSOURCESPFY	If other, specify the source	FreeText		
Serological testing for rubella?	RUBLCNGCLICRMATHXSERTEST	Did mother have serological testing for rubella immunity prior to exposure?	DropDownList	Yes No Unknown	Y N U
MATERNAL HISTORY – IMMUNITY SCREENING					
Date	RUBLCNGCLICRMATHXIMMSCRDATE1 RUBLCNGCLICRMATHXIMMSCRDATE2 RUBLCNGCLICRMATHXIMMSCRDATE3	Specify the date of serological testing for rubella immunity	Date (MM/DD/YYYY)		
Interpretation of results	RUBLCNGCLICRMATHXIMMSCRINTERPRET1 RUBLCNGCLICRMATHXIMMSCRINTERPRET2 RUBLCNGCLICRMATHXIMMSCRINTERPRET3	Interpretation of serological test results	DropDownList	Susceptible Immune Unknown	S I U
Unknown	RUBLCNGCLICRMATHXIMMSCRDATEUNK1 RUBLCNGCLICRMATHXIMMSCRDATEUNK2 RUBLCNGCLICRMATHXIMMSCRDATEUNK3	Indicate if the date of serological testing for rubella immunity is unknown	CheckBox	Unchecked Checked	(blank) Y

LABORATORY INFO – RUBELLA SYNDROME, CONGENITAL (CRS)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY RESULTS – DETAILS					
Subject	RUBLCNGLABCRLABRSLTDTLSUBJECT1 RUBLCNGLABCRLABRSLTDTLSUBJECT2 RUBLCNGLABCRLABRSLTDTLSUBJECT3	Subject of laboratory testing	RadioButtonList	Mother Infant	M I
Type specimen	RUBLCNGLABCRLABRSLTDTLSPECIMEN1 RUBLCNGLABCRLABRSLTDTLSPECIMEN2 RUBLCNGLABCRLABRSLTDTLSPECIMEN3	What type of specimen was submitted for lab testing?	FreeText		
Date collected	RUBLCNGLABCRLABRSLTDTLCOLLECTDT1 RUBLCNGLABCRLABRSLTDTLCOLLECTDT2 RUBLCNGLABCRLABRSLTDTLCOLLECTDT3	Date specimen was collected	Date (MM/DD/YYYY)		
Specific test methods used	RUBLCNGLABCRLABRSLTDTLMETHOD1 RUBLCNGLABCRLABRSLTDTLMETHOD2 RUBLCNGLABCRLABRSLTDTLMETHOD3	Specify the test methods used in the laboratory tests	DropDownList	Viral cultures RIA IFA ELISA Hemagglutination inhibition Latex agglutination Passive hemagglutination Other	VIR RIA IFA ELISA HAI LA PHIA OTH
If Other, specify	RUBLCNGLABCRLABRSLTDTLMETHODSPFY1 RUBLCNGLABCRLABRSLTDTLMETHODSPFY2 RUBLCNGLABCRLABRSLTDTLMETHODSPFY3	If other test method used, specify	FreeText		
Specify antibody	RUBLCNGLABCRLABRSLTDTLIGANTIBODY1 RUBLCNGLABCRLABRSLTDTLIGANTIBODY2 RUBLCNGLABCRLABRSLTDTLIGANTIBODY3	If antibody testing was performed, specify which Rubella-specific immunoglobulin antibody (IgM or IgG) was used	DropDownList	IgM IgG Other	IMM IGG OTH
If Other, specify	RUBLCNGLABCRLABRSLTDTLIGANTIBODYOTH1 RUBLCNGLABCRLABRSLTDTLIGANTIBODYOTH2 RUBLCNGLABCRLABRSLTDTLIGANTIBODYOTH3	If other antibody, specify	FreeText		

LABORATORY INFO – RUBELLA SYNDROME, CONGENITAL (CRS)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Test results	RUBLCNGLABCRLABRSLTDTLTESTRSLT1 RUBLCNGLABCRLABRSLTDTLTESTRSLT2 RUBLCNGLABCRLABRSLTDTLTESTRSLT3	What were the results of the laboratory testing?	FreeText		
Laboratory name	RUBLCNGLABCRLABRSLTDTLLABNAME1 RUBLCNGLABCRLABRSLTDTLLABNAME2 RUBLCNGLABCRLABRSLTDTLLABNAME3	Name of laboratory where testing was performed	FreeText		
Telephone	RUBLCNGLABCRLABRSLTDTLLABPHONE1 RUBLCNGLABCRLABRSLTDTLLABPHONE2 RUBLCNGLABCRLABRSLTDTLLABPHONE3	Telephone number of laboratory	FreeText		

EPIDEMIOLOGIC INFO – RUBELLA SYNDROME, CONGENITAL (CRS)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
EPIDEMIOLOGICAL EXPOSURE HISTORY					
Mother directly exposed?	RUBLCNGEPICREPIEXPHXEXPOSED	Was the mother directly exposed to a known rubella case?	DropDownList	Yes No Unknown	Y N U
If Yes, specify relationship	RUBLCNGEPICREPIEXPHXRELATION	If Yes, specify relationship	FreeText		
Date of exposure	RUBLCNGEPICREPIEXPHXDATE	Date of exposure to rubella case	Date (MM/DD/YYYY)		
Unknown	RUBLCNGEPICREPIEXPHXDATEUNK	Indicate if the date of exposure is unknown	CheckBox	Unchecked Checked	(blank) Y
Source of public health report	RUBLCNGEPICREPIEXPHXSOURCE	Indicate the source of the initial public health report	DropDownList	Private MD Death record Birth record Laboratory	MD DEATHREC BIRTHREC LAB

EPIDEMIOLOGIC INFO – RUBELLA SYNDROME, CONGENITAL (CRS)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				Hospital Other	HOSP OTH
If Other, specify	RUBLCNGEPICREPIEXPHXSOURCESPFY	If other source, specify	FreeText		
TRAVEL HISTORY					
Travel during pregnancy?	RUBLCNGEPICRTRVHXTRAVEL	Did the mother travel during pregnancy?	DropDownList	Yes No Unknown	Y N U
Contact with travelers or visitors?	RUBLCNGEPICRTRVHXCONTACT	Did the mother have contact with travelers or visitors during pregnancy?	DropDownList	Yes No Unknown	Y N U
TRAVEL HISTORY - DETAILS					
Location	TRVHXDTLLOCATION1 TRVHXDTLLOCATION2 TRVHXDTLLOCATION3	Specify location (city, county, state, country) of patient travel	FreeText		
Date travel started	TRVHXDTLSTARTDT1 TRVHXDTLSTARTDT2 TRVHXDTLSTARTDT3	Date travel started	Date (MM/DD/YYYY)		
Date travel ended	TRVHXDTLENDDT1 TRVHXDTLENDDT2 TRVHXDTLENDDT3	Date travel ended	Date (MM/DD/YYYY)		
IMPORT STATUS					
Import status	IMPSTATUSIMPORT	Indicates if the disease incident was indigenous to the reporting jurisdiction or imported from another area	System Defined Field Link		
If case is indigenous, is case	IMPSTATUSINDIGCLASS	If case is indigenous, is the case import-linked, an imported virus, endemic, or from an unknown source?	DropDownList	Import-linked Imported virus Endemic Unknown Source	IMPLNK IMPVIR ENDEM UNK
Describe source	IMPSTATUSSOURCE	If case is imported, describe source	FreeText		
HOUSEHOLD INFORMATION					

EPIDEMIOLOGIC INFO – RUBELLA SYNDROME, CONGENITAL (CRS)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Number of children in household	RUBLCNGEPICRHHINFONUMCHILDREN	Number of other children less than 18 years living in household during this pregnancy	FreeText		
Children immunized?	RUBLCNGEPICRHHINFOCHILDIMM	Were any of the children immunized with rubella vaccine?	DropDownList	Yes No Unknown	Y N U
PHYSICIAN INFORMATION					
Physician	RUBLCNGEPICRPHYSINFOPHYSICIAN	Physician responsible for child's care	FreeText		
Telephone	RUBLCNGEPICRPHYSINFOPHONE	Telephone number for Physician	FreeText		

Salmonellosis

CLINICAL INFO – SALMONELLOSIS (OTHER THAN TYPHOID FEVER)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
GROUP SETTING					
Attend child care or preschool?	CLICRGRPSETTINGCHILDPRESCHOOL	Does the patient attend child care or preschool?	DropDownList	Yes No Unknown	Y N U
Live in skilled nursing facility?	CLICRGRPSETTINGSKILLEDNURS	Does the patient live in a skilled nursing facility?	DropDownList	Yes No Unknown	Y N U
Location / Other details	CLICRGRPSETTINGLOCOTH	Specify the location and any other relevant details of the nursing facility and/or child care or preschool	FreeText		
SIGNS AND SYMPTOMS					
Symptomatic?	CLICRSIGNSXSYMPTOMATIC	Does the patient have clinical signs or symptoms compatible with Salmonellosis?	DropDownList	Yes No Unknown	Y N U
Onset date	CLICRSIGNSXONSETDT	Onset date of symptoms of Salmonellosis	System Defined Field Link		
Onset time (HH:MM AM/PM)	CLICRSIGNSXONSTTIME	What was the approximate onset time of the symptoms? (HH:MM AM/PM)	FreeText		
Duration of Acute Symptoms	CLICRSIGNSXDURSYMP	What was the duration of Acute Symptoms in terms of days?	FreeText		
Diarrhea	CLICRSIGNSXDIARRHEA	Salmonellosis signs and symptoms: **Diarrhea**	DropDownList	Yes No Unknown	Y N U
Max number stools	CLICRSIGNSXMAXSTOOL24HR	Max number of stools in 24-hr period	FreeText		
Onset time of diarrhea	CLICRSIGNSXONSETDTDIARRHEA	What was the approximate onset time of the diarrhea	Date (MM/DD/YYYY)		
Bloody diarrhea	CLICRSIGNSXBLDDIARRHEA	Salmonellosis signs and symptoms: **Bloody diarrhea**	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – SALMONELLOSIS (OTHER THAN TYPHOID FEVER)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Fever	CLICRSIGNSXFEVER	Salmonellosis signs and symptoms: **Fever**	DropDownList	Yes No Unknown	Y N U
Highest temperature	CLICRSIGNSXHIGHTEMP	If Yes, highest temperature (specify F/C)	FreeText		
Vomiting	CLICRSIGNSXVOMITING	Salmonellosis signs and symptoms: **Vomiting**	DropDownList	Yes No Unknown	Y N U
Abdominal cramps	CLICRSIGNSXABCRAMP	Salmonellosis signs and symptoms: **Abdominal cramps**	DropDownList	Yes No Unknown	Y N U
Chills	CLICRSIGNSXCHILLS	Salmonellosis signs and symptoms: **Chills**	DropDownList	Yes No Unknown	Y N U
Other	CLICRSIGNSXOTHER	**Other signs or symptoms** of Salmonellosis	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CLICRSIGNSXOTHSPFY	If Yes, specify	FreeText		
PAST MEDICAL HISTORY					
Antibiotics in month prior?	CLICRPASMEDHXABXPRIOR	Did the patient take antibiotics in the month prior to onset?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CLICRPASMEDHXABXPRIORSPFY	If Yes, specify antibiotic(s)	FreeText		
Regular medications	CLICRPASMEDHXMEDICATION	Does the patient take medications regularly?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CLICRPASMEDHXMEDICATIONSPFY	If Yes, specify medications	FreeText		
Medical conditions	CLICRPASMEDHXMEDCOND	Does the patient have any medical conditions? (i.e. renal disease, diabetes, immune compromising conditions)	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CLICRPASMEDHXMEDCONDSPFY	If Yes, specify medical condition(s)	FreeText		
HOSPITALIZATION					

CLINICAL INFO – SALMONELLOSIS (OTHER THAN TYPHOID FEVER)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Patient visit ER?	HOSPER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U
Was patient hospitalized?	HOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
Total hospital nights	HOSPDAYSHOSP	If Yes, how many total hospital nights?	FreeText		
HOSPITALIZATION - DETAILS					
Hospital name	HOSPDTLNAME_1 HOSPDTLNAME_2 HOSPDTLNAME_3	Name of facility where patient was hospitalized	FreeText		
Street address	HOSPDTLADDRESS_1 HOSPDTLADDRESS_2 HOSPDTLADDRESS_3	Street address of hospital	FreeText		
City	HOSPDTLCITY_1 HOSPDTLCITY_2 HOSPDTLCITY_3	City where hospital located	FreeText		
State	HOSPDTLSTATE_1 HOSPDTLSTATE_2 HOSPDTLSTATE_3	State	FreeText		
Zip code	HOSPDTLZIPCODE_1 HOSPDTLZIPCODE_2 HOSPDTLZIPCODE_3	Zip code	FreeText		
Telephone	HOSPDTLPHONE_1 HOSPDTLPHONE_2 HOSPDTLPHONE_3	Telephone number for hospital	FreeText		
Admit date	HOSPDTLADMITDT_1 HOSPDTLADMITDT_2 HOSPDTLADMITDT_3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPDTLDISCHDT_1 HOSPDTLDISCHDT_2 HOSPDTLDISCHDT_3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		
Medical record number	HOSPDTLMRN_1 HOSPDTLMRN_2 HOSPDTLMRN_3	Medical record number for patient	FreeText		

CLINICAL INFO – SALMONELLOSIS (OTHER THAN TYPHOID FEVER)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Discharge diagnosis	HOSPDTLDISCHDX_1 HOSPDTLDISCHDX_2 HOSPDTLDISCHDX_3	What was the patient's final diagnosis at the time of discharge?	FreeText		
TREATMENT/MANAGEMENT					
Received treatment?	TXMGTTREATMENT	Did the patient receive treatment for Salmonellosis?	DropDownList	Yes No Unknown	Y N U
TREATMENT/MANAGMENT – DETAILS					
Treatment type	CLICRTXMGTDTLTYPE_1 CLICRTXMGTDTLTYPE_2 CLICRTXMGTDTLTYPE_3	What was the general treatment type?	DropDownList	Antibiotic Other	ABX OTH
Treatment name	CLICRTXMGTDTLNAME_1 CLICRTXMGTDTLNAME_2 CLICRTXMGTDTLNAME_3	What was the specific name of the treatment?	FreeText		
Date started	CLICRTXMGTDTLSTARTDT_1 CLICRTXMGTDTLSTARTDT_2 CLICRTXMGTDTLSTARTDT_3	Date treatment started	Date (MM/DD/YYYY)		
Date ended	CLICRTXMGTDTLENDDT_1 CLICRTXMGTDTLENDDT_2 CLICRTXMGTDTLENDDT_3	Date treatment ended	Date (MM/DD/YYYY)		
OUTCOME					
Outcome?	OUTCOMEOUTCOME	What was the clinical outcome for this case?	DropDownList	Survived Died Unknown	S D U
Survived as of	OUTCOMESURVIVEDT	If patient survived, what was the date patient was known to still be living?	Date (MM/DD/YYYY)		
Date of death	OUTCOMEDEATHDT	If patient died, what was the date of death?	System Defined Field Link		

LABORATORY INFO – SALMONELLOSIS (OTHER THAN TYPHOID FEVER)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY RESULTS SUMMARY					
Specimen type	LABCRLABRSLTSUMSPECTYP_1 LABCRLABRSLTSUMSPECTYP_2 LABCRLABRSLTSUMSPECTYP_3	What type of specimen was submitted for testing?	DropDownList	Stool Blood Urine Other	STOOL BLOOD URINE OTH
If Other, specify	LABCRLABRSLTSUMSPECTYPSPFY_1 LABCRLABRSLTSUMSPECTYPSPFY_2 LABCRLABRSLTSUMSPECTYPSPFY_3	If Other specimen type was submitted, please specify the type of specimen	FreeText		
Collection date	LABCRLABRSLTSUMDT_1 LABCRLABRSLTSUMDT_2 LABCRLABRSLTSUMDT_3	Date lab specimen was collected	Date (MM/DD/YYYY)		
Laboratory name	LABCRLABRSLTSUMNAME_1 LABCRLABRSLTSUMNAME_2 LABCRLABRSLTSUMNAME_3	Name of lab where testing was performed	FreeText		
Telephone	LABCRLABRSLTSUMPHONE_1 LABCRLABRSLTSUMPHONE_2 LABCRLABRSLTSUMPHONE_3	Telephone number of lab	FreeText		
Result confirmed?	LABCRLABRSLTSUMRSLTCONFLPHL_1 LABCRLABRSLTSUMRSLTCONFLPHL_2 LABCRLABRSLTSUMRSLTCONFLPHL_3	Was result confirmed by local public health lab?	RadioButtonList	Yes No Unknown	Y N U
If Yes, result (including subtype)	LABCRLABRSLTSUMSPFYRSLT_1 LABCRLABRSLTSUMSPFYRSLT_2 LABCRLABRSLTSUMSPFYRSLT_3	If Yes, specify the result (including subtype)	FreeText		
Local lab ID number	LABCRLABRSLTSUMLLABIDNUM_1 LABCRLABRSLTSUMLLABIDNUM_2 LABCRLABRSLTSUMLLABIDNUM_3	What is the local lab's ID number	FreeText		
Serotype confirmed?	LABCRLABRSLTSUMSEROTYPCONF_1 LABCRLABRSLTSUMSEROTYPCONF_2 LABCRLABRSLTSUMSEROTYPCONF_3	Was isolate sent to state lab for serotype confirmation?	RadioButtonList	Yes No Unknown	Y N U
If Yes, result (including serotype)	LABCRLABRSLTSUMSEROTYPCONFRSLT_1 LABCRLABRSLTSUMSEROTYPCONFRSLT_2 LABCRLABRSLTSUMSEROTYPCONFRSLT_3	If Yes, specify the result (including serotype)	FreeText		
State lab ID number	LABCRLABRSLTSUMSLABIDNUM_1 LABCRLABRSLTSUMSLABIDNUM_2 LABCRLABRSLTSUMSLABIDNUM_3	What is the state lab's ID number	FreeText		
Was PFGE requested?	LABCRLABRSLTSUMPFGE_1 LABCRLABRSLTSUMPFGE_2 LABCRLABRSLTSUMPFGE_3	Was PFGE (Pulsed-field gel electrophoresis) requested?	RadioButtonList	Yes No Unknown	Y N U

LABORATORY INFO – SALMONELLOSIS (OTHER THAN TYPHOID FEVER)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
XbaI pattern #	LABCRLABRSLTSUMXBAIPAT_1 LABCRLABRSLTSUMXBAIPAT_2 LABCRLABRSLTSUMXBAIPAT_3	XbaI pattern #	FreeText		
Blnl pattern #	LABCRLABRSLTSUMBINIPAT_1 LABCRLABRSLTSUMBINIPAT_2 LABCRLABRSLTSUMBINIPAT_3	Blnl pattern #	FreeText		
CDC ID	LABCRLABRSLTSUMCDCCLUSTID_1 LABCRLABRSLTSUMCDCCLUSTID_2 LABCRLABRSLTSUMCDCCLUSTID_3	CDC cluster ID # (if known)	FreeText		

EPIDEMIOLOGIC INFO – SALMONELLOSIS (OTHER THAN TYPHOID FEVER)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
FOOD HISTORY					
Eggs	EPICRFOODHXEGG	Did the patient eat eggs during the incubation period?	DropDownList	Yes No Unknown	Y N U
Eaten undercooked or raw?	EPICRFOODHXEGGRAW	Were the eggs eaten undercooked or raw?	DropDownList	Yes No Unknown	Y N U
Where purchased?	EPICRFOODHXEGGPUR	Where was the food purchased?	FreeText		
Food made with raw eggs	EPICRFOODHXCOOKRAW	Did the patient eat or drink food made with raw eggs (e.g. eggnog, Caesar salad dressing, cookie dough, homemade mayonnaise) during the incubation period?	DropDownList	Yes No Unknown	Y N U
Food items	EPICRFOODHXFOODITEM	Specify what food items were eaten	FreeText		
Where purchased?	EPICRFOODHXFOODPUR	Where was the food purchased?	FreeText		
Raw (unpasteurized) milk	EPICRFOODHXRAWMILK	Did the patient drink raw (unpasteurized) milk during the incubation period?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – SALMONELLOSIS (OTHER THAN TYPHOID FEVER)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Type(s)	EPICRFOODHXRAWMILKTYP	If yes, specify type(s)	FreeText		
Brand(s)	EPICRFOODHXRAWMILKBRAND	If yes, specify brand(s)	FreeText		
Where purchased?	EPICRFOODHXRAWMILKPUR	Where was the food purchased?	FreeText		
Raw milk products	EPICRFOODHXMLKPROD	Did the patient eat or drink raw milk products during the incubation period?	DropDownList	Yes No Unknown	Y N U
Type(s)	EPICRFOODHXMLKPRODTYP	If yes, specify type(s)	FreeText		
Brand(s)	EPICRFOODHXMLKPRODBRAND	If yes, specify brand(s)	FreeText		
Where purchased?	EPICRFOODHXMLKPRODPUR	Where was the food purchased?	FreeText		
Mexican-style fresh cheese	EPICRFOODHXCHEESE	Did the patient eat mexican-style fresh cheese (queso fresco) or cheese from a street vendor during the incubation period?	DropDownList	Yes No Unknown	Y N U
Unpasteurized?	EPICRFOODHXCHEESEUNPAS	Was the cheese unpasteurized?	DropDownList	Yes No Unknown	Y N U
Type(s)	EPICRFOODHXCHEESETYP	Specify type(s) of cheese	FreeText		
Brand(s)	EPICRFOODHXCHEESEBRAND	Specify brand(s) of cheese	FreeText		
Where purchased?	EPICRFOODHXCHEESEPUR	Where was the food purchased?	FreeText		
Ground beef	EPICRFOODHXGBEEF	Did the patient eat ground beef during the incubation period?	DropDownList	Yes No Unknown	Y N U
Eaten undercooked or raw?	EPICRFOODHXGBEEFRAW	Was the ground beef eaten undercooked or raw?	DropDownList	Yes No Unknown	Y N U
Where purchased?	EPICRFOODHXGBEEFPUR	Where was the food purchased?	FreeText		

EPIDEMIOLOGIC INFO – SALMONELLOSIS (OTHER THAN TYPHOID FEVER)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Poultry	EPICRFOODHXPOULTRY	Did the patient eat poultry during the incubation period?	DropDownList	Yes No Unknown	Y N U
Type(s)	EPICRFOODHXPOULTRYTYP	If yes, specify type(s)	FreeText		
Eaten undercooked or raw?	EPICRFOODHXPOULTRYRAW	Was the poultry eaten undercooked or raw?	DropDownList	Yes No Unknown	Y N U
Where purchased?	EPICRFOODHXPOULTRYPUR	Where was the food purchased?	FreeText		
Other meat (e.g., pork, lamb, goat, etc.)	EPICRFOODHXOTHMEAT	Did the patient eat any other meat (e.g. pork, lamb, goat, etc.) during the incubation period?	DropDownList	Yes No Unknown	Y N U
Type(s)	EPICRFOODHXOTHMEATTYP	If yes, specify type(s)	FreeText		
Eaten undercooked or raw?	EPICRFOODHXOTHMEATRAW	Was the meat eaten undercooked or raw?	DropDownList	Yes No Unknown	Y N U
Where purchased?	EPICRFOODHXOTHMEATPUR	Where was the food purchased?	FreeText		
Raw nuts	EPICRFOODHXRAWNUTS	Did the patient eat raw nuts during the incubation period?	DropDownList	Yes No Unknown	Y N U
Type(s)	EPICRFOODHXRAWNUTSTYP	If yes, specify type(s)	FreeText		
Where purchased?	EPICRFOODHXRAWNUTSPUR	Where was the food purchased?	FreeText		
Tomatoes	EPICRFOODHXTOMATO	Did the patient eat tomatoes during the incubation period?	DropDownList	Yes No Unknown	Y N U
Type(s)	EPICRFOODHXTOMATOTYP	If yes, specify type(s)	FreeText		
Where purchased?	EPICRFOODHXTOMATOPUR	Where was the food purchased?	FreeText		
Lettuce	EPICRFOODHXLETTUCE	Did the patient eat lettuce during the incubation period?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – SALMONELLOSIS (OTHER THAN TYPHOID FEVER)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Type(s)	EPICRFOODHXLETTUCETYP	If yes, specify type(s)	FreeText		
Where purchased?	EPICRFOODHXLETTUCEPUR	Where was the food purchased?	FreeText		
Cilantro	EPICRFOODHXCILANTRO	Did the patient eat cilantro during the incubation period?	DropDownList	Yes No Unknown	Y N U
Specify where purchased	EPICRFOODHXCILANTROPUR	If Yes, specify where the cilantro was purchased	FreeText		
Green onions	EPICRFOODHXGONION	Did the patient eat green onions during the incubation period?	DropDownList	Yes No Unknown	Y N U
Specify where purchased	EPICRFOODHXGONIONPUR	If Yes, specify where the green onions were purchased	FreeText		
Bean sprouts	EPICRFOODHXBEANSPROUT	Did the patient eat bean sprouts during the incubation period?	DropDownList	Yes No Unknown	Y N U
Specify where purchased	EPICRFOODHXBEANSPROUTPUR	If Yes, specify where the bean sprouts were purchased	FreeText		
Alfalfa sprouts	EPICRFOODHXALFASPROUT	Did the patient eat alfalfa sprouts during the incubation period?	DropDownList	Yes No Unknown	Y N U
Specify where purchased	EPICRFOODHXALFASPROUTPUR	If Yes, specify where the alfalfa sprouts were purchased	FreeText		
Other raw vegetables	EPICRFOODHXRAWVEG	Did the patient eat any other raw vegetables?	DropDownList	Yes No Unknown	Y N U
Type(s)	EPICRFOODHXRAWVEGTYP	If yes, specify type(s)	FreeText		
Where purchased?	EPICRFOODHXRAWVEGPUR	Where was the food purchased?	FreeText		
Fresh salsa	EPICRFOODHXFRESHSALSA	Did the patient eat fresh salsa during the incubation period?	DropDownList	Yes No Unknown	Y N U
Specify where purchased	EPICRFOODHXFRESHSALSAPUR	If Yes, specify where the fresh salsa was purchased	FreeText		

EPIDEMIOLOGIC INFO – SALMONELLOSIS (OTHER THAN TYPHOID FEVER)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Cantaloupe	EPICRFOODHXCANTALOUPE	Did the patient eat cantaloupe during the incubation period?	DropDownList	Yes No Unknown	Y N U
Specify where purchased	EPICRFOODHXCANTALOUPEPUR	If Yes, specify where the cantaloupe was purchased	FreeText		
Other raw fresh fruit	EPICRFOODHXRAWFRUIT	Did the patient eat any other raw fresh fruit?	DropDownList	Yes No Unknown	Y N U
Type(s)	EPICRFOODHXRAWFRUITTYP	If yes, specify type(s)	FreeText		
Where purchased?	EPICRFOODHXRAWFRUITPUR	Where was the food purchased?	FreeText		
Raw juices, ciders, smoothies	EPICRFOODHXRAWJUICE	Did the patient drink any raw (unpasteurized) juices, ciders, or smoothies during the incubation period?	DropDownList	Yes No Unknown	Y N U
Type(s)	EPICRFOODHXRAWJUICETYP	If yes, specify type(s)	FreeText		
Brand(s)	EPICRFOODHXRAWJUICEBRAND	If yes, specify brand(s)	FreeText		
Where purchased?	EPICRFOODHXRAWJUICEPUR	Where was the food purchased?	FreeText		
Other food exposures	EPICRFOODHXOTFODEXP	Did the patient have any other food exposures of interest?	FreeText		
Food item(s)	EPICRFOODHXOTFODITEM	If yes, please specify food item(s)	FreeText		
Where purchased?	EPICRFOODHXOTFODEXPPUR	Where was the food purchased?	FreeText		
FOOD HISTORY – GROCERIES					
Store / Location	EPICRFOODHXGROLOCATION_1 EPICRFOODHXGROLOCATION_2 EPICRFOODHXGROLOCATION_3 EPICRFOODHXGROLOCATION_4 EPICRFOODHXGROLOCATION_5	Name of store or location where patient purchased groceries (Include Farmer's Markets, delis, swap meets, etc.)	FreeText		

EPIDEMIOLOGIC INFO – SALMONELLOSIS (OTHER THAN TYPHOID FEVER)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Address / Cross-streets	EPICRFOODHXGROADDRESS_1 EPICRFOODHXGROADDRESS_2 EPICRFOODHXGROADDRESS_3 EPICRFOODHXGROADDRESS_4 EPICRFOODHXGROADDRESS_5	Address / Cross-streets of store or location	FreeText		
City	EPICRFOODHXGROCITY_1 EPICRFOODHXGROCITY_2 EPICRFOODHXGROCITY_3 EPICRFOODHXGROCITY_4 EPICRFOODHXGROCITY_5	City	FreeText		
State	EPICRFOODHXGROSTATE_1 EPICRFOODHXGROSTATE_2 EPICRFOODHXGROSTATE_3 EPICRFOODHXGROSTATE_4 EPICRFOODHXGROSTATE_5	State	FreeText		
FOOD HISTORY – OUTSIDE HOME					
Consume food prepared outside home?	EPICRFOODHXOUTFOODOUT	Did the patient consume food or drink prepared outside of the home during the incubation period?	DropDownList	Yes No Unknown	Y N U
Incubation period	EPICRFOODHXOUTINCUB	Incubation period (This value is automatically populated)	FreeText	7 days prior to illness onset	The value for this variable is not included in the DDP export.
FOOD HISTORY – OUTSIDE HOME - DETAILS					
Name of place	EPICRFOODHXOUTDTLPLACE_1 EPICRFOODHXOUTDTLPLACE_2 EPICRFOODHXOUTDTLPLACE_3 EPICRFOODHXOUTDTLPLACE_4 EPICRFOODHXOUTDTLPLACE_5	Name of location where patient consumed food or drink prepared outside of the home	FreeText		
Location (city, state)	EPICRFOODHXOUTDTLLOCATION_1 EPICRFOODHXOUTDTLLOCATION_2 EPICRFOODHXOUTDTLLOCATION_3 EPICRFOODHXOUTDTLLOCATION_4 EPICRFOODHXOUTDTLLOCATION_5	Location (city, state)	FreeText		

EPIDEMIOLOGIC INFO – SALMONELLOSIS (OTHER THAN TYPHOID FEVER)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Date	EPICRFOODHXOUTDTLDT_1 EPICRFOODHXOUTDTLDT_2 EPICRFOODHXOUTDTLDT_3 EPICRFOODHXOUTDTLDT_4 EPICRFOODHXOUTDTLDT_5	Date food or drink was consumed	Date (MM/DD/YYYY)		
Items consumed	EPICRFOODHXOUTDTLCONSUMED_1 EPICRFOODHXOUTDTLCONSUMED__2 EPICRFOODHXOUTDTLCONSUMED_3 EPICRFOODHXOUTDTLCONSUMED_4 EPICRFOODHXOUTDTLCONSUMED_5	Food or drink items consumed	FreeText		
ANIMAL EXPOSURES					
Birds	EPICRANMALLEXPBIRD	Did the patient have exposure to (contact with) birds during the incubation period?	DropDownList	Yes No Unknown	Y N U
Type(s)	EPICRANMALLEXPBIRDTYP	If yes, specify type(s)	FreeText		
Animal ill?	EPICRANMALLEXPBIRDILL	Was the animal ill?	DropDownList	Yes No Unknown	Y N U
Setting / location	EPICRANMALLEXPBIRDLOC	Describe the setting and location of animal exposure	FreeText		
Date	EPICRANMALLEXPBIRDDT	Date of exposure	Date (MM/DD/YYYY)		
Reptiles	EPICRANMALLEXPREPTILE	Did the patient have exposure to (contact with) reptiles during the incubation period?	DropDownList	Yes No Unknown	Y N U
Type(s)	EPICRANMALLEXPREPTILETYP	If yes, specify type(s)	FreeText		
Animal ill?	EPICRANMALLEXPREPTILEILL	Was the animal ill?	DropDownList	Yes No Unknown	Y N U
Setting / location	EPICRANMALLEXPREPTILELOC	Describe the setting and location of animal exposure	FreeText		
Date	EPICRANMALLEXPREPTILEDT	Date of exposure	Date (MM/DD/YYYY)		

EPIDEMIOLOGIC INFO – SALMONELLOSIS (OTHER THAN TYPHOID FEVER)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Other pet	EPICRANMALLEXPOTHPET	Did the patient have exposure to any other pet(s) during the incubation period?	DropDownList	Yes No Unknown	Y N U
Type(s)	EPICRANMALLEXPOTHPETTYP	If yes, specify type(s)	FreeText		
Animal ill?	EPICRANMALLEXPOTHPETILL	Was the animal ill?	DropDownList	Yes No Unknown	Y N U
Setting / location	EPICRANMALLEXPOTHPETLOC	Describe the setting and location of animal exposure	FreeText		
Date	EPICRANMALLEXPOTHPETDT	Date of exposure	Date (MM/DD/YYYY)		
Livestock (e.g., cows, pigs, sheep, goats)	EPICRANMALLEXPLIVESTOK	Did the patient have exposure to (contact with) livestock (e.g., cows, pigs, sheep, goats) during the incubation period?	DropDownList	Yes No Unknown	Y N U
Type(s)	EPICRANMALLEXPLIVESTOKTYP	If yes, specify type(s)	FreeText		
Animal ill?	EPICRANMALLEXPLIVESTOKILL	Was the animal ill?	DropDownList	Yes No Unknown	Y N U
Setting / location	EPICRANMALLEXPLIVESTOKLOC	Describe the setting and location of animal exposure	FreeText		
Date	EPICRANMALLEXPLIVESTOKDT	Date of exposure	Date (MM/DD/YYYY)		
Farms	EPICRANMALLEXPFARM	Did the patient have exposure to (contact with) farms during the incubation period?	DropDownList	Yes No Unknown	Y N U
Type(s)	EPICRANMALLEXPFARMTYP	If yes, specify type(s) of farm	FreeText		
Animal ill?	EPICRANMALLEXPFARMILL	Was there an ill animal at the farm?	DropDownList	Yes No Unknown	Y N U
Setting / location	EPICRANMALLEXPFARMLOC	Describe the setting and location of farm	FreeText		

EPIDEMIOLOGIC INFO – SALMONELLOSIS (OTHER THAN TYPHOID FEVER)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Date	EPICRANMALLEXPFARMDT	Date of exposure	Date (MM/DD/YYYY)		
Animal exhibits (e.g., petting zoos, fairs)	EPICRANMALLEXPAEXIBIT	Did the patient have exposure to (contact with) any animal exhibits (e.g., petting zoos, fairs) during the incubation period?	DropDownList	Yes No Unknown	Y N U
Type(s)	EPICRANMALLEXPAEXIBITTYP	If yes, specify type(s) of animal exhibit	FreeText		
Animal ill?	EPICRANMALLEXPAEXIBITILL	Was there an ill animal at the animal exhibit?	DropDownList	Yes No Unknown	Y N U
Setting / location	EPICRANMALLEXPAEXIBITLOC	Describe the setting and location of animal exhibit	FreeText		
Date	EPICRANMALLEXPAEXIBITDT	Date of exposure	Date (MM/DD/YYYY)		
Other animal exposures of interest	EPICRANMALLEXPOTHAEXP	Did the patient have any other animal exposures of interest?	DropDownList	Yes No Unknown	Y N U
Type(s) of animal	EPICRANMALLEXPOTHAEXPTYP	If yes, specify type(s) of animal	FreeText		
Animal ill?	EPICRANMALLEXPOTHAEXPILL	Was the animal ill?	DropDownList	Yes No Unknown	Y N U
Setting / location	EPICRANMALLEXPOTHAEXPLOC	Describe the setting and location of animal exposure	FreeText		
Date	EPICRANMALLEXPOTHAEXPDT	Date of exposure	Date (MM/DD/YYYY)		
WATER EXPOSURES					
Natural: rivers, lakes, oceans, etc.	EPICRWATEREXPNWATER	Did the patient have any natural (rivers, lakes, oceans, etc.) water exposures during the incubation period?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – SALMONELLOSIS (OTHER THAN TYPHOID FEVER)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Activity	EPICRWATEREXPNWATERACTVTY	If yes, specify activity	FreeText		
Location	EPICRWATEREXPNWATERLOC	If yes, specify location	FreeText		
Date	EPICRWATEREXPNWATERDT	Date of exposure	Date (MM/DD/YYYY)		
Artificial: swimming pools, water parks, fountains, etc.	EPICRWATEREXPARTWATER	Did the patient have any artificial (swimming pools, water parks, fountains, etc.) water exposures during the incubation period?	DropDownList	Yes No Unknown	Y N U
Activity	EPICRWATEREXPARTWATERACTVTY	If yes, specify activity	FreeText		
Location	EPICRWATEREXPARTWATERLOC	If yes, specify location	FreeText		
Date	EPICRWATEREXPARTWATERDT	Date of exposure	Date (MM/DD/YYYY)		
Other water exposures of interest	EPICRWATEREXPOTHWATER	Did the patient have any other water exposures of interest	DropDownList	Yes No Unknown	Y N U
Activity	EPICRWATEREXPOTHWATERACTVTY	If yes, specify activity	FreeText		
Location	EPICRWATEREXPOTHWATERLOC	If yes, specify location	FreeText		
Date	EPICRWATEREXPOTHWATERDT	Date of exposure	Date (MM/DD/YYYY)		
TRAVEL HISTORY					
Travel during incubation period?	TRVHXTRAVEL	Did patient travel outside of county of residence during the incubation period?	DropDownList	Yes No Unknown	Y N U
TRAVEL HISTORY - DETAILS					

EPIDEMIOLOGIC INFO – SALMONELLOSIS (OTHER THAN TYPHOID FEVER)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Travel type	TRVHXDTLType_1 TRVHXDTLType_2 TRVHXDTLType_3	Specify type of travel	RadioButtonList	Domestic International Unknown	DOM INT UNK
Location (city, county, state, country)	TRVHXDTLLOCATION_1 TRVHXDTLLOCATION_2 TRVHXDTLLOCATION_3	Specify location (city, county, state, country) of patient travel	FreeText		
Date travel started	TRVHXDTLSTARTDT_1 TRVHXDTLSTARTDT_2 TRVHXDTLSTARTDT_3	Date travel started	Date (MM/DD/YYYY)		
Date travel ended	TRVHXDTLENDDT_1 TRVHXDTLENDDT_2 TRVHXDTLENDDT_3	Date travel ended	Date (MM/DD/YYYY)		
HOUSEHOLD CONTACTS					
# people in household	EPICRHHCONTLIVEINHOUSE	How many people, besides the case, live in the household?	FreeText		
HOUSEHOLD CONTACTS – DETAILS					
Name	EPICRHHCONTDTLNAME_1 EPICRHHCONTDTLNAME_2 EPICRHHCONTDTLNAME_3	Name of the household contact	FreeText		
Relationship	EPICRHHCONTDTLRELATIONSHIP_1 EPICRHHCONTDTLRELATIONSHIP_2 EPICRHHCONTDTLRELATIONSHIP_3	What is the relationship between the household contact and the patient?	FreeText		
Age	EPICRHHCONTDTLAGE_1 EPICRHHCONTDTLAGE_2 EPICRHHCONTDTLAGE_3	What is the household contact's age?	FreeText		
Gender	EPICRHHCONTDTLGENDER_1 EPICRHHCONTDTLGENDER_2 EPICRHHCONTDTLGENDER_3	What is the household contact's gender?	FreeText		
Occupation	EPICRHHCONTDTLOCCUPATION_1 EPICRHHCONTDTLOCCUPATION_2 EPICRHHCONTDTLOCCUPATION_3	What is the household contact's occupation?	FreeText		
Sensitive occupation / situation?	EPICRHHCONTDTLSENSITIVE_1 EPICRHHCONTDTLSENSITIVE_2 EPICRHHCONTDTLSENSITIVE_3	Does the household contact have a sensitive occupation or situation?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – SALMONELLOSIS (OTHER THAN TYPHOID FEVER)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Telephone number	EPICRHHCONTDTLPHONE_1 EPICRHHCONTDTLPHONE_2 EPICRHHCONTDTLPHONE_3	Household contact's telephone number	FreeText		
Similar illness?	EPICRHHCONTDTLSIMILARILL_1 EPICRHHCONTDTLSIMILARILL_2 EPICRHHCONTDTLSIMILARILL_3	Does the household contact have a similar illness?	DropDownList	Yes No Unknown	Y N U
If Yes, date of illness onset	EPICRHHCONTDTLSIMILARILLDT_1 EPICRHHCONTDTLSIMILARILLDT_2 EPICRHHCONTDTLSIMILARILLDT_3	If Yes, date of illness onset	Date (MM/DD/YYYY)		
Comment	EPICRHHCONTDTLCOMMENT_1 EPICRHHCONTDTLCOMMENT_2 EPICRHHCONTDTLCOMMENT_3	Comment	FreeText		
ILL CONTACTS					
Contacts with similar illness?	EPICRILLCONTCONTACT	Any contact with similar illness (including household contacts)?	DropDownList	Yes No Unknown	Y N U
REPORTING AGENCY					
Investigator name	EPICRREPAGENCYNAME	Investigator name	FreeText		
Local health jurisdiction	EPICRREPAGENCYLHJUR	Local health jurisdiction	FreeText		
Telephone number	EPICRREPAGENCYPHONE	Telephone number	FreeText		
Date	EPICRREPAGENCYDT	Date	Date (MM/DD/YYYY)		
First reported by	EPICRREPAGENCYREPORTEDBY	First reported by	DropDownList	Clinician Laboratory Other	CLI LAB OTH
If Other, specify	EPICRREPAGENCYREPORTEDBYSPFY	If Other, specify	FreeText		
Health education provided?	EPICRREPAGENCYHEDU	Was health education provided?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – SALMONELLOSIS (OTHER THAN TYPHOID FEVER)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Restriction/ Clearance Needed?	EPICRREPAGENCYRISTCLEAR	Is restriction/clearance needed?	DropDownList	Yes No Unknown	Y N U
EPIDEMIOLOGICAL LINKAGE					
Epi-linked case	EPILINKKNOWNCASE	Epi-linked to known case of Salmonellosis?	DropDownList	Yes No Unknown	Y N U
Contact name / Case #	EPILINKCONTNAMECASENUM	Contact name / case #	FreeText		
OUTBREAK					
Part of known outbreak?	OBPARTOF	Is this Salmonellosis case part of a known outbreak?	DropDownList	Yes No Unknown	Y N U
Extent of outbreak	OBEXTENTOF_ONEJUR OBEXTENTOF_MULJUR OBEXTENTOF_MULSTAT OBEXTENTOF_INTR OBEXTENTOF_UNK OBEXTENTOF_OTH	If Yes, what is the extent of the outbreak?	CheckBoxList (more than one choice is possible)	One CA jurisdiction Multiple CA jurisdictions Multistate International Unknown Other	ONEJUR MULJUR MULSTAT INTR UNK OTH
If Other, specify	OBEXTENTOFSPFY	If Other, please specify	FreeText		
Mode of transmission	OBTRANSMOD_SRC OBTRANSMOD_P2P OBTRANSMOD_UNK OBTRANSMOD_OTH	What is the mode of transmission?	CheckBoxList (more than one choice is possible)	Point source Person-to-person Unknown Other	SRC P2P UNK OTH
If Other, specify	OBTRANSMODSPFY	If Other mode, please specify	FreeText		
Vehicle of outbreak	OBVEHICLE	Vehicle of outbreak	FreeText		
Pattern 1 ID #	OBPAT1IDNUM	Pattern 1 ID number	FreeText		
Pattern 2 ID #	OBPAT2IDNUM	Pattern 2 ID number	FreeText		

Shiga toxin-producing E. coli (STEC) with HUS / Shiga toxin-producing E. coli (STEC) without HUS / Hemolytic uremic syndrome (HUS) without evidence of STEC / HISTORICAL - E. coli O157 with HUS / HISTORICAL - E. coli O157 without HUS / HISTORICAL - Shiga toxin positive feces (without culture confirmation) with HUS / HISTORICAL - Shiga toxin positive feces (without culture confirmation) without HUS / HISTORICAL - STEC non-O157 with HUS / HISTORICAL - STEC non-O157 without HUS

CLINICAL INFO – SHIGA TOXIN-PRODUCING E. COLI (STEC) WITH/WITHOUT HUS / HUS WITHOUT STEC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
GROUP SETTING					
Child care or preschool	ECOLICLICRGROUPSETATTEND	Does the patient attend child care or preschool?	DropDownList	Yes No Unknown	Y N U
Skilled nursing facility	ECOLICLICRGROUPSETLIVEIN	Does the patient live in a skilled nursing facility?	DropDownList	Yes No Unknown	Y N U
Location / Other details	ECOLICLICRGROUPSETLOC	Specify location and other relevant details of the nursing facility and/or child care or preschool	FreeText		
SIGNS AND SYMPTOMS					
Symptomatic	ECOLICLICRSIGNSXSYMPTOMATIC	Does the patient have clinical signs or symptoms compatible with the disease?	DropDownList	Yes No Unknown	Y N U
Duration of acute symptoms	ECOLICLICRSIGNSXDURATION	What was the duration of Acute Symptoms in terms of days?	FreeText		
Onset date	ECOLICLICRSIGNSXONSETDT	Onset date of symptoms of disease	System Defined Field Link		
Onset time	ECOLICLICRSIGNSXONSETTIME	What was the approximate onset time of the symptoms? (HH:MM AM/PM)	FreeText		
Medical care date	ECOLICLICRSIGNSXSGTMEDCAREDT	Date first sought medical care for symptoms	Date (MM/DD/YYYY)	OBSOLETE	Historic data recorded in this field are maintained in DDP exports

CLINICAL INFO – SHIGA TOXIN-PRODUCING E. COLI (STEC) WITH/WITHOUT HUS / HUS WITHOUT STEC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Diarrhea	ECOLICLICRSIGNSXDIAREA	Signs and symptoms: **Diarrhea**	DropDownList	Yes No Unknown	Y N U
Max number stools	ECOLICLICRSIGNSXDIAREASPFYMAXST	Max number of stools in 24-hr period	FreeText		
Onset date of diarrhea	ECOLICLICRSIGNSXDIAREASPFYDT	What was the onset date of the diarrhea	Date (MM/DD/YYYY)		
Bloody diarrhea	ECOLICLICRSIGNSXBLDYDIAREA	Signs and symptoms: **Bloody diarrhea**	DropDownList	Yes No Unknown	Y N U
Fever	ECOLICLICRSIGNSXFEVER	Signs and symptoms: **Fever**	DropDownList	Yes No Unknown	Y N U
Highest temperature	ECOLICLICRSIGNSXFEVERHIGHTEMP	If Yes, highest temperature (specify F/C)	FreeText		
Vomiting	ECOLICLICRSIGNSXVOMIT	Signs and symptoms: **Vomiting**	DropDownList	Yes No Unknown	Y N U
Abdominal cramps	ECOLICLICRSIGNSXABCRAMP	Signs and symptoms: **Abdominal cramps**	DropDownList	Yes No Unknown	Y N U
Other	ECOLICLICRSIGNSXOTHSX	**Other signs or symptoms** of disease	DropDownList	Yes No Unknown	Y N U
If Other, specify	ECOLICLICRSIGNSXOTHSXSPFY	If Other, please specify other symptoms	FreeText		
HEMOLYTIC UREMIC SYNDROME (HUS)					
Did patient have HUS	ECOLICLICRSIGNSXANEMIA	Did patient have HUS (both anemia with microangiopathic changes and renal injury [hematuria, proteinuria, or elevated creatinine])?	DropDownList	Yes No Unknown	Y N U
Anemia with microangiopathic changes?	CLISIGNSXAnem	Did patient have anemia with microangiopathic changes?	DropDownList	Yes No Unknown	Y N U
Renal injury?	CLISIGNSXRenal	Renal injury (hematuria, proteinuria, or elevated creatinine)?	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – SHIGA TOXIN-PRODUCING E. COLI (STEC) WITH/WITHOUT HUS / HUS WITHOUT STEC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Thrombocytopenia?	CLISIGNSXThrom	Thrombocytopenia?	DropDownList	Yes No Unknown	Y N U
Did patient have TTP	CLISIGNSXTTP	Did patient have thrombotic thrombocytopenic purpura (TTP)? TTP is a syndrome consisting of microangiopathic anemia, thrombocytopenic purpura, neurologic changes, fever, and renal disease.	DropDownList	Yes No Unknown	Y N U
Onset date of HUS or TTP	CLISIGNSXHUSONSETDT	Onset date of HUS or TTP	Date (MM/DD/YYYY)		
HUS or TTP	CLISIGNSXHUSTTPAFTERONSET	Did patient have HUS or TTP within three weeks onset of diarrhea?	DropDownList	Yes No Unknown	Y N U
Dialysis	CLISIGNSXHEMODIAL	Did the patient require Dialysis?	DropDownList	Yes No Unknown	Y N U
Antimicrobials	CLISIGNSXANTIMICROB	Did patient receive antimicrobials after onset of diarrhea but before onset of HUS or TTP?	DropDownList	Yes No Unknown	Y N U
PAST MEDICAL HISTORY					
Antimicrobial in week prior	ECOLICLICRPASMEDHXANTIMICROB	Did the patient take an antimicrobial in the week prior to illness onset?	DropDownList	OBSOLETE	Historic data recorded in this field are maintained in DDP exports
If Yes, specify	ECOLICLICRPASMEDHXANTIMICROBSPFY	If Yes, specify antimicrobial name	FreeText	OBSOLETE	Historic data recorded in this field are maintained in DDP exports
Antibiotics?	CLIPasMedHX30ABX	Did the patient take any antibiotics in the 30 days prior to illness onset?	FreeText		

CLINICAL INFO – SHIGA TOXIN-PRODUCING E. COLI (STEC) WITH/WITHOUT HUS / HUS WITHOUT STEC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Yes, specify antibiotics	CLIPasMedHX30ABXSpcfy	If Yes, specify antibiotic(s)	FreeText		
Other underlying condition	CLIPASMEDHXRELPREXCOND	Did the patient have other underlying conditions relevant to present illness?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CLIPASMEDHXRELPREXCONDSPFY	If Yes, specify type of condition	FreeText		
Other	CLICRPASMEDHXOTH	Specify other pertinent past medical history	Text Box		
HOSPITALIZATION					
Patient visit ER	HOSPER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U
Was patient hospitalized	HOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
Total hospital nights	HOSPDAYSHOSP	If Yes, how many total hospital nights?	FreeText		
HOSPITALIZATION - DETAILS					
Hospital name	HOSPDTLNAME1 HOSPDTLNAME2 HOSPDTLNAME3	Name of facility where patient was hospitalized	FreeText		
Street address	HOSPDTLADDRESS1 HOSPDTLADDRESS2 HOSPDTLADDRESS3	Street address of hospital	FreeText		
City	HOSPDTLCITY1 HOSPDTLCITY2 HOSPDTLCITY3	City where hospital located	FreeText		
State	HOSPDTLSTATE1 HOSPDTLSTATE2 HOSPDTLSTATE3	State	FreeText		
Zip code	HOSPDTLZIPCODE1 HOSPDTLZIPCODE2 HOSPDTLZIPCODE3	Zip code	FreeText		

CLINICAL INFO – SHIGA TOXIN-PRODUCING E. COLI (STEC) WITH/WITHOUT HUS / HUS WITHOUT STEC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Telephone	HOSPDTLPHONE1 HOSPDTLPHONE2 HOSPDTLPHONE3	Telephone number for hospital	FreeText		
Admit date	HOSPDTLADMITDT1 HOSPDTLADMITDT2 HOSPDTLADMITDT3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPDTLDISCHDT1 HOSPDTLDISCHDT2 HOSPDTLDISCHDT3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		
Medical record number	HOSPDTLMRN1 HOSPDTLMRN2 HOSPDTLMRN3	Medical record number for patient	FreeText		
Discharge diagnosis	HOSPDTLDISCHDX1 HOSPDTLDISCHDX2 HOSPDTLDISCHDX3	What was the patient's final diagnosis at the time of discharge?	FreeText		
TREATMENT / MANAGEMENT					
Received treatment	CLITXMGTTREATMENT	Did the patient receive treatment for this disease?	DropDownList	Yes No Unknown	Y N U
TREATMENT/MANAGEMENT – DETAILS					
Treatment type	CLICRTXMGTDTLTXTYPE1 CLICRTXMGTDTLTXTYPE2 CLICRTXMGTDTLTXTYPE3	What was the general treatment type?	DropDownList	Antibiotic Other	ABX OTH
Treatment name	CLICRTXMGTDTLTXNAME1 CLICRTXMGTDTLTXNAME2 CLICRTXMGTDTLTXNAME3	What was the specific name of the treatment?	FreeText		
Date started	CLICRTXMGTDTLSTARTDT1 CLICRTXMGTDTLSTARTDT2 CLICRTXMGTDTLSTARTDT3	Date treatment started	Date (MM/DD/YYYY)		
Date ended	CLICRTXMGTDTLENDDATE1 CLICRTXMGTDTLENDDATE2 CLICRTXMGTDTLENDDATE3	Date treatment ended	Date (MM/DD/YYYY)		
OUTCOME					
Outcome	OUTCOMEOUTCOME	What was the clinical outcome for this case?	DropDownList	Survived Died Unknown	S D U

CLINICAL INFO – SHIGA TOXIN-PRODUCING E. COLI (STEC) WITH/WITHOUT HUS / HUS WITHOUT STEC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Survived as of	OUTCOMESURVIVEDT	If patient survived, what was the date patient was known to still be living?	Date (MM/DD/YYYY)		
Date of death	OUTCOMEDEATHDT	If patient died, what was the date of death?	System Defined Field Link		
SCHOOL / WORK ABSENCE – Historical Data – Do Not Use					
Patient miss school / work	ECOLICLICRSWABSMISSWORK	Did patient miss school or work because of this illness?	DropDownList	Yes No Unknown	Y N U
TREATMENT / MANAGEMENT – SURGERY – Historical Data – Do Not Use					
GI surgery	ECOLICLICRTXMGTSURGGISURG	Did patient undergo GI surgery for the illness?	DropDownList	Yes No Unknown	Y N U
Details of the surgery	ECOLICLICRTXMGTSURGNOTES	Specify any pertinent details of the surgery	Text Box		

LABORATORY INFO – SHIGA TOXIN-PRODUCING E. COLI (STEC) WITH/WITHOUT HUS / HUS WITHOUT STEC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
CLINICAL LABORATORY RESULTS – Culture and Culture Independent Diagnostic Testing [CIDT], including Shiga Toxin					
Specimen type	LABCIDTSpcmType	What type of specimen was submitted for lab testing?	RadioButtonList	Stool Other	ST OTH
If Other, specify	LABCIDTSpcmTypeSpcfy	Specify other type of specimen	FreeText		
Shiga toxin test result	LABCIDTShiga	Shiga toxin test result	RadioButtonList	Stx positive Stx negative Unknown	POS NEG UNK
Specify type of toxin(s)	LABCIDTShigaPos	If Shiga toxin positive, specify type of toxin(s)	DropDownList	Stx 1 Stx 2 Stx 1 and Stx 2 Unknown Other	STX1 STX2 BOTH UNK OTH
If Other, specify	LABCIDTShigaPosSpcfy	If Other, specify other type of toxin(s)	FreeText		

LABORATORY INFO – SHIGA TOXIN-PRODUCING E. COLI (STEC) WITH/WITHOUT HUS / HUS WITHOUT STEC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Test type	LABCIDTTstType	Type of Shiga toxin test	DropDownList	Enzyme immunoassay (EIA)	EIA
				PCR	PCR
				Vero cell assay	VCA
				Unknown	UNK
				Other	OTH
If Other, specify	LABCIDTTstTypeSpcfy	If other, specify type of Shiga toxin test	FreeText		
Shiga toxin assay	LABCIDTAssay	Name of Shiga toxin assay (for CEIP use only)	DropDownList	Alere Shiga Toxin Quik Chek	ALERE
				BD Max Enteric Bacterial	BDMAX
				Biofire FilmArray	BIOFIRE
				Diatherix	DIATHERIX
				Duopath Verotoxinx (Merck)	DUOPATH
				Immunocard STAT! EHEC (Meridian)	IMMUNOCARD
				Luminex	LUMINEX
				Medical diagnostics	MEDICAL
				Metametrix	METAMETRIX
				Nanosphere	NANOSPHERE
				Premier EHEC (Meridian)	PREMIER
				ProGastroSSCS	PROGASTROSSCS
				ProSpecT STEC (Remel)	PROSPECT
				Seegene	SEEGENE
				Staten Serum Institut PCR assay	STATEN
				VTEC Screen (Denka Seiken)	VTEC
				Lab-developed test	LABDEVELOPED
				Unknown	UNK
				Other	OTH
If other, specify	LABCIDTAssaySpcfy	If other, specify other Shiga toxin assay	FreeText		
Other CIDT identification	LABCIDTCIDT	Other CIDT identification for STEC?	RadioButtonList	Yes No Unknown	Y N U
If Yes, specify	LABCIDTCIDTP_EEO		CheckBoxList	E. coli O157	EEO

LABORATORY INFO – SHIGA TOXIN-PRODUCING E. COLI (STEC) WITH/WITHOUT HUS / HUS WITHOUT STEC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
	LABCIDTCIDTP_EEC LABCIDTCIDTP_STEC LABCIDTCIDTP_OTH LABCIDTCIDTP_UNK	If CIDT positive, specify result(s)		Enterohemorrhagic E. coli	EEC
				STEC	STEC
				Other	OTH
				Unknown	UNK
If other, specify	LABCIDTCIDTPSpcfy	If Other, specify other CIDT positive result(s)	FreeText		
Type of other CIDT	LABCIDTCIDTOth	Type of other CIDT	RadioButtonList	PCR Other Unknown	PCR OTH UNK
If other, specify	LABCIDTCIDTOthSpcfy	If Other, specify type of other CIDT	FreeText		
Name of other CIDT	LABCIDTCIDTName	Name of other CIDT (for CEIP use only)	DropDownList	Alere Shiga Toxin Quik Chek	ALERE
				BD Max Enteric Bacterial	BDMAX
				Biofire FilmArray	BIOFIRE
				Diatherix	DIATHERIX
				Duopath Verotoxinx (Merck)	DUOPATH
				Immunocard STAT! EHEC (Meridian)	IMMUNOCARD
				Luminex	LUMINEX
				Medical diagnostics	MEDICAL
				Metametrix	METAMETRIX
				Nanosphere	NANOSPHERE
				Premier EHEC (Meridian)	PREMIER
				ProGastroSSCS	PROGASTROSSCS
				ProSpecT STEC (Remel)	PROSPECT
				Seegene	SEEGENE
				Staten Serum Institut PCR assay	STATEN
				VTEC Screen (Denka Seiken)	VTEC
				Lab-developed test	LABDEVELOPED
				Unknown	UNK
				Other	OTH
If Other, specify	LABCIDTCIDTNameSpcfy	If Other, specify name of other CIDT	FreeText		

LABORATORY INFO – SHIGA TOXIN-PRODUCING E. COLI (STEC) WITH/WITHOUT HUS / HUS WITHOUT STEC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
STEC culture complete	LABCIDTSTEC	Clinical laboratory STEC culture complete?	RadioButtonList	Yes No Unknown	Y N U
If culture completed, specify	LABCIDTSTECRslt	If culture completed, specify result(s)	DropDownList	E. coli O157	ECO157
				E. coli O157: H7	ECOH7
				STEC non-O157	STECNO
				Negative for STEC	NEGSTEC
				Other	OTHER
If Other, specify	LABCIDTSTECRsltSpcfy	If other culture completed, specify	FreeText		

LABORATORY INFO – SHIGA TOXIN-PRODUCING E. COLI (STEC) WITH/WITHOUT HUS / HUS WITHOUT STEC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Collection Date	LABCIDTColDt	Date specimen was collected	Date (MM/DD/YYYY)		
Laboratory	LABCIDTLab	Name of lab where testing was performed	Link		
CLIA number	LABCIDTLabCLIANumber	Laboratory CLIA number	FreeText		
Telephone number	LABCIDTLabPhone	Telephone number of laboratory	FreeText		
ANTIMICROBIAL SUSCEPTIBILITY TESTING					
Testing completed?	LABCIDTASTst	Antimicrobial susceptibility testing completed?	RadioButtonList	Yes No Unknown	Y N U
Ampicillin	LABCIDTASTstAmpic	Results of Ampicillin test	DropDownList	Susceptible Intermediate Resistant Not done	SUSP INTMED RES NOT
Azithromycin	LABCIDTASTstAzith	Results of Azithromycin test	DropDownList	Susceptible Intermediate Resistant Not done	SUSP INTMED RES NOT
Ciprofloxacin	LABCIDTASTstCipro	Results of Ciprofloxacin test	DropDownList	Susceptible Intermediate Resistant Not done	SUSP INTMED RES NOT
TMP-SMX	LABCIDTASTstTMPSMX	Results of TMP-SMX test	DropDownList	Susceptible Intermediate Resistant Not done	SUSP INTMED RES NOT
Third-generation cephalosporin	LABCIDTASTst3GCepha	Results of third-generation cephalosporin test	DropDownList	Susceptible Intermediate Resistant Not done	SUSP INTMED RES NOT
Specify third-generation cephalosporin	LABCIDTASTst3GCephaSp	Specify third-generation cephalosporin	FreeText		
Other antimicrobial	LABCIDTASTstOth	Results of other antimicrobial test	DropDownList	Susceptible Intermediate Resistant Not done	SUSP INTMED RES NOT
Specify other antimicrobial	LABCIDTASTstOthSpcfy	Specify other type of antimicrobial test	FreeText		

LABORATORY INFO – SHIGA TOXIN-PRODUCING E. COLI (STEC) WITH/WITHOUT HUS / HUS WITHOUT STEC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
CLINICAL LABORATORY RESULTS – Other Tests for Enteric Diagnosis (e.g., serology or mixed enteric infection)					
Specimen type	LABOthSpcmType_1 LABOthSpcmType_2 LABOthSpcmType_3	Type of specimen	FreeText		
Type of test	LABOthTstType_1 LABOthTstType_2 LABOthTstType_3	Type of laboratory test (include non-culture diagnostic testing results)	FreeText		
Test results	LABOthTstRslt_1 LABOthTstRslt_2 LABOthTstRslt_3	Results of laboratory test	FreeText		
Collection date	LABOthColDt_1 LABOthColDt_2 LABOthColDt_3	Date of specimen collection	Date (MM/DD/YYYY)		
Laboratory	LABOthLab_1 LABOthLab_2 LABOthLab_3	Laboratory name	Link		
Telephone number	LABOthPhone_1 LABOthPhone_2 LABOthPhone_3	Laboratory telephone number	FreeText		
CDPH MICROBIAL DISEASES LABORATORY (MDL) OR OTHER REFERENCE PUBLIC HEALTH LABORATORY (PHL) RESULTS					
Forwarded to local PHL?	LABMDLPHLLHL_1 LABMDLPHLLHL_2 LABMDLPHLLHL_3	Was isolate or broth forwarded to a local public health lab?	RadioButtonList	Yes No Unknown	Y N U
Local lab ID number	LABMDLPHLLHLID_1 LABMDLPHLLHLID_2 LABMDLPHLLHLID_3	ID number for local lab	FreeText		
Forwarded to MDL?	LABMDLPHLMDL_1 LABMDLPHLMDL_2 LABMDLPHLMDL_3	Was isolate or broth forwarded to MDL?	RadioButtonList	Yes No Unknown	Y N U
State lab ID number	LABMDLPHLMDLID_1 LABMDLPHLMDLID_2 LABMDLPHLMDLID_3	ID number for state lab	FreeText		
Specimen type	LABMDLPHLSpcmType_1 LABMDLPHLSpcmType_2 LABMDLPHLSpcmType_3	Type of specimen	RadioButtonList	Stool Other	STL OTH

LABORATORY INFO – SHIGA TOXIN-PRODUCING E. COLI (STEC) WITH/WITHOUT HUS / HUS WITHOUT STEC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Other, specify	LABMDLPHLSpcmTypeSpcfy_1 LABMDLPHLSpcmTypeSpcfy_2 LABMDLPHLSpcmTypeSpcfy_3	If other, specify other type of specimen	FreeText		
Collection date	LABMDLPHLSpcmTypeColDt_1 LABMDLPHLSpcmTypeColDt_2 LABMDLPHLSpcmTypeColDt_3	Date of specimen collection	Date (MM/DD/YYYY)		
SHIGA TOXIN RESULTS					
Shiga toxin test result	LABMDLPHLSTRslt_1 LABMDLPHLSTRslt_2 LABMDLPHLSTRslt_3	Shiga toxin test result	RadioButtonList	Stx positive Stx negative Unknown	POS NEG UNK
Specify type of toxin(s)	LABMDLPHLSTSTXPos_1 LABMDLPHLSTSTXPos_2 LABMDLPHLSTSTXPos_3	If Shiga toxin positive, specify type of toxin(s)	DropDownList	Stx 1 Stx 2 Stx 1 and Stx 2 Cytopathic effect Unknown Other	STX1 STX2 BOTH CYTO UNK OTH
If Other, specify	LABMDLPHLSTSTXPosSp_1 LABMDLPHLSTSTXPosSp_2 LABMDLPHLSTSTXPosSp_3	If Other, specify other type of toxin(s)	FreeText		
Type of Shiga test	LABMDLPHLSTTstType_1 LABMDLPHLSTTstType_2 LABMDLPHLSTTstType_3	Type of laboratory test performed	DropDownList	Enzyme immunoassay (EIA) PCR Vero cell assay Unknown Other	EIA PCR VCA UNK OTH
If Other, specify	LABMDLPHLSTTstTypeSp_1 LABMDLPHLSTTstTypeSp_2 LABMDLPHLSTTstTypeSp_3	Specify other type of lab test	FreeText		
Laboratory name	LABMDLPHLSTLabName_1 LABMDLPHLSTLabName_2 LABMDLPHLSTLabName_3	Laboratory name	RadioButtonList	MDL PHL	MDL PHL
If PHL, specify name	LABMDLPHLSTLabNameSp_1 LABMDLPHLSTLabNameSp_2 LABMDLPHLSTLabNameSp_3	If PHL, specify name of lab	FreeText		
Shiga toxin assay	LABMDLPHLAssay_1 LABMDLPHLAssay_2 LABMDLPHLAssay_3	Name of Shiga toxin assay (for CEIP use only)	DropDownList	Alere Shiga Toxin Quik Chek BD Max Enteric Bacterial Biofire FilmArray Diatherix	ALERE BDMAX BIOFIRE DIATHERIX

LABORATORY INFO – SHIGA TOXIN-PRODUCING E. COLI (STEC) WITH/WITHOUT HUS / HUS WITHOUT STEC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				Duopath Verotoxinx (Merck)	DUOPATH
				Immunocard STAT! EHEC (Meridian)	IMMUNOCARD
				Luminex	LUMINEX
				Medical diagnostics	MEDICAL
				Metametrix	METAMETRIX
				Nanosphere	NANOSPHERE
				Premier EHEC (Meridian)	PREMIER
				ProGastroSSCS	PROGASTROSSCS
				ProSpecT STEC (Remel)	PROSPECT
				Seegene	SEEGENE
				Staten Serum Institut PCR assay	STATEN
				VTEC Screen (Denka Seiken)	VTEC
				Lab-developed test	LABDEVELOPED
				Unknown	UNK
				Other	OTH
If Other, specify	LABMDLPHLAssaySpcfy_1 LABMDLPHLAssaySpcfy_2 LABMDLPHLAssaySpcfy_3	Specify name of other Shiga toxin assay	FreeText		
STOOL CULTURES					
Culture result	LABMDLPHLSCRslt_1 LABMDLPHLSCRslt_2 LABMDLPHLSCRslt_3	Result of stool culture	DropDownList	E. coli O157 STEC non-O157 Negative Unknown Other	ECOLI STEC NEG UNK OTH
If Other, specify	LABMDLPHLSCRsltSpcfy_1 LABMDLPHLSCRsltSpcfy_2 LABMDLPHLSCRsltSpcfy_3	Please specify if other results	FreeText		
E. coli O157, flagellar (H) antigen	LABMDLPHLSCO157_1 LABMDLPHLSCO157_2 LABMDLPHLSCO157_3	If the case is identified as E. coli O157, please specify flagellar (H) antigen	DropDownList	H7 Non-motile Unknown Not done	H7 NM UNK NOT
STEC non-O157	LABMDLPHLSCNO157_1 LABMDLPHLSCNO157_2 LABMDLPHLSCNO157_3	If case is identified as STEC, non-O157, please specify serogroup	DropDownList	O26 O45 O103 O111	O26 O45 O103 O111

LABORATORY INFO – SHIGA TOXIN-PRODUCING E. COLI (STEC) WITH/WITHOUT HUS / HUS WITHOUT STEC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				O121	O121
				O145	O145
				E. coli not O26, O103, O111, O121. O145 or O157 (O-Undetermined)	ECO
				Other	OTH
If Other, specify	LABMDLPHLSCNO157Spcfy_1 LABMDLPHLSCNO157Spcfy_2 LABMDLPHLSCNO157Spcfy_3	If Other culture result, please specify the other result	FreeText		
If STEC non-O157 and H antigen, specify	LABMDLPHLSCNO157H_1 LABMDLPHLSCNO157H_2 LABMDLPHLSCNO157H_3	If case is identified as STEC, non-O157 and H antigen, please specify H antigen	DropDownList	Non-motile Other	NOM OTH
If Other, specify	LABMDLPHLSCNO157HSpcfy_1 LABMDLPHLSCNO157HSpcfy_2 LABMDLPHLSCNO157HSpcfy_3	If other culture result, please specify the other result	FreeText		
Laboratory	LABMDLPHLSCLab_1 LABMDLPHLSCLab_2 LABMDLPHLSCLab_3	Name of laboratory	Link		
Telephone number	LABMDLPHLSCPhone_1 LABMDLPHLSCPhone_2 LABMDLPHLSCPhone_3	Laboratory telephone number	FreeText		
MOLECULAR DIAGNOSTICS					
PFGE	LABMDLPHLPFGE_1 LABMDLPHLPFGE_2 LABMDLPHLPFGE_3	Was PFGE completed?	RadioButtonList	Yes No Unknown	Y N U
Xbal pattern #	LABMDLPHLPFGEXbal_1 LABMDLPHLPFGEXbal_2 LABMDLPHLPFGEXbal_3	Xbal pattern #	FreeText		
Blnl pattern #	LABMDLPHLPFGEBlnl_1 LABMDLPHLPFGEBlnl_2 LABMDLPHLPFGEBlnl_3	Blnl pattern #	FreeText		
CDC cluster ID#	LABMDLPHLPFGECDC_1 LABMDLPHLPFGECDC_2 LABMDLPHLPFGECDC_3	CDC cluster ID#	FreeText		
MLVA	LABMDLPHLMLVA_1 LABMDLPHLMLVA_2 LABMDLPHLMLVA_3	Was MLVA completed?	RadioButtonList	Yes No Unknown	Y N U

LABORATORY INFO – SHIGA TOXIN-PRODUCING E. COLI (STEC) WITH/WITHOUT HUS / HUS WITHOUT STEC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Yes, specify	LABMDLPHLMLVASpcfy_1 LABMDLPHLMLVASpcfy_2 LABMDLPHLMLVASpcfy_3	If Yes, specify results	FreeText		
Laboratory name	LABMDLPHLMLVALabName_1 LABMDLPHLMLVALabName_2 LABMDLPHLMLVALabName_3	Name of laboratory	RadioButtonList	MDL PHL	MDL PHL
If PHL, specify	LABMDLPHLMLVALabNameSp_1 LABMDLPHLMLVALabNameSp_2 LABMDLPHLMLVALabNameSp_3	If PHL, specify name of PHL	FreeText		
Whole genome sequencing (WGS)	LABMDLPHLWGS_1 LABMDLPHLWGS_2 LABMDLPHLWGS_3	Was whole genome sequencing (WGS) completed?	RadioButtonList	Yes No Unknown	Y N U
WGS ID number	LABMDLPHLWGSID_1 LABMDLPHLWGSID_2 LABMDLPHLWGSID_3	WGS ID number	FreeText		
Results	LABMDLPHLWGSSpcfy_1 LABMDLPHLWGSSpcfy_2 LABMDLPHLWGSSpcfy_3	Specify results or upload to electronic filing cabinet	FreeText		
Laboratory name	LABMDLPHLWGSLabName_1 LABMDLPHLWGSLabName_2 LABMDLPHLWGSLabName_3	Name of laboratory	RadioButtonList	MDL PHL	MDL PHL
If PHL, specify	LABMDLPHLWGSLabNameSp_1 LABMDLPHLWGSLabNameSp_2 LABMDLPHLWGSLabNameSp_3	If PHL, specify name of PHL	FreeText		
LABORATORY RESULTS SUMMARY – SHIGA TOXIN TESTS – HISTORICAL DATA – DO NOT USE					
Specimen type	LABRSLTSUMSHIGASPECTYPE	What type of specimen was submitted for lab testing?	RadioButtonList	Stool Other	ST OTH
If Other, specify	LABRSLTSUMSHIGASPECTYPESPFY	Specify other type of specimen	FreeText		
Test type	LABRSLTSUMSHIGATSTTYPE	Type of laboratory test performed	DropDownList	Enzyme immunoassay (EIA) PCR Vero cell assay Unknown Other	EIA PCR VCA UNK OTH
If Other, specify test	LABRSLTSUMSHIGATSTTYPESPFY	Specify other type of lab test	FreeText		

LABORATORY INFO – SHIGA TOXIN-PRODUCING E. COLI (STEC) WITH/WITHOUT HUS / HUS WITHOUT STEC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Shiga toxin test result	LABRSLTSUMSHIGASHIGARSLT	Shiga toxin test result	RadioButtonList	Stx positive Stx negative Unknown	POS NEG UNK
Specify type of toxin(s)	LABRSLTSUMSHIGASHIGATOXIN	If Shiga toxin positive, specify type of toxin(s)	DropDownList	Stx 1 Stx 2 Stx 1 and Stx 2 Unknown Other	STX1 STX2 BOTH UNK OTH
If Other, specify	LABRSLTSUMSHIGASHIGATOXINSPFY	If Other, specify other type of toxin(s)	FreeText		
Collection date	LABRSLTSUMSHIGADT	Date specimen was collected	Date (MM/DD/YYYY)		
Laboratory name	LABRSLTSUMSHIGALABNAME	Name of lab where testing was performed	FreeText		
Telephone	LABRSLTSUMSHIGALABPHONE	Telephone number of lab	FreeText		
LABORATORY RESULTS SUMMARY – STOOL CULTURES					
Culture result	LABRSLTSUMSTLRSLT1 LABRSLTSUMSTLRSLT2 LABRSLTSUMSTLRSLT3	Result of stool culture	DropDownList	E. coli O157 STEC non-O157 Negative Unknown Other	ECOLI STEC NEG UNK OTH
E. coli O157, flagellar (H) antigen	LABRSLTSUMSTLANTIGEN1 LABRSLTSUMSTLANTIGEN2 LABRSLTSUMSTLANTIGEN3	If the case is identified as E. coli O157, please specify flagellar (H) antigen	DropDownList	H7 Non-motile Unknown Not done	H7 NM UNK NOT
Other result, specify	LABRSLTSUMSTLOTHRSLTSPFY1 LABRSLTSUMSTLOTHRSLTSPFY2 LABRSLTSUMSTLOTHRSLTSPFY3	If Other culture result, please specify the other result	FreeText		

LABORATORY INFO – SHIGA TOXIN-PRODUCING E. COLI (STEC) WITH/WITHOUT HUS / HUS WITHOUT STEC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
STEC non-O157, specify serotype	LABRSLTSUMSTLSTECSERO1 LABRSLTSUMSTLSTECSERO2 LABRSLTSUMSTLSTECSERO3	If the case is identified as STEC non-O157, specify the serotype	DropDownList	O26:H11	O26H11
				O26:NM	O26NM
				O45:NM	O45NM
				O69:H11	O69H11
				O103:H2	O103H2
				O103:H11	O103H11
				O111:NM	O111NM
				O112ab:H21	O112ABH21
				O113:H21	O113H21
				O118:H16	O118H16
				O121:H19	O121H19
				O123:H11	O123H11
				O145:NM	O145NM
				Other serotype	OTH
Other serotype, specify	LABRSLTSUMSTLOTHSERO1 LABRSLTSUMSTLOTHSERO2 LABRSLTSUMSTLOTHSERO3	If Other serotype, specify the other serotype	FreeText		
Collection date	LABRSLTSUMSTLDT1 LABRSLTSUMSTLDT2 LABRSLTSUMSTLDT3	Date culture was collected	Date (MM/DD/YYYY)		
Laboratory name	LABRSLTSUMSTLLABNAME1 LABRSLTSUMSTLLABNAME2 LABRSLTSUMSTLLABNAME3	Name of lab where testing was performed	FreeText		
Telephone	LABRSLTSUMSTLLABPHONE1 LABRSLTSUMSTLLABPHONE2 LABRSLTSUMSTLLABPHONE3	Telephone number of lab	FreeText		
LABORATORY RESULTS SUMMARY – OTHER TESTS - HISTORICAL DATA – DO NOT USE					
Specimen type	LABRSLTSUMOTHSPECTYPE1 LABRSLTSUMOTHSPECTYPE2 LABRSLTSUMOTHSPECTYPE3	What type of specimen was submitted for lab testing?	FreeText		
Type of test	LABRSLTSUMOTHTSTTYPE1 LABRSLTSUMOTHTSTTYPE2 LABRSLTSUMOTHTSTTYPE3	Type of laboratory test performed	FreeText		
Collection date	LABRSLTSUMOTHDT1 LABRSLTSUMOTHDT2 LABRSLTSUMOTHDT3	Date specimen was collected	Date (MM/DD/YYYY)		
Test results	LABRSLTSUMOTHRSLT1 LABRSLTSUMOTHRSLT2 LABRSLTSUMOTHRSLT3	Results of laboratory testing	FreeText		

LABORATORY INFO – SHIGA TOXIN-PRODUCING E. COLI (STEC) WITH/WITHOUT HUS / HUS WITHOUT STEC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Laboratory name	LABRSLTSUMOTHLABNAME1 LABRSLTSUMOTHLABNAME2 LABRSLTSUMOTHLABNAME3	Name of lab where testing was performed	FreeText		
Telephone	LABRSLTSUMOTHLABPHONE1 LABRSLTSUMOTHLABPHONE2 LABRSLTSUMOTHLABPHONE3	Telephone number of lab	FreeText		
LABORATORY RESULTS SUMMARY – CONFIRMATION AND PFGE - HISTORICAL DATA – DO NOT USE					
Confirmed by PHL?	LABRSLTSUMCONFPHLCONF	Was result confirmed by public health lab?	RadioButtonList	Yes No Unknown	Y N U
Result (including serotype)	LABRSLTSUMCONFPHLCONFSPFYRSLT	If yes, please specify the result (including serotype)	FreeText		
Local lab ID number	LABRSLTSUMCONFPHLCONFSPFYID	If yes, specify local lab ID number	FreeText		
State lab confirmation?	LABRSLTSUMCONFISOSENT	Was isolate sent to state lab for serotyping confirmation?	RadioButtonList	Yes No Unknown	Y N U
Result (including serotype)	LABRSLTSUMCONFISOSENTSPFYRSLT	If yes, please specify the result (including serotype)	FreeText		
State lab ID number	LABRSLTSUMCONFISOSENTSPFYID	If yes, specify state lab ID number	FreeText		
Was PFGE requested?	LABRSLTSUMCONFPFGE	Was PFGE (Pulsed-field gel electrophoresis) requested?	RadioButtonList	Yes No Unknown	Y N U
XbaI pattern #	LABRSLTSUMCONFPFGESPFYXBALPAT	Xbal pattern #	FreeText		
Blnl pattern #	LABRSLTSUMCONFPFGESPFYBLNLPAT	Blnl pattern #	FreeText		
CDC cluster ID #	LABRSLTSUMCONFPFGESPFYCDCID	CDC cluster ID #	FreeText		

EPIDEMIOLOGIC INFO – SHIGA TOXIN-PRODUCING E. COLI (STEC) WITH/WITHOUT HUS / HUS WITHOUT STEC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
TRAVEL HISTORY					

EPIDEMIOLOGIC INFO – SHIGA TOXIN-PRODUCING E. COLI (STEC) WITH/WITHOUT HUS / HUS WITHOUT STEC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Travel during incubation period	TRVHXTRAVEL	Did patient travel outside of country of residence during the incubation period?	DropDownList	Yes No Unknown	Y N U
Incubation period	TRVHXINCUBPERIOD	Incubation period (This value is automatically populated)	FreeText	7 days prior to illness onset	The value for this variable may or may not be included in the DDP export.
TRAVEL HISTORY - DETAILS					
Travel type	TRVHXDTLType_1 TRVHXDTLType_2 TRVHXDTLType_3	Travel type	RadioButtonList	Domestic International Unknown	DOM INT UNK
Location	TRVHXDTLLOCATION1 TRVHXDTLLOCATION2 TRVHXDTLLOCATION3	Specify location (city, county, state, country) of patient travel	FreeText		
Date travel started	TRVHXDTLSTARTDT1 TRVHXDTLSTARTDT2 TRVHXDTLSTARTDT3	Date travel started	Date (MM/DD/YYYY)		
Date travel ended	TRVHXDTLENDDT1 TRVHXDTLENDDT2 TRVHXDTLENDDT3	Date travel ended	Date (MM/DD/YYYY)		
FOOD HISTORY – OUTSIDE HOME					
Consume food prepared outside home?	EPIFOODHXOUTHMCONSUMED	Did patient consume food or drink prepared outside of the home during the incubation period?	DropDownList	Yes No Unknown	Y N U
FOOD HISTORY – OUTSIDE OF HOME – DETAILS					
Name of place	EPIFOODHXOUTHMDTLPLACE1 EPIFOODHXOUTHMDTLPLACE2 EPIFOODHXOUTHMDTLPLACE3 EPIFOODHXOUTHMDTLPLACE4 EPIFOODHXOUTHMDTLPLACE5	Name of location where patient consumed food or drink prepared outside of the home	FreeText		
Location (city, state)	EPIFOODHXOUTHMDTLLOCATION1 EPIFOODHXOUTHMDTLLOCATION2 EPIFOODHXOUTHMDTLLOCATION3 EPIFOODHXOUTHMDTLLOCATION4 EPIFOODHXOUTHMDTLLOCATION5	Location (city, state)	FreeText		

EPIDEMIOLOGIC INFO – SHIGA TOXIN-PRODUCING E. COLI (STEC) WITH/WITHOUT HUS / HUS WITHOUT STEC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Date	EPIFOODHXOUTHMDTLDT1 EPIFOODHXOUTHMDTLDT2 EPIFOODHXOUTHMDTLDT3 EPIFOODHXOUTHMDTLDT4 EPIFOODHXOUTHMDTLDT5	Date food or drink was consumed	Date (MM/DD/YYYY)		
Items consumed	EPIFOODHXOUTHMDTLITMES1 EPIFOODHXOUTHMDTLITMES2 EPIFOODHXOUTHMDTLITMES3 EPIFOODHXOUTHMDTLITMES4 EPIFOODHXOUTHMDTLITMES5	Food or drink items consumed	FreeText		
FOOD HISTORY – GROCERIES					
Store / Location	EPIFOODHXGROCLOCATION1 EPIFOODHXGROCLOCATION2 EPIFOODHXGROCLOCATION3 EPIFOODHXGROCLOCATION4 EPIFOODHXGROCLOCATION5	Name of store or location where patient purchased groceries (Include Farmer's Markets, delis, swap meets, etc.)	FreeText		
Address / Cross-streets	EPIFOODHXGROCADDRESS1 EPIFOODHXGROCADDRESS2 EPIFOODHXGROCADDRESS3 EPIFOODHXGROCADDRESS4 EPIFOODHXGROCADDRESS5	Address / Cross-streets of store or location	FreeText		
City	EPIFOODHXGROCCITY1 EPIFOODHXGROCCITY2 EPIFOODHXGROCCITY3 EPIFOODHXGROCCITY4 EPIFOODHXGROCCITY5	City	FreeText		
State	EPIFOODHXGROCSTATE1 EPIFOODHXGROCSTATE2 EPIFOODHXGROCSTATE3 EPIFOODHXGROCSTATE4 EPIFOODHXGROCSTATE5	State	FreeText		
FOOD HISTORY					
Raw (unpasteurized) milk	EPIFOODHXRAWMLK	Did the patient drink raw (unpasteurized) milk during the incubation period?	DropDownList	OBSOLETE	Historic data recorded in this field are maintained in DDP exports

EPIDEMIOLOGIC INFO – SHIGA TOXIN-PRODUCING E. COLI (STEC) WITH/WITHOUT HUS / HUS WITHOUT STEC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Type(s)	EPIFOODHXRAWMLKSPFYTYPE	If yes, specify type(s)	FreeText	OBSOLETE	Historic data recorded in this field are maintained in DDP exports
Brand(s)	EPIFOODHXRAWMLKSPFYBRAND	If yes, specify brand(s)	FreeText	OBSOLETE	Historic data recorded in this field are maintained in DDP exports
Where purchased	EPIFOODHXRAWMLKSPFYLOC	Where was the food purchased?	FreeText	OBSOLETE	Historic data recorded in this field are maintained in DDP exports
Raw milk from certified dairy	EPIFoodHXMilkDairy	Did the patient drink raw (unpasteurized) milk produced by a certified raw milk dairy	DropDownList	Yes No Unknown	Y N U
Type(s)	EPIFoodHXMilkDairyType	If Yes, type(s) e.g. cow, goat	FreeText		
Brand(s)	EPIFoodHXMilkDairyDtl	If Yes, brand(s) of raw milk	FreeText		
Where purchased	EPIFoodHXMilkDairyPl	If Yes, where purchased	FreeText		
Raw milk from other sources	EPIFOODHXMilkOthSrc	Raw milk from other sources (e.g., directly from farm or cow)	DropDownList	Yes No Unknown	Y N U
Type(s)	EPIFOODHXMilkOthSrcType	If Yes, type(s) e.g. cow, goat	FreeText		
Brand(s)	EPIFOODHXMilkOthSrcDtl	If Yes, brand(s) of raw milk	FreeText		
Where purchased	EPIFOODHXMilkOthSrcPl	If Yes, where purchased	FreeText		
Raw milk products	EPIFOODHXMLKPROD	Did the patient eat or drink raw milk products during the incubation period?	DropDownList	Yes No Unknown	Y N U
Type(s)	EPIFOODHXMLKPRODSPFYTYPE	If yes, specify type(s) of product	FreeText		
Describe	EPIFOODHXMLKPRODSPFYBRND	Describe (e.g., brand, etc.)	FreeText		

EPIDEMIOLOGIC INFO – SHIGA TOXIN-PRODUCING E. COLI (STEC) WITH/WITHOUT HUS / HUS WITHOUT STEC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Where purchased	EPIFOODHXMLKPRODSPFYLOC	Where was the milk purchased?	FreeText		
Mexican-style cheese	EPIFoodHxMexC	Mexican-style cheese, e.g., queso fresco, panela)	DropDownList	Yes No Unknown	Y N U
Source	EPIFoodHxMexCSrc_SB	Source of cheese	CheckBox	Store-bought	SB
Street vendor / door-to-door	EPIFoodHxMexCSrc_SV	Source: street vendor / door-to-door	CheckBox	Street vendor / door-to-door	SV
Homemade	EPIFoodHxMexCSrc_HM	Source: Homemade	CheckBox	Homemade	HM
Other	EPIFoodHxMexCSrc_OTH	Source: Other	CheckBox	Other	OTH
If Other, specify	EPIFoodHxMexCSrcSpcfy	If Other, specify source	FreeText		
Where purchased	EPIFoodHxMexCPl	Where was the cheese purchased?	FreeText		
Was the cheese unpasteurized?	EPIFoodHxMexCRaw	Was the cheese unpasteurized (raw)?	DropDownList	Yes No Unknown	Y N U
Brand(s)	EPIFoodHxMexCDtl	Brand(s) of cheese	FreeText		
Artisanal/gourmet cheese	EPIFoodHxArtC	Artisanal or gourmet cheese (These are often cheeses that are cut and packaged on-site at cheese shops, cheese counters at grocery stores, and farmers markets)	DropDownList	Yes No Unknown	Y N U
Type(s)	EPIFoodHxArtCType	Type(s) of cheese	FreeText		
Brand(s)	EPIFoodHxArtCDtl	Brand(s) of cheese	FreeText		
Where purchased	EPIFoodHxArtCPl	Where was the cheese purchased?	FreeText		
Ground beef	EPIFOODHXBEEF	Did the patient eat ground beef during the incubation period?	DropDownList	OBSOLETE	Historic data recorded in this field are maintained in DDP exports

EPIDEMIOLOGIC INFO – SHIGA TOXIN-PRODUCING E. COLI (STEC) WITH/WITHOUT HUS / HUS WITHOUT STEC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Eaten raw	EPIFOODHXBEEFSPFYRAW	Was the ground beef eaten undercooked or raw?	DropDownList	OBSOLETE	Historic data recorded in this field are maintained in DDP exports
Where purchased/eaten	EPIFOODHXBEEFSPFYLOC	Where was the food purchased and/or eaten?	FreeText	OBSOLETE	Historic data recorded in this field are maintained in DDP exports
Ground beef at home	EPIFoodHxGBHm	Ground beef (e.g. hamburger, meatballs, meatloaf, pasta, etc.) eaten or handled in the home	DropDownList	Yes No Unknown	Y N U
Purchased in bulk?	EPIFoodHxGBHmBulk	Purchased in bulk (e.g. chub, plastic wrapped on Styrofoam container)?	DropDownList	Yes No Unknown	Y N U
If bulk, eaten undercooked or raw?	EPIFoodHxGBHmBulkRaw	Was the bulk ground beef eaten undercooked or raw?	DropDownList	Yes No Unknown	Y N U
Brand(s)	EPIFoodHxGBHmBulkDtl	Brand(s) of bulk ground beef	FreeText		
Where purchased	EPIFoodHxGBHmBulkPl	Where was the bulk ground beef purchased?	FreeText		
Purchased as preformed patties	EPIFoodHxGBHmPat	Purchased as preformed patties?	DropDownList	Yes No Unknown	Y N U
If preformed, eaten undercooked or raw	EPIFoodHxGBHmPatRaw	Were the preformed patties eaten undercooked or raw?	DropDownList	Yes No Unknown	Y N U
Type(s)	EPIFoodHxGBHmPatType	Type(s) of patties	FreeText		
Brand(s)	EPIFoodHxGBHmPatDtl	Brand(s) of patties	FreeText		
Where purchased	EPIFoodHxGBHmPatPl	Where were the patties purchased?	FreeText		
Describe	EPIFoodHxGBHmPatSpcfy	Describe (include as much information as possible, including fresh or frozen, % lean, organic, # lbs purchased, etc.	FreeText		

EPIDEMIOLOGIC INFO – SHIGA TOXIN-PRODUCING E. COLI (STEC) WITH/WITHOUT HUS / HUS WITHOUT STEC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Eaten?	EPIFoodHxGBHmPatWhat_EAT	Was the ground beef eaten?	CheckBox		
Handled?	EPIFoodHxGBHmPatWhat_HAND	Was the ground beef handled?	CheckBox		
In home but not eaten/handled?	EPIFoodHxGBHmPatWhat_NOT	Was the ground beef in the home but not eaten or handled?	CheckBox		
Ground beef outside home	EPIFoodHxGBOut	Ground beef eaten outside the home (e.g. restaurant)	DropDownList	Yes No Unknown	Y N U
Undercooked or raw	EPIFoodHxGBOutRaw	Eaten undercooked or raw?	DropDownList	Yes No Unknown	Y N U
Hamburger	EPIFoodHxGBOutServe_HMBGR	How was it served? Hamburger			
Other	EPIFoodHxGBOutServe_OTH	How was it served? Other			
If Other, specify	EPIFoodHxGBOutServeSpcfy	If Other serving, specify	FreeText		
Where purchased	EPIFoodHxGBOutPl	Where was the ground beef purchased?	FreeText		
Beef at home	EPIFoodHxSteakHm	Beef steaks, stews, roasts eaten at home	DropDownList	Yes No Unknown	Y N U
Undercooked or raw	EPIFoodHxSteakHmRaw	Eaten undercooked or raw?	DropDownList	Yes No Unknown	Y N U
Type(s)	EPIFoodHxSteakHmType	Type(s) of beef	FreeText		
Brand(s)	EPIFoodHxSteakHmDtl	Brand(s) of beef	FreeText		
Where purchased	EPIFoodHxSteakHmPl	Where was the beef purchased?	FreeText		
Beef outside home	EPIFoodHxSteakOut	Beef steaks, stews, roasts eaten outside the home (e.g. restaurant)	DropDownList	Yes No Unknown	Y N U
Undercooked or raw	EPIFoodHxSteakOutRaw	Eaten undercooked or raw?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – SHIGA TOXIN-PRODUCING E. COLI (STEC) WITH/WITHOUT HUS / HUS WITHOUT STEC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Type(s)	EPIFoodHxSteakOutType	Type(s) of steak	FreeText		
Brand(s)	EPIFoodHxSteakOutDtl	Brand(s) of steak	FreeText		
Where purchased	EPIFoodHxSteakOutPl	Where was the beef purchased?	FreeText		
Other beef	EPIFOODHXBEEFOTH	Did the patient eat any other beef during the incubation period?	DropDownList	OBSOLETE	Historic data recorded in this field are maintained in DDP exports
Type(s) of beef	EPIFOODHXBEEFOTHSPFYTYPE	If yes, specify type(s) of beef	FreeText	OBSOLETE	Historic data recorded in this field are maintained in DDP exports
Undercooked or raw	EPIFOODHXBEEFOTHSPFYRAW	Was the beef eaten undercooked or raw?	DropDownList	OBSOLETE	Historic data recorded in this field are maintained in DDP exports
Where purchased/eaten	EPIFOODHXBEEFOTHSPFYLOC	Where was the food purchased and/or eaten?	FreeText	OBSOLETE	Historic data recorded in this field are maintained in DDP exports
Bison, venison, or other game meat	EPIFOODHXGAMMEAT	Did the patient eat bison, venison, or other game meat during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify type(s)	EPIFOODHXGAMMEATTYPE	Type(s) of game meat	FreeText		
If Yes, specify brand(s)	EPIFOODHXGAMMEATDTL	Brand(s) of game meat	FreeText		
Where purchased	EPIFOODHXGAMMEATPL	Where was the game meat purchased?	FreeText		
Dried or fermented meat	EPIFOODHXDRIDMEAT	Did the patient eat dried or fermented meat (e.g., salami, pepperoni, jerky, summer sausage) during the incubation period?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – SHIGA TOXIN-PRODUCING E. COLI (STEC) WITH/WITHOUT HUS / HUS WITHOUT STEC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Type(s)	EPIFOODHXDRIDMEATSPFYTYP	If yes, specify type(s)	FreeText		
Brand(s)	EPIFOODHXDRIDMEATSPFYBRN	If yes, specify brand(s)	FreeText		
Where purchased	EPIFOODHXDRIDMEATSPFYLOC	Where was the dried or fermented meat purchased?	FreeText		
Meat slaughtered at home or at a live animal market	EPIFoodHxMeat	Meat (hogs, cows, etc.) slaughtered at home or at a live animal market	DropDownList	Yes No Unknown	Y N U
Type(s)	EPIFoodHxMeatType	Type(s) of meat	FreeText		
Describe	EPIFoodHxMeatSpcfy	Describe the meat	FreeText		
Where purchased	EPIFoodHxMeatPl	Where was the meat purchased?	FreeText		
Pork prepared at home	EPIFoodHxPorkHm	Pork prepared at home (e.g., whole pig, chops, tenderloin, roast, shoulder, ground, etc.)	DropDownList	Yes No Unknown	Y N U
Type(s)/Cut(s)	EPIFoodHxPorkHmType	Type(s)/Cut(s)	FreeText		
Brand(s)	EPIFoodHxPorkHmSpcfy	Brand(s)	FreeText		
Where purchased	EPIFoodHxPorkHmPl	Where was the pork purchased?	FreeText		
Pork prepared outside the home	EPIFoodHxPorkOut	Pork prepared outside the home (e.g. pig roasts, sit-down and fast food restaurants, food trucks, cafeterias, etc.)	DropDownList	Yes No Unknown	Y N U
Place name(s)	EPIFoodHxPorkOutPl	Place name(s)	FreeText		
Dish(es)	EPIFoodHxPorkOutDish	Dish(es)	FreeText		
Iceberg lettuce at home	EPIFoodHxIceHm	Iceberg lettuce at home, such as whole leaf or shreeded in salad, on a burger or sandwich	DropDownList	Yes No Unknown	Y N U
Head of lettuce	EPIFoodHxIceHmPack_HEAD	How was it packaged? Head of lettuce	CheckBox	Head of lettuce	HEAD

EPIDEMIOLOGIC INFO – SHIGA TOXIN-PRODUCING E. COLI (STEC) WITH/WITHOUT HUS / HUS WITHOUT STEC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Prepackaged	EPIFoodHxIceHmPack_PRE	How was it packaged? Prepackaged	CheckBox	Prepackaged	PRE
Unknown	EPIFoodHxIceHmPack_UNK	How was it packaged? Unknown	CheckBox	Unknown	UNK
Other	EPIFoodHxIceHmPack_OTH	How was it packaged? Other	CheckBox	Other	OTH
If Other, specify	EPIFoodHxIceHmPackSpcfy	If Other packaging, specify	FreeText		
Bag	EPIFoodHxIceHmPreC_BAG	If prepackaged, type of container: bag	CheckBox	Bag	BAG
Clamshell	EPIFoodHxIceHmPreC_CLAM	If prepackaged, type of container: clamshell	CheckBox	Clamshell	CLAM
Other	EPIFoodHxIceHmPreC_OTH	If prepackaged, type of container: other	CheckBox	Other	OTH
If Other, specify	EPIFoodHxIceHmPreCSpcfy	If Other prepackaging, specify	FreeText		
Brand(s)	EPIFoodHxIceHmDtl	Brand(s) of iceberg lettuce	FreeText		
Organic?	EPIFoodHxIceHmOrg	Was it organic?	DropDownList	Yes No Unknown	Y N U
Where purchased	EPIFoodHxIceHmPl	Where was the food purchased?	FreeText		
Iceberg lettuce away from home	EPIFoodHxIceOut	Iceberg lettuce away from home, such as whole leaf or shredded in a salad, on a burger or sandwich	DropDownList	Yes No Unknown	Y N U
How served	EPIFoodHxIceOutServ	How served (e.g., in a salad, shredded on a burger, etc.)	FreeText		
Where eaten	EPIFoodHxIceOutPl	Where was it eaten?	FreeText		
Romaine lettuce at home	EPIFoodHxRomHm	Romaine lettuce at home, such as whole leaf or shredded in salad, on a burger or sandwich	DropDownList	Yes No Unknown	Y N U
Loose	EPIFoodHxRomHmPack_LOO	How was it packaged? Loose	CheckBox	Loose	LOO
Prepackaged	EPIFoodHxRomHmPack_PRE	How was it packaged? Prepackaged	CheckBox	Prepackaged	PRE

EPIDEMIOLOGIC INFO – SHIGA TOXIN-PRODUCING E. COLI (STEC) WITH/WITHOUT HUS / HUS WITHOUT STEC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Unknown	EPIFoodHxRomHmPack_UNK	How was it packaged? Unknown	CheckBox	Unknown	UNK
Other	EPIFoodHxRomHmPack_OTH	How was it packaged? Other	CheckBox	Other	OTH
If Other, specify	EPIFoodHxRomHmPackSpcfy	If Other packaging, specify	FreeText		
Bag	EPIFoodHxRomHmPreC_BAG	If Prepackaged, type of container: bag	CheckBox	Bag	BAG
Clamshell	EPIFoodHxRomHmPreC_CLAM	If Prepackaged, type of container: clamshell	CheckBox	Clamshell	CLAM
Other	EPIFoodHxRomHmPreC_OTH	If Prepackaged, type of container: other	CheckBox	Other	OTH
If Other, specify	EPIFoodHxRomHmPreCSpcfy	If Other container, specify	FreeText		
Brand(s)	EPIFoodHxRomHmDtl	Brand(s)	FreeText		
Organic?	EPIFoodHxRomHmOrg	Organic?	DropDownList	Yes No Unknown	Y N U
Where purchased	EPIFoodHxRomHmPl	Where was the food purchased?	FreeText		
Romaine lettuce away from home	EPIFoodHxRomOut	Romaine lettuce away from home, such as whole leaf or shredded in salad, on a burger or sandwich	DropDownList	Yes No Unknown	Y N U
How served	EPIFoodHxRomOutServ	How served (e.g., in a salad, shredded on a burger, etc.)	FreeText		
Where eaten	EPIFoodHxRomOutPl	Where was it eaten?	FreeText		
Spinch at home	EPIFoodHxSpiHm	Spinach at home, such as whole leaf or shredded in salad, on a burger or sandwich, or in a smoothie			
Loose	EPIFoodHxSpiHmPack_LOO	How was it packaged? Loose	CheckBox	Loose	LOO
Prepackaged	EPIFoodHxSpiHmPack_PRE	How was it packaged? Prepackaged	CheckBox	Prepackaged	PRE
Unknown	EPIFoodHxSpiHmPack_UNK	How was it packaged? Unknown	CheckBox	Unknown	UNK

EPIDEMIOLOGIC INFO – SHIGA TOXIN-PRODUCING E. COLI (STEC) WITH/WITHOUT HUS / HUS WITHOUT STEC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Other	EPIFoodHxSpiHmPack_OTH	How was it packaged? Other	CheckBox	Other	OTH
If Other, specify	EPIFoodHxSpiHmPackSpcfy	If Other packaging, specify	FreeText		
Bag	EPIFoodHxSpiHmPreC_BAG	If Prepackaged, type of container: bag	CheckBox	Bag	BAG
Clamshell	EPIFoodHxSpiHmPreC_CLAM	If Prepackaged, type of container: clamshell	CheckBox	Clamshell	CLAM
Other	EPIFoodHxSpiHmPreC_OTH	If Prepackaged, type of container: other	CheckBox	Other	OTH
If Other, specify	EPIFoodHxSpiHmPreCSpcfy	If Other packaging, specify	FreeText		
Brand(s)	EPIFoodHxSpiHmDtl	Brand(s)	FreeText		
Organic?	EPIFoodHxSpiHmOrg	Organic?	DropDownList	Yes No Unknown	Y N U
Where purchased	EPIFoodHxSpiHmPl	Where was the food purchased?	FreeText		
Spinach away from home	EPIFoodHxSpiOut	Spinach away from home, such as whole leaf or shredded in salad, on a burger or sandwich, or in a smoothie	DropDownList	Yes No Unknown	Y N U
How served	EPIFoodHxSpiOutServ	How served (e.g., in a salad, on a burger/sandwich, in a smoothie, etc.)			
Where eaten	EPIFoodHxSpiOutPl	Where was it eaten?			
Other leafy greens	EPIFOODHXLGreenOth	Other leafy greens (e.g. cabbage, kale, red leaf lettuce, mesclun, chard, arugula, etc.)	DropDownList	Yes No Unknown	Y N U
Describe	EPIFOODHXLGreenOthSpcfy	Describe other leafy greens	FreeText		
Loose	EPIFOODHXLGreenOthPck_LOO	How was it packaged? Loose	CheckBox	Loose	LOO
Prepackaged	EPIFOODHXLGreenOthPck_PRE	How was it packaged? Prepackaged	CheckBox	Prepackaged	PRE

EPIDEMIOLOGIC INFO – SHIGA TOXIN-PRODUCING E. COLI (STEC) WITH/WITHOUT HUS / HUS WITHOUT STEC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Unknown	EPIFOODHXLGreenOthPck_UNK	How was it packaged? Unknown	CheckBox	Unknown	UNK
Other	EPIFOODHXLGreenOthPck_OTH	How was it packaged? Other	CheckBox	Other	OTH
If Other, specify	EPIFOODHXLGreenOthPckOth	If Other leafy greens, specify	FreeText		
Bag	EPIFOODHXLGreenOthPckCt_BAG	If Prepackaged, type of container: bag	CheckBox	Bag	BAG
Clamshell	EPIFOODHXLGreenOthPckCt_CLAM	If Prepackaged, type of container: clamshell	CheckBox	Clamshell	CLAM
Other	EPIFOODHXLGreenOthPckCt_OTH	If Prepackaged, type of container: other	CheckBox	Other	OTH
If Other, specify	EPIFOODHXLGreenOthPckCtO	If Other container, specify	FreeText		
Brand(s)	EPIFOODHXLGreenOthDtl	Brand(s)	FreeText		
Organic?	EPIFOODHXLGreenOthOrg	Organic?	DropDownList	Yes No Unknown	Y N U
Where purchased	EPIFOODHXLGreenOthPl	Where was the food purchased?	FreeText		
Prepackaged salads	EPIFOODHXPSalad	Any prepackaged salads (these are ready-to-eat salads with toppings, meats, dressing), including those sold in a bag or plastic container	DropDownList	Yes No Unknown	Y N U
Describe	EPIFOODHXPSaladSpcfy	Describe type of salad (e.g. ingredients, single or multiple servings, etc.)	FreeText		
Bag	EPIFOODHXPSaladCType_BAG	Type of container: bag	CheckBox	Bag	BAG
Clamshell	EPIFOODHXPSaladCType_CLAM	Type of container: clamshell	CheckBox	Clamshell	CLAM
Other	EPIFOODHXPSaladCType_OTH	Type of container: other	CheckBox	Other	OTH
If Other, specify	EPIFOODHXPSaladCTypeOth	If Other salad, specify	FreeText		
Brand(s)	EPIFOODHXPSaladDtl	Brand(s)	FreeText		

EPIDEMIOLOGIC INFO – SHIGA TOXIN-PRODUCING E. COLI (STEC) WITH/WITHOUT HUS / HUS WITHOUT STEC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Organic?	EPIFOODHXPSaladOrg	Organic?	DropDownList	Yes No Unknown	Y N U
Where purchased	EPIFOODHXPSaladPl	Where was the food purchased?	FreeText		
Raw sprouts	EPIFOODHXRAWSPRT	Raw sprouts, such as from a salad bar, sandwich, stir fry, etc.	DropDownList	Yes No Unknown	Y N U
Type(s)	EPIFOODHXRAWSPRTSPFYTYPE	If yes, specify type(s)	FreeText	OBSOLETE	Historic data recorded in this field are maintained in DDP exports
Alfalfa sprouts	EPIFOODHXRAWSPRTType_ALS	Type(s): Alfalfa sprouts	CheckBox	Alfalfa sprouts	ALS
Broccoli sprouts	EPIFOODHXRAWSPRTType_BRS	Type(s): Broccoli sprouts	CheckBox	Broccoli sprouts	BRS
Mixed sprouts	EPIFOODHXRAWSPRTType_MIS	Type(s): Mixed sprouts	CheckBox	Mixed sprouts	MIS
Bean sprouts	EPIFOODHXRAWSPRTType_BES	Type(s): Bean sprouts	CheckBox	Bean sprouts	BES
Clover sprouts	EPIFOODHXRAWSPRTType_CLS	Type(s): Clover sprouts	CheckBox	Clover sprouts	CLS
Radish (daikon) sprouts	EPIFOODHXRAWSPRTType_RAS	Type(s): Radish (daikon) sprouts	CheckBox	Radish (daikon) sprouts	RAS
Other	EPIFOODHXRAWSPRTType_OTH	Type(s): Other sprouts	CheckBox	Other	OTH
Unknown	EPIFOODHXRAWSPRTType_UNK	Type(s): Unknown	CheckBox	Unknown	UNK
If Other, specify	EPIFOODHXRAWSPRTTypeOth	If Other raw sprouts, specify	FreeText		
Brand(s)	EPIFOODHXRAWSPRTDtl	Brand(s) of sprouts	FreeText		
Where purchased	EPIFOODHXRAWSPRTSPFYLOC	Where was the food purchased?	FreeText		
Other raw vegetables	EPIFOODHXRAWVEG	Did the patient eat any raw vegetables during the incubation period?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – SHIGA TOXIN-PRODUCING E. COLI (STEC) WITH/WITHOUT HUS / HUS WITHOUT STEC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Type(s)	EPIFOODHXRAWVEGSPFYTYPE	If yes, specify type(s)	FreeText		
Where purchased	EPIFOODHXRAWVEGSPFYLOC	Where was the food purchased?	FreeText		
Strawberries	EPIFOODHXSbry	Did the patient eat strawberries during the incubation period?	DropDownList	Yes No Unknown	Y N U
Type(s)	EPIFOODHXSbryDtl	If Yes, specify the type(s)	FreeText		
Where purchased	EPIFOODHXSbryPl	If Yes, specify where purchased	FreeText		
Other fresh fruit	EPIFOODHXFFOth	Did the patient eat other fresh fruit during the incubation period?	DropDownList	Yes No Unknown	Y N U
Brand(s)	EPIFOODHXFFOthType	If Yes, specify the brand(s)	FreeText		
Where purchased	EPIFOODHXFFOthPl	If Yes, specify where purchased	FreeText		
Unpasteurized juice or cider	EPIFOODHXUNPSTAJ	Did the patient drink unpasteurized apple juice or cider during the incubation period?	DropDownList	Yes No Unknown	Y N U
Type(s)	EPIFOODHXUNPSTAJSPFYTYPE	If yes, specify type(s)	FreeText		
Brand(s)	EPIFOODHXUNPSTAJSPFYBRND	If yes, specify brand(s)	FreeText		
Where purchased	EPIFOODHXUNPSTAJSPFYLOC	Where was the food purchased?	FreeText		
Smoothies/juices	EPIFOODHXSJ	Did the patient consume smoothies or juices during the incubation period	DropDownList	Yes No Unknown	Y N U
At home	EPIFOODHXSJPrepPl_AH	Where prepared: at home	CheckBox	At home	AH
Outside the home	EPIFOODHXSJPrepPl_OH	Where prepared: outside the home	CheckBox	Outside the home	OH
Other	EPIFOODHXSJPrepPl_OTH	Where prepared: other	CheckBox	Other	OTH
If Outside the home, specify	EPIFOODHXSJPrepPlOHSpcfy	If Outside the home, specify place	FreeText		

EPIDEMIOLOGIC INFO – SHIGA TOXIN-PRODUCING E. COLI (STEC) WITH/WITHOUT HUS / HUS WITHOUT STEC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Other, specify	EPIFOODHXSJPrepPlOth	If Other, specify	FreeText		
Specify ingredients	EPIFOODHXSJIngredDtl	Specify ingredients, including any leafy greens, vegetables, fruits, nuts, seeds, protein powders, dairy/milk, other supplements	FreeText		
Uncooked dough or batter	EPIFOODHXUnckDB	Uncooked or unbaked dough or batter (such as cookie, cake, biscuit, and muffin batter)	DropDownList	Yes No Unknown	Y N U
Premade	EPIFOODHXUnckDBType_PRM	Type of dough or batter: premade	CheckBox	Premade	PRM
Homemade from mix	EPIFOODHXUnckDBType_HFP	Type of dough or batter: Homemade from prepackaged mix	CheckBox	Homemade from mix	HFP
Homemade from scratch	EPIFOODHXUnckDBType_HFS	Type of dough or batter: Homemade from scratch	CheckBox	Homemade from scratch	HFS
Other	EPIFOODHXUnckDBType_OTH	Type of dough or batter: Other	CheckBox	Other	OTH
If Other, specify	EPIFOODHXUnckDBTypeOth	If Other, specify	FreeText		
Brand	EPIFOODHXUnckDBDtl	Brand of flour or baking mix used	FreeText		
Nuts	EPIFOODHXNut	Did the patient consume any nuts during the incubation period?	DropDownList	Yes No Unknown	Y N U
Almonds	EPIFOODHXNutType_ALM	Type(s): Almonds	CheckBox	Almonds	ALM
Hazelnuts	EPIFOODHXNutType_HAZ	Type(s): Hazelnuts	CheckBox	Hazelnuts	HAZ
Walnuts	EPIFOODHXNutType_WAL	Type(s): Walnuts	CheckBox	Walnuts	WAL
Cashews	EPIFOODHXNutType_CAS	Type(s): Cashews	CheckBox	Cashews	CAS
Peanuts	EPIFOODHXNutType_PEA	Type(s): Peanuts	CheckBox	Peanuts	PEA
Other	EPIFOODHXNutType_OTH	Type(s): Other	CheckBox	Other	OTH
If Other, specify	EPIFOODHXNutTypeOth	If Other, specify nut(s)	FreeText		

EPIDEMIOLOGIC INFO – SHIGA TOXIN-PRODUCING E. COLI (STEC) WITH/WITHOUT HUS / HUS WITHOUT STEC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Yes, specify source	EPIFOODHXNutPl	Where purchased	FreeText		
Untreated water	EPIFOODHXUNTRWAT	Did the patient drink untreated water during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify source(s)	EPIFOODHXUNTRWATSRC	If Yes, specify source(s) of untreated water	FreeText		
Ethnic foods or snacks	EPIFOODHXSpcty	Did the patient consume any specialty or ethnic foods or snacks during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify item(s)	EPIFOODHXSpctyItem	If Yes, specify the food item(s)	FreeText		
If Yes, specify source	EPIFOODHXSpctyPl	If Yes, specify where purchased	FreeText		
Other food items of interest	EPIFOODHXOTHFOOD	Did the patient eat or drink any other food items of interest during the incubation period?	DropDownList	Yes No Unknown	Y N U
Food item(s)	EPIFOODHXOTHFOODSPFYITEM	If yes, specify food item(s)	FreeText		
Where purchased	EPIFOODHXOTHFOODSPFYLOC	Where was the food purchased?	FreeText		
Leafy green vegetables (e.g., spinach, lettuce)	EPIFOODHXGRNVEG	Did the patient eat any leafy green vegetables (e.g., spinach, lettuce) during the incubation period?	DropDownList	OBSOLETE	Historic data recorded in this field are maintained in DDP exports
Type(s)	EPIFOODHXGRNVEGSPFYTYPE	If yes, specify type(s)	FreeText	OBSOLETE	Historic data recorded in this field are maintained in DDP exports
Where purchased	EPIFOODHXGRNVEGSPFYLOC	Where was the food purchased?	FreeText	OBSOLETE	Historic data recorded in this field are maintained in DDP exports
Allergies or restrictions	EPIFOODHXAllergy	Does the patient have any food allergies or dietary restrictions?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – SHIGA TOXIN-PRODUCING E. COLI (STEC) WITH/WITHOUT HUS / HUS WITHOUT STEC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Yes, describe	EPIFOODHXAllergySpcfy	If Yes, describe	FreeText		
EVENTS OR ACTIVITIES					
Recreational water	EPIEVENTSWATER	Did patient attend or participate in any recreational water (e.g. swimming in lakes, oceans, pools, water parks) events or activities during the incubation period?	DropDownList	OBSOLETE	Historic data recorded in this field are maintained in DDP exports
If Yes, specify location	EPIEVENTSWATERLOC	If Yes, specify location of recreational water	FreeText	OBSOLETE	Historic data recorded in this field are maintained in DDP exports
Recreational water	EPIEVENTSRecWater	Was the patient exposed to recreational water (e.g., pools, water parks, interactive fountain) during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	EPIEVENTSRecWaterLoc	If Yes, specify location	FreeText		
Untreated recreational water	EPIEVENTSUntRecWater	Was the patient exposed to untreated recreational water (e.g., lakes, ocean) during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	EPIEVENTSUntRecWaterLoc	If Yes, specify location	FreeText		
Ranches, farms, or livestock	EPIEVENTSFARM	Was the patient exposed to ranches, farms, or livestock raising/processing sites during the incubation process?	DropDownList	Yes No Unknown	Y N U
If Yes, specify location	EPIEVENTSFARMLOC	If Yes, specify location of livestock or farm	FreeText		
Animal exhibits (e.g., petting zoos, fairs)	EPIEVENTSANIML	Did patient attend or participate in any animal exhibit (e.g., petting zoos, fairs) events or activities during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify location	EPIEVENTSANIMLLOC	If Yes, specify location of animal exhibit	FreeText		

EPIDEMIOLOGIC INFO – SHIGA TOXIN-PRODUCING E. COLI (STEC) WITH/WITHOUT HUS / HUS WITHOUT STEC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Other activities of interest	EPIEVENTSOTHACTIV	Did the patient attend or participate in any other activities of interest during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, describe	EPIEVENTSOTHACTIVDESC	If Yes, describe other activities	FreeText		
Work with animals or animal products	EPIEVENTSWORKANIML	Did the patient work with animals or animal products during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, describe	EPIEVENTSWORKANIMLDESC	If Yes, describe work	FreeText		
Contact with children in day care	EPIEVENTSCHILDREN	Did the patient have contact with children in a day care during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, describe	EPIEVENTSCHILDRENDESC	If Yes, describe contact	FreeText		
Other exposures of interest	EPIEVENTSOTHEXP	Did the patient have any other exposures of interest during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, describe	EPIEVENTSOTHEXPDESC	If Yes, describe other exposures of interest	FreeText		
PATIENT CLEARANCE INFORMATION					
Require clearance?	EPIPCIClearance	Did this patient require clearance to return to daycare, school or work?	DropDownList	Yes No Unknown	Y N U
Clearance completed?	EPIPCIClearanceCmp	Was clearance completed?	DropDownList	Yes No Unknown	Y N U
First clearance specimen	EPIPCIClearanceCmp1stDt	If Yes, date of first clearance specimen	Date (MM/DD/YYYY)		
Final clearance specimen	EPIPCIClearanceCmpFnlDt	If Yes, date of final clearance specimen	Date (MM/DD/YYYY)		
If No, reason	EPIPCIClearanceCmpSpcfy	If No, specify reason	FreeText		
Clearance issues/comments	EPIPCIClearanceIssue	Clearance issues (including use of antibiotics to facilitate clearance, etc.) / Comments	TextBox		

EPIDEMIOLOGIC INFO – SHIGA TOXIN-PRODUCING E. COLI (STEC) WITH/WITHOUT HUS / HUS WITHOUT STEC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
PATIENT EMPLOYMENT/SITUATION INFORMATION FOR CLEARANCE					
Employer / Situation	EPIPEIPlaceName_1 EPIPEIPlaceName_2 EPIPEIPlaceName_3	Employer/Situation (place of employment, daycare name, etc.)	FreeText		
Telephone	EPIPEIPhone_1 EPIPEIPhone_2 EPIPEIPhone_3	Telephone number	FreeText		
Street address	EPIPEIAddr_1 EPIPEIAddr_2 EPIPEIAddr_3	Street address	FreeText		
City	EPIPEICity_1 EPIPEICity_2 EPIPEICity_3	City	FreeText		
State	EPIPEIState_1 EPIPEIState_2 EPIPEIState_3	State	FreeText		
Zip code	EPIPEIZip_1 EPIPEIZip_2 EPIPEIZip_3	Zip code	FreeText		
HOUSEHOLD CONTACTS					
# people in household	EPIHHCONTHHCONT	How many people, besides the case, live in the household?	FreeText		
HOUSEHOLD CONTACTS – DETAILS					
Name	EPIHHCONTDTLNAME1 EPIHHCONTDTLNAME2 EPIHHCONTDTLNAME3	Name of the household contact	FreeText		
Relationship	EPIHHCONTDTLRELATIONSHIP1 EPIHHCONTDTLRELATIONSHIP2 EPIHHCONTDTLRELATIONSHIP3	What is the relationship between the household contact and the patient?	FreeText		
Age	EPIHHCONTDTLAGE1 EPIHHCONTDTLAGE2 EPIHHCONTDTLAGE3	What is the household contact's age?	FreeText		
Gender	EPIHHCONTDTLSEX1 EPIHHCONTDTLSEX2 EPIHHCONTDTLSEX3	What is the household contact's gender?	FreeText		

EPIDEMIOLOGIC INFO – SHIGA TOXIN-PRODUCING E. COLI (STEC) WITH/WITHOUT HUS / HUS WITHOUT STEC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Occupation	EPIHHCONTDTLOCCUPATION1 EPIHHCONTDTLOCCUPATION2 EPIHHCONTDTLOCCUPATION3	What is the household contact's occupation?	FreeText		
Sensitive occupation / situation	EPIHHCONTDTLSENSITIVE1 EPIHHCONTDTLSENSITIVE2 EPIHHCONTDTLSENSITIVE3	Does the household contact have a sensitive occupation or situation?	DropDownList	Yes No Unknown	Y N U
Telephone number	EPIHHCONTDTLPHONE1 EPIHHCONTDTLPHONE2 EPIHHCONTDTLPHONE3	Household contact's telephone number	FreeText		
Similar illness	EPIHHCONTDTLSIMMILARILL1 EPIHHCONTDTLSIMMILARILL2 EPIHHCONTDTLSIMMILARILL3	Does the household contact have a similar illness?	DropDownList	Yes No Unknown	Y N U
If Yes, date of illness onset	EPIHHCONTDTLONSETDT1 EPIHHCONTDTLONSETDT2 EPIHHCONTDTLONSETDT3	If Yes, date of illness onset	Date (MM/DD/YYYY)		
Comment	EPIHHCONTDTLCOMMENT1 EPIHHCONTDTLCOMMENT2 EPIHHCONTDTLCOMMENT3	Comment	FreeText		
ILL CONTACTS					
Contacts with similar illness	EPIILLCONTILLCONTACT	Any contacts with similar illness (including household contacts)?	DropDownList	Yes No Unknown	Y N U
REPORTING AGENCY					
Investigator name	EPIREPAGENCYNAME	LHD Investigator name	FreeText		
Local health jurisdiction	EPIREPAGENCYLHJUR	Local health jurisdiction	FreeText		
Telephone number	EPIREPAGENCYPHONE	Telephone number of LHD investigator	FreeText		
Date form completed	EPIREPAGENCYDT	Date agency reported the case	Date (MM/DD/YYYY)		
First reported by	EPIREPAGENCYREPORTEDBY	What reporting agency first reported the case?	DropDownList	Clinician Laboratory Other	CLI LAB OTH
If Other, specify	EPIREPAGENCYREPORTEDBYSPFY	Specify other agency	FreeText		

EPIDEMIOLOGIC INFO – SHIGA TOXIN-PRODUCING E. COLI (STEC) WITH/WITHOUT HUS / HUS WITHOUT STEC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Health education provided	EPIREPAGENCYEDUCATIONPROV	Was health education provided?	DropDownList	Yes No Unknown	Y N U
Restriction/ Clearance Needed	EPIREPAGENCYCLEARANCE	Is restriction/clearance needed?	DropDownList	Yes No Unknown	Y N U
EPIDEMIOLOGICAL LINKAGE					
Epi-linked case	EPILINKKNOWNCASE	Epi-linked to known case?	DropDownList	Yes No Unknown	Y N U
Contact name / Case #	EPILINKCONTNAMECASENUM	Contact name / case #	FreeText		
DISEASE CASE CLASSIFICATION (OBSOLETE)					
Disease type	EPICASECLASSDISEASE_1 EPICASECLASSDISEASE_2	What was the disease type(s)?	CheckBoxList (more than one choice is possible)	OBSOLETE	Historic data recorded in this field are maintained in DDP exports
Specify other	EPICASECLASSDISEASESPFY	If Other disease type, please specify	FreeText	OBSOLETE	Historic data recorded in this field are maintained in DDP exports
OUTBREAK					
Part of outbreak	OBPARTOF	Is this case part of a known disease outbreak?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – SHIGA TOXIN-PRODUCING E. COLI (STEC) WITH/WITHOUT HUS / HUS WITHOUT STEC					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Extent of outbreak	OBEXTENTOF_1 OBEXTENTOF_2 OBEXTENTOF_3 OBEXTENTOF_4 OBEXTENTOF_5 OBEXTENTOF_6	If Yes, what is the extent of the outbreak?	CheckBoxList (more than one choice is possible)	One CA jurisdiction	ONEJUR
				Multiple CA jurisdictions	MULJUR
				Multistate	MULSTAT
				International	INTR
				Unknown	UNK
				Other	OTH
If Other, specify	OBEXTENTOFSPFY	Specify other extent of outbreak	FreeText		
Mode of transmission	OBTRANSMOD_1 OBTRANSMOD_2 OBTRANSMOD_3 OBTRANSMOD_4	What is the mode of transmission for the disease outbreak?	CheckBoxList (more than one choice is possible)	Point source Person-to-person Unknown Other	SRC P2P UNK OTH
Specify Other	OBTRANSMODSPFY	Specify other mode of transmission	FreeText		
Vehicle of outbreak	OBVEHICLE	What is the vehicle of the disease outbreak?	FreeText		
Pattern 1 ID number	OBPAT1IDNUM	Pattern 1 ID number	FreeText		
Pattern 2 ID number	OBPAT2IDNUM	Pattern 2 ID number	FreeText		

Shigellosis

CLINICAL INFO – SHIGELLOSIS (Shigellosis A (Dysenteriae) / Shigellosis B (Flexneri) / Shigellosis C (Boydii) / Shigellosis D (Sonnei) / Shigellosis (Unspecified)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
SIGNS & SYMPTOMS					
Symptomatic?	SHIGCliCRSignSxSymptomatic	Symptomatic?	DropDownList	Yes No Unknown	Y N U
Onset time	SHIGCliCRSignSxOnSetTime	Onset time (HH:MM AM/PM)	FreeText		
Duration of acute symptoms	SHIGCliCRSignSxDuration	Duration of acute symptoms (days)	FreeText		
Diarrhea	SHIGCliCRSignSxDiarrhea	Diarrhea	DropDownList	Yes No Unknown	Y N U
Max. numbers of stools in 24-hour period	SHIGCliCRSignSxDiarrheaNumStool	Max. number of stools in 24-hour period	FreeText		
Onset date of diarrhea	SHIGCliCRSignSxDiarrheaDt	Onset date of diarrhea	Date (MM/DD/YYYY)		
Bloody diarrhea	SHIGCliCRSignSxDiarrheaBloody	Bloody diarrhea	DropDownList	Yes No Unknown	Y N U
Fever	SHIGCliCRSignSxFever	Fever	DropDownList	Yes No Unknown	Y N U
If Yes, highest temperature	SHIGCliCRSignSxHighTemp	If Yes, highest temperature (specify F/C)	FreeText		
Nausea	SHIGCliCRSignSxNausea	Nausea	DropDownList	Yes No Unknown	Y N U
Vomiting	SHIGCliCRSignSxVomiting	Vomiting	DropDownList	Yes No Unknown	Y N U
Abdominal cramps	SHIGCliCRSignSxAbCramp	Abdominal cramps	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – SHIGELLOSIS (Shigellosis A (Dysenteriae) / Shigellosis B (Flexneri) / Shigellosis C (Boydii) / Shigellosis D (Sonnei) / Shigellosis (Unspecified)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Other signs, symptoms, or complications, including reactive arthritis (specify)	SHIGCliCRSignSxOth	Other signs, symptoms, or complications, including reactive arthritis (specify)	FreeText		
Did patient have HUS?	SHIGCliCRSignSxHUS	Did patient have HUS (see case definition: includes both anemia with microangiopathic changes and renal injury [hematuria, proteinuria, or elevated creatine])?	DropDownList	Yes No Unknown	Y N U
Onset date of HUS	SHIGCliCRSignSxHUSOnsetDt	Onset date of HUS	Date (MM/DD/YYYY)		
PAST MEDICAL HISTORY					
Did the patient take antibiotics in the month prior to onset?	SHIGCliCRPastMedHxAbx	Did the patient take antibiotics in the month prior to onset?	DropDownList	Yes No Unknown	Y N U
If Yes, specify antibiotic(s)	SHIGCliCRPastMedHxAbxSpfy	If Yes, specify antibiotic(s)	FreeText		
Other underlying conditions relevant to present illness?	SHIGCliCRPastMedHxOthCond	Did the patient have other underlying conditions relevant to present illness?	DropDownList	Yes No Unknown	Y N U
If Yes, specify type of condition(s)	SHIGCliCRPastMedHxOthCondSpfy	If Yes, specify type of condition(s)	FreeText		
HOSPITALIZATION – DETAILS					
Did patient visit emergency room for illness?	HOSPER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U
Was patient hospitalized?	HOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
If Yes, how many total hospital nights?	HOSPDAYSHOSP	If Yes, how many total hospital nights?	FreeText		

CLINICAL INFO – SHIGELLOSIS (Shigellosis A (Dysenteriae) / Shigellosis B (Flexneri) / Shigellosis C (Boydii) / Shigellosis D (Sonnei) / Shigellosis (Unspecified)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Hospital name	HOSPDTLNAME_1 HOSPDTLNAME_2 HOSPDTLNAME_3	Hospital name	FreeText		
Street address	HOSPDTLADDRESS_1 HOSPDTLADDRESS_2 HOSPDTLADDRESS_3	Street address	FreeText		
City	HOSPDTLCITY_1 HOSPDTLCITY_2 HOSPDTLCITY_3	City	FreeText		
State	HOSPDTLSTATE_1 HOSPDTLSTATE_2 HOSPDTLSTATE_3	State	FreeText		
Zip code	HOSPDTLZIPCODE_1 HOSPDTLZIPCODE_2 HOSPDTLZIPCODE_3	Zip code	FreeText		
Telephone	HOSPDTLPHONE_1 HOSPDTLPHONE_2 HOSPDTLPHONE_3	Telephone	FreeText		
Admit date	HOSPDTLADMITDT_1 HOSPDTLADMITDT_2 HOSPDTLADMITDT_3	Admit date	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPDTLDISCHDT_1 HOSPDTLDISCHDT_2 HOSPDTLDISCHDT_3	Discharge / transfer date	Date (MM/DD/YYYY)		
Medical record number	HOSPDTLMRN_1 HOSPDTLMRN_2 HOSPDTLMRN_3	Medical record number	FreeText		
Discharge diagnosis	HOSPDTLDISCHDX_1 HOSPDTLDISCHDX_2 HOSPDTLDISCHDX_3	Discharge diagnosis	FreeText		
TREATMENT / MANAGEMENT					
Received treatment?	SHIGCliCRTxMgtTxRecd	Received treatment?	DropDownList	Yes No Unknown	Y N U
TREATMENT / MANAGEMENT – DETAILS					

CLINICAL INFO – SHIGELLOSIS (Shigellosis A (Dysenteriae) / Shigellosis B (Flexneri) / Shigellosis C (Boydii) / Shigellosis D (Sonnei) / Shigellosis (Unspecified)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Treatment type	SHIGCliCRTxMgtDtlTxType_1 SHIGCliCRTxMgtDtlTxType_2 SHIGCliCRTxMgtDtlTxType_3	Treatment type	DropDownList	Antibiotic Other	ABX OTH
Treatment name	SHIGCliCRTxMgtDtlTxName_1 SHIGCliCRTxMgtDtlTxName_2 SHIGCliCRTxMgtDtlTxName_3	Treatment name	FreeText		
Date started	SHIGCliCRTxMgtDtlTxStartDt_1 SHIGCliCRTxMgtDtlTxStartDt_2 SHIGCliCRTxMgtDtlTxStartDt_3	Date started	Date (MM/DD/YYYY)		
Date ended	SHIGCliCRTxMgtDtlTxEndDt_1 SHIGCliCRTxMgtDtlTxEndDt_2 SHIGCliCRTxMgtDtlTxEndDt_3	Date ended	Date (MM/DD/YYYY)		
OUTCOME					
Outcome?	OUTCOMEOUTCOME	Outcome?	DropDownList	Survived Died Unknown	S D U
Survived as of	OUTCOMESURVIVEDT	Survived as of	Date (MM/DD/YYYY)		

LABORATORY INFO – SHIGELLOSIS (Shigellosis A (Dysenteriae) / Shigellosis B (Flexneri) / Shigellosis C (Boydii) / Shigellosis D (Sonnei) / Shigellosis (Unspecified)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
CLINICAL LABORATORY RESULTS – Culture and Culture Independent Diagnostic Testing [CIDT], including Shiga Toxin					
Specimen type	LabCRCIDTSpecType_1 LabCRCIDTSpecType_2 LabCRCIDTSpecType_3	Specimen type	DropDownList	Stool Blood Urine Other	Stl Bld Urn Oth
If Other, specify specimen type	LabCRCIDTSpecTypeOth_1 LabCRCIDTSpecTypeOth_2 LabCRCIDTSpecTypeOth_3	If Other, specify specimen type	FreeText		
Collection date	LabCRCIDTSpecTypeCollectDt_1 LabCRCIDTSpecTypeCollectDt_2 LabCRCIDTSpecTypeCollectDt_3	Collection date	Date (MM/DD/YYYY)		

LABORATORY INFO – SHIGELLOSIS (Shigellosis A (Dysenteriae) / Shigellosis B (Flexneri) / Shigellosis C (Boydii) / Shigellosis D (Sonnei) / Shigellosis (Unspecified)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Clinical laboratory Shigella culture completed?	LabCRCIDTShigelCul_1 LabCRCIDTShigelCul_2 LabCRCIDTShigelCul_3	Clinical laboratory Shigella culture completed?	DropDownList	Yes No Unknown	Y N U
If culture completed, specify species (serogroup)	LabCRCIDTShigelCulRslt_1 LabCRCIDTShigelCulRslt_2 LabCRCIDTShigelCulRslt_3	If culture completed, specify species (serogroup)	DropDownList	S. dysenteriae (Group A) S. flexneri (Group B) S. boydii (Group C) S. sonnei (Group D) Unspecified Negative for Shigella	SA SB SC SD Unspcf NegShig
Shigella CIDT identification completed?	LabCRCIDTShigelCIDTId_1 LabCRCIDTShigelCIDTId_2 LabCRCIDTShigelCIDTId_3	Shigella CIDT identification completed?	DropDownList	Yes No Unknown	Y N U
If CIDT completed, specify result(s)	LabCRCIDTShigelCIDTIdRslt_SHIG_1 LabCRCIDTShigelCIDTIdRslt_SHIG_2 LabCRCIDTShigelCIDTIdRslt_SHIG_3 LabCRCIDTShigelCIDTIdRslt_EIEC_1 LabCRCIDTShigelCIDTIdRslt_EIEC_2 LabCRCIDTShigelCIDTIdRslt_EIEC_3 LabCRCIDTShigelCIDTIdRslt_NEGSHIG_1 LabCRCIDTShigelCIDTIdRslt_NEGSHIG_2 LabCRCIDTShigelCIDTIdRslt_NEGSHIG_3 LabCRCIDTShigelCIDTIdRslt_OTH_1 LabCRCIDTShigelCIDTIdRslt_OTH_2 LabCRCIDTShigelCIDTIdRslt_OTH_3	If CIDT completed, specify result(s)	CheckBoxList (more than one selection is possible)	Shigella spp. Shigella / Enteroinvasive E. coli (EIEC) Negative for Shigella Other	Shig EIEC NegShig Oth
If Other, specify result	LabCRCIDTShigelCIDTIdRsltOth_1 LabCRCIDTShigelCIDTIdRsltOth_2 LabCRCIDTShigelCIDTIdRsltOth_3	If Other, specify result	FreeText		
Shiga toxin test completed?	LabCRCIDTShigaToxTst_1 LabCRCIDTShigaToxTst_2 LabCRCIDTShigaToxTst_3	Shiga toxin test completed?	DropDownList	Yes No Unknown	Y N U
Type of test	LabCRCIDTShigaToxTstType_1 LabCRCIDTShigaToxTstType_2 LabCRCIDTShigaToxTstType_3	Type of test	DropDownList	Enzyme immunoassay (EIA) PCR Vero cell assay Unknown Other	EIA PCR VCA U Oth

LABORATORY INFO – SHIGELLOSIS (Shigellosis A (Dysenteriae) / Shigellosis B (Flexneri) / Shigellosis C (Boydii) / Shigellosis D (Sonnei) / Shigellosis (Unspecified)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Other, specify test	LabCRCIDTShigaToxTstTypeOth_1 LabCRCIDTShigaToxTstTypeOth_2 LabCRCIDTShigaToxTstTypeOth_3	If Other, specify test	FreeText		
Shiga toxin test result	LabCRCIDTShigaToxTstRslt_1 LabCRCIDTShigaToxTstRslt_2 LabCRCIDTShigaToxTstRslt_3	Shiga toxin test result	RadioButtonList		
If Stx positive, specify type of toxin(s)	LabCRCIDTShigaToxTstRsltType_1 LabCRCIDTShigaToxTstRsltType_2 LabCRCIDTShigaToxTstRsltType_3	If Stx positive, specify type of toxin(s)	DropDownList	Stx 1 Stx 2 Stx 1 and Stx 2 Unknown Other	S1 S2 S1S2 U Oth
If Other, specify	LabCRCIDTShigaToxTstRsltOth_1 LabCRCIDTShigaToxTstRsltOth_2 LabCRCIDTShigaToxTstRsltOth_3	If Other, specify	FreeText		
Laboratory name	LabCRCIDTLabName_1 LabCRCIDTLabName_2 LabCRCIDTLabName_3	Laboratory name	FreeText		
Laboratory CLIA number	LabCRCIDTLabCLIANum_1 LabCRCIDTLabCLIANum_2 LabCRCIDTLabCLIANum_3	Laboratory CLIA number	FreeText		
Telephone	LabCRCIDTLabPhone_1 LabCRCIDTLabPhone_2 LabCRCIDTLabPhone_3	Telephone	FreeText		
Antimicrobial susceptibility testing completed?	LabCRCIDTAntiMicroTst_1 LabCRCIDTAntiMicroTst_2 LabCRCIDTAntiMicroTst_3	Antimicrobial susceptibility testing completed?	DropDownList	Yes No Unknown	Y N U
Ampicillin	LabCRCIDTAmpicillin_1 LabCRCIDTAmpicillin_2 LabCRCIDTAmpicillin_3	Ampicillin	DropDownList	Susceptible Intermediate Resistant Not done	SUSC INTER RES NOT
Azithromycin	LabCRCIDTAzithromycin_1 LabCRCIDTAzithromycin_2 LabCRCIDTAzithromycin_3	Azithromycin	DropDownList	Susceptible Intermediate Resistant Not done	SUSC INTER RES NOT
Ciprofloxacin	LabCRCIDTCiprofloxacin_1 LabCRCIDTCiprofloxacin_2 LabCRCIDTCiprofloxacin_3	Ciprofloxacin	DropDownList	Susceptible Intermediate Resistant Not done	SUSC INTER RES NOT

LABORATORY INFO – SHIGELLOSIS (Shigellosis A (Dysenteriae) / Shigellosis B (Flexneri) / Shigellosis C (Boydii) / Shigellosis D (Sonnei) / Shigellosis (Unspecified)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
TMP-SMX	LabCRCIDTTMPSMX_1 LabCRCIDTTMPSMX_2 LabCRCIDTTMPSMX_3	TMP-SMX	DropDownList	Susceptible Intermediate Resistant Not done	SUSC INTER RES NOT
Third-generation cephalosporin	LabCRCIDT3rdGenCeph_1 LabCRCIDT3rdGenCeph_2 LabCRCIDT3rdGenCeph_3	Third-generation cephalosporin	DropDownList	Susceptible Intermediate Resistant Not done	SUSC INTER RES NOT
Specify third-generation cephalosporin	LabCRCIDT3rdGenCephSpfy_1 LabCRCIDT3rdGenCephSpfy_2 LabCRCIDT3rdGenCephSpfy_3	Specify third-generation cephalosporin	FreeText		
CDPH MICROBIAL DISEASES LABORATORY (MDL) OR OTHER REFERENCE PUBLIC HEALTH LABORATORY RESULTS					
Specimen type	SHIGLabCRMDLSpecType	Specimen type	DropDownList	Stool Blood Urine Other	Stl Bld Urn Oth
If Other, specify specimen type	SHIGLabCRMDLSpecTypeOth	If Other, specify specimen type	FreeText		
Collection date	SHIGLabCRMDLSpecTypeCollectDt	Collection date	Date (MM/DD/YYYY)		
Was Shigella isolate forwarded to a local public health lab?	SHIGLabCRMDLShigelIsoForwardLab	Was Shigella isolate forwarded to a local public health lab?	DropDownList	Yes No Unknown	Y N U
Local lab ID number	SHIGLabCRMDLLocalLabId	Local lab ID number	FreeText		
Was isolate forwarded to MDL?	SHIGLabCRMDLIsoForwardMDL	Was isolate forwarded to MDL?	DropDownList	Yes No Unknown	Y N U
State lab ID number	SHIGLabCRMDLStateLabId	State lab ID number	FreeText		
Shigella culture completed?	SHIGLabCRMDLShigelCul	Shigella culture completed?	DropDownList	Yes No Unknown	Y N U

LABORATORY INFO – SHIGELLOSIS (Shigellosis A (Dysenteriae) / Shigellosis B (Flexneri) / Shigellosis C (Boydii) / Shigellosis D (Sonnei) / Shigellosis (Unspecified)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If culture completed, specify species (serogroup)	SHIGLabCRMDLShigelCulRslt	If culture completed, specify species (serogroup)	DropDownList	S. dysenteriae (Group A)	SA
				S. flexneri (Group B)	SB
				S. boydii (Group C)	SC
				S. sonnei (Group D)	SD
				Unspecified	Unspcf
				Negative for Shigella	NegShig
If serotyping completed, specify serotype	SHIGLabCRMDLShigelCulSerotyp	If serotyping completed, specify serotype	DropDownList	1	1
				2	2
				3	3
				4	4
				5	5
				6	6
				7	7
				Other	Oth
				Untypeable	Untype
				Unknown	U
If Other, specify serotype	SHIGLabCRMDLShigelCulSerotypOth	If Other, specify serotype	FreeText		
Was Shigella isolate tested for Shiga toxin?	SHIGLabCRMDLShigaToxTst	Was Shigella isolate tested for Shiga toxin?	DropDownList	Yes	Y
				No	N
				Unknown	U
Type of test	SHIGLabCRMDLShigaToxTstType_EIA SHIGLabCRMDLShigaToxTstType_PCR SHIGLabCRMDLShigaToxTstType_VCA SHIGLabCRMDLShigaToxTstType_U SHIGLabCRMDLShigaToxTstType_OTH	If Yes, specify type of test (check all that apply)	CheckBoxList (more than one selection is possible)	Enzyme immunoassay (EIA)	EIA
				PCR	PCR
				Vero cell assay	VCA
				Unknown	U
				Other	Oth
Shiga toxin test result	SHIGLabCRMDLShigaToxTstTypeOth	If Other test result, specify	FreeText		
Shiga toxin test result	SHIGLabCRMDLShigaToxTstRslt	Shiga toxin test result	RadioButtonList	Stx 1	S1
				Stx 2	S2
				Stx 1 and Stx 2	S1S2
				Unknown	U
				Other	Oth

LABORATORY INFO – SHIGELLOSIS (Shigellosis A (Dysenteriae) / Shigellosis B (Flexneri) / Shigellosis C (Boydii) / Shigellosis D (Sonnei) / Shigellosis (Unspecified)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Stx positive, specify type of toxin(s)	SHIGLabCRMDLShigaToxTstRsltType	If Stx positive, specify type of toxin(s)	FreeText		
If Other, specify	SHIGLabCRMDLShigaToxTstRsltOth	If Other toxin, specify	FreeText		
Laboratory name	SHIGLabCRMDLShigIsoLabName_MDL SHIGLabCRMDLShigIsoLabName_PHL	Laboratory name	CheckBoxList (more than one selection is possible)	MDL PHL	MDL PHL
If PHL, specify laboratory name	SHIGLabCRMDLShigIsoLabNameSpfy	If PHL, specify laboratory name	FreeText		
Was PFGE completed?	SHIGLabCRMDLPFGE	Was PFGE completed?	RadioButtonList	Yes No Unknown	Y N U
Pattern 1 #	SHIGLabCRMDLPFGEPatt1	Pattern 1 #	FreeText		
Pattern 2 #	SHIGLabCRMDLPFGEPatt2	Pattern 2 #	FreeText		
CDC Cluster ID #	SHIGLabCRMDLPFGECDC	CDC Cluster ID #	FreeText		
Was whole genome sequencing (WBS) completed?	SHIGLabCRMDLWGS	Was whole genome sequencing (WBS) completed?	RadioButtonList	Yes No Unknown	Y N U
If Yes, specify results	SHIGLabCRMDLWGSRslt	If Yes, specify results	FreeText		
Laboratory name	SHIGLabCRMDLWGSLabNm_MDL SHIGLabCRMDLWGSLabNm_PHL	Laboratory name	CheckBoxList (more than one selection is possible)	MDL Reference PHL	MDL PHL
If Reference PHL, specify laboratory name	SHIGLabCRMDLWGSLabNmSpfy	If Reference PHL, specify laboratory name	FreeText		

EPIDEMIOLOGICAL INFO – SHIGELLOSIS (Shigellosis A (Dysenteriae) / Shigellosis B (Flexneri) / Shigellosis C (Boydii) / Shigellosis D (Sonnei) / Shigellosis (Unspecified)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
TRAVEL HISTORY					
Did patient travel outside of county of residence during the incubation period?	TRVHXTRAVEL	Did patient travel outside of county of residence during the incubation period?	DropDownList	Yes No Unknown	Y N U
TRAVEL HISTORY - DETAILS					
Location	SHIGEpiCRTrvHxDtlLoc_1	Location (city, county, state, country)	FreeText		
Date travel started	SHIGEpiCRTrvHxDtlStartDt_1	Date travel started	Date (MM/DD/YYYY)		
Date travel ended	SHIGEpiCRTrvHxDtlEndDt_1	Date travel ended	Date (MM/DD/YYYY)		
EXPOSURE HISTORY					
Exposure to a confirmed or probable shigellosis case	SHIGEpiCRExpHxExpConf	Exposure to a confirmed or probable shigellosis case	DropDownList	Yes No Unknown	Y N U
Attended or worked in daycare	SHIGEpiCRExpHxAttnDC	Attended or worked in daycare	DropDownList	Yes No Unknown	Y N U
If Yes, specify location	SHIGEpiCRExpHxAttnDCSpfy	If Yes, specify location	FreeText		
Contact with a diapered child or adult	SHIGEpiCRExpHxContDiapr	Contact with a diapered child or adult	DropDownList	Yes No Unknown	Y N U
If Yes, specify location	SHIGEpiCRExpHxContDiaprSpfy	If Yes, specify location	FreeText		
Lived in congregate setting (e.g. dorm, residential care facility, corrections, etc.)	SHIGEpiCRExpHxCongregateSet	Lived in congregate setting (e.g. dorm, residential care facility, corrections, etc.)	DropDownList	Yes No Unknown	Y N U
If Yes, specify location	SHIGEpiCRExpHxCongregateSetSpfy	If Yes, specify location	FreeText		

EPIDEMIOLOGICAL INFO – SHIGELLOSIS (Shigellosis A (Dysenteriae) / Shigellosis B (Flexneri) / Shigellosis C (Boydii) / Shigellosis D (Sonnei) / Shigellosis (Unspecified)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Homeless	SHIGEpiCRExpHxHmless	Homeless	DropDownList	Yes No Unknown	Y N U
If Yes, specify location(s) and/or shelter(s)	SHIGEpiCRExpHxHmlessSpfy	If Yes, specify location(s) and/or shelter(s)	FreeText		
Sexual activity	SHIGEpiCRExpHxSexActvy	Sexual activity	DropDownList	Yes No Unknown	Y N U
Sexual partner(s)	SHIGEpiCRExpHxSexActvyPt_M SHIGEpiCRExpHxSexActvyPt_F SHIGEpiCRExpHxSexActvyPt_R	Sexual partner(s)	CheckBoxList (more than one selection is possible)	Male Female Refused	M F R
Engaged in oral-anal sex	SHIGEpiCRExpHxSexActvyOrlAnl	Engaged in oral-anal sex	DropDownList	Yes No Unknown	Y N U
Exposure to sewage or human excreta	SHIGEpiCRExpHxExpSwg	Exposure to sewage or human excreta	DropDownList	Yes No Unknown	Y N U
If Yes, specify location	SHIGEpiCRExpHxExpSwgSpfy	If Yes, specify location	FreeText		
Attend any group activities or events (e.g. parties, shared meals, etc.)	SHIGEpiCRExpHxActvyGrp	Attend any group activities or events (e.g. parties, shared meals, etc.)	DropDownList	Yes No Unknown	Y N U
If Yes, describe	SHIGEpiCRExpHxActvyGrpSpfy	If Yes, describe	FreeText		
Other activities or exposures of interest	SHIGEpiCRExpHxActvyOth	Other activities or exposures of interest	DropDownList	Yes No Unknown	Y N U
If Yes, describe	SHIGEpiCRExpHxActvyOthSpfy	If Yes, describe	FreeText		
Natural recreational water (rivers, lake, oceans, etc.)	SHIGEpiCRExpHxNatWtr	Natural recreational water (rivers, lake, oceans, etc.)	DropDownList	Yes No Unknown	Y N U
If Yes, specify location	SHIGEpiCRExpHxNatWtrSpfy	If Yes, specify location	FreeText		

EPIDEMIOLOGICAL INFO – SHIGELLOSIS (Shigellosis A (Dysenteriae) / Shigellosis B (Flexneri) / Shigellosis C (Boydii) / Shigellosis D (Sonnei) / Shigellosis (Unspecified)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Artificial recreational water (swimming pools, water parks, fountains, etc.)	SHIGEpiCRExpHxArtifWtr	Artificial recreational water (swimming pools, water parks, fountains, etc.)	DropDownList	Yes No Unknown	Y N U
If Yes, specify location	SHIGEpiCRExpHxArtifWtrSpfy	If Yes, specify location	FreeText		
Drank untreated water	SHIGEpiCRExpHxUntrtWtr	Drank untreated water	DropDownList	Yes No Unknown	Y N U
If Yes, specify source(s)	SHIGEpiCRExpHxUntrtWtrSpfy	If Yes, specify source(s)	FreeText		
Source(s) of drinking water	SHIGEpiCRExpHxDrinkWtr_PUB SHIGEpiCRExpHxDrinkWtr_IW SHIGEpiCRExpHxDrinkWtr_SW SHIGEpiCRExpHxDrinkWtr_BOT SHIGEpiCRExpHxDrinkWtr_UNK SHIGEpiCRExpHxDrinkWtr_OTH	Source(s) of drinking water (check all that apply)	CheckBoxList (multiple selections are possible)	Public Individual well Shared well Bottled Unknown Other	Pub IW SW Bot U O
If Other, specify	SHIGEpiCRExpHxDrinkWtrSpfy	If Other, specify	FreeText		
FOOD HISTORY – OUTSIDE HOME					
Did the patient consume food or drink prepared outside of the home during the incubation period?	SHIGEpiCRFoodHxOutFood	Did the patient consume food or drink prepared outside of the home during the incubation period?	DropDownList	Yes No Unknown	Y N U
FOOD HISTORY – OUTSIDE HOME - DETAILS					
Name of place	SHIGEpiCRFoodHxDtlName_1	Name of place	FreeText		
Location (city, state)	SHIGEpiCRFoodHxDtlLoc_1	Location (city, state)	FreeText		
Date	SHIGEpiCRFoodHxDtlDt_1	Date	Date (MM/DD/YYYY)		
Items consumed	SHIGEpiCRFoodHxDtlItemConsum_1	Items consumed	FreeText		

EPIDEMIOLOGICAL INFO – SHIGELLOSIS (Shigellosis A (Dysenteriae) / Shigellosis B (Flexneri) / Shigellosis C (Boydii) / Shigellosis D (Sonnei) / Shigellosis (Unspecified)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
PATIENT CLEARANCE INFORMATION					
Did this patient require clearance to return to daycare, school, or work?	SHIGEpiCRClrInfoClrRequire	Did this patient require clearance to return to daycare, school, or work?	DropDownList	Yes No Unknown	Y N U
PATIENT CLEARANCE INFORMATION - DETAILS					
Employer/Situation (place of employment, daycare name, etc.)	SHIGEpiCRClrInfoDtlEmplr	Employer/Situation (place of employment, daycare name, etc.)	FreeText		
Telephone number	SHIGEpiCRClrInfoDtlPhone	Telephone number	FreeText		
Street address	SHIGEpiCRClrInfoDtlAddr	Street address	FreeText		
City	SHIGEpiCRClrInfoDtlCity	City	FreeText		
State	SHIGEpiCRClrInfoDtlState	State	FreeText		
Zip Code	SHIGEpiCRClrInfoDtlZip	Zip Code	FreeText		
Was clearance completed?	SHIGEpiCRClrInfoDtlClr	Was clearance completed?	DropDownList	Yes No	Y N
If Yes, date of first clearance specimen	SHIGEpiCRClrInfoDtlClrY1stDt	If Yes, date of first clearance specimen	Date (MM/DD/YYYY)		
If Yes, date of final clearance specimen	SHIGEpiCRClrInfoDtlClrYFnlDt	If Yes, date of final clearance specimen	Date (MM/DD/YYYY)		
If No, specify reason	SHIGEpiCRClrInfoDtlClrNSpfy	If No, specify reason	FreeText		
Clearance issues (including use of antibiotics to facilitate clearance, etc.) / Comments	SHIGEpiCRClrInfoDtlClrIssue	Clearance issues (including use of antibiotics to facilitate clearance, etc.) / Comments	TextBox		
How many people, besides, the case, live in the household?	SHIGEpiCRHhContPeople	How many people, besides, the case, live in the household?	FreeText		

EPIDEMIOLOGICAL INFO – SHIGELLOSIS (Shigellosis A (Dysenteriae) / Shigellosis B (Flexneri) / Shigellosis C (Boydii) / Shigellosis D (Sonnei) / Shigellosis (Unspecified)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
HOUSEHOLD CONTACTS - DETAILS					
Name	SHIGEpiCRHhContDtlName_1	Name	FreeText		
Relationship	SHIGEpiCRHhContDtlRel_1	Relationship	FreeText		
Age	SHIGEpiCRHhContDtlAge_1	Age	FreeText		
Gender	SHIGEpiCRHhContDtlGndr_1	Gender	FreeText		
Occupation	SHIGEpiCRHhContDtlOccptn_1	Occupation	FreeText		
Sensitive occupation / situation?	SHIGEpiCRHhContDtlOccptnSens_1	Sensitive occupation / situation?	DropDownList	Yes No Unknown	Y N U
Telephone number	SHIGEpiCRHhContDtlPhone_1	Telephone number	FreeText		
Similar illness	SHIGEpiCRHhContDtlSmlrIll_1	Similar illness	DropDownList	Yes No Unknown	Y N U
If Yes, date of illness onset	SHIGEpiCRHhContDtlSmlrIllDt_1	If Yes, date of illness onset	Date (MM/DD/YYYY)		
Comment	SHIGEpiCRHhContDtlComment_1	Comment	FreeText		
ILL CONTACTS					
Any contacts with similar illness (including household contacts)?	SHIGEpiCRIllContSmlrIll	Any contacts with similar illness (including household contacts)?	DropDownList	Yes No Unknown	Y N U
REPORTING AGENCY					
Investigator name	SHIGEpiCRRepAgncyName	Investigator name	FreeText		
Local health jurisdiction	SHIGEpiCRRepAgncyLHJ	Local health jurisdiction	FreeText		

EPIDEMIOLOGICAL INFO – SHIGELLOSIS (Shigellosis A (Dysenteriae) / Shigellosis B (Flexneri) / Shigellosis C (Boydii) / Shigellosis D (Sonnei) / Shigellosis (Unspecified)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Telephone number	SHIGEpiCRRepAgncyPhone	Telephone number	FreeText		
Date	SHIGEpiCRRepAgncyDt	Date	Date (MM/DD/YYYY)		
First reported by	SHIGEpiCRRepAgncy1stRptBy	First reported by	DropDownList	Clinician Laboratory Other	CLI LAB OTH
If Other, specify	SHIGEpiCRRepAgncySpfy	If Other, specify	FreeText		
Health education provided?	SHIGEpiCRRepAgncyHlthEdu	Health education provided?	DropDownList	Yes No Unknown	Y N U
Epi-Linked to known case?	EPILINKKNOWNCASE	Epi-Linked to known case?	DropDownList	Yes No Unknown	Y N U
Contact name / Case #	EPILINKCONTNAMECASENUM	Contact name / Case #	FreeText		
Part of known outbreak?	OBPARTOF	Part of known outbreak?	DropDownList	Yes No Unknown	Y N U
If Yes, extent of outbreak	OBEXTENTOF_ONEJUR OBEXTENTOF_MULJUR OBEXTENTOF_MULSTAT OBEXTENTOF_INTR OBEXTENTOF_UNK OBEXTENTOF_OTH	If Yes, extent of outbreak	CheckBoxList (more than one selection is possible)	One jurisdiction Multiple jurisdiction Multi-state International Unknown Other	ONEJUR MULJUR MULSTAT INTR UNK OTH
If Other outbreak, specify	OBEXTENTOFSPFY	If Other outbreak, specify	FreeText		
Mode of transmission	OBTRANSMOD_SRC OBTRANSMOD_P2P OBTRANSMOD_UNK OBTRANSMOD_OTH	Mode of transmission	CheckBoxList (more than one selection is possible)	Point source Person-to-person Unknown Other	SRC P2P UNK OTH
If Other outbreak, specify	OBTRANSMODSPFY	If Other outbreak, specify	FreeText		
Vehicle of outbreak	OBVEHICLE	Vehicle of outbreak	FreeText		
Pattern 1 ID number	OBPAT1IDNUM	Pattern 1 ID number	FreeText		

EPIDEMIOLOGICAL INFO – SHIGELLOSIS (Shigellosis A (Dysenteriae) / Shigellosis B (Flexneri) / Shigellosis C (Boydii) / Shigellosis D (Sonnei) / Shigellosis (Unspecified)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Pattern 2 ID number	OBPAT2IDNUM	Pattern 2 ID number	FreeText		
Notes	Notes	Notes	TextBox		

Spotted Fever Rickettsioses

See User Defined Form sections (Clinical, Laboratory and Epidemiologic) under the Rickettsial Group entry

Staphylococcus Aureus Infection (Severe Case)

CLINICAL INFO – STAPHYLOCOCCUS AUREUS INFECTION (SEVERE CASE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
VERIFICATION OF CASE STATUS					
Admitted to ICU?	MRSACLICRSCREENINGICUADMISSION	1. Did the patient's S. aureus infection result in admission to an intensive care unit (ICU)?	DropDownList	Yes No	Y N
Infection result in death?	MRSACLICRSCREENINGDEATH	2. Did the patient's S. aureus infection result in death?	DropDownList	Yes No	Y N
Patient signs	MRSACLICRSCREENINGDISQUALIFY	3. Does the patient have ANY of the risk factors listed below?	DropDownList	Yes No Unknown	Y N U
Check all that apply	MRSACLICRSCREENINGDISQUALEVENTS_0 MRSACLICRSCREENINGDISQUALEVENTS_1 MRSACLICRSCREENINGDISQUALEVENTS_2 MRSACLICRSCREENINGDISQUALEVENTS_3 MRSACLICRSCREENINGDISQUALEVENTS_4	Check all that apply	CheckBoxList (more than one choice is possible)	Hospitalized within the past year Surgery within past year Dialysis within past year Residence in long-term care facility within the past year Longterm percutaneous device or indwelling catheter prior to current illness	HOSP SURG DIALYS RESID DEVICE
CLINICAL CONDITIONS ASSOCIATED WITH POSITIVE CULTURE					
Onset date	MRSACLICRCLINICALINFOONSETDT	Onset date of clinical symptoms of a Staphylococcus Aureus Infection	Date (MM/DD/YYYY)		
Medical care date	MRSACLICRCLINICALINFOSGTMEDCAREDT	Date first sought medical care for symptoms	Date (MM/DD/YYYY)		
Bacteremia (positive blood culture)	MRSACLICRCLINICALINFOBACTEREMIA	Indicate type(s) of S. aureus infection diagnosed: Bacteremia (positive blood culture)	DropDownList	Yes No Unknown	Y N U
If Yes, select one	MRSACLICRCLINICALINFOBacteremiaID	If Yes, select one	DropDownList	Bacteremia only Bacteremia with other identified infection Unknown	BACT BACTWINF UNK
Endocarditis	MRSACLICRCLINICALINFOENDOCARDITIS	Indicate type(s) of S. aureus infection diagnosed: Endocarditis	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – STAPHYLOCOCCUS AUREUS INFECTION (SEVERE CASE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Septic emboli?	MRSACLICRCLINICALINFOSEPTICEMBOLI	If Yes, did patient have septic emboli	DropDownList	Yes No Unknown	Y N U
Meningitis	MRSACLICRCLINICALINFOMENINGITIS	Indicate type(s) of S. aureus infection diagnosed: Meningitis	DropDownList	Yes No Unknown	Y N U
Osteomyelitis	MRSACLICRCLINICALINFOOSTEOMYELITIS	Indicate type(s) of S. aureus infection diagnosed: Osteomyelitis	DropDownList	Yes No Unknown	Y N U
Pneumonia	MRSACLICRCLINICALINFOPNEUMONIA	Indicate type(s) of S. aureus infection diagnosed: Pneumonia	DropDownList	Yes No Unknown	Y N U
Check all that apply	MRSACLICRCLINICALINFOPNEUMONIASPFY_0 MRSACLICRCLINICALINFOPNEUMONIASPFY_1	If Yes, check all that apply (if known)	CheckBoxList (more than one choice is possible)	Necrotizing Hemorrhagic	NECRO HEMOR
Septic arthritis	MRSACLICRCLINICALINFOSEPTICARTHRITIS	Indicate type(s) of S. aureus infection diagnosed: Septic arthritis	DropDownList	Yes No Unknown	Y N U
Septic shock	MRSACLICRCLINICALINFOSeptShck	Indicate type(s) of S. aureus infection diagnosed: Septic shock	DropDownList	Yes No Unknown	Y N U
Skin or soft tissue infection (SSTI)	MRSACLICRCLINICALINFOSKININFECT	Indicate type(s) of S. aureus infection diagnosed: Skin or soft tissue infection (SSTI)	DropDownList	Yes No Unknown	Y N U
Location (if known)	MRSACLICRCLINICALINFOSKININFECTSPFY	If yes, specify location (if known)	FreeText		
Type(s) of SSTI	MRSACLICRClinicalInfoTypeSSTI_0 MRSACLICRClinicalInfoTypeSSTI_1 MRSACLICRClinicalInfoTypeSSTI_2	If yes, specify type(s) of SSTI	CheckBoxList (more than one choice is possible)	Necrotizing fascilitis Pyomyositis Other	NECRO PYO OTH
If Other, specify	MRSACLICRCLINICALINFOSSTISpecfy	If Other type of SSTI, please specify	FreeText		
Toxic shock syndrome	MRSACLICRCLINICALINFOTSS	Indicate type(s) of S. aureus infection diagnosed: Toxic shock syndrome	DropDownList	Yes No Unknown	Y N U
Other infection	MRSACLICRCLINICALINFOOTHINFECTSPFY	Indicate type(s) of S. aureus infection diagnosed: Other infection	FreeText		

CLINICAL INFO – STAPHYLOCOCCUS AUREUS INFECTION (SEVERE CASE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Chest x-ray	MRSACLICRCLINICALINFOCHESTXRAY	Did patient have a chest x-ray?	DropDownList	Yes No Unknown	Y N U
Interpretation	MRSACLICRCLINICALINFOINTERPRET	If yes, what was the interpretation of the chest x-ray?	DropDownList	Normal Pneumonia Other	NORM PNEU OTH
If Other, describe	MRSACLICRCLINICALINFOINTERPRETDESC	If Other interpretation, please describe	FreeText		
PAST MEDICAL HISTORY					
Underlying conditions	MRSACLICRPASMEDHXPREXCOND_0 MRSACLICRPASMEDHXPREXCOND_1 MRSACLICRPASMEDHXPREXCOND_2 MRSACLICRPASMEDHXPREXCOND_3 MRSACLICRPASMEDHXPREXCOND_4 MRSACLICRPASMEDHXPREXCOND_5 MRSACLICRPASMEDHXPREXCOND_6 MRSACLICRPASMEDHXPREXCOND_7 MRSACLICRPASMEDHXPREXCOND_8 MRSACLICRPASMEDHXPREXCOND_9 MRSACLICRPASMEDHXPREXCOND_10 MRSACLICRPASMEDHXPREXCOND_11 MRSACLICRPASMEDHXPREXCOND_12 MRSACLICRPASMEDHXPREXCOND_13 MRSACLICRPASMEDHXPREXCOND_14 MRSACLICRPASMEDHXPREXCOND_15 MRSACLICRPASMEDHXPREXCOND_16 MRSACLICRPASMEDHXPREXCOND_17	Did patient have any of the following underlying conditions?	CheckBoxList (more than one choice is possible)	Alcohol abuse Congestive heart failure Eczema Folliculitis Liver disease Obesity (specify BMI or weight below) Asthma Current smoker Other chronic dermatologic condition (specify below) Immunosuppressive therapy Malignancy - hematologic Other chronic illness (specify below) Chronic renal insufficiency Diabetes mellitus Emphysema or COPD Injection drug use (IDU) Malignancy - solid organ None	ALCOHOL HEARTFAILURE ECZEMA FOLLICU LIVERDIS OBESE ASTHMA SMOKER CHRONDERM IMMUNOSUP MALIGHEMO OTH CHRONRENAL DIABETES COPD IDU MALIGSOLID NONE
Dermatologic condition	MRSACLICRPASMEDHXOTHCHRONDERM	If Other dermatologic condition, specify	FreeText		
Obesity	MRSACLICRPASMEDHXObese	If Obesity, specify BMI or weight (if known)	FreeText		
Other illness	MRSACLICRPASMEDHXOTHCOND	If Other chronic illness, specify illness	FreeText		
History of S. aureus	MRSACLICRPASMEDHXInfect	Did patient have a history of S. aureus infection?	DropDownList	Yes No Unknown	Y N U
Antibiotic profile	MRSACLICRPASMEDHXInfectProf	If yes, specify antibiotic profile	RadioButtonList	MRSA MSSA Unknown	MRSA MSSA UNK

CLINICAL INFO – STAPHYLOCOCCUS AUREUS INFECTION (SEVERE CASE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Details	MRSACLICRPASMEDHXInfectProfDet	If yes, provide details	FreeText		
History of colonization	MRSACLICRPASMEDHXColon	Did patient have a history of S. aureus colonization?	DropDownList	Yes No Unknown	Y N U
Antibiotic profile	MRSACLICRPASMEDHXColonProf	If yes, specify antibiotic profile	RadioButtonList	MRSA MSSA Unknown	MRSA MSSA UNK
Details	MRSACLICRPASMEDHXColonProfDet	If yes, provide details	FreeText		
HOSPITALIZATION					
Patient visit ER?	HOSPER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U
Was patient hospitalized?	HOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
Total hospital nights	HOSPDAYSHOSP	If Yes, how many total hospital nights?	FreeText		
HOSPITALIZATION – DETAILS					
Hospital name	HOSPDTLNAME1 HOSPDTLNAME2 HOSPDTLNAME3	Name of facility where patient was hospitalized	FreeText		
Street address	HOSPDTLADDRESS1 HOSPDTLADDRESS2 HOSPDTLADDRESS3	Street address of hospital	FreeText		
City	HOSPDTLCITY1 HOSPDTLCITY2 HOSPDTLCITY3	City where hospital located	FreeText		
State	HOSPDTLSTATE1 HOSPDTLSTATE2 HOSPDTLSTATE3	State	FreeText		
Zip code	HOSPDTLZIPCODE1 HOSPDTLZIPCODE2 HOSPDTLZIPCODE3	Zip code	FreeText		

CLINICAL INFO – STAPHYLOCOCCUS AUREUS INFECTION (SEVERE CASE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Telephone	HOSPDTLPHONE1 HOSPDTLPHONE2 HOSPDTLPHONE3	Telephone number for hospital	FreeText		
Admit date	HOSPDTLADMITDT1 HOSPDTLADMITDT2 HOSPDTLADMITDT3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPDTLDISCHDT1 HOSPDTLDISCHDT2 HOSPDTLDISCHDT3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		
Medical record Number	HOSPDTLMRN1 HOSPDTLMRN2 HOSPDTLMRN3	Medical record number for patient	FreeText		
Discharge diagnosis	HOSPDTLDISCHDX1 HOSPDTLDISCHDX2 HOSPDTLDISCHDX3	What was the patient's final diagnosis at the time of discharge?	FreeText		
ICU COURSE					
ICU nights	MRSACLICRICUNights	How many nights did the patient spend in the ICU?	FreeText		
Mechanical ventilation?	MRSACLICRICUVent	Did the patient require mechanical ventilation?	DropDownList	Yes No Unknown	Y N U
OUTCOME					
Outcome?	OUTCOMEOUTCOME	What was the clinical outcome for this case?	DropDownList	Survived Died Unknown	S D U
Survived as of	OUTCOMESURVIVEDT	If patient survived, what was the date patient was known to still be living?	Date (MM/DD/YYYY)		
Date of death	OUTCOMEDEATHDT	If patient died, what was the date of death?	FreeText		

LABORATORY INFO – STAPHYLOCOCCUS AUREUS INFECTION (SEVERE CASE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY RESULTS SUMMARY					
MRSA or MSSA?	MRSALABCRLABRSLTSUMISOLATE_0 MRSALABCRLABRSLTSUMISOLATE_1	Is the isolate MRSA or MSSA?	CheckBoxList (more than one choice is possible)	MRSA (oxacillin resistant)	MRSA
				MSSA (Oxacillin susceptible)	MSSA
Collection date	MRSALABCRLABRSLTSUMDT	Date specimen was collected	Date (MM/DD/YYYY)		
Laboratory name	MRSALABCRLABRSLTSUMLAB	Name of lab where testing was performed	FreeText		
Isolation site(s)	MRSALABCRLABRSLTSUMSITE_0 MRSALABCRLABRSLTSUMSITE_1 MRSALABCRLABRSLTSUMSITE_2 MRSALABCRLABRSLTSUMSITE_3 MRSALABCRLABRSLTSUMSITE_4 MRSALABCRLABRSLTSUMSITE_5 MRSALABCRLABRSLTSUMSITE_6 MRSALABCRLABRSLTSUMSITE_7 MRSALABCRLABRSLTSUMSITE_8 MRSALABCRLABRSLTSUMSITE_9 MRSALABCRLABRSLTSUMSITE_10 MRSALABCRLABRSLTSUMSITE_11	Specify the site(s) from which S. aureus was isolated	CheckBoxList (more than one choice is possible)	Blood	BLD
				Cerebrospinal fluid	CSF
				Nares	NARE
				Pleural fluid	PLEURAL
				Surgical specimen (specify)	SURG
				Wound	WOUND
				Bone	BONE
				Joint aspirate	JOINT
				Peritoneal fluid	PREITON
				Sputum / tracheostomy / bronchial wash	SPUT
				Urine	URINE
				Other site (specify)	OTH
Surgical specimen	MRSALABCRLABRSLTSUMSURGSPFY	If surgical specimen, specify	FreeText		
Other site	MRSALABCRLABRSLTSUMOTHSPFY	If Other site, specify	FreeText		
Ciprofloxacin	MRSALABCRLABRSLTSUMCIPROFLOX	Is the S. aureus isolate susceptible to Ciprofloxacin?	DropDownList	Susceptible Intermediate Resistant Not tested Unknown	SUSC INTER RES NOT UNK
Clindamycin	MRSALABCRLABRSLTSUMCLINDAMYCIN	Is the S. aureus isolate susceptible to Clindamycin?	DropDownList	Susceptible Intermediate Resistant Not tested Unknown	SUSC INTER RES NOT UNK

LABORATORY INFO – STAPHYLOCOCCUS AUREUS INFECTION (SEVERE CASE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Daptomycin	MRSALABCRLABRSLTSUMDAPTOMYCIN	Is the S. aureus isolate susceptible to Daptomycin?	DropDownList	Susceptible Intermediate Resistant Not tested Unknown	SUSC INTER RES NOT UNK
Erythromycin (or other macrolide)	MRSALABCRLABRSLTSUMERYTHROMYCIN	Is the S. aureus isolate susceptible to Erythromycin (or other macrolide)?	DropDownList	Susceptible Intermediate Resistant Not tested Unknown	SUSC INTER RES NOT UNK
Gentamicin	MRSALABCRLABRSLTSUMGENTAMICIN	Is the S. aureus isolate susceptible to Gentamicin?	DropDownList	Susceptible Intermediate Resistant Not tested Unknown	SUSC INTER RES NOT UNK
Linezolid	MRSALABCRLABRSLTSUMLINEZOLID	Is the S. aureus isolate susceptible to Linezolid?	DropDownList	Susceptible Intermediate Resistant Not tested Unknown	SUSC INTER RES NOT UNK
Oxacillin / methicillin	MRSALABCRLABRSLTSUMOXACILLIN	Is the S. aureus isolate susceptible to Oxacillin / methicillin?	DropDownList	Susceptible Intermediate Resistant Not tested Unknown	SUSC INTER RES NOT UNK
Quinupristin / dalfopristin (Synercid)	MRSALABCRLABRSLTSUMSYNERCID	Is the S. aureus isolate susceptible to Quinupristin / dalfopristin (Synercid)?	DropDownList	Susceptible Intermediate Resistant Not tested Unknown	SUSC INTER RES NOT UNK
Rifampin	MRSALABCRLABRSLTSUMRIFAMPIN	Is the S. aureus isolate susceptible to Rifampin?	DropDownList	Susceptible Intermediate Resistant Not tested Unknown	SUSC INTER RES NOT UNK
Telithromycin	MRSALABCRLABRSLTSUMTELITHROMYCIN	Is the S. aureus isolate susceptible to Telithromycin?	DropDownList	Susceptible Intermediate Resistant Not tested Unknown	SUSC INTER RES NOT UNK

LABORATORY INFO – STAPHYLOCOCCUS AUREUS INFECTION (SEVERE CASE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Tetracycline	MRSALABCRLABRSLTSUMTETRACYCLINE	Is the S. aureus isolate susceptible to Tetracycline?	DropDownList	Susceptible Intermediate Resistant Not tested Unknown	SUSC INTER RES NOT UNK
Trimethoprim-sulfametho-xazole	MRSALABCRLABRSLTSUMTRIMETHOPRIM	Is the S. aureus isolate susceptible to Trimethoprim-sulfamethoxazole?	DropDownList	Susceptible Intermediate Resistant Not tested Unknown	SUSC INTER RES NOT UNK
Vancomycin	MRSALABCRLABRSLTSUMVANCOMYCIN	Is the S. aureus isolate susceptible to Vancomycin?	DropDownList	Susceptible Intermediate Resistant Not tested Unknown	SUSC INTER RES NOT UNK
Other antibiotic (specify)	MRSALABCRLABRSLTSUMOTHABX	Was any other antibiotic tested for susceptibility, if so specify	FreeText		
Susceptibility results	MRSALABCRLABRSLTSUMOTHABXRSLT	Susceptibility results for other antibiotic	DropDownList	Susceptible Intermediate Resistant Not tested Unknown	SUSC INTER RES NOT UNK
INFLUENZA LABORATORY RESULTS					
Tested for influenza	MRSALABCRINFLUENZARSLTTESTED1 MRSALABCRINFLUENZARSLTTESTED2 MRSALABCRINFLUENZARSLTTESTED3	Was the patient tested for influenza?	DropDownList	Yes No Unknown	Y N U
If Yes, specify result	MRSALABCRINFLUENZARSLTTESTEDSPFY1 MRSALABCRINFLUENZARSLTTESTEDSPFY2 MRSALABCRINFLUENZARSLTTESTEDSPFY3	If Yes, please specify influenza test result	DropDownList	A B A and B Negative	A B AB NEG
Date collected	MRSALABCRINFLUENZARSLTDT1 MRSALABCRINFLUENZARSLTDT2 MRSALABCRINFLUENZARSLTDT3	Date laboratory specimen was collected	Date (MM/DD/YYYY)		
Type of test	MRSALABCRINFLUENZARSLTTSTTYPE1 MRSALABCRINFLUENZARSLTTSTTYPE2 MRSALABCRINFLUENZARSLTTSTTYPE3	Type of test (e.g., culture, rapid test, etc.)	FreeText		

LABORATORY INFO – STAPHYLOCOCCUS AUREUS INFECTION (SEVERE CASE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Hospital or laboratory name	MRSALABCRINFLUENZARSLTLABNAME1 MRSALABCRINFLUENZARSLTLABNAME2 MRSALABCRINFLUENZARSLTLABNAME3	Name of hospital or laboratory where testing was performed	FreeText		
OTHER VIRAL PATHOGENS					
Test for other pathogens	MRSALABCROTHVIRALPATHOPATHOGENTST1 MRSALABCROTHVIRALPATHOPATHOGENTST2 MRSALABCROTHVIRALPATHOPATHOGENTST3	Test for other viral respiratory pathogens	DropDownList	Yes No Unknown	Y N U
If Yes, specify pathogen	MRSALABCROTHVIRALPATHOPATHOGENSPFY1 MRSALABCROTHVIRALPATHOPATHOGENSPFY2 MRSALABCROTHVIRALPATHOPATHOGENSPFY3	If Yes, please specify pathogen	FreeText		
Type of test	MRSALABCROTHVIRALPATHOTSTTYPE1 MRSALABCROTHVIRALPATHOTSTTYPE2 MRSALABCROTHVIRALPATHOTSTTYPE3	Type of laboratory test performed	FreeText		
Result	MRSALABCROTHVIRALPATHORSLT1 MRSALABCROTHVIRALPATHORSLT2 MRSALABCROTHVIRALPATHORSLT3	What were the results of the testing?	FreeText		
Date collected	MRSALABCROTHVIRALPATHODT1 MRSALABCROTHVIRALPATHODT2 MRSALABCROTHVIRALPATHODT3	Date laboratory specimen was collected	Date (MM/DD/YYYY)		
Hospital or laboratory name	MRSALABCROTHVIRALPATHOLABNAME1 MRSALABCROTHVIRALPATHOLABNAME2 MRSALABCROTHVIRALPATHOLABNAME3	Name of hospital or laboratory where testing was performed	FreeText		

EPIDEMIOLOGIC INFO – STAPHYLOCOCCUS AUREUS INFECTION (SEVERE CASE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
EXPOSURES / RISK FACTORS					
	MRSAEPICREXPRSKFACYEARPRIOR_0			Correctional facility	CORRFAC

EPIDEMIOLOGIC INFO – STAPHYLOCOCCUS AUREUS INFECTION (SEVERE CASE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Patient residence	MRSAEPICREXPRSKFACYEARPRIOR_1 MRSAEPICREXPRSKFACYEARPRIOR_2 MRSAEPICREXPRSKFACYEARPRIOR_3 MRSAEPICREXPRSKFACYEARPRIOR_4 MRSAEPICREXPRSKFACYEARPRIOR_5	Did the patient reside in any of the following settings in the year prior to illness onset?	CheckBoxList (more than one choice is possible)	Residential care facility Military base Indian reservation Homeless Other	RESCARE MILITARY INDRES HOMELESS OTHER
If Other, specify	MRSAEPICREXPRSKFACYEARPRIORSpcfy	If Other residence setting, please specify	FreeText		
Did patient participate in?	MRSAEPICREXPRSKFACPart_0 MRSAEPICREXPRSKFACPart_1	Did the patient participate in any of the following in the year prior to illness onset?	CheckBoxList (more than one choice is possible)	Pre-school / child care Team sports	CHILD SPORTS
If Team sports, specify	MRSAEPICREXPRSKFACPartSpcfy	If Team sports, specify	FreeText		
Antibiotic use?	MRSAEPICREXPRSKFACAnti	Did the patient use any antibiotics in the year prior to the illness onset?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	MRSAEPICREXPRSKFACAntiSpcfy	If Yes, specify types of antibiotics	FreeText		
ASSOCIATION WITH OTHER CASES					
Associated with other cases?	MRSAEPICRASSOCOTHASSOCIATED	Was the patient's illness associated with other cases of S. aureus illness?	DropDownList	Yes No Unknown	Y N U
Contact name / Case number	MRSAEPICRASSOCOTHContact	If yes, specify the contact name and/or case number	FreeText		
Specify nature	MRSAEPICRASSOCOTHASSOCIATEDSPFY	Specify nature of other illness	FreeText		
Specify association	MRSAEPICRASSOCOTHNATURE	Specify nature of association with other cases	DropDownList	Household Sexual Other	HH SEX OTH
If Other, specify	MRSAEPICRASSOCOTHNATURESPFY	If Other nature of association, specify	FreeText		
REPORTING AGENCY					
Investigator name	REPAGENCYNAME	LHD Investigator name	FreeText		
Local health jurisdiction	REPAGENCYLHJUR	Local health jurisdiction	FreeText		

EPIDEMIOLOGIC INFO – STAPHYLOCOCCUS AUREUS INFECTION (SEVERE CASE)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Telephone number	REPAGENCYPHONE	Telephone number of LHD investigator	FreeText		
Date	REPAGENCYDT	Date agency reported the case	Date (MM/DD/YYYY)		
First reported by	REPAGENCYREPORTEDBY	What reporting agency first reported the case?	DropDownList	Clinician Laboratory Other	CLI LAB OTH
If Other, specify	REPAGENCYREPORTEDBYSPFY	Specify other agency	FreeText		

STD Group

CLINICAL INFO – STD GROUP ENTRY for the following conditions: CHANCROID / CHLAMYDIA / CONTACT TO CHANCROID / CONTACT TO CHLAMYDIA / CONTACT TO GONORRHEA / CONTACT TO PID / GONORRHEA / PID WITH CHLAMYDIA / PID WITH GONORRHEA / PID WITH OTHER/UNKNOWN ETIOLOGY / GONORRHEA WITH PID / CHLAMYDIA WITH PID					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Gender of Partners	STDCLIGENDERSPGENDERSP_1 STDCLIGENDERSPGENDERSP_2 STDCLIGENDERSPGENDERSP_3 STDCLIGENDERSPGENDERSP_4 STDCLIGENDERSPGENDERSP_5	This variable is included in the DDP, it is populated by the Checkboxlist "Gender(s) of Sex Partners (check all that apply)" located in the Patient tab.	Checkboxlist (more than one choice is possible)	Male Female Transgender (M to F) Transgender (F to M) Unknown	M F MTF FTM U
Date	STDCLIINFOCLIDATECOLL	Lab Specimen Collection Date	Date (MM/DD/YYYY)		
CLINICAL INFORMATION					
Site/specimen of positive test	STDCLIINFOCLISITE_1 STDCLIINFOCLISITE_2 STDCLIINFOCLISITE_3 STDCLIINFOCLISITE_4 STDCLIINFOCLISITE_5 STDCLIINFOCLISITE_6 STDCLIINFOCLISITE_7	What site or specimen gave a positive test?	CheckBoxList (more than one choice is possible)	Urine Cervical Vaginal Urethral Rectal Pharyngeal Other	Urine Cerv Vag Uret Rectal Phar Other
If Other site/specimen, specify	STDCLIINFOCLISITESPFY	If Other site or specimen, specify	FreeText		
Signs/ symptoms?	STDCLIINFOSIGNS	Did the patient have any signs or symptoms?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	STDCLIINFOSIGNSSPFY_1 STDCLIINFOSIGNSSPFY_2 STDCLIINFOSIGNSSPFY_3 STDCLIINFOSIGNSSPFY_4 STDCLIINFOSIGNSSPFY_5 STDCLIINFOSIGNSSPFY_6 STDCLIINFOSIGNSSPFY_7 STDCLIINFOSIGNSSPFY_8 STDCLIINFOSIGNSSPFY_9 STDCLIINFOSIGNSSPFY_10	If Yes, specify all signs and/or symptoms that the patient had.	CheckBoxList (more than one choice is possible)	Abnormal vaginal discharge (females only) Abnormal vaginal bleeding (females only) Pelvic/abdominal pain (females only) Penile discharge (males only) Testicular pain/discomfort (males only) Dysuria Rectal symptoms Sore throat Unknown Other	VDISCH BLEED PELPAIN PDISCH TESTPAIN DYSURIA RECTAL THROAT UNK OTH
If Other, specify	STDCLIINFOSIGNSOTH	If Other signs/symptoms, specify	FreeText		

CLINICAL INFO – STD GROUP ENTRY for the following conditions: CHANCROID / CHLAMYDIA / CONTACT TO CHANCROID / CONTACT TO CHLAMYDIA / CONTACT TO GONORRHEA / CONTACT TO PID / GONORRHEA / PID WITH CHLAMYDIA / PID WITH GONORRHEA / PID WITH OTHER/UNKNOWN ETIOLOGY / GONORRHEA WITH PID / CHLAMYDIA WITH PID					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
PROVIDER TREATMENT / PERSCRIPTION					
Treated by reporting	STDCLIRXADDSTDRXSTAT1 STDCLIRXADDSTDRXSTAT2 STDCLIRXADDSTDRXSTAT3	Treated by reporting provider or another provider?	DropDownList	Yes, treated in office	T
				Given prescription	G
				No, referred - specify to the right	F
				No, patient refused treatment	R
				No, unable to contact patient	C
				No, will treat	W
				Other - specify to the right	O
				Unknown	U
If Other, specify	STDCLIRXADDSTDRXREFER1 STDCLIRXADDSTDRXREFER2 STDCLIRXADDSTDRXREFER3	If Other or Referred for treatment, specify	FreeText		
Drug and dosage	STDCLIRXADDSTDRX1 STDCLIRXADDSTDRX2 STDCLIRXADDSTDRX3	With which drug(s) and dosage(s) was the patient treated for this STD episode?	DropDownList	AMOXICILLIN 500MG PO TID X 7D	AMOX500TID7
				AMPICILLIN/SULBACTAM 3G IV Q 6 HRS	AMPSUL3G
				AZITHROMYCIN 1G PO	AZITH1G
				AZITHROMYCIN 2G PO	AZITH2G
				AZITHROMYCIN 1G PO Q WK X 2WK	AZITH1GX2WK
				CEFIXIME 400MG PO	CEFIX400
				CEFOTETAN 2G IV Q 12 HRS	CEFOTAN2G
				CEFOXITIN 2G IM	CEFOX2GIM
				CEFOXITIN 2G IV Q 6 HRS	CEFOX2GIV
				CEFPODOXIME 400MG PO	CEFPO400
				CEFTRIAXONE 125MG IM	CEFT125
				CEFTRIAXONE 250MG IM	CEFT250
				CEFTRIAXONE 500MG IM	CEFT500
				CIPROFLOXACIN 500MG PO BID X 3D	CIPRO500X3
				CLINDAMYCIN 900MG IV Q 8 HRS	CLIND900
				DOXYCYCLINE 100MG PO BID X 7D	DOXYX7
				DOXYCYCLINE 100MG PO BID X 10D	DOXYX10
				DOXYCYCLINE 100MG PO BID X 14D	DOXYX14
				DOXYCYCLINE 100MG PO OR IV Q 12 HRS	DOXYQ12H
				DOXYCYCLINE 200MG PO Q D X 7D	DOXY200X7
				ERYTHROMYCIN BASE 250MG PO QID X 14D	ERYTH250QID14
				ERYTHROMYCIN BASE 500MG PO QID X 7D	ERYTH500QID7
				ERYTHROMYCIN BASE 500MG PO TID X 7D	ERYTH500TID7
				ERYTHROMYCIN ETHYL 400MG PO QID X 14D	ERYTHETH400
				ERYTHROMYCIN ETHYL 800MG PO QID X 7D	ERYTHETH800
				GEMIFLOXACIN 320MG PO	GEMI320
				GENTAMICIN 2MG/KG IV OR IM	GENT2
				GENTAMICIN 240MG IM	GENT240

CLINICAL INFO – STD GROUP ENTRY for the following conditions: CHANCROID / CHLAMYDIA / CONTACT TO CHANCROID / CONTACT TO CHLAMYDIA / CONTACT TO GONORRHEA / CONTACT TO PID / GONORRHEA / PID WITH CHLAMYDIA / PID WITH GONORRHEA / PID WITH OTHER/UNKNOWN ETIOLOGY / GONORRHEA WITH PID / CHLAMYDIA WITH PID					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				LEVOFLOXACIN 500MG PO Q D X 7D	LEVO500X7
				LEVOFLOXACIN 500MG PO Q D X 10D	LEVO500X10
				LEVOFLOXACIN 500MG PO Q D X 14D	LEVO500X14
				METRONIDAZOLE 2G PO	METRO2G
				METRONIDAZOLE 500MG PO BID X 14D	METRO500X14
				MOXIFLOXACIN 400MG PO Q D X 7D	MOXI400X7
				MOXIFLOXACIN 400MG PO Q D X 14D	MOXI400X14
				OFLOXACIN 300MG PO BID X 7D	OFLOX300X7
				OFLOXACIN 300MG PO BID X 10D	OFLOX300X10
				OFLOXACIN 400MG PO BID X 14D	OFLOX400X14
				OTHER	OTHER
				PROBENECID 1G PO	PROB1G
				SPECTINOMYCIN 2G IM	SPECTIN2G
				TINIDAZOLE 2G PO	TINI2G
				UNKNOWN TREATMENT	UNK
Specify	STDCLIRXADDSTDRXSPFY1 STDCLIRXADDSTDRXSPFY2 STDCLIRXADDSTDRXSPFY3	If Other drug/dosage, specify the other drug and dosage	FreeText		
Date began	STDCLIRXADDSTDRXDATE1 STDCLIRXADDSTDRXDATE2 STDCLIRXADDSTDRXDATE3	Date treatment began	Date (MM/DD/YYYY)		
PROVIDER TREATMENT FOR PARTNERS					
Partner(s) treated?	STDCLIPROVPTRRX	Were your patient's partner(s) treated?	DropDownList	Yes, treated in this clinic	CLINIC
				Yes, medication/prescription given to patient for their partner(s)	GIVENPT
				Yes, other - specify to the right	OTHER
				No, instructed patient to refer partner(s) for treatment	INSTRUCT
				No, referred partner(s) - specify to the right	REFER
				Unknown	UNK
If Other, specify	STDCLIPROVPTRRXSPFY	If Other of Referred, specify	FreeText		
HEALTH DEPARTMENT FOLLOW-UP THERAPY					
Health department treat the patient?	STDCLIHDRXHDRXPT1 STDCLIHDRXHDRXPT2 STDCLIHDRXHDRXPT3	Did health department treat the patient?	DropDownList	Yes, in Health Dept clinic	Clinic
				Yes, in the field	Field
				Gave prescription	GP
				No	N

CLINICAL INFO – STD GROUP ENTRY for the following conditions: CHANCROID / CHLAMYDIA / CONTACT TO CHANCROID / CONTACT TO CHLAMYDIA / CONTACT TO GONORRHEA / CONTACT TO PID / GONORRHEA / PID WITH CHLAMYDIA / PID WITH GONORRHEA / PID WITH OTHER/UNKNOWN ETIOLOGY / GONORRHEA WITH PID / CHLAMYDIA WITH PID					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				Unknown	U
Reason	STDCLIHDRXHDRXREAS1 STDCLIHDRXHDRXREAS2 STDCLIHDRXHDRXREAS3	Specify reason health department did or did not treat the patient	DropDownList	Appropriately treated	APPTX
				Did not fill prescription	NOFILL
				Failed to show for treatment	FTS
				Incorrectly treated	INCORRTX
				Not treated	NOTX
				Re-exposure	REEXP
				Referred back to provider for exam/treatment	REF
				Unable to locate	UTL
				Vomited meds	VM

CLINICAL INFO – STD GROUP ENTRY for the following conditions: CHANCROID / CHLAMYDIA / CONTACT TO CHANCROID / CONTACT TO CHLAMYDIA / CONTACT TO GONORRHEA / CONTACT TO PID / GONORRHEA / PID WITH CHLAMYDIA / PID WITH GONORRHEA / PID WITH OTHER/UNKNOWN ETIOLOGY / GONORRHEA WITH PID / CHLAMYDIA WITH PID					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Drug and Dosage	STDCLIHDRXHDRXDRUG1 STDCLIHDRXHDRXDRUG2 STDCLIHDRXHDRXDRUG3	With which drug(s) and dosage(s) was the patient treated for this STD episode?	DropDownList	AMOXICILLIN 500MG PO TID X 7D	AMOX500TID7
				AMPICILLIN/SULBACTAM 3G IV Q 6 HRS	AMPSUL3G
				AZITHROMYCIN 1G PO	AZITH1G
				AZITHROMYCIN 2G PO	AZITH2G
				AZITHROMYCIN 1G PO Q WK X 2WK	AZITH1GX2WK
				CEFIXIME 400MG PO	CEFIX400
				CEFOTETAN 2G IV Q 12 HRS	CEFOTAN2G
				CEFOXITIN 2G IM	CEFOX2GIM
				CEFOXITIN 2G IV Q 6 HRS	CEFOX2GIV
				CEFPODOXIME 400MG PO	CEFPO400
				CEFTRIAXONE 125MG IM	CEFT125
				CEFTRIAXONE 250MG IM	CEFT250
				CEFTRIAXONE 500MG IM	CEFT500
				CIPROFLOXACIN 500MG PO BID X 3D	CIPRO500X3
				CLINDAMYCIN 900MG IV Q 8 HRS	CLIND900
				DOXYCYCLINE 100MG PO BID X 7D	DOXYX7
				DOXYCYCLINE 100MG PO BID X 10D	DOXYX10
				DOXYCYCLINE 100MG PO BID X 14D	DOXYX14
				DOXYCYCLINE 100MG PO OR IV Q 12 HRS	DOXYQ12H
				DOXYCYCLINE 200MG PO Q D X 7D	DOXY200X7
				ERYTHROMYCIN BASE 250MG PO QID X 14D	ERYTH250QID14
				ERYTHROMYCIN BASE 500MG PO QID X 7D	ERYTH500QID7
				ERYTHROMYCIN BASE 500MG PO TID X 7D	ERYTH500TID7
				ERYTHROMYCIN ETHYL 400MG PO QID X 14D	ERYTHETH400
				ERYTHROMYCIN ETHYL 800MG PO QID X 7D	ERYTHETH800
				GEMIFLOXACIN 320MG PO	GEMI320
				GENTAMICIN 2MG/KG IV OR IM	GENT2
				GENTAMICIN 240MG IM	GENT240
				LEVOFLOXACIN 500MG PO Q D X 7D	LEVO500X7
				LEVOFLOXACIN 500MG PO Q D X 10D	LEVO500X10
				LEVOFLOXACIN 500MG PO Q D X 14D	LEVO500X14
				METRONIDAZOLE 2G PO	METRO2G
				METRONIDAZOLE 500MG PO BID X 14D	METRO500X14
				MOXIFLOXACIN 400MG PO Q D X 7D	MOXI400X7
				MOXIFLOXACIN 400MG PO Q D X 14D	MOXI400X14
				OFLOXACIN 300MG PO BID X 7D	OFLOX300X7
				OFLOXACIN 300MG PO BID X 10D	OFLOX300X10
				OFLOXACIN 400MG PO BID X 14D	OFLOX400X14
				OTHER	OTHER
				PROBENECID 1G PO	PROB1G
				SPECTINOMYCIN 2G IM	SPECTIN2G
				TINIDAZOLE 2G PO	TINI2G
				UNKNOWN TREATMENT	UNK

CLINICAL INFO – STD GROUP ENTRY for the following conditions: CHANCROID / CHLAMYDIA / CONTACT TO CHANCROID / CONTACT TO CHLAMYDIA / CONTACT TO GONORRHEA / CONTACT TO PID / GONORRHEA / PID WITH CHLAMYDIA / PID WITH GONORRHEA / PID WITH OTHER/UNKNOWN ETIOLOGY / GONORRHEA WITH PID / CHLAMYDIA WITH PID					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Other, specify	STDCLIHDRXHDRXSPFY1 STDCLIHDRXHDRXSPFY2 STDCLIHDRXHDRXSPFY3	If Other, specify	FreeText		
Date began	STDCLIHDRXHDRXDATE1 STDCLIHDRXHDRXDATE2 STDCLIHDRXHDRXDATE3	Date treatment began	Date (MM/DD/YYYY)		
Manufacturer	STDCLIHDRXHDRXMANUF1 STDCLIHDRXHDRXMANUF2 STDCLIHDRXHDRXMANUF3	Manufacturer of the drug	FreeText		
Lot #	STDCLIHDRXHDRXLOTNO2 STDCLIHDRXHDRXLOTNO2 STDCLIHDRXHDRXLOTNO3	Lot # (If Lot system used, enter the locally assigned 'Lot Number'. This number should start with a year (e.g. – 09- 018).)	FreeText		
HEALTH DEPARTMENT TREATMENT FOR PARTNER(S)					
Extra prescription for partner(s)	STDCLIHDPTRRX	Was patient given an extra prescription and medications for their partner(s)?	DropDownList	Yes No, already appropriately treated Not currently offering PDPT Did not offer this patient PDPT Offered PDPT, but not accepted Unknown	Y A N D O U
For how many partners?	STDCLIHDPTRRXNUM	If Yes, extra prescriptions and medications were given for how many partners?	FreeText (Integers Only)		

STD CONTACTS INFO – STD GROUP ENTRY for the following conditions: CHANCROID / CHLAMYDIA / CONTACT TO CHANCROID / CONTACT TO CHLAMYDIA / CONTACT TO GONORRHEA / CONTACT TO PID / GONORRHEA / PID WITH CHLAMYDIA / PID WITH GONORRHEA / PID WITH OTHER/UNKNOWN ETIOLOGY / GONORRHEA WITH PID / CHLAMYDIA WITH PID					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
NUMBER OF PARTNERS					
Number of partners	STDCONTACTSTDNUMPARTNUMSEXPART3	How many sex partners has the patient had over the last three months?	FreeText		

CGSS Patient Interview (CGSSPRF)

CGSS PATIENT INTERVIEW – GONORRHEA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
PROVIDER REPORT FORM (PRF)					
PROVIDER INFORMATION					
Federally Qualified Health Center (FQHC)	CGSSPRFPRFFQHC	Is this facility a Federally Qualified Health Center (FQHC)?	DropDownList	Yes No Unknown	Y N U
Community Health Center	CGSSPRFPRFCHC	Is this facility a Community Health Center?	DropDownList	Yes No Unknown	Y N U
SEX PARTNERS					
Sex Partners	CGSSPRFPRFSexPart3Mo	How many sex partners did the patient have in the last 3 months?	FreeText		
CLINICAL VISIT INFORMATION					
Date Initial Visit	CGSSPRFPRFCliInitDt	Date of initial patient visit	Date (MM/DD/YYYY)		
Health Insurance	CGSSPRFPRFCliIns	Did the patient have health insurance?	DropDownList	Yes No	Y N
HIV Infection	CGSSPRFPRFCliHIVTest	Was the patient tested for HIV infection during any visits related to this gonorrhea infection?		Yes No Unknown Refused	Y N U R
PATIENT CONTACT ATTEMPTS					
Date	CGSSPRFPCADt1 CGSSPRFPCADt2 CGSSPRFPCADt3 CGSSPRFPCADt4	Date	Date (MM/DD/YYYY)		

CGSS PATIENT INTERVIEW – GONORRHEA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Outcome	CGSSPRFPCAOutcome1 CGSSPRFPCAOutcome2 CGSSPRFPCAOutcome3 CGSSPRFPCAOutcome4	Outcome	DropDownList	Answer/Interviewed	0
				No Answer/No Message	1
				No Answer/Message Left	2
				Answer/Hang up	3
				Answer/Refusal	4
				Answer/Reschedule DIS call back	5
				Answer/Reschedule Patient call back	6
				Number out of service	7
				Other	8
				Letter Sent	9
Other	CGSSPRFPCAOutcomeSpcfy 1 CGSSPRFPCAOutcomeSpcfy 2 CGSSPRFPCAOutcomeSpcfy 3 CGSSPRFPCAOutcomeSpcfy 4	If other, specify (optional)	FreeText		
PATIENT INTERVIEW					
Disposition Code	CGSSPRFPIDisp	Patient interview disposition code	DropDownList	Patient contacted, interview completed	0
				Patient contacted, partial interview completed	1
				Patient contacted, refused interview	11
				Patient contacted, language barrier	12
				Patient did not respond to interview contact attempts	22
				Patient contact not initiated; patient currently resides in correctional, mental health, or substance abuse facility	33
				Patient contact not initiated; patient currently is active military on foreign deployment	44
				Patient contact not initiated; > 50 days from diagnosis date	55
				Patient contact not initiated; case determined to be out of jurisdiction	66
				Patient contact not initiated; insufficient contact information	77

CGSS PATIENT INTERVIEW – GONORRHEA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				Interview not completed for other reason (specify)	99
Interview Date	CGSSPIINTNOTESIXDT	Interview Date	Date (MM/DD/YYYY)		
Investigation Not Completed	CGSSPRFPIDispSpcfy	Specify other reason investigation not completed	FreeText		
BEHAVIORS					
Sexual Orientation	CGSSPRFBeh7	7. Do you consider yourself to be…(read all choices)?	DropDownList	Hetrosexual/Straight	1
				Gay/Lesbian/Homosexual	2
				Bisexual	3
				Other	4
				Refused	9
Male Partners	CGSSPRFBeh8Male	8. In the **3 months** prior to your gonorrhea diagnosis, how many **male** partners did you have?	FreeText		
Female Partners	CGSSPRFBeh8FemMale	8. In the **3 months** prior to your gonorrhea diagnosis, how many **female** partners did you have?	FreeText		
Transgender Partners	CGSSPRFBeh8Trans	8. In the **3 months** prior to your gonorrhea diagnosis, how many **transgender** partners did you have?	FreeText		
Bars/clubs	CGSSPRFBeh9Bars	9. In the **12 months** prior to your gonorrhea diagnosis: Did you meet partners at: **Bars/clubs?**	DropDownList	Yes No Refused	Y N R
Venues: Bars/Clubs	CGSSPRFBeh9BarsVenue	9. **Bars/clubs? Name(s) of venues**	FreeText		
Baths/Spas/Sex Clubs	CGSSPRFBeh9Bath	9. In the **12 months** prior to your gonorrhea diagnosis: Did you meet partners at: **Baths/spas/sex clubs?**	DropDownList	Yes No Refused	Y N R
Venues: Baths/Spas/Sex Clubs	CGSSPRFBeh9BathVenue	9. **Baths/spas/sex clubs? Name(s) of venues**	FreeText		
Internet/Phone Apps	CGSSPRFBeh9Web	9. In the **12 months** prior to your gonorrhea diagnosis: Did you meet partners at: **Internet/phone apps?**	DropDownList	Yes No Refused	Y N R

CGSS PATIENT INTERVIEW – GONORRHEA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Venues: Internet/Phone Apps	CGSSPRFBeh9WebVenue	9. **Internet/phone apps? Name(s) of venues**	FreeText		
Other	CGSSPRFBeh9Oth	9. In the **12 months** prior to your gonorrhea diagnosis: Did you meet partners at: **Other?**	DropDownList	Yes No Refused	Y N R
Venues: Other	CGSSPRFBeh9OthVenue	9. **Other? Name(s) of venues**	FreeText		
Methamphetamine	CGSSPRFBeh10Meth	10. In the **12 months** prior to your gonorrhea diagnosis: Did you use: **Methamphetamine?**	DropDownList	Yes No Refused	Y N R
Crack/Cocaine	CGSSPRFBeh10Crack	10. In the **12 months** prior to your gonorrhea diagnosis: Did you use: **Crack/cocaine?**	DropDownList	Yes No Refused	Y N R
Heroin	CGSSPRFBeh10Heroin	10. In the **12 months** prior to your gonorrhea diagnosis: Did you use: **Heroin?**	DropDownList	Yes No Refused	Y N R
Inject drugs	CGSSPRFBeh11	11. In the **12 months** prior to your gonorrhea diagnosis: Did you inject drugs?	DropDownList	Yes No Refused	Y N R
Give Drugs in Exchange for Sex	CGSSPRFBeh12	12. In the **12 months** prior to your gonorrhea diagnosis: Did you give drugs or money in exchange for sex?	DropDownList	Yes No Refused	Y N R
Receive Drugs in Exchange for Sex	CGSSPRFBeh13	13. In the **12 months** prior to your gonorrhea diagnosis: Did you receive drugs or money in exchange for sex?	DropDownList	Yes No Refused	Y N R
Jail/Juvenile Hall Facility	CGSSPRFBeh14	14. In the **12 months** prior to your gonorrhea diagnosis: Were you in a jail or juvenile hall facility?	DropDownList	Yes No Refused	Y N R
Prison/ Correctional Facility	CGSSPRFBeh15	15. In the **12 months** prior to your gonorrhea diagnosis: Were you in a prison or long-term correctional facility?	DropDownList	Yes No Refused	Y N R
Probation	CGSSPRFBeh16	16. In the **12 months** prior to your gonorrhea diagnosis: Were you on probation?	DropDownList	Yes No Refused	Y N R
Incarceration	CGSSPRFBeh17	17. In the **12 months** prior to your gonorrhea diagnosis: Have any of your partners been incarcerated in the past 12 months?	DropDownList	Yes No Don’t know/Not sure Refused	Y N D R

CGSS PATIENT INTERVIEW – GONORRHEA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Sexual Intercourse	CGSSPRFBeh18	18. When was the last time you had sex with someone?	DropDownList	In the last week	1
				More than 1 week ago but within the last month	2
				More than 1 month ago but within the last 2 months	3
				More than 2 months ago	4
				Don't know/Not sure	5
				Refused	9
Gender of Partner	CGSSPRFBeh19	19. Thinking back to the last time you had sex, What is the gender of that person?	DropDownList	Male	M
				Female	F
				Transgender (Male to Female)	MTF
				Transgender (Female to Male)	FTM
Age of Partner	CGSSPRFBeh20	20. Thinking back to the last time you had sex, How old do you think that person is? *(best guess is OK)*	FreeText		
Hispanic/ Latino/a	CGSSPRFBeh21	21. Thinking back to the last time you had sex, Would you say that the person is Hispanic/Latino/a?	DropDownList	Yes, Hispanic	Y
				No, Not Hispanic	N
				Don't Know/Not sure	D
				Refused	R
Race of Partner	CGSSPRFBeh22	22. Thinking back to the last time you had sex, What race would you say that person is?	DropDownList	White	1
				Black/African American	2
				American Indian/Alaska Native	3
				Asian	4
				Native Hawaiian/Pacific Islander	5
				Other	7
				Don't know/Not sure	8
				Refused	9
HIV Positive	CGSSPRFBeh23	23. Thinking back to the last time you had sex, Do you know if that person is HIV positive?	DropDownList	I know this person is HIV positive	Y
				I know this person is HIV negative	N
				I don't know this person's HIV status	D
				Refused	R
Sex Again with Same Person	CGSSPRFBeh24	24. Thinking back to the last time you had sex, Do you think you will have sex with this person again?	DropDownList	Yes	Y
				No	N
				Don't know/Not sure	D
				Refused	R

CGSS PATIENT INTERVIEW – GONORRHEA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Distance	CGSSPRFBeh25	25. Thinking back to the last time you had sex, About how far away do you think that person lives from you; how long do you think it would take to get to where they live from where you live? Which of these fits best?	DropDownList	Partner lives with me	0
				Less than 5 minutes away	1
				5 TO 15 minutes away	2
				15 to 30 minutes away	3
				30 minutes to 1 hour away	4
				More than 1 hour away	5
				They live in another state	6
				They live in another country	7
				Don't know/Not sure	8
				Refused	9
HEALTH CARE EXPERIENCE					
Symptoms or Pain Associated with STD	CGSSPRFHCExp31	31. When recently diagnosed with gonorrhea, did you go to the doctor because you were having symptoms or pains you thought might be from an STD?	DropDownList	Yes	Y
				No	N
				Refused	R
Duration of Symptoms	CGSSPRFHCExp31a	31a. If Yes, how long did you have these symptoms or pains before you were able to see the doctor?	DropDownList	1 day	1
				2-6 days	2
				1-2 weeks	3
				More than 2 weeks	4
				Don't remember	5
				Refused	6
Knowledge of Exposure	CGSSPRFHCExp32	32. Before you went to the doctor that time, did any of your sex partners tell you that you might have been exposed to an STD?	DropDownList	Yes	Y
				No	N
				Don't remember	D
				Refused	R
Health Care Coverage	CGSSPRFHCExp33	33. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medi-Cal, Indian Health Services, the V.A., or military?	DropDownList	Yes	Y
				No	N
				Don't know/Not sure	D
				Refused	R

CGSS PATIENT INTERVIEW – GONORRHEA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Health Care Insurance	CGSSPRFHCExp33a	33a. If Yes, what kind of health care insurance do you have?	DropDownList	Private health insurance provided by my employer	1
				Private health insurance I pay for myself	2
				Public health care insurance like Med-Cal or Medicare	3
				Active/retired military or dependent plan like the V.A. or military	4
				Bureau of Indian Affairs/Indian Health Service/Urban Indian Health Board	5
				Other (specify below)	7
				Don't know/Not sure	8
				Refused	9
Specify Other Insurance	CGSSPRFHCExp33aSpcfy	If Yes, what kind of health care insurance do you have? **Specify other**	FreeText		
Doctor or Health Care Provider	CGSSPRFHCExp34	34. Do you have a doctor or health care provider that you think of as your personal doctor or health care provider?	DropDownList	Yes, only one Yes, more than one No Refused	1 2 3 5
Financial Problems	CGSSPRFHCExp35	35. Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?	DropDownList	Yes No Refused	Y N R
Co-pay, Deductible or Cash Payment	CGSSPRFHCExp36	36. When you went to see the doctor where you were diagnosed with gonorrhea, did you need to pay anything out-of-pocket, like a co-pay, deductible or cash payment, at the time of your visit?	DropDownList	Yes No Don't Remember Refused	Y N D R
Usual/Regular Doctor	CGSSPRFHCExp37RegDr	37. Are any of the following reasons why you went to the doctor that medical visit instead of going somewhere else? Did you go because…**This is your usual/regular doctor**	CheckBox	T Unchecked	Y (Blank)
Care for Free	CGSSPRFHCExp37Free	37. Did you go because…**You could get seen for free**	CheckBox	Checked Unchecked	Y (Blank)
Insurance	CGSSPRFHCExp37Ins	37. Did you go because…**They take your insurance**	CheckBox	Checked Unchecked	Y (Blank)
Privacy	CGSSPRFHCExp37Priv	37. Did you go because…**You felt comfortable about your privacy there**	CheckBox	Checked Unchecked	Y (Blank)
Quick Care	CGSSPRFHCExp37Seen	37. Did you go because…**You could get seen right away**	CheckBox	Checked Unchecked	Y (Blank)

CGSS PATIENT INTERVIEW – GONORRHEA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Expert on STDs	CGSSPRFHCExp37Expert	37. Did you go because…**You wanted to see an expert specializing in STDs**	CheckBox	Checked Unchecked	Y (Blank)
Close to Home	CGSSPRFHCExp37Close	37. Did you go because…**This doctor is close to your house and easy to get to**	CheckBox	Checked Unchecked	Y (Blank)
Embarrassed	CGSSPRFHCExp37Emb	37. Did you go because…**You were embarrassed and didn't want to go to your regular doctor**	CheckBox	Checked Unchecked	Y (Blank)
Insurance Papers Sent Home	CGSSPRFHCExp37Papers	37. Did you go because…**You didn't want the insurance papers/info sent to your home/parents**	CheckBox	Checked Unchecked	Y (Blank)
Other	CGSSPRFHCExp37Oth	37. Did you go because…**Any other reason**	CheckBox	Checked Unchecked	Y (Blank)
Refused	CGSSPRFHCExp37Ref	37. Did you go because…**Refused all reasons**	CheckBox	Checked Unchecked	Y (Blank)
Other Reason	CGSSPRFHCExp37OthSpcfy	Specify other reason	FreeText		
Sex Partner Examined	CGSSPRFHCExp38	38. During that visit, did the doctor, nurse or anyone else talk to you about the importance of getting your sex partners examined and tested for STDs?	DropDownList	Yes No Don't Remember Refused	Y N D R
Sex Partners Tested	CGSSPRFHCExp39	39. In the time since you found out that you had gonorrhea, have you told any of your sex partners that they may need to be tested or treated for gonorrhea?	DropDownList	Yes No Refused	Y N R
Medications for Partners	CGSSPRFHCExp40	40. Were you offered medications or prescriptions for you to give to any of your sex partner(s)?	DropDownList	Yes No Don't Remember Refused	Y N D R
Medications/ Prescriptions	CGSSPRFHCExp40a	40a. If Yes, who offered you the medications or prescriptions for your partner(s)? Was it someone from your doctor's office, someone from the health department, or someone else?	DropDownList	My doctor's office The health department Someone else Don't remember Refused	1 2 3 4 5
Receive Medications for Sex Partner (s)	CGSSPRFHCExp40b	40b. If Yes, did you receive the medications or prescriptions for your sex partner(s)?	DropDownList	Yes, received medications Yes, received prescriptions Yes, received both No	M P B N

CGSS PATIENT INTERVIEW – GONORRHEA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Give Medications to Sex Partner (s)	CGSSPRFHCExp40c	40c. If Yes, did you give the medications or prescriptions to your sex partner(s)?	DropDownList	Yes, I gave them to at least one partner	Y
				No, I did not give them to any partners	N
				Refused	R
Partner Delivered Treatment	CGSSPRFHCExp411	41. Regardless of your answer to my previous questions about partner delivered treatment: *[If only one partner]*-**To the best of your knowledge, was your sex partner treated?**	DropDownList	Yes, definitely	1
				Yes, probably	2
				Not sure	3
				Probably not	4
				Refused	9
All Partners Treated	CGSSPRFHCExp412	*[If more than one partner]*-**To the best of your knowledge, would you say that all of your sex partners were definitely treated, at least one of your sex partners was definitely treated, or none were treated?**	DropDownList	All definitely treated	1
				At least one definitely treated	2
				At least one probably treated	3
				Not sure	4
				Probably none treated	5
				Refused	9
Interviewer/ Partner Services	CGSSPRFHCExp42	42. Did the interviewer provide partner services to the patient (DIS referral)?	DropDownList	Yes	Y
				No	N
LOCAL USE					
Local Use #1	CGSSPRFLocal1	Local Use #1	FreeText		
Local Use #2	CGSSPRFLocal2	Local Use #2	FreeText		
Local Use #3	CGSSPRFLocal3	Local Use #3	FreeText		

Syphilis (Congenital)

CS CASE REPORT – SYPHILIS (CONGENITAL)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LOCAL USE					
Case ID number	CSCRLocalUseCaseID	CS ID Number assigned to the case by the CDPH STD Control Branch	FreeText		
Mother's name	CSCRLocalUseMName	Mother's first and last name	FreeText		
Mother's CalREDIE Incident ID#	CSCRLocalUseMFRNo	Mother's CalREDIE incident ID #	FreeText		
Delivery Hospital	CSCRLocalUseDelivHosp	Name of the Delivery hospital?	Link		
MATERNAL INFORMATION					
1. Report date	CSCRMomInfoRepHDDt	1. Report date to health department	Date (MM/DD/YYYY)		
Unknown	CSCRMomInfoRepHDDtUnk	Indicate if the report date is unknown	CheckBox	Unchecked Checked	(blank) Y
2. Reporting state	CSCRMomInfoRptState	2. Indicate the reporting state	DropDownList	California	6
3. Reporting county	CSCRMomInfoRptCo	3. Indicate the reporting county	DropDownList	See Appendix C	See Appendix C
4. Country of residence	CSCRMomInfoResideCtry	4. Country of residence: (leave blank if USA)	DropDownList	China Guatemala Mexico Russia	CH GT MX RS
5. Residence state	CSCRMomInfoResideState	5. Indicate the State in which the mother resides	DropDownList	California Mexico Other Out-of-country Unknown	6 98 97 99
6. Residence county	CSCRMomInfoResideCo	6. Indicate the County in which the mother resides	DropDownList	See Appendix C	See Appendix C
7. Residence city	CSCRMomInfoResideCity	7. Residence city (only needed if case resides in a city health jurisdiction)	DropDownList	Berkeley Long Beach Pasadena Other/Unknown	340 1970 2700 3333

CS CASE REPORT – SYPHILIS (CONGENITAL)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
8. Residence zip code	CSCRMomInfoResideZip	8. Residence zip code (99999 if unknown)	FreeText		
9. Mother's date of birth	CSCRMomInfoMDOB	9. Mother's date of birth	Date (MM/DD/YYYY)		
Unknown	CSCRMomInfoMDOBUnk	Indicate if the mother's date of birth is unknown	CheckBox	Unchecked Checked	(blank) Y
10. Mother's ethnicity	CSCRMomInfoMEthnicity	10. Mother's ethnicity	DropDownList	Hispanic/Latina Non-Hispanic/Latina Unknown	1 2 9
11. Mother's race	CSCRMomInfoMRace_0 CSCRMomInfoMRace_1 CSCRMomInfoMRace_2 CSCRMomInfoMRace_3 CSCRMomInfoMRace_4 CSCRMomInfoMRace_5	11. Mother's race (check all that apply)	CheckBoxList (more than one choice is possible)	American Indian/Alaska native Asian Black or African American Native Hawaiian or other Pacific Islander White Unknown	AIAN ASIAN BLACK NHPI WHITE UNK
12. Prenatal care?	CSCRMomInfoCare	12. Did mother have prenatal care?	DropDownList	Yes, at least once in US Yes, outside of US No Unknown	1 11 2 9
13. Date of first visit	CSCRMomInfoFirstVisitDt	13. Indicate date of first prenatal visit	Date (MM/DD/YYYY)		
14. Number of prenatal visits	CSCRMomInfoNumVisits	14. Indicate number of prenatal visits (99 if unknown)	FreeText		
Unknown	CSCRMomInfoFirstVisitDtUnk	Indicate if the date of first prenatal visit (Question 13) is unknown	CheckBox	Unchecked Checked	(blank) Y
15. Non-treponemal test	CSCRMomInfoNonTrep	15. Did mother have a non-treponemal test (e.g., RPR or VDRL) in pregnancy, at delivery, or within 3 days of delivery?	DropDownList	Yes No Unknown	1 2 9
a. Date	CSCRMomInfoNonTrepDtA	16. Indicate date of non-treponemal tests: (list the most recent first) **a. Date**	Date (MM/DD/YYYY)		
Unknown	CSCRMomInfoNonTrepDtAUnk	Indicate if the date of non-treponemal test a. is unknown	CheckBox	Unchecked Checked	(blank) Y
Result	CSCRMomInfoNonTrepResA	Indicate result of non-treponemal test a.	DropDownList	Reactive Non-reactive	1 2

CS CASE REPORT – SYPHILIS (CONGENITAL)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				Unknown	9
Titer: 1:	CSCRMomInfoNonTrepTiterA	Indicate the Titer for test a.: 1:	DropDownList	0	0
				1	1
				2	2
				4	4
				8	8
				16	16
				32	32
				64	64
				128	128
				256	256
				512	512
				1024	1024
				2048	2048
				4096	4096
				8192	8192
				9999	9999
b. Date	CSCRMomInfoNonTrepDtB	16. Indicate date of non-treponemal tests: (list the most recent first) **b. Date**	Date (MM/DD/YYYY)		
Unknown	CSCRMomInfoNonTrepDtBUnk	Indicate if the date of non-treponemal test b. is unknown	CheckBox	Unchecked Checked	(blank) Y
Result	CSCRMomInfoNonTrepResB	Indicate result of non-treponemal test b.	DropDownList	Reactive Non-reactive Unknown	1 2 9
Titer: 1:	CSCRMomInfoNonTrepTiterB	Indicate the Titer for test b.: 1:	DropDownList	0	0
				1	1
				2	2
				4	4
				8	8
				16	16
				32	32
				64	64
				128	128
				256	256
				512	512
				1024	1024
				2048	2048

CS CASE REPORT – SYPHILIS (CONGENITAL)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				4096	4096
				8192	8192
				9999	9999
c. Date	CSCRMomInfoNonTrepDtC	16. Indicate date of non-treponemal tests: (list the most recent first) **c. Date**	Date (MM/DD/YYYY)		
Unknown	CSCRMomInfoNonTrepDtCUnk	Indicate if the date of non-treponemal test c. is unknown	CheckBox	Unchecked Checked	(blank) Y
Result	CSCRMomInfoNonTrepResC	Indicate result of non-treponemal test c.	DropDownList	Reactive Non-reactive Unknown	1 2 9
Titer: 1:	CSCRMomInfoNonTrepTiterC	Indicate the Titer for test c.: 1:	DropDownList	0	0
				1	1
				2	2
				4	4
				8	8
				16	16
				32	32
				64	64
				128	128
				256	256
				512	512
				1024	1024
				2048	2048
				4096	4096
				8192	8192
				9999	9999
d. Date	CSCRMomInfoNonTrepDtD	16. Indicate date of non-treponemal tests: (list the most recent first) **d. Date**	Date (MM/DD/YYYY)		
Unknown	CSCRMomInfoNonTrepDtDUnk	Indicate if the date of non-treponemal test d. is unknown	CheckBox	Unchecked Checked	(blank) Y
Result	CSCRMomInfoNonTrepResD	Indicate result of non-treponemal test d.	DropDownList	Reactive Non-reactive Unknown	1 2 9
Titer: 1:	CSCRMomInfoNonTrepTiterD	Indicate the Titer for test d.: 1:	DropDownList	0	0
				1	1
				2	2
				4	4

CS CASE REPORT – SYPHILIS (CONGENITAL)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				8	8
				16	16
				32	32
				64	64
				128	128
				256	256
				512	512
				1024	1024
				2048	2048
				4096	4096
				8192	8192
				9999	9999
17. Confirmatory treponemal test result?	CSCRMomInfoConfTest	17. Did mother have confirmatory treponemal test result (e.g., EIA, TP-PA)?	DropDownList	Yes, reactive	1
				Yes, non-reactive	2
				No test	3
				Unknown	9
When was the test?	CSCRMomInfoConfTestDt	If so, when was the test performed?	Date (MM/DD/YYYY)		
18. Darkfield or DFA exam?	CSCRMomInfoLesions	18. Did mother have darkfield or direct fluorescent antibody (DFA) exam of lesions at delivery?	DropDownList	Yes, positive	1
				Yes, negative	2
				No test of lesions	3
				No lesions present	4
				Unknown	9
19. Last treated for syphilis?	CSCRMomInfoLastTreat	19. Before this delivery, when was mother last treated for syphilis?	DropDownList	Before pregnancy	1
				During pregnancy	2
				No treatment	3
				Unknown	9
Date	CSCRMomInfoLastTreatDt	Date mother was last treated for syphilis	Date (MM/DD/YYYY)		
20. Mother's treatment adequate?	CSCRMomInfoBeforeAdeq	20. Before pregnancy, was mother's treatment adequate? (If Before pregnancy, go to question 20. If During pregnancy, go to question 21. If No treatment or Unknown, go to question 22.)	DropDownList	Yes, adequate; treatment appropriate for stage	1
				No, treatment not appropriate for stage	2
				Unknown	9
	CSCRMomInfoDuringAdeq		DropDownList	Yes, adequate: penicillin-based treatment appropriate for stage	1

CS CASE REPORT – SYPHILIS (CONGENITAL)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
21. Mother's treatment adequate?		21. During pregnancy, was mother's treatment adequate?		No, inadequate: penicillin-based treatment not appropriate for stage	33
				No, inadequate: penicillin-based treatment begun < 30 days before delivery	3
				No, inadequate: non-penicillin based treatment	2
				Unknown	4
INFANT INFORMATION					
22. Date of delivery	CSCRInfInfoDateDel	22. Date of delivery (This field will auto-populate from DOB on the Patient tab.)	System Defined Field Link		
Unknown	CSCRInfInfoDateDelUnk	Indicate if the date of delivery is unknown	CheckBox	Unchecked Checked	(blank) Y
23. Vital status	CSCRInfInfoVitalStat	23. Indicate the vital status of the infant (If Alive or Unknown, go to question 25. If Stillborn, go to question 26)	DropDownList	Alive Born alive, then died Stillborn Unknown	1 2 3 9
24. Date of death	CSCRInfInfoDateDeath	24. Date of death (This field will auto-populate from the Case Investigation tab.)	System Defined Field Link		
Unknown	CSCRInfInfoDateDeathUnk	Indicate if the date of death is unknown	CheckBox	Unchecked Checked	(blank) Y
25. Sex	CSCRInfInfoSex	25. Infant's sex (This field will auto-populate from the Patient tab.)	System Defined Field Link		
26. Birthweight	CSCRInfInfoWeight	26. Birthweight (in grams) (9999 if unknown)	FreeText		
27. Estimated gestational age	CSCRInfInfoGestation	27. Estimated gestational age (in weeks) (99 if unknown) (If Infant was stillborn, go to question 36.)	FreeText		
28. a) Reactive non-treponemal test?	CSCRInfInfoNonTrep	28. a) Did infant/child have a reactive non-treponemal test for syphilis (e.g., VDRL, RPR)?	DropDownList	Yes, serum reactive	1
				Yes, cord blood reactive	11
				No, result non-reactive	2
				Not tested	3
				Unknown	9
b) When was non-treponemal test?	CSCRInfInfoNonTrepDt	b) When was the infant/child's first reactive non-treponemal test for syphilis?	Date (MM/DD/YYYY)		

CS CASE REPORT – SYPHILIS (CONGENITAL)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
c) Titer of first reactive non-treponemal test	CSCRInfInfoNonTrepTiter	c) Indicate titer of infant/child's first reactive non-treponemal test for syphilis: 1:	DropDownList	0	0
				1	1
				2	2
				4	4
				8	8
				16	16
				32	32
				64	64
				128	128
				256	256
				512	512
				1024	1024
				2048	2048
				4096	4096
				8192	8192
				9999	9999
29. a) Reactive treponemal test?	CSCRInfInfoInfTrep	29. a) Did infant/child have a reactive treponemal test for syphilis (e.g., EIA, TP-PA)?	DropDownList	Yes, serum reactive	1
				Yes, cord blood reactive	11
				No, result non-reactive	2
				Not tested	3
				Unknown	9
b) When was treponemal test?	CSCRInfInfoTrepDt	b) When was the infant/child's first reactive treponemal test for syphilis?	Date (MM/DD/YYYY)		
30. Signs of CS?	CSCRInfInfoSigns	30. Did the infant/child have any classic signs of CS?	DropDownList	Yes	1
				No, asymptomatic infant/child	2
				Unknown	9
31. Darkfield exam or a DFA-TP?	CSCRInfInfoDarkfield	31. Did the infant/child have a darkfield exam or a DFA-TP?	DropDownList	Yes, positive	1
				Yes, negative	2
				No test	3
				Unknown	9
32. Long bone x-rays?	CSCRInfInfoXRays	32. Did the infant/child have long bone x-rays?	DropDownList	Yes, changes consistent with CS	1
				Yes, no sign of CS	2
				No x-rays	3
				Unknown	9
33. CSF-VDRL?	CSCRInfInfoCSFVDRL	33. Did the infant/child have a CSF-VDRL?	DropDownList	Yes, reactive	1
				Yes, non-reactive	2
				No test	3
				Unknown	9

CS CASE REPORT – SYPHILIS (CONGENITAL)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
34. CSF cell count or CSF protein test?	CSCRInfInfoCSFCount	34. Did the infant/child have a CSF cell count or CSF protein test?	DropDownList	Yes, one or both elevated Yes, both not elevated No test Unknown	1 2 3 9
35. Was the infant/child treated?	CSCRInfInfoTreated	35. Was the infant/child treated, and if so, what was administered?	DropDownList	Yes, with Aqueous or Procaine Penicillin for > 10 days	1
				Yes, with Benxathine penicillin x1	3
				Yes, with other treatment	4
				No treatment	5
				Unknown	9
CASE CLASSIFICATION					
36. Classification	CSCRClassClass	36. Classification	DropDownList	Not a case Confirmed case Syphilitic stillbirth Probable case	1 2 3 4

LABORATORY INFO – SYPHILIS (CONGENITAL) / CONTACT TO SYPHILIS / SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY) / SYPHILIS STAGE UNKNOWN/REACTOR / SYPHILIS: INITIAL REPORT					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
SYPHILIS LABORATORY RESULTS SUMMARY					
Test type	SYPLABSUMMTYPETEST_1 SYPLABSUMMTYPETEST_2 SYPLABSUMMTYPETEST_3 SYPLABSUMMTYPETEST_4	Test type (screening, treatment, follow-up)	DropDownList	Screening test Test done at time of Rx Test done following Rx Both a screening and Rx test	S T F B
Reason for test	SYPLABSUMMREASON_1 SYPLABSUMMREASON_2 SYPLABSUMMREASON_3 SYPLABSUMMREASON_4	Indicate the reason for the test	DropDownList	CBO activities	B
				Correctional facility	C
				Delivery/Perinatal	D
				Health Dept Follow-up	H
				Newborn	N
				Other	O
				Partner Referral	R
				Prenatal	P

LABORATORY INFO – SYPHILIS (CONGENITAL) / CONTACT TO SYPHILIS / SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY) / SYPHILIS STAGE UNKNOWN/REACTOR / SYPHILIS: INITIAL REPORT					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				Symptomatic	S
				Unknown	U
Date collected	SYPLABSUMMDATECOLL_1 SYPLABSUMMDATECOLL_2 SYPLABSUMMDATECOLL_3 SYPLABSUMMDATECOLL_4	Date collected	Date (MM/DD/YYYY)		
Date received	SYPLABSUMMDATERECD_1 SYPLABSUMMDATERECD_2 SYPLABSUMMDATERECD_3 SYPLABSUMMDATERECD_4	Date lab report received at health department	Date (MM/DD/YYYY)		
Age	SYPLABSUMMAGE_1 SYPLABSUMMAGE_2 SYPLABSUMMAGE_3 SYPLABSUMMAGE_4	Age (at specimen collection date)	FreeText		
Sex	SYPLABSUMMSEX_1 SYPLABSUMMSEX_2 SYPLABSUMMSEX_3 SYPLABSUMMSEX_4	What is the patient's Sex?	System Defined Field Link		
Pregnant?	SYPLABSUMMPREGNANT_1 SYPLABSUMMPREGNANT_2 SYPLABSUMMPREGNANT_3 SYPLABSUMMPREGNANT_4	Females only: Pregnant at time of test?	DropDownList	Yes No Unknown	Y N U
Requesting facility	SYPLABSUMMPROVIDER_1 SYPLABSUMMPROVIDER_2 SYPLABSUMMPROVIDER_3 SYPLABSUMMPROVIDER_4	Name of facility or provider that ordered or submitted the blood sample (specimen) to laboratory	Link		
Laboratory name	SYPLABSUMMLAB_1 SYPLABSUMMLAB_2 SYPLABSUMMLAB_3 SYPLABSUMMLAB_4	Name of the lab responsible for testing blood sample	Link		
RPR / VDRL test	SYPLABSUMMRPRTEST_1 SYPLABSUMMRPRTEST_2 SYPLABSUMMRPRTEST_3 SYPLABSUMMRPRTEST_4	RPR / VDRL test What type of non-treponemal test for syphilis was performed on the specimen collected?	DropDownList	RPR	R
				VDRL	V
				VDRL-CSF	CSF
				Qualitative RPR	S
				RPR Cord Blood	RCB
				VDRL Cord Blood	VCB
				Unknown	U

LABORATORY INFO – SYPHILIS (CONGENITAL) / CONTACT TO SYPHILIS / SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY) / SYPHILIS STAGE UNKNOWN/REACTOR / SYPHILIS: INITIAL REPORT					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
RPR / VDRL result	SYPLABSUMMRPRRES_1 SYPLABSUMMRPRRES_2 SYPLABSUMMRPRRES_3 SYPLABSUMMRPRRES_4	Enter the results of the RPR/VDRL test	DropDownList	Positive	P
				Negative	N
				Indeterminate	I
				1:0	0
				1:1	1
				1:2	2
				1:4	4
				1:8	8
				1:16	16
				1:32	32
				1:64	64
				1:128	128
				1:256	256
				1:512	512
				1:1024	1024
				1:2048	2048
				1:4096	4096
				1:8192	8192
				1:16384	16384
				1:32768	32768
				1:unknown	99999
Treponemal test #1	SYPLABSUMMTREPTEST_1 SYPLABSUMMTREPTEST_2 SYPLABSUMMTREPTEST_3 SYPLABSUMMTREPTEST_4	Enter the type of Treponemal test #1	DropDownList	CLIA/CIA	C
				Darkfield	D
				DFA	A
				EIA	E
				FTA-ABS	F
				MHA-TP	M
				Rapid test	R
				TP-PA	T
				Unknown	U
Treponemal result #1	SYPLABSUMMTREPRES_1 SYPLABSUMMTREPRES_2 SYPLABSUMMTREPRES_3 SYPLABSUMMTREPRES_4	Indicate the result of the Treponemal test #1	DropDownList	Positive	P
				Negative	N
				Indeterminate	I
				Unknown	U
Treponemal test #2	SYPLABSUMMTREPTEST2_1 SYPLABSUMMTREPTEST2_2	Enter the type of Treponemal test #2	DropDownList	CLIA/CIA	C
				Darkfield	D

LABORATORY INFO – SYPHILIS (CONGENITAL) / CONTACT TO SYPHILIS / SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY) / SYPHILIS STAGE UNKNOWN/REACTOR / SYPHILIS: INITIAL REPORT					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
	SYPLABSUMMTREPTEST2_3 SYPLABSUMMTREPTEST2_4			DFA	A
				EIA	E
				FTA-ABS	F
				MHA-TP	M
				Rapid test	R
				TP-PA	T
				Unknown	U
Treponemal result #2	SYPLABSUMMTREPRES2_1 SYPLABSUMMTREPRES2_2 SYPLABSUMMTREPRES2_3 SYPLABSUMMTREPRES2_4	Indicate the result of the Treponemal test #2	DropDownList	Positive	P
				Negative	N
				Indeterminate	I
				Unknown	U
Additional test	SYPLABSUMMADDLTEST_1 SYPLABSUMMADDLTEST_2 SYPLABSUMMADDLTEST_3 SYPLABSUMMADDLTEST_4	Enter the type of additional test performed	DropDownList	CLIA/CIA	C
				Darkfield	D
				DFA	A
				EIA	E
				FTA-ABS	F
				MHA-TP	M
				Rapid test	R
				RPR	R
				RPR Cord Blood	RCB
				Qualitative RPR	S
				TP-PA	T
				VDRL	V
				VDRL Cord Blood	VCB
				VDRL-CSF	CSF
				Other	O
				Unknown	U
If Other, specify	SYPLABSUMMADDLSPFY_1 SYPLABSUMMADDLSPFY_2 SYPLABSUMMADDLSPFY_3 SYPLABSUMMADDLSPFY_4	If Other type of additional test performed, specify the test	FreeText		
Additional result	SYPLABSUMMADDLRES_1 SYPLABSUMMADDLRES_2 SYPLABSUMMADDLRES_3 SYPLABSUMMADDLRES_4	Indicate the result of the additional test	DropDownList	Positive	P
				Negative	N
				Indeterminate	I
				1:0	0
				1:1	1

LABORATORY INFO – SYPHILIS (CONGENITAL) / CONTACT TO SYPHILIS / SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY) / SYPHILIS STAGE UNKNOWN/REACTOR / SYPHILIS: INITIAL REPORT					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				1:2	2
				1:4	4
				1:8	8
				1:16	16
				1:32	32
				1:64	64
				1:128	128
				1:256	256
				1:512	512
				1:1024	1024
				1:2048	2048
				1:4096	4096
				1:8192	8192
				1:16384	16384
				1:32768	32768
				1:unknown	99999
				Unknown	U
Reactor disposition	SYPLABSUMMRDISPO_1 SYPLABSUMMRDISPO_2 SYPLABSUMMRDISPO_3 SYPLABSUMMRDISPO_4	Reactor disposition	DropDownList	Field Record Generated Record Search Closure Administrative Closure Provider Callback	Z R Y P
Reactor grid priority	SYPLABSUMMPRIORITY_1 SYPLABSUMMPRIORITY_2 SYPLABSUMMPRIORITY_3 SYPLABSUMMPRIORITY_4	Reactor grid priority	DropDownList	1 - Priority 2 - Query Letter 3 - Administrative Closure	1 2 3

Syphilis (Except Congenital)

All stages of Syphilis share the same Laboratory Info. Tab, see Laboratory Info. under the Syphilis (Congenital) entry

CLINICAL INFO – CONTACT TO SYPHILIS / SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY) / SYPHILIS STAGE UNKNOWN/REACTOR / SYPHILIS: INITIAL REPORT					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
CLINICAL SYPHILIS DIAGNOSIS					
Clinical syphilis diagnosis	SYPCLIDXCLSYPDX	What was the clinical syphilis diagnosis?	DropDownList	Primary	710
				Secondary	720
				Early Latent (< 1 Year)	730
				Late Latent	745
				Latent, Unknown Duration	740
				Stage Unknown/No diagnosis	999
				Neurosyphilis	760
				Follow-up Serology	888
				Congenital	790
SYMPTOMS – CLINICIAN OBSERVED					
Signs / symptoms	SYPCLICLOBSVSXOBSVSX	Were there any clinician observed signs / symptoms?	DropDownList	Yes	Y
				No	N
				Unknown	U
SYMPTOMS – CLINICIAN OBSERVED					
Symptom	SYPCLICLOBSVSXADDCLSX1 SYPCLICLOBSVSXADDCLSX2 SYPCLICLOBSVSXADDCLSX3	What was the observed symptom?	DropDownList	Primary Lesion	L
				Body Rash	B
				Condylomata Lata	C
				Palmar/Plantar Rash	P
				Rash (other)	R
				Mucous Patches	M
				Annular Lesions	N
				Alopecia	A
				Lymphadenopathy	D
				Fever	F
				Meningovascular	V
				Meningitis	S
				Tabes Dorsalis	T
				General Paresis	G
				Any other neurologic symptoms	X
				Other	O

CLINICAL INFO – CONTACT TO SYPHILIS / SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY) / SYPHILIS STAGE UNKNOWN/REACTOR / SYPHILIS: INITIAL REPORT					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				Unknown	U
If Other, specify	SYPCLICLOBSVSXADDCLSXSPFY1 SYPCLICLOBSVSXADDCLSXSPFY2 SYPCLICLOBSVSXADDCLSXSPFY3	If Other symptom, specify	FreeText		
Observation date	SYPCLICLOBSVSXADDOBSVDT1 SYPCLICLOBSVSXADDOBSVDT2 SYPCLICLOBSVSXADDOBSVDT3	Observation date	Date (MM/DD/YYYY)		
Anatomic site	SYPCLICLOBSVSXADDCLSITE1 SYPCLICLOBSVSXADDCLSITE2 SYPCLICLOBSVSXADDCLSITE3	What was the anatomic site?	DropDownList	Penis	P
				Vagina	V
				Rectum	R
				Cervix	C
				Other genital lesion	G
				Extragenital lesion (e.g. fingers)	E
				Mouth	M
				Lymph nodes	L
				Cerebrospinal Fluid (CSF)	F
				Skin	S
				Other	O
				Unknown	U
If Other, specify	SYPCLICLOBSVSXADDCLSITESPFY1 SYPCLICLOBSVSXADDCLSITESPFY2 SYPCLICLOBSVSXADDCLSITESPFY3	If Other anatomic site, specify	FreeText		
CURRENT TREATMENT					
Was the patient treated?	SYPCLICURRTXTREATED	Was the patient treated?	DropDownList	Yes	Y
				No	N

CLINICAL INFO – CONTACT TO SYPHILIS / SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY) / SYPHILIS STAGE UNKNOWN/REACTOR / SYPHILIS: INITIAL REPORT					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
CURRENT TREATMENT (click "ADD" for more)					
Drug and dosage	SYPCLICURRTXADDRX_1 SYPCLICURRTXADDRX_2 SYPCLICURRTXADDRX_3	Specify the drug and dosage given for treatment	DropDownList	AQUEOUS CRYSTALLINE PEN. G 3-4 MU IV Q 4 HRS X 10-14D	ACPG
				AQUEOUS CRYSTALLINE PEN. G 50,000 UNITS/KG Q 8-12 HRS X 10-14D	ACPG50
				BENZATHINE PENICILLIN G 2.4 MU IM X 1	BICX1
				BENZATHINE PENICILLIN G 2.4 MU IM X 2	BICX2
				BENZATHINE PENICILLIN G 2.4 MU IM X 3	BICX3
				BENZATHINE PENICILLIN G 50,000 UNITS/KG IM X 1	BIC50
				CEFTRIAXONE 1G IM OR IV Q D X 8-10D	CEFT1G
				CEFTRIAXONE 2G IM OR IV Q D X 10-14D	CEFT2G
				DOXYCYCLINE 100MG PO BID X 14D	DOXYX14
				DOXYCYCLINE 100MG PO BID X 28D	DOXYX28
				OTHER	OTHER
				PROBENECID 500MG PO QID X 10-14D	PROB500
				PROCAINE PENICILLIN G 2.4 MU IM Q D X 10-14D	PROPEN
				PROCAINE PENICILLIN G 50,000 UNITS/KG IM X 10-14D	PROPEN50
				TETRACYCLINE 500MG PO QID X 14D	TCNX14
				TETRACYCLINE 500MG PO QID X 28D	TCNX28
				UNKNOWN TREATMENT	UNK
If Other, specify	SYPCLICURRTXADDRXSPFY_1 SYPCLICURRTXADDRXSPFY_2 SYPCLICURRTXADDRXSPFY_3	If Other drug and dosage, specify	FreeText		
Rx date #1	SYPCLICURRTXADDRXDT1_1 SYPCLICURRTXADDRXDT1_2 SYPCLICURRTXADDRXDT1_3	Rx date #1	Date (MM/DD/YYYY)		
Rx date #2	SYPCLICURRTXADDRXDT2_1 SYPCLICURRTXADDRXDT2_2 SYPCLICURRTXADDRXDT2_3	Rx date #2	Date (MM/DD/YYYY)		
Rx date #3	SYPCLICURRTXADDRXDT3_1 SYPCLICURRTXADDRXDT3_2 SYPCLICURRTXADDRXDT3_3	Rx date #3	Date (MM/DD/YYYY)		
Facility/Provider name	SYPCLICURRTXADDRXFAC_1 SYPCLICURRTXADDRXFAC_2 SYPCLICURRTXADDRXFAC_3	Name of the facility / provider involved in treatment	Link		

CLINICAL INFO – CONTACT TO SYPHILIS / SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY) / SYPHILIS STAGE UNKNOWN/REACTOR / SYPHILIS: INITIAL REPORT					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Facility type	SYPCLICURRTXADDRXTYPEFAC_1 SYPCLICURRTXADDRXTYPEFAC_2 SYPCLICURRTXADDRXTYPEFAC_3	What was the facility type?	DropDownList	See Appendix K	See Appendix K

INTERVIEW RECORD – SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
STAGE OF SYPHILIS					
Working	SYPIRSTAGEWDIAG	Working stage of Syphilis for which the patient is being interviewed	System Defined Field Link		
Final	This variable is not currently included in the DDP exports.	Final stage of Syphilis for which the patient is being interviewed	System Defined Field Link		
Neurosyphilis?	SYPIRSTAGENEUROSYPH	Does the patient have syphilis with neurologic involvement?	DropDownList	Confirmed Probable Suspected No Unknown	C P S N U
Neurologic symptoms?	SYPIRSTAGENEUROSX	Any Neurologic symptoms?	DropDownList	Yes No Unknown	Y N U
Interview record ID	SYPIRSTAGECONTROLNO	Specify the interview record ID	FreeText		
Lot number	SYPIRSTAGELOTNO	Specify the lot number	FreeText		
CURRENT CO-INFECTIONS					
Co-infections (this event)?	SYPIRCURRCOINFECTCOINFECT	Does this event have any Co-infections?	DropDownList	Yes No Unknown	Y N U

INTERVIEW RECORD – SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LIST CO-INFECTIONS IF YES					
Disease	SYPIRADDCOINFECTOTHERINF1 SYPIRADDCOINFECTOTHERINF2 SYPIRADDCOINFECTOTHERINF3	Specify Co-infection	DropDownList	200 — Chlamydia	200
				290 — Chlamydial PID	290
				300 — Gonorrhea	300
				350 — Resistant Gonorrhea	350
				390 — Gonococcal PID	390
				400 — Non-Gonococcal Urethritis	400
				410 — Pediculosis	410
				420 — Scabies	420
				450 — Mucopurulent Cervicitis	450
				460 — Bacterial Vaginosis	460
				470 — Trichomoniasis	470
				480 — Candidiasis	480
				490 — PID (Unknown Etiology)	490
				500 — Granuloma Inguinale	500
				600 — Lymphogranuloma Venereum	600
				800 – Genital Warts (HPV)	800
				850 — Herpes (HSV)	850
				888 — Other	888
ADDITIONAL ADDRESS DETAILS					
Time at address?	SYPIRADDADDRTIMEATCURR	Document the length of time patient has resided at their current address	FreeText		
Specify	SYPIRADDADDRTYPEATCURR	Specify unit of measurement for time at current address	DropDownList	Weeks Months Years Unknown	W M Y U
Time in State?	SYPIRADDADDRTIMEINSTAT	Document the length of time patient has resided in this state/territory (California)	FreeText		
Specify	SYPIRADDADDRTYPEINSTAT	Unit of measurement for time in state	DropDownList	Weeks Months Years Unknown	W M Y U
Time in U.S.?	SYPIRADDADDRTIMEINUS	Document the length of time the patient has resided in the U.S.	FreeText		

INTERVIEW RECORD – SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Specify	SYPIRADDADDRTYPEINUS	Unit of measurement for time in the U.S.	DropDownList	Weeks Months Years Unknown	W M Y U
Colonia/ District	SYPIRADDADDRCOLONIA	Colonia/District (Bi-national only)	FreeText		
Living with	SYPIRADDADDRLIVWITH	Who is the patient living with?	FreeText		
Relationship	SYPIRADDADDRLIVWITHREL	What is the patient's relationship to the person he/she is living with?	FreeText		
Residence type	SYPIRADDADDRRESIDTYPE	Residence Type (patient's current living situation / address)	DropDownList	House/Condo Apartment Dorm Homeless Hotel / Motel Institution Migrant Camp Group Home Other Unknown	H A X N T I C G O U
If Other, specify	SYPIRADDADDRRESIDOTHSP	If Residence Type is Other, please specify	FreeText		
Institutionalized at diagnosis?	SYPIRADDADDRINSTATDX	Is patient currently institutionalized at diagnosis?	DropDownList	Yes No	Y N
If Yes, Jurisdiction	SYPIRADDADDRINSTJURIS	If Yes, jurisdiction where institution is located	DropDownList	See Appendix I	See Appendix I
Since when?	SYPIRADDADDRINSTDATE	Since what date has the patient resided at this institution?	Date (MM/DD/YYYY)		
Date unknown	SYPIRADDADDRINSTDTUNK	Date unknown?	CheckBoxList	Unchecked Checked	(blank) DTUNK
Institution #	SYPIRADDADDRCDCRNUM	Institution #	FreeText		
Facility name	SYPIRADDADDRINSTNAME	What is the facilities name?	FreeText		
Type facility	SYPIRADDADDRINSTTYPE	Type of facility where institutionalized	DropDownList	Juvenile Detention Jail	Y J

INTERVIEW RECORD – SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				Prison	P
				Mental Health	M
				Drug Treatment/Rehab	D
ADDITIONAL DEMOGRAPHICS					
Gender at birth	SYPIRADDDEMOSEXBIRTH	What was the patient's gender at birth?	DropDownList	Male Female Unknown	M F U
Current gender	This variable is not currently included in the DDP exports.	What is the patient's current gender?	System Defined Field Link		
Patient has sex with	SYPIRADDDEMOPTSEXWITH_1 SYPIRADDDEMOPTSEXWITH_2 SYPIRADDDEMOPTSEXWITH_3 SYPIRADDDEMOPTSEXWITH_4 SYPIRADDDEMOPTSEXWITH_5	Gender of patient's sex partners (include all that apply)	CheckBoxList (more than one choice is possible)	Male	M
				Female	F
				MTF transgender	MTF
				FTM transgender	FTM
				Unknown	U
Currently pregnant?	This variable is not currently included in the DDP exports.	Currently pregnant? (from system patient tab)	System Defined Field Link		
Number weeks	SYPIRADDDEMOWEEKS	Number of weeks pregnant	FreeText		
Prenatal care	SYPIRADDDEMOPRENATCARE	Currently in prenatal care?	DropDownList	Yes No Unknown	Y N U
Other pregnancy	SYPIRADDDEMOPREGLAST12	Other pregnancy in last 12 months?	DropDownList	Yes No Unknown	Y N U
If yes, outcome	SYPIRADDDEMOOUTCOME	If Yes, outcome of other pregnancy	DropDownList	Delivered Child	D
				Stillbirth	S
				Miscarriage	M
				Abortion	A
				Unknown	U
Date of outcome	SYPIRADDDEMOOUTCMDT	Date of outcome	Date (MM/DD/YYYY)		
Date unknown	SYPIRADDDEMOOUTCMDTUNK	Indicate if the date of outcome is unknown	CheckBoxList	Unchecked Checked	(blank) DTUNK

INTERVIEW RECORD – SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
ADDITIONAL DEMOGRAPHICS – EMERGENCY CONTACT					
Contact name	SYPIRADDDEMOEMCONEMGCONTNAME	Emergency contact name	FreeText		
Relationship	SYPIRADDDEMOEMCONEMGCONTREL	Emergency contact relationship	FreeText		
Phone	SYPIRADDDEMOEMCONEMGCONTPHONE	Emergency contact phone	FreeText		
REPORTING OF CASE					
Collection date	SYPIRRPTCASEDATECOLL	Date of specimen collection (for 1st reactive blood related to this diagnosis)	Date (MM/DD/YYYY)		
Date received	SYPIRRPTCASEDATELABRPT	Date lab report received at Jurisdiction	Date (MM/DD/YYYY)		
Not received	SYPIRRPTCASENOLABRPT	Indicate if no lab report received	CheckBoxList	Unchecked Checked	(blank) NOREPREC
Date reported	SYPIRRPTCASEDATEPROVRP	Date provider first reported/contacted	Date (MM/DD/YYYY)		
Reported via	SYPIRRPTCASERPTVIA	Reported via	DropDownList	Telephone call from PMD CMR from PMD DIS / Public Health staff contacted PMD	T C D
CASE MANAGEMENT INFORMATION					
Another jurisdiction	SYPIRCMINFOINITIALIX	Was this case initially reported to or interviewed in another jurisdiction?	DropDownList	No Reported Interviewed Both reported and interviewed	No Rpt Ix B
Jurisdiction	SYPIRCMINFOINITJURIS	If reported or interviewed elsewhere, jurisdiction	DropDownList	See Appendix I	See Appendix I
Date assigned	SYPIRCMINFODATEASSN	Document the date case was first assigned	Date (MM/DD/YYYY)		
DIS	SYPIRCMINFOWORKER	Number of worker (DIS) assigned	FreeText		

INTERVIEW RECORD – SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Date original interview	SYPIRCMINFODATEFIRST	Document the date of the original interview	Date (MM/DD/YYYY)		
DIS	SYPIRCMINFOOIDIS	Number of worker (DIS) who performed original interview	FreeText		
Type interview	SYPIRCMINFOCASEIX	Type of original interview	DropDownList	Clinic	C
				Field	F
				Telephone	T
				Jail / Prison	J
				Internet	I
				No interview	N
Reason	SYPIRCMINFONOIXREAS	If not interviewed, reason	DropDownList	Declined interview	D
				Incarceration barrier	I
				Language barrier	L
				Bad/no locating information	B
				Correct locating information; no patient response	C
				Initial contact made; no interview	N
				Other	O
Describe barrier	SYPIRCMINFOBARRINCAR	If incarceration barrier, describe	FreeText		
Describe barrier	SYPIRCMINFOBARRLANG	If language barrier, patient's preferred language	FreeText		
Other barrier	SYPIRCMINFOBARROTHSP	Other barrier, specify	FreeText		
Date re-assigned	SYPIRCMINFODATEREASGN	Date case was re-assigned in Jurisdiction	Date (MM/DD/YYYY)		
DIS	SYPIRCMINFOREINJURDIS	Number of worker (DIS) assigned to interview	FreeText		
Jurisdiction	SYPIRCMINFOCORESP	Jurisdiction of responsibility	DropDownList	See Appendix I	See Appendix I
Date assigned	SYPIRCMINFODATEASSNRI	Date assigned for re-interview	Date (MM/DD/YYYY)		
DIS	SYPIRCMINFOREASSNDIS	Number of worker (DIS) assigned for the re-interview	FreeText		

INTERVIEW RECORD – SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Date re-interview	SYPIRCMINFODATEREIX	Date of re-interview	Date (MM/DD/YYYY)		
DIS	SYPIRCMINFORIDIS	Number of worker (DIS) who performed the re-interview	FreeText		
BASIS FOR EARLY STAGE					
Basis	SYPIRBASISFORSTAGEBASIS	Basis for the patient's diagnosis	RadioButtonList	Lesion present (710 dx only) Secondary symptoms present (720 dx only) History, past 12 months (730 dx only) No basis, late syphilis	L S H N
Past 12 months	SYPIRBASISFORSTAGEBASISSPFY_1 SYPIRBASISFORSTAGEBASISSPFY_2 SYPIRBASISFORSTAGEBASISSPFY_3 SYPIRBASISFORSTAGEBASISSPFY_4	If history in the past 12 months (check all that apply)	CheckBoxList (more than one choice is possible)	Negative STS	NEGSTS
				P&S symptoms	PSSX
				4-Fold titer increase	TITERINCR
				Exposure to independently confirmed early infection	EXPOSURE
CASE CLOSURE					
Date case closed	SYPIRCASECLOSUREDATECLOSED	Enter the date the case was closed	Date (MM/DD/YYYY)		
DIS	SYPIRCASECLOSURECLOSINGDIS	Number of worker (DIS) who closed the case	FreeText		
Supervisor	SYPIRCASECLOSURECLOSINGSUP	Number of the Supervisor or manager responsible for closing the case	FreeText		
LOCAL USE VARIABLES					
Local use A	SYPIRLOCALUSEVARLOCAL1	Local use A	FreeText		
Local use B	SYPIRLOCALUSEVARLOCAL2	Local use B	FreeText		
Local use C	SYPIRLOCALUSEVARLOCAL3	Local use C	FreeText		
REPORTING PROVIDER					

INTERVIEW RECORD – SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Reporting name	SYPIRREPORTPROVREPPROV	Reporting provider name	Link		
METHOD OF EARLIEST CASE DETECTION					
Method detected	SYPIRMETHODDETECTMETHOD	Method of case detection?	DropDownList	Self-referred	1
				Screening	5
				Patient Referred Partner	2
				Health Department Referred Partner	3
				Cluster Related/Sexual Network	4
Reason	SYPIRMETHODDETECTSELFREAS	If self-referred, reason	DropDownList	Syphilis symptoms	1
				Other STD symptoms	2
				High risk (asymptomatic)	3
				Unknown	9
OP record ID	SYPIRMETHODDETECTOPID	OP Interview record ID	FreeText		
OP Lot #	SYPIRMETHODDETECTOPLOTNO	OP Lot #	FreeText		
OP Dx	SYPIRMETHODDETECTOPDX	OP Dx	DropDownList	700 - Syphilis Unknown Stage	700
				710 — Primary Syphilis	710
				720 — Secondary Syphilis	720
				730 — Early Latent (< 1 Year) Syphilis	730
				740 — Late, Unknown Duration Syphilis	740
				745 — Late Latent Syphilis	745
				750 — Late Syphilis with Symptoms	750
				760 — Neurosyphilis	760
				790 — Congenital Syphilis	790
Setting tested	SYPIRMETHODDETECTSETTING	Type of setting where patient was INITIALLY tested (or test was ordered) for syphilis?	DropDownList	See Appendix K	See Appendix K
If Other, specify	SYPIRMETHODDETECTSETTINGSPE	If Other setting, specify	FreeText		
Test facility	SYPIRMETHODDETECTORDERPROV	Name of facility / provider who ordered test	Link		
Date	SYPIRMETHODDETECTDATEORDER	Date the test was ordered	Date (MM/DD/YYYY)		

INTERVIEW RECORD – SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
CLINICAL EVALUATION					
No exam	SYPIRCLINEVALNOEXAM	Indicate if no exam was done	CheckBoxList	Unchecked Checked	(blank) NOEX
Exam facility	SYPIRCLINEVALEXAMPROV	Name of facility / provider where exam took place	Link		
Facility type	SYPIRCLINEVALTYPEEXAMPR	Type of clinic, health care facility or provider (if in private practice) where patient's physical exam took place	DropDownList	See Appendix K	See Appendix K
Exam date	SYPIRCLINEVALDATEEXAM	Date of physical exam	Date (MM/DD/YYYY)		
Clinical data	SYPIRCLINEVALCLEVALCOLL_1 SYPIRCLINEVALCLEVALCOLL_2 SYPIRCLINEVALCLEVALCOLL_3 SYPIRCLINEVALCLEVALCOLL_4	Clinical evaluation data collected from provider via (check all that apply)	CheckBoxList (more than one choice is possible)	CMR Provider Interview Fax Back Chart Review by Public Health Staff	CMR PROVIX FAXBACK CHART
BLOOD HISTORY PRIOR TO THIS DIAGNOSIS					
Date collected	SYPIRBLOODHXLASTNEG	Document the date of last negative STS collected	Date (MM/DD/YYYY)		
Requesting facility	SYPIRBLOODHXNEGPROV	Name of facility who ordered or submitted the blood sample to the laboratory	Link		
Laboratory name	SYPIRBLOODHXNEGLAB	Name of laboratory responsible for testing blood sample	Link		
Quantitative test	SYPIRBLOODHXNEGQUAN	Type of Quantitative test performed for the last negative STS	DropDownList	RPR VDRL VDRL-CSF STAT RPR Other Not done Unknown	R V C S O N U
Qualitative test	SYPIRBLOODHXNEGQUAL	Type of Qualitative test performed for the last negative STS	DropDownList	Darkfield DFA FTA-ABS	D A F

INTERVIEW RECORD – SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				MHA-TP	M
				TP-PA	T
				EIA	E
				CLIA	C
				Not done	N
				Other	O
				Unknown	U
Qualitative result	SYPIRBLOODHXNEGQUALRES	Indicate result of the last negative qualitative test	DropDownList	Positive Negative Indeterminate Unknown	P N I U
Date collected	SYPIRBLOODHXLASTREAC	Document the date of last positive STS collected	Date (MM/DD/YYYY)		
Requesting facility	SYPIRBLOODHXREACPROV	Name of facility who ordered or submitted the blood sample to the laboratory	Link		
Laboratory name	SYPIRBLOODHXREACLAB	Name of lab responsible for testing blood sample.	Link		
Quantitative test	SYPIRBLOODHXREACQUAN	Type of Quantitative test performed for last positive STS	DropDownList	RPR	R
				VDRL	V
				VDRL-CSF	C
				STAT RPR	S
				Other	O
				Not done	N
				Unknown	U

INTERVIEW RECORD – SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Quantitative result	SYPIRBLOODHXREACTITER	Titer results of the quantitative test for the last positive STS	DropDownList	Non-reactive	NR
				1:0	0
				1:1	1
				1:2	2
				1:4	4
				1:8	8
				1:16	16
				1:32	32
				1:64	64
				1:128	128
				1:256	256
				1:512	512
				1:1024	1024
				1:2048	2048
				1:4096	4096
				1:8192	8192
				1:16384	16384
				1:32768	32768
				1:unknown	99999
Qualitative test	SYPIRBLOODHXREACQUAL	Type of Qualitative test performed for last positive STS	DropDownList	Darkfield	D
				DFA	A
				FTA-ABS	F
				MHA-TP	M
				TP-PA	T
				EIA	E
				CLIA	C
				Not done	N
				Other	O
				Unknown	U
Qualitative result	SYPIRBLOODHXREACQUALRES	Indicate the result of the qualitative test	DropDownList	Positive Negative Indeterminate Unknown	P N I U
PATIENT INFORMATION					
Birth country	This variable is not currently included in the DDP exports. An identical field can be found on the Patient Tab.	Patient's country of birth.	System Defined Field Link		

INTERVIEW RECORD – SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Primary language	This variable is not currently included in the DDP exports. An identical field can be found on the Patient Tab.	Patient's Primary Language	System Defined Field Link		
Frequency crossing	SYPIRPTINFOBORDER	Frequency of US-Mexico border crossing	DropDownList	Daily/weekly At least 1x/month Few times per year 1x/year Every 2-3 years Rarely Never Refused	7 1 2 3 4 5 6 9
Occupation type	This variable is not currently included in the DDP exports. An identical field can be found on the Patient Tab.	Occupation/Means of support (type)	System Defined Field Link		
Occupation describe	This variable is not currently included in the DDP exports. An identical field can be found on the Patient Tab.	Occupation/Means of support (describe)	System Defined Field Link		
SYMPTOMS – PATIENT DESCRIBED					
Syphilis symptoms	SYPIRPTDESCSXPTDESCSX	Patient described syphilis symptoms?	DropDownList	Yes No Refused	Y N R
Previous care	SYPIRPTDESCSXSEEKCARE	If Yes, did you previously seek care for any of these symptoms?	DropDownList	Yes No Refused	Y N R
Facility name	SYPIRPTDESCSXPROVMISSED	If Yes, Facility/Provider name	Link		
Unknown	SYPIRPTDESCSXPROVMISSUN	Indicate if Facility/Provider name is unknown	CheckBoxList	Unchecked Checked	(blank) NAMEUNK
Facility type	SYPIRPTDESCSXTYPEMISSED	If patient previously sought care, indicate the facility type that best describes the facility where the patient was seen	DropDownList	See Appendix K	See Appendix K
Exam date	SYPIRPTDESCSXDATEMISSED	Enter the date patient was previously examined by this facility	Date (MM/DD/YYYY)		
Unknown	SYPIRPTDESCSXDATEMISSUN	Indicate if the exam date is unknown	CheckBoxList	Unchecked Checked	(blank) DTUNK

INTERVIEW RECORD – SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Diagnosis	SYPIRPTDESCSXDIAGMISS	Describe the provider's diagnosis	FreeText		
Follow-up	SYPIRPTDESCSXREFERSTD	Referred for follow-up to STD-specialty care?	DropDownList	Yes No Refused	Y N R
SYMPTOMS – PATIENT DESCRIBED					
Symptom	SYPIRADDPTDESCSXSYMPTOM_1 SYPIRADDPTDESCSXSYMPTOM_2 SYPIRADDPTDESCSXSYMPTOM_3	Indicate patient described symptom	DropDownList	Primary Lesion Body Rash Condylomata Lata Palmar/Plantar Rash Rash (other) Mucous Patches Annular Lesions Alopecia Lymphadenopathy Fever Meningovascular Meningitis Tabes Dorsalis General Paresis Any other neurologic symptoms Other Unknown	L B C P R M N A D F V S T G X O U
If Other, specify	SYPIRADDPTDESCSXPTSXSPFY_1 SYPIRADDPTDESCSXPTSXSPFY_2 SYPIRADDPTDESCSXPTSXSPFY_3	If Other symptom, please describe	FreeText		
Onset date	SYPIRADDPTDESCSXONSET_1 SYPIRADDPTDESCSXONSET_2 SYPIRADDPTDESCSXONSET_3	Onset date of patient described symptom	Date (MM/DD/YYYY)		
Duration (days)	SYPIRADDPTDESCSXSXDUR_1 SYPIRADDPTDESCSXSXDUR_2 SYPIRADDPTDESCSXSXDUR_3	Number of days symptom present	FreeText		

INTERVIEW RECORD – SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Anatomic site	SYPIRADDPTDESCSXSITE_1 SYPIRADDPTDESCSXSITE_2 SYPIRADDPTDESCSXSITE_3	Indicate the anatomic site of the symptom	DropDownList	Penis	P
				Vagina	V
				Rectum	R
				Cervix	C
				Other genital lesion	G
				Extragenital lesion (e.g. fingers)	E
				Mouth	M
				Lymph nodes	L
				Cerebrospinal Fluid (CSF)	F
				Skin	S
				Other	O
				Unknown	U
If Other, specify	SYPIRADDPTDESCSXPTSITESPFY_1 SYPIRADDPTDESCSXPTSITESPFY_2 SYPIRADDPTDESCSXPTSITESPFY_3	If Other anatomic site, specify	FreeText		
PREVIOUS STD HISTORY					
Chlamydia	SYPIRSTDHXCT	Has the patient ever been diagnosed with Chlamydia?	DropDownList	Yes No Refused	Y N R
Past 12 months	SYPIRSTDHXPASTCT	If Yes, in past 12 months?	DropDownList	Yes No Refused	Y N R
Gonorrhea	SYPIRSTDHXGC	Has the patient ever been diagnosed with Gonorrhea?	DropDownList	Yes No Refused	Y N R
Past 12 months	SYPIRSTDHXPASTGC	If Yes, in past 12 months?	DropDownList	Yes No Refused	Y N R
Herpes (HSV)	SYPIRSTDHXHSV	Has the patient ever been diagnosed with Herpes (HSV)?	DropDownList	Yes No Refused	Y N R
Past 12 months	SYPIRSTDHXPASTHSV	If Yes, in past 12 months?	DropDownList	Yes No Refused	Y N R
HPV / Genital warts	SYPIRSTDHXHPV	Has the patient ever been diagnosed with HPV / Genital warts?	DropDownList	Yes No Refused	Y N R

INTERVIEW RECORD – SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Past 12 months	SYPIRSTDHXPASTHPV	If Yes, in past 12 months?	DropDownList	Yes No Refused	Y N R
Trichomoniasis	SYPIRSTDHXTRICH	Has the patient ever been diagnosed with Trichomoniasis?	DropDownList	Yes No Refused	Y N R
Past 12 months	SYPIRSTDHXPASTTRICH	If Yes, in past 12 months?	DropDownList	Yes No Refused	Y N R
Hepatitis A	SYPIRSTDHXHEPA	Has the patient ever been diagnosed with Hepatitis A?	DropDownList	Yes No Refused	Y N R
Past 12 months	SYPIRSTDHXPASTHEPA	If Yes, in past 12 months?	DropDownList	Yes No Refused	Y N R
Hepatitis B	SYPIRSTDHXHEPB	Has the patient ever been diagnosed with Hepatitis B?	DropDownList	Yes No Refused	Y N R
Past 12 months	SYPIRSTDHXPASTHEPB	If Yes, in past 12 months?	DropDownList	Yes No Refused	Y N R
Hepatitis C	SYPIRSTDHXHEPC	Has the patient ever been diagnosed with Hepatitis C?	DropDownList	Yes No Refused	Y N R
Past 12 months	SYPIRSTDHXPASTHEPC	If Yes, in past 12 months?	DropDownList	Yes No Refused	Y N R
Other	SYPIRSTDHXOTHERSTD	Has the patient ever been diagnosed with any other STD?	DropDownList	Yes No Refused	Y N R
If Other, specify	SYPIRSTDHXOTHSTDSPEC	Describe other past STD infections	FreeText		
If Yes, in past 12 months	SYPIRSTDHXPASTOTHER	If yes, has patient been diagnosed with any other STD in the past 12 months?	DropDownList	Yes No Refused	Y N R
Hepatitis A	SYPIRSTDHXHEPAVAC	Has the patient ever completed the vaccination series for Hepatitis A (2 shots)?	DropDownList	Yes No Unknown Refused	Y N U R

INTERVIEW RECORD – SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Hepatitis B	SYPIRSTDHXHEPBVAC	Has the patient ever completed the vaccination series for Hepatitis B (3 shots)?	DropDownList	Yes No Unknown Refused	Y N U R
Previous syphilis history	SYPIRSTDHXPREVSYPH	Has the patient EVER had a previous syphilis diagnosis?	DropDownList	Yes No Refused	Y N R
Diagnosed	SYPIRSTDHXPREVTIMES	If Yes, how many times have you been diagnosed with syphilis?	FreeText		
Date	SYPIRSTDHXDATEPREVDX	Date of most recent diagnosis	Date (MM/DD/YYYY)		
Stage at diagnosis	SYPIRSTDHXPREVSTAGE	Stage at most recent diagnosis	DropDownList	700 — Syphilis Unknown Stage	700
				710 — Primary Syphilis	710
				720 — Secondary Syphilis	720
				730 — Early Latent (< 1 Year) Syphilis	730
				740 — Late, Unknown Duration Syphilis	740
				745 — Late Latent Syphilis	745
				750 — Late Syphilis with Symptoms	750
				760 — Neurosyphilis	760

INTERVIEW RECORD – SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Treated with	SYPIRSTDHXPREVRX	Treated with	DropDownList	AQUEOUS CRYSTALLINE PEN. G 3-4 MU IV Q 4 HRS X 10-14D	ACPG
				AQUEOUS CRYSTALLINE PEN. G 50,000 UNITS/KG Q 8-12 HRS X 10-14D	ACPG50
				BENZATHINE PENICILLIN G 2.4 MU IM X 1	BICX1
				BENZATHINE PENICILLIN G 2.4 MU IM X 2	BICX2
				BENZATHINE PENICILLIN G 2.4 MU IM X 3	BICX3
				BENZATHINE PENICILLIN G 50,000 UNITS/KG IM X 1	BIC50
				CEFTRIAXONE 1G IM OR IV Q D X 8-10D	CEFT1G
				CEFTRIAXONE 2G IM OR IV Q D X 10-14D	CEFT2G
				DOXYCYCLINE 100MG PO BID X 14D	DOXYX14
				DOXYCYCLINE 100MG PO BID X 28D	DOXYX28
				NO TREATMENT	NOTREAT
				OTHER	OTHER
				PROBENECID 500MG PO QID X 10-14D	PROB
				PROCAINE PENICILLIN G 2.4 MU IM Q D X 10-14D	PROPEN
				PROCAINE PENICILLIN G 50,000 UNITS/KG IM X 10-14D	PROPEN50
				TETRACYCLINE 500MG PO QID X 14D	TCNX14
				UNKNOWN TREATMENT	UNK
Specify treatment	SYPIRSTDHXPREVRXOTH	If “other” treatment, specify	FreeText		
Date treated	SYPIRSTDHXDATEPREVRX	Date treatment was administered for most recent syphilis infection	Date (MM/DD/YYYY)		
Facility name	SYPIRSTDHXPREVRXPROV	Name of treating Facility/Provider	Link		

INTERVIEW RECORD – SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Titer @ Diagnosis	SYPIRSTDHXPREVTITER	Titer at time most recent infection was diagnosed.	DropDownList	Non-reactive 1:0 1:1 1:2 1:4 1:8 1:16 1:32 1:64 1:128 1:256 1:512 1:1024 1:2048 1:4096 1:8192 1:16384 1:32768 1:unknown	NR 0 1 2 4 8 16 32 64 128 256 512 1024 2048 4096 8192 16384 32768 99999
Jurisdiction	SYPIRSTDHXPREVDXJUR	Jurisdiction where diagnosed	DropDownList	See Appendix I	See Appendix I
Interviewer ID	SYPIRSTDHXPREVIRNO	Interview/Field Record ID	FreeText		
Unable to confirm	SYPIRSTDHXSYPNOTCONF	Indicate if unable to confirm most recent diagnosis	CheckBoxList	Unchecked Checked	(blank) NOCONF
SUBSTANCE USE					
Methampheta-mine	SYPIRSUBSTUSEMETH	In the 12 months prior to current syphilis diagnosis, did patient use Methamphetamine?	DropDownList	Yes No Refused	Y N R
Heroin	SYPIRSUBSTUSEHEROIN	In the 12 months prior to current syphilis diagnosis, did patient use Heroin?	DropDownList	Yes No Refused	Y N R
Cocaine	SYPIRSUBSTUSECOCAINE	In the 12 months prior to current syphilis diagnosis, did patient use Cocaine?	DropDownList	Yes No Refused	Y N R
Crack	SYPIRSUBSTUSECRACK	In the 12 months prior to current syphilis diagnosis, did the patient use Crack?	DropDownList	Yes No Refused	Y N R
Ecstasy	SYPIRSUBSTUSEECSTASY	In the 12 months prior to current syphilis diagnosis, did patient use Ecstasy?	DropDownList	Yes No Refused	Y N R

INTERVIEW RECORD – SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Marijuana	SYPIRSUBSTUSEMARIJUANA	In the 12 months prior to current syphilis diagnosis, did patient use Marijuana?	DropDownList	Yes No Refused	Y N R
Erectile dysfunction drugs	SYPIRSUBSTUSEIMPDRUG	In the 12 months prior to current syphilis diagnosis, did patient use Erectile dysfunction drugs?	DropDownList	Yes No Refused	Y N R
Nitrates / poppers	SYPIRSUBSTUSEPOPPERS	In the 12 months prior to current syphilis diagnosis, did patient use Nitrates / poppers?	DropDownList	Yes No Refused	Y N R
Other #1	SYPIRSUBSTUSEOTHERDRUG1	In the 12 months prior to current syphilis diagnosis, did patient use any other drug? #1	DropDownList	Yes	Y
Specify drug	SYPIRSUBSTUSEDRUG1NAME	Please specify the drug's name. #1	FreeText		
Other #2	SYPIRSUBSTUSEOTHERDRUG2	In the 12 months prior to current syphilis diagnosis, did patient use any other drug? #2	DropDownList	Yes	Y
Specify drug	SYPIRSUBSTUSEDRUG2NAME	Please specify the drug's name. #2	FreeText		
Injected?	SYPIRSUBSTUSEINJECTED	Were any of the above drugs injected?	DropDownList	Yes No Refused	Y N R
Share needles?	SYPIRSUBSTUSESHARENEEDLE	If Yes, did you share needles?	DropDownList	Yes No Refused	Y N R
RISK FACTORS AND SOCIAL HISTORY					
Paid sex	SYPIRRSKFACSOCIALHXSEXFORMD	Given money/drugs for sex?	DropDownList	Yes No Refused	Y N R
Received money	SYPIRRSKFACSOCIALHXEXCHANGEMD	Received money/drugs for sex?	DropDownList	Yes No Refused	Y N R
Intoxicated sex	SYPIRRSKFACSOCIALHXSEXHIGH	Had sex while intoxicated and/or high on drugs?	DropDownList	Yes No Refused	Y N R

INTERVIEW RECORD – SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Anonymous sex	SYPIRRSKFACSOCIALHXANONYMOUS	Had anonymous sex partners?	DropDownList	Yes No Refused	Y N R
Been jailed	SYPIRRSKFACSOCIALHXJAILJUVY	Been in a jail / juvenile detention facility?	DropDownList	Yes No Refused	Y N R
Been imprisoned	SYPIRRSKFACSOCIALHXPRISON	Been in a prison / long term correctional facility?	DropDownList	Yes No Refused	Y N R
Gang association	SYPIRRSKFACSOCIALHXGANGMEMBER	Had a gang association?	DropDownList	Yes No Refused	Y N R
Name of gang	SYPIRRSKFACSOCIALHXGANGNAME	If Yes, name of gang	FreeText		
MSM partners	SYPIRRSKFACSOCIALHXPTNRMSM	Females only: had sex with person known to you to be MSM?	DropDownList	Yes No Refused	Y N R
Pregnant partners	SYPIRRSKFACSOCIALHXPREGPTS	Males only: Had any pregnant partners?	DropDownList	Yes No Refused	Y N R
HIV STATUS – *GO TO THE STD HDFU TAB TO ENTER HIV STATUS AND LINKAGE TO CARE*					
Known status	SYPIRHIVSTATKNOWSTATUS	Prior to this syphilis diagnosis, did you know your HIV status?	DropDownList	Yes No Refused	Y N R
If Yes, status?	SYPIRHIVSTATSTATUS	If patient already knows his/her status, indicate the self-reported status	DropDownList	Positive Negative Refused	P N R
Month	SYPIRHIVSTATMOHIVDX	If patient reports prior HIV status to be POSITIVE, enter the month of HIV positive test	DropDownList	January February March April May June July August September October November December Unknown	1 2 3 4 5 6 7 8 9 10 11 12 99

INTERVIEW RECORD – SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Year (yyyy)	SYPIRHIVSTATYEARHIVDX	If patient reports prior HIV status to be POSITIVE, enter the year of HIV positive test (YYYY)	FreeText		
Month	SYPIRHIVSTATMONNOTINF	If patient reports prior HIV status to be NEGATIVE, enter the month of last HIV negative test	DropDownList	January	1
				February	2
				March	3
				April	4
				May	5
				June	6
				July	7
				August	8
				September	9
				October	10
				November	11
				December	12
				Unknown	99
Year (yyyy)	SYPIRHIVSTATYEARNOTINF	If patient reports prior HIV status to be NEGATIVE, enter the year of last HIV negative test (YYYY)	FreeText		
Current test	SYPIRHIVSTATCURRENTHIV	Did patient have a current HIV test?	DropDownList	Yes	Y
				No	N
				Refused	R
Month	SYPIRHIVSTATMONTHHIV	If current HIV test is YES, enter the month of current test	DropDownList	January	1
				February	2
				March	3
				April	4
				May	5
				June	6
				July	7
				August	8
				September	9
				October	10
				November	11
				December	12
				Unknown	99
Year (yyyy)	SYPIRHIVSTATYEARHIV	If current HIV test is YES, enter the year of current test (YYYY)	FreeText		
Test Result	SYPIRHIVSTATHIVRESULT	If current HIV test is YES, indicate patient's self-reported test result	DropDownList	Positive	P
				Negative	N
				Didn't return to get result	D

INTERVIEW RECORD – SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				Inconclusive/discordant/invalid Declined to disclose Other	I R O
Other result specify	SYPIRHIVSTATHIVOTHSP	If Other, please specify result	FreeText		
HIV services	SYPIRHIVSTATHIVSVC	Are your receiving HIV/EIP services?	DropDownList	Already in care No, linked to care Declined referral Unknown	A L R U
Provider confirmed	SYPIRHIVSTATCARECONF	If already in care or linked to care, confirmed with provider?	DropDownList	Yes No	Y N
Facility name	SYPIRHIVSTATHIVPROV	Facility/provider name	Link		
NUMBER OF PARTNERS – PAST 12 MONTHS					
Sex partner gender	SYPIRNUMPARTPST12GENDERSP12_1 SYPIRNUMPARTPST12GENDERSP12_2 SYPIRNUMPARTPST12GENDERSP12_3 SYPIRNUMPARTPST12GENDERSP12_4 SYPIRNUMPARTPST12GENDERSP12_5	Gender of sex partners? (check all that apply)	CheckBoxList (more than one choice is possible)	Male Female MTF transgender FTM transgender Refused	M F MTF FTM R
Males	SYPIRNUMPARTPST12MALE12PART	Past 12 months partners - males	FreeText		
Females	SYPIRNUMPARTPST12FEM12PART	Past 12 months partners - females	FreeText		
Transgender	SYPIRNUMPARTPST12TG12PART	Past 12 months partners - transgender	FreeText		
INTERVIEW PERIOD PARTNERS					
Interview months	SYPIRIXPERIODPTRSIXPERIOD	Interview period # months	FreeText		
Males	SYPIRIXPERIODPTRSMALEIPPART	IX period partners - males	FreeText		
Females	SYPIRIXPERIODPTRSFEMIPPART	IX period partners - females	FreeText		

INTERVIEW RECORD – SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Transgender	SYPIRIXPERIODPTRSTGIPPART	IX period partners - transgender	FreeText		
Anonymous	SYPIRIXPERIODPTRSANONIPPART	IX period partners - anonymous	FreeText		
INTERVIEW PERIOD PARTNERS – SYPHILIS ONLY					
Males	SYPIRSYPHPARTMSYJUR	Syphilis only – health department- males	FreeText		
Females	SYPIRSYPHPARTFSYJUR	Syphilis only – health department- females	FreeText		
Transgender	SYPIRSYPHPARTTGSYJUR	Syphilis only – health department- transgender	FreeText		
Males	SYPIRSYPHPARTMSYDUAL	Syphilis only – dual disclosure - males	FreeText		
Females	SYPIRSYPHPARTFSYDUAL	Syphilis only – dual disclosure - females	FreeText		
Transgender	SYPIRSYPHPARTTGSYDUAL	Syphilis only – dual disclosure - transgender	FreeText		
Males	SYPIRSYPHPARTMSYSELF	Syphilis only – self disclosure - males	FreeText		
Females	SYPIRSYPHPARTFSYSELF	Syphilis only – self disclosure - females	FreeText		
Transgender	SYPIRSYPHPARTTGSYSELF	Syphilis only – self disclosure - transgender	FreeText		
Known HIV +	SYPIRSYPHPARTPTKNOWHIV	Indicate if partners know they are HIV +	CheckBoxList	Unchecked Checked	(blank) KNOWNPOS
# known	SYPIRSYPHPARTNUMKNOWHIV	# known to be HIV +	FreeText		
Self-disclose	SYPIRSYPHPARTPTSELFDISC	Indicate if patient will/did self-disclose	CheckBoxList	Unchecked Checked	(blank) SLFDIS
# disclosed	SYPIRSYPHPARTNUMSELFDISC	# to be self-disclosed	FreeText		
Patient declined	SYPIRSYPHPARTPTDECLNTFY	Indicate if patient declined notifications	CheckBoxList	Unchecked Checked	(blank) DECL
# declined	SYPIRSYPHPARTNUMDECLNTFY	# notifications declined	FreeText		
INTERVIEW PERIOD PARTNERS – SYPHILIS & HIV					

INTERVIEW RECORD – SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Males	SYPIRSYHIVPARTMSYHIVJUR	Syphilis & HIV – health department - males	FreeText		
Females	SYPIRSYHIVPARTFSYHIVJUR	Syphilis & HIV – health department - females	FreeText		
Transgender	SYPIRSYHIVPARTTGSYHIVJUR	Syphilis & HIV – health department - transgender	FreeText		
Males	SYPIRSYHIVPARTMSYHIVDUAL	Syphilis & HIV – dual disclosure - males	FreeText		
Females	SYPIRSYHIVPARTFSYHIVDUAL	Syphilis & HIV – dual disclosure - females	FreeText		
Transgender	SYPIRSYHIVPARTTGSYHIVDUAL	Syphilis & HIV – dual disclosure - transgender	FreeText		
Males	SYPIRSYHIVPARTMSYHIVSELF	Syphilis & HIV – self disclosure - males	FreeText		
Females	SYPIRSYHIVPARTFSYHIVSELF	Syphilis & HIV – self disclosure - females	FreeText		
Transgender	SYPIRSYHIVPARTTGSYHIVSELF	Syphilis & HIV – self disclosure - transgender	FreeText		
INTERVIEW PERIOD PARTNERS – CLUSTERS INITIATED					
Males	SYPIRNUMCLUSINITMALECLS	Clusters initiated - males	FreeText		
Females	SYPIRNUMCLUSINITFEMCLS	Clusters initiated - females	FreeText		
Transgender	SYPIRNUMCLUSINITTGCLS	Clusters initiated - transgender	FreeText		
PARTNERS OUTSIDE THE INTERVIEW PERIOD – HIV ONLY					
Males	SYPIRHIVONLYPARTMHIVJUR	HIV only – health department - males	FreeText		
Females	SYPIRHIVONLYPARTFHIVJUR	HIV only – health department - females	FreeText		
Transgender	SYPIRHIVONLYPARTTGHIVJUR	HIV only – health department - transgender	FreeText		
Males	SYPIRHIVONLYPARTMHIVDUAL	HIV only – dual disclosure - males	FreeText		
Females	SYPIRHIVONLYPARTFHIVDUAL	HIV only – dual disclosure - females	FreeText		

INTERVIEW RECORD – SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Transgender	SYPIRHIVONLYPARTTGHIVDUAL	HIV only – dual disclosure - transgender	FreeText		
Males	SYPIRHIVONLYPARTMHIVSELF	HIV only – self disclosure - males	FreeText		
Females	SYPIRHIVONLYPARTFHIVSELF	HIV only – self disclosure - females	FreeText		
Transgender	SYPIRHIVONLYPARTTGHIVSELF	HIV only – self disclosure - transgender	FreeText		
VENUES – WHERE MET AND/OR HAD SEX WITH NEW/ANONYMOUS PARTNERS IN THE PAST 12 MONTHS					
Bars / Clubs	SYPIRVENUESBARS12	Patient report meeting sex partners at bars/clubs in the past 12 months?	DropDownList	Yes No Refused	Y N R
Sex onsite	SYPIRVENUESBARSEX	Patient report having sex onsite?	DropDownList	Yes No Refused	Y N R
Refused venue name	SYPIRVENUESBARREF	Indicate if patient refuses to disclose or does not remember venue name	CheckBoxList	Unchecked Checked	(blank) REFNAM
Name(s) of venues	SYPIRVENUESBARNAMES	Specify name(s) of venues	FreeText		
Bathhouses / sex clubs	SYPIRVENUESBATHS12	Patient report meeting sex partners at Bathhouses / sex clubs in the past 12 months?	DropDownList	Yes No Refused	Y N R
Sex onsite	SYPIRVENUESBATHSEX	Patient report having sex onsite?	DropDownList	Yes No Refused	Y N R
Refused venue name	SYPIRVENUESBATHREF	Indicate if patient refuses to disclose or does not remember venue name	CheckBoxList	Unchecked Checked	(blank) REFNAM
Name(s) of venues	SYPIRVENUESBATHNAMES	Specify name(s) of venues	FreeText		
Internet / chatroom	SYPIRVENUESNET12	Patient report meeting sex partners through the Internet / chatrooms in the past 12 months?	DropDownList	Yes No Refused	Y N R
Refused venue name	SYPIRVENUESNETREF	Indicate if patient refuses to disclose or does not remember Internet/Chatroom name	CheckBoxList	Unchecked Checked	(blank) REFNAM

INTERVIEW RECORD – SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Internet name	SYPIRVENUESNETNAMES	Specify Internet / chatroom name	FreeText		
Refused Handle / ID	SYPIRVENUESHANDLEREF	Indicate if patient refuses to disclose or does not remember Handle/ID	CheckBoxList	Unchecked Checked	(blank) REFID
Handle / ID	SYPIRVENUESHANDLE	Specify Handles / ID	FreeText		
Adult bookstore	SYPIRVENUESADULT12	Patient report meeting sex partners at Adult Bookstore / Cinemas in the past 12 months?	DropDownList	Yes No Refused	Y N R
Sex onsite	SYPIRVENUESADULTSEX	Patient report having sex onsite?	DropDownList	Yes No Refused	Y N R
Refused venue name	SYPIRVENUESADULTREF	Indicate if patient refuses to disclose or does not remember venue name	CheckBoxList	Unchecked Checked	(blank) REFNAM
Name(s) of venues	SYPIRVENUESADULTNAME	Specify name(s) of venues	FreeText		
Circuit party	SYPIRVENUESCIRCUIT12	Patient report meeting sex partners at Circuit Parties in the past 12 months?	DropDownList	Yes No Refused	Y N R
Sex onsite	SYPIRVENUESCIRCUITSEX	Patient report having sex onsite?	DropDownList	Yes No Refused	Y N R
Refused venue name	SYPIRVENUESCIRCUITREF	Indicate if patient refuses to disclose or does not remember venue name	CheckBoxList	Unchecked Checked	(blank) REFNAM
Name(s) of venues	SYPIRVENUESCIRCUITNAM	Specify name(s) of venues	FreeText		
Gym / Health club	SYPIRVENUESGYMS12	Patient report meeting sex partners at Gyms / Health Clubs in the past 12 months?	DropDownList	Yes No Refused	Y N R
Sex onsite	SYPIRVENUESGYMSEX	Patient report having sex onsite?	DropDownList	Yes No Refused	Y N R
Refused venue name	SYPIRVENUESGYMREF	Indicate if patient refuses to disclose or does not remember venue name	CheckBoxList	Unchecked Checked	(blank) REFNAM

INTERVIEW RECORD – SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Name(s) of venues	SYPIRVENUESGYMNAME	Specify name(s) of venues	FreeText		
Jail / Prison	SYPIRVENUESJAIL12	Patient report meeting sex partners in Jail / Prison in the past 12 months?	DropDownList	Yes No Refused	Y N R
Sex onsite	SYPIRVENUESJAILSEX	Patient report having sex onsite?	DropDownList	Yes No Refused	Y N R
Refused venue name	SYPIRVENUESJAILREF	Indicate if patient refuses to disclose or does not remember venue name	CheckBoxList	Unchecked Checked	(blank) REFNAM
Name(s) of venues	SYPIRVENUESJAILNAMES	Specify name(s) of venues	FreeText		
Motel / Hotels	SYPIRVENUESMOTELS12	Patient report meeting sex partners at Motels / Hotels in the past 12 months?	DropDownList	Yes No Refused	Y N R
Sex onsite	SYPIRVENUESMOTELSEX	Patient report having sex onsite?	DropDownList	Yes No Refused	Y N R
Refused venue name	SYPIRVENUESMOTELREF	Indicate if patient refuses to disclose or does not remember venue name	CheckBoxList	Unchecked Checked	(blank) REFNAM
Name(s) of venues	SYPIRVENUESMOTELNAMES	Specify name(s) of venues	FreeText		
Phone / Chatline	SYPIRVENUESPHONE12	Patient report meeting sex partners through the Phone / Chatlines in the past 12 months?	DropDownList	Yes No Refused	Y N R
Refused venue name	SYPIRVENUESPHONEREF	Indicate if patient refuses to disclose or does not remember Chatline name	CheckBoxList	Unchecked Checked	(blank) REFNAM
Name(s) of venues	SYPIRVENUESPHONENAMES	Specify name(s) of venues	FreeText		
Private party	SYPIRVENUESPRIVATE12	Patient report meeting sex partners at Private Parties in the past 12 months?	DropDownList	Yes No Refused	Y N R
Sex onsite	SYPIRVENUESPRIVATESEX	Patient report having sex onsite?	DropDownList	Yes No Refused	Y N R

INTERVIEW RECORD – SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Refused venue name	SYPIRVENUESPRIVATEREF	Indicate if patient refuses to disclose or does not remember venue name	CheckBoxList	Unchecked Checked	(blank) REFNAM
Name(s) of venues	SYPIRVENUESPRIVATENAM	Specify name(s) of venues	FreeText		
Parks / Beach / Rest area	SYPIRVENUESPARKS12	Patient report meeting sex partners at Parks / Beaches / Rest Areas in the past 12 months?	DropDownList	Yes No Refused	Y N R
Sex onsite	SYPIRVENUESPARKSEX	Patient report having sex onsite?	DropDownList	Yes No Refused	Y N R
Refused venue name	SYPIRVENUESPARKREF	Indicate if patient refuses to disclose or does not remember venue name	CheckBoxList	Unchecked Checked	(blank) REFNAM
Name(s) of venues	SYPIRVENUESPARKNAMES	Specify name(s) of venues	FreeText		
Resorts	SYPIRVENUESRESORTS12	Patient report meeting sex partners at Resorts in the past 12 months?	DropDownList	Yes No Refused	Y N R
Sex onsite	SYPIRVENUESRESORTSEX	Patient report having sex onsite?	DropDownList	Yes No Refused	Y N R
Refused venue name	SYPIRVENUESRESORTREF	Indicate if patient refuses to disclose or does not remember venue name	CheckBoxList	Unchecked Checked	(blank) REFNAM
Name(s) of venues	SYPIRVENUESRESORTNAME	Specify name(s) of venues	FreeText		
School	SYPIRVENUESSCHOOL12	Patient report meeting sex partners at School in the past 12 months?	DropDownList	Yes No Refused	Y N R
Sex onsite	SYPIRVENUESSCHOOLSEX	Patient report having sex onsite?	DropDownList	Yes No Refused	Y N R
Refused venue name	SYPIRVENUESSCHOOLREF	Indicate if patient refuses to disclose or does not remember venue name	CheckBoxList	Unchecked Checked	(blank) REFNAM
Name(s) of venues	SYPIRVENUESSCHOOLNAME	Specify name(s) of venues	FreeText		

INTERVIEW RECORD – SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Streets	SYPIRVENUESSTREETS12	Patient report meeting sex partners on Streets in the past 12 months?	DropDownList	Yes No Refused	Y N R
Sex onsite	SYPIRVENUESSTREETSEX	Patient report having sex onsite?	DropDownList	Yes No Refused	Y N R
Refused venue name	SYPIRVENUESSTREETREF	Indicate if patient refuses to disclose or does not remember street name	CheckBoxList	Unchecked Checked	(blank) REFNAM
Name(s) of venues	SYPIRVENUESSTREETNAME	Specify name(s) of venues	FreeText		
Work	SYPIRVENUESWORK12	Patient report meeting sex partners at Work in the past 12 months?	DropDownList	Yes No Refused	Y N R
Sex onsite	SYPIRVENUESWORKSEX	Patient report having sex onsite?	DropDownList	Yes No Refused	Y N R
Refused venue name	SYPIRVENUESWORKREF	Indicate if patient refuses to disclose or does not remember venue name	CheckBoxList	Unchecked Checked	(blank) REFNAM
Name(s) of venues	SYPIRVENUESWORKNAME	Specify name(s) of venues	FreeText		
Social Network (e.g., friends)	SYPIRVENUESSOCIALNET	Patient report meeting sex partners using their Social Network (e.g., friends) in the past 12 months?	DropDownList	Yes No Refused	Y N R
Other #1	SYPIRVENUESOTHVEN1	Patient report meeting sex partners at any other venue in the past 12 months? (#1)	DropDownList	Yes No Refused	Y N R
Sex onsite	SYPIRVENUESOTHVEN1SEX	Patient report having sex onsite?	DropDownList	Yes No Refused	Y N R
Refused venue name	SYPIRVENUESOTHVEN1REF	Indicate if patient refuses to disclose or does not remember venue name	CheckBoxList	Unchecked Checked	(blank) REFNAM
Name(s) of venues	SYPIRVENUESOTHVEN1NAME	Specify name(s) of venues	FreeText		

INTERVIEW RECORD – SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Other #2	SYPIRVENUESOTHVEN2	Patient report meeting sex partners at any other venue in the past 12 months? (#2)	DropDownList	Yes No Refused	Y N R
Sex onsite	SYPIRVENUESOTHVEN2SEX	Patient report having sex onsite?	DropDownList	Yes No Refused	Y N R
Refused venue name	SYPIRVENUESOTHVEN2REF	Indicate if patient refuses to disclose or does not remember venue name	CheckBoxList	Unchecked Checked	(blank) REFNAM
Name(s) of venues	SYPIRVENUESOTHVEN2NAME	Specify name(s) of venues	FreeText		
SEX PARTNER(S) RISKS					
Partners HIV	SYPIRSEXPARTRISKSPHIVSTAT_1 SYPIRSEXPARTRISKSPHIVSTAT_2 SYPIRSEXPARTRISKSPHIVSTAT_3 SYPIRSEXPARTRISKSPHIVSTAT_4	Of recent sex partners, what was their HIV status? (check all that apply)	CheckBoxList (more than one choice is possible)	Positive Negative Unsure Refused	P N U R
Partner in jail	SYPIRSEXPARTRISKSPJAIL	Have any recent sex partners been in jail, juvenile detention, or prison / long-term corrections in the 12 months prior to your syphilis diagnosis?	DropDownList	Yes No Unknown Refused	Y N U R
IDU drugs	SYPIRSEXPARTRISKSPIDU	Did any recent sex partners use IDU drugs in the 12 months prior to your syphilis diagnosis?	DropDownList	Yes No Unknown Refused	Y N U R
Meth / speed	SYPIRSEXPARTRISKSPMETH	Did any recent sex partners use meth / speed in the 12 months prior to your syphilis diagnosis?	DropDownList	Yes No Unknown Refused	Y N U R
Non-monogamous	SYPIRSEXPARTRISKSPOTHSEX	Do you think it is likely that any of your recent sex partners were also having sex with someone else while in a sexual relationship with you?	DropDownList	Yes Very likely Somewhat likely Not very likely No	Y V S L N
SEXUAL PRACTICES IN PAST 12 MONTHS					

INTERVIEW RECORD – SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Oral insertive	SYPIRSEXPRACPST12ORALINSERT	Oral insertive sex? (Sexual Activity)	DropDownList	Yes No Refused	Y N R
Oral insertive	SYPIRSEXPRACPST12ORALINSCON	Frequency of Condom Use for Oral insertive sex	DropDownList	Always Sometimes Never Refused	A S N R
Oral receptive	SYPIRSEXPRACPST12ORALRECEPT	Oral receptive sex? (Sexual Activity)	DropDownList	Yes No Refused	Y N R
Oral receptive	SYPIRSEXPRACPST12ORALRECCON	Frequency of Condom Use for Oral receptive sex	DropDownList	Always Sometimes Never Refused	A S N R
Anal insertive	SYPIRSEXPRACPST12ANALINSERT	Anal insertive sex? (Sexual Activity)	DropDownList	Yes No Refused	Y N R
Anal insertive	SYPIRSEXPRACPST12ANALINSCON	Frequency of Condom Use for Anal insertive sex	DropDownList	Always Sometimes Never Refused	A S N R
Anal receptive	SYPIRSEXPRACPST12ANALRECEPT	Anal receptive sex? (Sexual Activity)	DropDownList	Yes No Refused	Y N R
Anal receptive	SYPIRSEXPRACPST12ANALRECCON	Frequency of Condom Use for Anal receptive sex	DropDownList	Always Sometimes Never Refused	A S N R
Vaginal	SYPIRSEXPRACPST12VAGINAL	Vaginal sex? (Sexual Activity)	DropDownList	Yes No Refused	Y N R
Vaginal	SYPIRSEXPRACPST12VAGCONDOM	Frequency of Condom Use for Vaginal sex	DropDownList	Always Sometimes Never Refused	A S N R
SOURCE ANALYSIS (EXPOSURE LOCATIONS)					
Refused / No Interview	SYPIRSOURCEANALYSISREFNOIX	Indicate if refused to disclose or no interview	CheckBoxList	Unchecked Checked	(blank) NOIX

INTERVIEW RECORD – SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
In-county	SYPIRSOURCEANALYSISINCOUNTY	One or more sexual exposures in county of residence?	CheckBoxList	Unchecked Checked	(blank) INCOUNTY
Jurisdiction	SYPIRSOURCEANALYSISINCTYJURIS	Jurisdiction where exposure occurred	DropDownList	See Appendix I	See Appendix I
In-state	SYPIRSOURCEANALYSISINSTATE	One or more sexual exposures in California, but outside the county of residence?	CheckBoxList	Unchecked Checked	(blank) INSTATE
Jurisdiction #1	SYPIRSOURCEANALYSISINSTATE1	County where the exposure occurred #1	DropDownList	See Appendix I	See Appendix I
Jurisdiction #2	SYPIRSOURCEANALYSISINSTATE2	County where the exposure occurred #2	DropDownList	See Appendix I	See Appendix I
Jurisdiction #3	SYPIRSOURCEANALYSISINSTATE3	County where the exposure occurred #3	DropDownList	See Appendix I	See Appendix I
In-country	SYPIRSOURCEANALYSISINCOUNTRY	One or more sexual exposures outside California, but in the U.S.?	CheckBoxList	Unchecked Checked	(blank) INCOUNTRY
State #1	SYPIRSOURCEANALYSISINCOUNTRY1	State where the exposure occurred #1	DropDownList	See Appendix I	See Appendix I
State #2	SYPIRSOURCEANALYSISINCOUNTRY2	State where the exposure occurred #2	DropDownList	See Appendix I	See Appendix I
State #3	SYPIRSOURCEANALYSISINCOUNTRY3	State where the exposure occurred #3	DropDownList	See Appendix I	See Appendix I
Out-of-country	SYPIRSOURCEANALYSISOUTOFCOUNT	One or more sexual exposures outside the U.S.?	CheckBoxList	Unchecked Checked	(blank) OUTCOUNTRY
Country #1	SYPIRSOURCEANALYSISOUTOFCOUN1	Country where the exposure occurred #1	DropDownList	See Appendix I	See Appendix I
Country #2	SYPIRSOURCEANALYSISOUTOFCOUN2	Country where the exposure occurred #2	DropDownList	See Appendix I	See Appendix I
Country #3	SYPIRSOURCEANALYSISOUTOFCOUN3	Country where the exposure occurred #3	DropDownList	See Appendix I	See Appendix I
Source Identified?	SYPIRSOURCEANALYSISSOURCE	Was the patient's source of infection identified?	DropDownList	Yes Probable Possible No	SO PR PO NO
Jurisdiction #1	SYPIRSOURCEANALYSISJURIS1	County/State/Country where Source, Probable Source or Possible Sources resides #1	DropDownList	See Appendix I	See Appendix I

INTERVIEW RECORD – SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Jurisdiction #2	SYPIRSOURCEANALYSISJURIS2	County/State/Country where Source, Probable Source or Possible Sources resides #2	DropDownList	See Appendix I	See Appendix I
Jurisdiction #3	SYPIRSOURCEANALYSISJURIS3	County/State/Country where Source, Probable Source or Possible Sources resides #3	DropDownList	See Appendix I	See Appendix I
Imported case	SYPIRSOURCEANALYSISIMPORTED	Indicate if imported case	DropDownList	No Yes, Another Country Yes, Another State Yes, Another Jurisdiction Yes, Unable to Determine Unknown	N C S J D U
Case jurisdiction	SYPIRSOURCEANALYSISIMPORTJUR	If case was imported, document from which county/state/country the case was imported	DropDownList	See Appendix I	See Appendix I
TRAVEL HISTORY					
Travel out-of-area?	SYPIRTRAVHXTRAVEL	Travel out-of-area during the interview period?	DropDownList	Yes No Refused	Y N R
TRAVEL HISTORY – DETAILS					
Where?	SYPIRTRAVHXDTLTRAVWHERE1 SYPIRTRAVHXDTLTRAVWHERE2 SYPIRTRAVHXDTLTRAVWHERE3	Where? (include City & State)	FreeText		
Travel Dates (from & to)	SYPIRTRAVHXDTLTRAVDATES1 SYPIRTRAVHXDTLTRAVDATES2 SYPIRTRAVHXDTLTRAVDATES3	If patient traveled during the interview period enter the start and end month/year of travel	FreeText		
Local sex partners?	SYPIRTRAVHXDTLTRAVSEX1 SYPIRTRAVHXDTLTRAVSEX2 SYPIRTRAVHXDTLTRAVSEX3	Did the patient have local sex partners?	DropDownList	Yes No Refused	Y N R
OTHER INTERVIEW PERIOD ADDRESSES					
Address (include City & State)	SYPIROTHINTPERADRSOTHADDR1 SYPIROTHINTPERADRSOTHADDR2	If patient has resided at current address less than the interview period, document additional addresses necessary to account for the entire interview period	FreeText		

INTERVIEW RECORD – SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Dates (from & to)	SYPIROTHINTPERADRSOADDRDATES1 SYPIROTHINTPERADRSOADDRDATES2	Beginning and ending month and year patient stayed at address	FreeText		
Living with	SYPIROTHINTPERADRSOADDRLIVE1 SYPIROTHINTPERADRSOADDRLIVE2	Names of individuals residing with patient at other interview period address	FreeText		
Relationship	SYPIROTHINTPERADRSOADDRRELAT1 SYPIROTHINTPERADRSOADDRRELAT2	Relationship of those living with the patient at this other address.	FreeText		
INTERVIEW / INVESTIGATION COMMENTS					
Comments	This variable is not currently included in the UDF exports.	Interview / Investigation comments	Text Box		
MARGINAL PARTNERS					
Last name	SYPIRMARGPARTLAST_1 SYPIRMARGPARTLAST_2 SYPIRMARGPARTLAST_3	Marginal Contact's Last name	FreeText		
First name	SYPIRMARGPARTFIRST_1 SYPIRMARGPARTFIRST_2 SYPIRMARGPARTFIRST_3	Marginal Contact's First name	FreeText		
Chat ID	SYPIRMARGPARTCHATID_1 SYPIRMARGPARTCHATID_2 SYPIRMARGPARTCHATID_3	Marginal Contact's Chat room ID	FreeText		
Chatroom / Website	SYPIRMARGPARTCHATROOM_1 SYPIRMARGPARTCHATROOM_2 SYPIRMARGPARTCHATROOM_3	Chat room/Website where marginal contact was met	FreeText		
Age	SYPIRMARGPARTAGE_1 SYPIRMARGPARTAGE_2 SYPIRMARGPARTAGE_3	Marginal Contact's Age	FreeText		
Sex	SYPIRMARGPARTSEX_1 SYPIRMARGPARTSEX_2 SYPIRMARGPARTSEX_3	Marginal Contact's Sex	DropDownList	Female Female-to-Male Transgender Male Male-to-Female Transgender Other Unknown	F 2 M 1 3 4

INTERVIEW RECORD – SYPHILIS (EARLY LATENT) / SYPHILIS (LATE LATENT) / SYPHILIS (LATE WITH CLINICAL MANIFESTATIONS) / SYPHILIS (LATENT, UNKNOWN DURATION) / SYPHILIS (PRIMARY) / SYPHILIS (SECONDARY)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Race	SYPIRMARGPARTRACE_1 SYPIRMARGPARTRACE_2 SYPIRMARGPARTRACE_3	Marginal Contact's Race / Ethnicity	DropDownList	White Black Hispanic Asian Native Hawaiian / Pacific Islander Native American / Alaska Native Unknown	W B H A P I U
Height	SYPIRMARGPARTHEIGHT_1 SYPIRMARGPARTHEIGHT_2 SYPIRMARGPARTHEIGHT_3	Marginal Contact's Height	FreeText		
Weight	SYPIRMARGPARTWEIGHT_1 SYPIRMARGPARTWEIGHT_2 SYPIRMARGPARTWEIGHT_3	Marginal Contact's Weight	FreeText		
Hair	SYPIRMARGPARTHAIR_1 SYPIRMARGPARTHAIR_2 SYPIRMARGPARTHAIR_3	Marginal Contact's Hair	FreeText		
Exposure dates	SYPIRMARGPARTEXPDATE_1 SYPIRMARGPARTEXPDATE_2 SYPIRMARGPARTEXPDATE_3	Exposure dates	FreeText		
Locations	SYPIRMARGPARTLOCATING_1 SYPIRMARGPARTLOCATING_2 SYPIRMARGPARTLOCATING_3	Locations where exposure occurred	FreeText		
Information	SYPIRMARGPARTLOCATING01_1 SYPIRMARGPARTLOCATING01_2 SYPIRMARGPARTLOCATING01_3	Venue of encounter / Identifying – locating / Other risk information	FreeText		
INVESTIGATION PLANS & SUPERVISORY REVIEW					
DIS plan	This variable is not currently included in the DDP exports.	DIS Investigation plans (include date and DIS #)	Text Box		
Supervisory comments	This variable is not currently included in the DDP exports.	Supervisory Comments (include date and Sup #)	Text Box		

Taeniasis

See User Defined Form sections (Clinical, Laboratory and Epidemiologic) under the Cysticercosis entry

Tetanus

***The Tetanus Laboratory Info. Tab contains only Laboratory Information w/Provider & Facility (system) fields.**

CLINICAL INFO – TETANUS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
SIGNS AND SYMPTOMS – ACUTE WOUND INFORMATION					
Acute wound identified?	TETANUSCLIWSSIGNSXACCUTEWOUND	Has an acute wound been identified?	DropDownList	Yes No Unknown	Y N U
Date wound occurred	TETANUSCLIWSSIGNSXWOUNDDT	Date wound occurred	Date (MM/DD/YYYY)		
Principal anatomic site	TETANUSCLIWSSIGNSXWOUNDANATMICSIT	Specify the principal anatomic site	DropDownList	Head Trunk Upper extremity Lower extremity Unspecified	HEAD TRUNK UPEXT LOEXT UNSP
Work related?	TETANUSCLIWSSIGNSXWORKREL	Was the injury work related?	DropDownList	Yes No Unknown	Y N U
Environment	TETANUSCLIWSSIGNSXENVIRONMENT	In what environment did the injury occur?	DropDownList	Home Other indoors Farm / yard Automobile Other outdoors Unknown	HOME OTHIN FARM AUTO OTHOUT UNK
Circumstances	TETANUSCLIWSSIGNSXCIRCUMSTANCE	Circumstances: For example: “stepped on nail in basement.” Describe in detail	FreeText		

CLINICAL INFO – TETANUS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Principle wound type	TETANUSCLIWSSIGNSXWOUNDTYPE	Indicate the principle wound type	DropDownList	Puncture	PUNC
				Stellate laceration	STEL
				Linear laceration	LIN
				Crush	CRUSH
				Abrasion	ABR
				Avulsion	AVUL
				Burn	BURN
				Frost bite	FROST
				Compound fracture	COMP
				Other - specify	OTH
				Surgery	SURG
				Animal bite	ANIMLBIT
				Insect bite / sting	INSBIT
				Dental	DENT
				Tissue necrosis	TISNEC
				Unknown	UNK
Wound contaminated?	TETANUSCLIWSSIGNSXCONTAMINATED	Wound contaminated with dirt, feces, soil, saliva, etc.?	DropDownList	Yes	Y
				No	N
				Unknown	U
Depth of wound	TETANUSCLIWSSIGNSXDEPTH	Indicate the depth of the wound	DropDownList	1 cm. or less	1CMLESS
				More than 1 cm.	MORE1CM
				Unknown	UNK
Signs of infection?	TETANUSCLIWSSIGNSXINFECTION	Any signs of infection?	DropDownList	Yes	Y
				No	N
				Unknown	U
Denervated tissue present?	TETANUSCLIWSSIGNSXDEVITALIZEDTISS	Devitalized, ischemic, or denervated tissue present?	DropDownList	Yes	Y
				No	N
				Unknown	U
MEDICAL CARE PRIOR TO ONSET					
Medical care obtained?	TETANUSCLIWSPRIORMEDCAREMEDCARE	Was medical care obtained for this acute injury?	DropDownList	Yes	Y
				No	N
				Unknown	U
Tetanus toxoid?	TETANUSCLIWSPRIORMEDCARETTADMIN	Tetanus toxoid (TT) or Td administered before tetanus onset?	DropDownList	Yes	Y
				No	N
				Unknown	U
How soon after injury?	TETANUSCLIWSPRIORMEDCARETTADMINHOWSOON	If Yes, TT or Td given how soon after injury?	DropDownList	< 6 hours	LESS6H
				7-23 hours	7TO32H
				1-4 days	1TO4D
				5-9 days	5TO9D

CLINICAL INFO – TETANUS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				10-14 days	10TO14D
				15+ days	15PLUSD
				Unknown	UNK
Wound debrided?	TETANUSCLIWSPRIORMEDCAREDEBRIDED	Wound debrided before tetanus onset?	DropDownList	Yes No Unknown	Y N U
How soon after injury?	TETANUSCLIWSPRIORMEDCAREDEBRIDEDHOWSOON	If Yes, debrided how soon after injury?	DropDownList	< 6 hours	LESS6H
				7-23 hours	7TO32H
				1-4 days	1TO4D
				5-9 days	5TO9D
				10-14 days	10TO14D
				15+ days	15PLUSD
				Unknown	UNK
Tetanus immune globulin?	TETANUSCLIWSPRIORMEDCARETIGRECEIVED	Tetanus immune globulin (TIG) prophylaxis received before tetanus onset?	DropDownList	Yes No Unknown	Y N U
How soon after injury?	TETANUSCLIWSPRIORMEDCARETIGHOWSOON	If Yes, TIG given how soon after injury?	DropDownList	< 6 hours	LESS6H
				7-23 hours	7TO32H
				1-4 days	1TO4D
				5-9 days	5TO9D
				10-14 days	10TO14D
				15+ days	15PLUSD
				Unknown	UNK
If TIG given, dosage (units)	TETANUSCLIWSPRIORMEDCARETIGDOSAGE	If TIG given, specify the dosage (units)	FreeText		
Unknown	TETANUSCLIWSPRIORMEDCARETIGDOSAGEUNK	Indicate if the dosage (units) is unknown	CheckBox	Unchecked Checked	(blank) Y
RISK FACTORS					
Associated condition (if no acute injury)	TETANUSCLIWSRISKFACTASSOCCOND	Indicate the associated condition (if no acute injury)	DropDownList	Abscess	ABSCE
				Ulcer	ULCER
				Blister	BLIST
				Gangrene	GANGR
				Cellulitis	CELLUL
				Other infection	OTHINF
				Cancer	CANCER
				Gingivitis	GING
				None	NONE

CLINICAL INFO – TETANUS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				Unknown	UNK
Describe condition	TETANUSCLIWSRISKFACTASSOCCONDDESC	Describe the associated condition	FreeText		
Diabetes?	TETANUSCLIWSRISKFACTDIABETES	Does the patient have diabetes?	DropDownList	Yes No Unknown	Y N U
If Yes, insulin-dependent?	TETANUSCLIWSRISKFACTINSULINDEP	If Yes, is the patient insulin-dependent?	DropDownList	Yes No Unknown	Y N U
Injecting drug use?	TETANUSCLIWSRISKFACTIDU	Does the patient use injecting drugs?	DropDownList	Yes No Unknown	Y N U
Describe condition	TETANUSCLIWSRISKFACTIDUCOND	If Yes, describe condition	FreeText		
Recent tattooing?	TETANUSCLIWSRISKFACTTATOO	Does the patient have any recently obtained tattoos?	DropDownList	Yes No Unknown	Y N U
Recent body piercing?	TETANUSCLIWSRISKFACTPIERCING	Does the patient have any recently obtained body piercings?	DropDownList	Yes No Unknown	Y N U
CLINICAL COURSE					
TIG therapy given after onset?	TETANUSCLIWSCLINCOURSETIGTHERAPY	Was TIG therapy given after onset?	DropDownList	Yes No Unknown	Y N U
If Yes, how soon after illness onset?	TETANUSCLIWSCLINCOURSETIGHOWSOON	If Yes, how soon after illness onset?	DropDownList	< 6 hours 7-23 hours 1-4 days 5-9 days 10-14 days 15+ days Unknown	LESS6H 7TO32H 1TO4D 5TO9D 10TO14D 15PLUSD UNK
If TIG given, dosage (units)	TETANUSCLIWSCLINCOURSETIGDOSAGE	If TIG given, specify the dosage (units)	FreeText		
Unknown	TETANUSCLIWSCLINCOURSETIGDOSAGEUNK	Indicate if the dosage (units) is unknown	CheckBox	Unchecked Checked	(blank) Y

CLINICAL INFO – TETANUS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Type of tetanus disease	TETANUSCLIWSCLINCOURSEDISEASETYPE	Record the type of tetanus disease	DropDownList	Generalized Localized Cephalic Unknown	GEN LOC CEPH UNK
Did patient die?	TETANUSCLIWSCLINCOURSEDIED	Did patient die from this illness?	DropDownList	Yes No Lost to follow-up	Y N L
Other comments	TETANUSCLIWSCLINCOURSECOMMENTS	Other comments	Text Box		
HOSPITALIZATION					
Hospitalized?	TETANUSCLIWSHOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
Days hospitalized	TETANUSCLIWSHOSPDAYSHOSP	If yes, how many total days hospitalized?	FreeText		
Days in ICU	TETANUSCLIWSHOSPDAYSICU	How many total days in ICU?	FreeText		
Days mech. ventilation	TETANUSCLIWSHOSPDAYSVENT	How many total days received mechanical ventilation?	FreeText		
HOSPITALIZATION – DETAILS					
Hospital name	HOSPDTLNAME1 HOSPDTLNAME2 HOSPDTLNAME3	Name of facility where patient was hospitalized	FreeText		
Street address	HOSPDTLADDRESS1 HOSPDTLADDRESS2 HOSPDTLADDRESS3	Street address of hospital	FreeText		
City	HOSPDTLCITY1 HOSPDTLCITY2 HOSPDTLCITY3	City where hospital located	FreeText		
State	HOSPDTLSTATE1 HOSPDTLSTATE2 HOSPDTLSTATE3	State	FreeText		
Zip code	HOSPDTLZIPCODE1 HOSPDTLZIPCODE2 HOSPDTLZIPCODE3	Zip code	FreeText		
Telephone	HOSPDTLPHONE1 HOSPDTLPHONE2 HOSPDTLPHONE3	Telephone number for hospital	FreeText		

CLINICAL INFO – TETANUS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Admit date	HOSPDTLADMITDT1 HOSPDTLADMITDT2 HOSPDTLADMITDT3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPDTLDISCHDT1 HOSPDTLDISCHDT2 HOSPDTLDISCHDT3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		
Medical record number	HOSPDTLMRN1 HOSPDTLMRN2 HOSPDTLMRN3	Medical record number for patient	FreeText		
Discharge diagnosis	HOSPDTLDISCHDX1 HOSPDTLDISCHDX2 HOSPDTLDISCHDX3	What was the patient's final diagnosis at the time of discharge?	FreeText		
VACCINATION HISTORY					
Tetanus toxoid (TT) history	TETANUSCLIWSVACHXTTHXPRIOR	Tetanus toxoid (TT) history prior to tetanus disease	DropDownList	Never 1 dose 2 doses 3 doses 4 or more doses Unknown	DOSE0 DOSE1 DOSE2 DOSE3 DOSE4PLUS UNK
Years since last dose	TETANUSCLIWSVACHXYEARSSINCETT	How many years since last tetanus toxoid dose	FreeText		
Unknown	TETANUSCLIWSVACHXYEARSSINCETTUNK	Indicate if the year since last tetanus toxoid dose is unknown	CheckBox	Unchecked Checked	(blank) Y
History of military service	TETANUSCLIWSVACHXMILITARY	Does the patient have a history of military service (Active or Reserve)?	DropDownList	Yes No Unknown	Y N U
Year of entry	TETANUSCLIWSVACHXMILITARYSTART	If Yes, year of entry into military service	FreeText		

EPIDEMIOLOGIC INFO – TETANUS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
NEONATAL (<28 DAYS OLD) INFORMATION					
Mother's birthdate	TETANUSEPIWSNEONATALINFOMOTHERDOB	Mother's birthdate	Date (MM/DD/YYYY)		

EPIDEMIOLOGIC INFO – TETANUS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Mother's age in (years)	TETANUSEPIWSNEONATALINFOMOTHERAGE	Mother's age in years	FreeText		
Mother's place of birth	TETANUSEPIWSNEONATALINFOMOTHERBIRTHLOC	Specify the mother's place of birth	FreeText		
Date of arrival	TETANUSEPIWSNEONATALINFOMOTHERDTARRIVE	For non-U.S. born mothers, enter date arrived in the U.S.	Date (MM/DD/YYYY)		
Mother's tetanus toxoid history	TETANUSEPIWSNEONATALINFOMOTHERTTHX	Mother's tetanus toxoid (TT) history prior to child's disease	DropDownList	Never	DOSE0
				1 dose	DOSE1
				2 doses	DOSE2
				3 doses	DOSE3
				4 more more doses	DOSE4PLUS
				Unknown	UNK
Years since mother's last dose	TETANUSEPIWSNEONATALINFOMOTHERYEARSSINCETT	Specify the number of years since mother's last tetanus toxoid (TT) dose	FreeText		
Child's birthplace	TETANUSEPIWSNEONATALINFOCHILDBIRTHLOC	Indicate the child's birthplace	DropDownList	Hospital	HOSP
				Home	HOME
				Other	OTH
				Unknown	UNK
Primary birth attendant	TETANUSEPIWSNEONATALINFOATTENDANT	Indicate the primary birth attendant	DropDownList	Physician	PHYS
				Nurse	NURSE
				Licensed midwife	LICMW
				Unlicensed midwife	UNLICMW
				Other	OTH
				Unknown	UNK
Other birth attendant(s)	TETANUSEPIWSNEONATALINFOATTENDANTOTH	Other birth attendant(s) (if not previously listed)	FreeText		
Comments	TETANUSEPIWSNEONATALINFOCOMMENTS	Comments	Text Box		

Toxic Shock Syndrome

CLINICAL INFO – TOXIC SHOCK SYNDROME					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
SIGNS AND SYMPTOMS					
Onset date	TSSCLICRSIGNSXONSETDT	Onset date of clinical symptoms of Toxic Shock Syndrome	System Defined Field Link		
Medical care date	TSSCLICRSIGNSXSGTMEDCARED T	Date first sought medical care for symptoms	Date (MM/DD/YYYY)		
At least four of five case criteria met	TSSCLICRSIGNSX4of5	Are at least four of the five major case criteria listed below met? (see detailed case definition at bottom of Epidemiologic Info tab)	DropDownList	Yes No Unknown	Y N U
1. Fever	TSSCLICRSIGNSXFEVER	1. Did patient have a fever - greater than or equal to 102.0 °F (38.9 °C)?	DropDownList	Yes No Unknown	Y N U
2. Rash	TSSCLICRSIGNSXRASH	2. Did patient have a rash - diffuse macular erythroderma?	DropDownList	Yes No Unknown	Y N U
3. Desquamation	TSSCLICRSIGNSXDESQUAM	3. Did patient have desquamation (peeling of skin) - generally occurs 1-2 weeks after the onset of rash?	DropDownList	Yes No Unknown	Y N U
4. Hypotension (low blood pressure)	TSSCLICRSIGNSXHYPOTEN	4. Did patient experience Hypotension (low blood pressure) - systolic blood pressure less than or equal to 90 mm Hg for adults or less than 5th percentile by age for children aged less than 16 years?	DropDownList	Yes No Unknown	Y N U
5. Multisystem involvement	TSSCLICRSIGNSXMulti	5. Did the patient have Multisystem involvement - involvement of three or more of the following organ systems: gastrointestinal, muscular, mucous membrane, renal, hepatic, hematologic, or central nervous system?	DropDownList	Yes No Unknown	Y N U
GI symptoms	TSSCLICRSIGNSXGastro	Did patient have gastrointestinal symptoms - diarrhea or vomiting within 48 hours of onset?	DropDownList	Yes No Unknown	Y N U
Muscular involvement	TSSCLICRSIGNSXSEVMYALGIA	Did the patient have muscular involvement - severe myalgia or creatine phosphokinase level at least twice the upper limit of normal?	DropDownList	Yes No Unknown	Y N U
Mucous membrane	TSSCLICRSIGNSXMucous	Did the patient have illness involving the mucous membrane - vaginal, oropharyngeal, or conjuctival hyperemia?	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – TOXIC SHOCK SYNDROME					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Renal	TSSCLICRSIGNSXRENALINSUFF	Did the patient have illness involving the following organ system: Renal - blood urea nitrogen or creatinine at least twice the upper limit of normal for laboratory or urinary sediment with pyuria (greater than or equal to 5 leukocytes per high-power field) in the absence of urinary tract infection?	DropDownList	Yes No Unknown	Y N U
Hepatic	TSSCLICRSIGNSXHEPATIC	Did the patient have illness involving the following organ system: Hepatic - total bilirubin, alanine aminotransferase enzyme, or asparate aminotransferase enzyme levels at least twice the upper limit of normal for laboratory?	DropDownList	Yes No Unknown	Y N U
Hematologic	TSSCLICRSIGNSXLOWPLATELET	Did the patient have illness involving the following organ system: Hematologic - platelets less than 100,000/mm3	DropDownList	Yes No Unknown	Y N U
Central nervous system	TSSCLICRSIGNSXCNS	Did the patient have illness involving the Central nervous system - disorientation or alterations in consciousness without focal neurologic signs when fever and hypotension are absent?	DropDownList	Yes No Unknown	Y N U
HOSPITALIZATION					
Patient visit ER?	HOSPER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U
Was patient hospitalized?	HOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
Total hospital nights	HOSPDAYSHOSP	If Yes, how many total hospital nights?	FreeText		
HOSPITALIZATION – DETAILS					
Hospital name	HOSPDTLNAME1 HOSPDTLNAME2 HOSPDTLNAME3	Name of facility where patient was hospitalized	FreeText		
Street address	HOSPDTLADDRESS1 HOSPDTLADDRESS2 HOSPDTLADDRESS3	Street address of hospital	FreeText		
City	HOSPDTLCITY1 HOSPDTLCITY2 HOSPDTLCITY3	City where hospital located	FreeText		

CLINICAL INFO – TOXIC SHOCK SYNDROME					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
State	HOSPDTLSTATE1 HOSPDTLSTATE2 HOSPDTLSTATE3	State	FreeText		
Zip code	HOSPDTLZIPCODE1 HOSPDTLZIPCODE2 HOSPDTLZIPCODE3	Zip code	FreeText		
Telephone	HOSPDTLPHONE1 HOSPDTLPHONE2 HOSPDTLPHONE3	Telephone number for hospital	FreeText		
Admit date	HOSPDTLADMITDT1 HOSPDTLADMITDT2 HOSPDTLADMITDT3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPDTLDISCHDT1 HOSPDTLDISCHDT2 HOSPDTLDISCHDT3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		
Medical record number	HOSPDTLMRN1 HOSPDTLMRN2 HOSPDTLMRN3	Medical record number for patient	FreeText		
Discharge diagnosis	HOSPDTLDISCHDX1 HOSPDTLDISCHDX2 HOSPDTLDISCHDX3	What was the patient's final diagnosis at the time of discharge?	FreeText		
OUTCOME					
Outcome?	OUTCOMEOUTCOME	What was the clinical outcome for this case?	DropDownList	Survived Died Unknown	S D U
Survived as of	OUTCOMESURVIVEDT	If patient survived, what was the date patient was known to still be living?	Date (MM/DD/YYYY)		
Date of death	OUTCOMEDEATHDT	If patient died, what was the date of death?	System Defined Field Link		

LABORATORY INFO – TOXIC SHOCK SYNDROME					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY RESULTS SUMMARY – MICROBIOLOGY					
Was microbial testing done?	TSSLABCRLABRSLTSUMMICROMICROTST	Was microbial testing done?	RadioButtonList	Yes No Unknown	Y N U
Laboratory name	TSSLABCRLABRSLTSUMMICROLABNAME	Laboratory name where testing was performed	FreeText		
Telephone	TSSLABCRLABRSLTSUMMICROLABPHONE	Telephone	FreeText		
LABORATORY RESULTS SUMMARY – CULTURE (collection date within first 3 days of hospitalization)					
Blood culture	TSSLABCRLABRSLTSUMCULTBLD	If patient had a blood culture, what were the results?	DropDownList	Positive Negative Not Done Unknown	POS NEG NOT UNK
Collection date	TSSLABCRLABRSLTSUMCULTBLDCOLLECTDT	Date blood culture was collected	Date (MM/DD/YYYY)		
If Positive, organism	TSSLABCRLABRSLTSUMCULTBLDORGAN	If blood culture was positive, specify the organism	FreeText		
CSF culture	TSSLABCRLABRSLTSUMCULTCFS	If patient had a CSF culture, what were the results?	DropDownList	Positive Negative Not Done Unknown	POS NEG NOT UNK
Collection date	TSSLABCRLABRSLTSUMCULTCFSCOLLECTDT	Date CSF culture was collected	Date (MM/DD/YYYY)		
If Positive, organism	TSSLABCRLABRSLTSUMCULTCFSORGAN	If CSF culture was positive, specify the organism	FreeText		
Other positive culture (describe)	TSSLABCRLABRSLTSUMCULTOtherCult	Did the patient have any other positive cultures? (describe)	FreeText		
Staph aureus present?	TSSLABCRLABRSLTSUMCULTSAUREU	Is Staphylococcus aureus present?	RadioButtonList	Yes No Unknown	Y N U

LABORATORY INFO – TOXIC SHOCK SYNDROME					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Methicillin-resistant S. aureus?	TSSLABCRLABRSLTSUMCULTSAUREUMETHRESIS	If S. aureus present, is it methicillin-resistant?	RadioButtonList	Yes No Unknown	Y N U
LABORATORY RESULTS SUMMARY – SEROLOGY					
Serology test	TSSLABCRLABRSLTSUMSERSERTST1 TSSLABCRLABRSLTSUMSERSERTST2 TSSLABCRLABRSLTSUMSERSERTST3	Was serological testing performed for Rocky Mountain spotted fever, leptospirosis, measles or any other condition?	DropDownList	Rocky Mountain Spotted Fever titer Leptospirosis titer Measles titer Other	ROCKMTN LEPTO MEAS OTH
If Other, specify test	TSSLABCRLABRSLTSUMSEROTHSPFY1 TSSLABCRLABRSLTSUMSEROTHSPFY2 TSSLABCRLABRSLTSUMSEROTHSPFY3	If serological testing done for Other condition, please specify test	FreeText		
Collection date	TSSLABCRLABRSLTSUMSERCOLLECTDT1 TSSLABCRLABRSLTSUMSERCOLLECTDT2 TSSLABCRLABRSLTSUMSERCOLLECTDT3	Date lab specimen was collected	Date (MM/DD/YYYY)		
Result	TSSLABCRLABRSLTSUMSERRSLT1 TSSLABCRLABRSLTSUMSERRSLT2 TSSLABCRLABRSLTSUMSERRSLT3	What were the results of the serology test?	RadioButtonList	Elevated Normal Unknown	ELEV NORM UNK
Titer	TSSLABCRLABRSLTSUMSERTITER1 TSSLABCRLABRSLTSUMSERTITER2 TSSLABCRLABRSLTSUMSERTITER3	Specify the titer score	FreeText		
Reference range	TSSLABCRLABRSLTSUMSERRANGE1 TSSLABCRLABRSLTSUMSERRANGE2 TSSLABCRLABRSLTSUMSERRANGE3	Specify the reference range	FreeText		
Laboratory name	TSSLABCRLABRSLTSUMSERLABNAME1 TSSLABCRLABRSLTSUMSERLABNAME2 TSSLABCRLABRSLTSUMSERLABNAME3	Laboratory name where testing was performed	FreeText		
Telephone	TSSLABCRLABRSLTSUMSERLABPHONE1 TSSLABCRLABRSLTSUMSERLABPHONE2 TSSLABCRLABRSLTSUMSERLABPHONE3	Telephone	FreeText		
LABORATORY RESULTS SUMMARY – OTHER RELEVENT TESTS					
Test	TSSLABCRLABRSLTSUMOTHTST1 TSSLABCRLABRSLTSUMOTHTST2 TSSLABCRLABRSLTSUMOTHTST3	Specify other relevant tests that were conducted such as toxic shock syndrome toxin (TSST-1), staphylococcal enterotoxin, influenza, etc.	FreeText		

LABORATORY INFO – TOXIC SHOCK SYNDROME					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Result	TSSLABCRLABRSLTSUMOTHRSLT1 TSSLABCRLABRSLTSUMOTHRSLT2 TSSLABCRLABRSLTSUMOTHRSLT3	Result of other relevant test(s)	FreeText		
Reference range	TSSLABCRLABRSLTSUMOTHRANGE1 TSSLABCRLABRSLTSUMOTHRANGE2 TSSLABCRLABRSLTSUMOTHRANGE3	Specify the reference range for the other relevant test(s)	FreeText		

EPIDEMIOLOGIC INFO – TOXIC SHOCK SYNDROME					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
EXPOSURES / RISK FACTORS					
Menstrual period date	TSSEPICREXPRSKFACMENST1DT	What was the first date of the menstrual period preceding the onset of TSS?	Date (MM/DD/YYYY)		
Tampons	TSSEPICREXPRSKFACTAMP	Does the patient use tampons?	RadioButtonList	Yes No Unknown	Y N U
Type(s)	TSSEPICREXPRSKFACTAMPTYP	If yes, specify type(s) (regular, super absorbency, etc.)	FreeText		
Brand(s)	TSSEPICREXPRSKFACTAMPBRAND	If yes, specify Brand(s)	FreeText		
Napkins	TSSEPICREXPRSKFACNAPKIN	Does the patient use napkins?	RadioButtonList	Yes No Unknown	Y N U
Type(s)	TSSEPICREXPRSKFACNAPKINTYP	If yes, specify type(s)	FreeText		
Brand(s)	TSSEPICREXPRSKFACNAPKINBRAND	If yes, specify brand(s)	FreeText		
Other menstrual-associated products	TSSEPICREXPRSKFACOTHPROD	Other menstrual-associated products (e.g., menstrual cap; describe products, types, brands, etc.)	FreeText		
Wound-associated	TSSEPICREXPRSKFACWOUND	Wound-associated TSS?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – TOXIC SHOCK SYNDROME					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Wound location	TSSEPICREXPRSKFACWOUNDSPFY	If Yes, wound location and details	FreeText		
Surgery-associated	TSSEPICREXPRSKFACSURG	Surgery-associated TSS?	DropDownList	Yes No Unknown	Y N U
Type of surgery	TSSEPICREXPRSKFACSURGTYP	Type of surgery performed that is associated with TSS	FreeText		
Surgery date	TSSEPICREXPRSKFACSURGDT	Date TSS associated surgery performed	Date (MM/DD/YYYY)		
Hospital	TSSEPICREXPRSKFACSURGHOSP	Hospital name where TSS associated surgery was performed	FreeText		
Post-partum	TSSEPICREXPRSKFACPOSTPART	Post-partum associated TSS?	DropDownList	Yes No Unknown	Y N U
Delivery date	TSSEPICREXPRSKFACPOSTPARTDELDT	Delivery date	Date (MM/DD/YYYY)		
Type of delivery	TSSEPICREXPRSKFACPOSTPARTDELTYP	Type of delivery	DropDownList	Spontaneous vaginal delivery Cesarean Other	VAG CES OTH
If Other, specify	TSSEPICREXPRSKFACPOSTPARTOTHSPFY	If Other type of delivery, please specify	FreeText		
Other barrier contraceptives	TSSEPICREXPRSKFACCONTRCEP	Non-menstrual TSS associated with used barrier contraceptives other than condoms (e.g. diaphragm, contraceptive sponge)?	DropDownList	Yes No Unknown	Y N U
Type(s)	TSSEPICREXPRSKFACCONTRCEPTYPE	If yes, specify the Type(s) of contraceptive used	DropDownList	Diaphragm Sponge Other	D S O
If Other, specify	TSSEPICREXPRSKFACCONTRCEPOTHSPFY	If Other contraceptive used, please specify	FreeText		
Brand(s)	TSSEPICREXPRSKFACCONTRCEPBRAND	Specify contraceptive brand(s)	FreeText		

EPIDEMIOLOGIC INFO – TOXIC SHOCK SYNDROME					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Date last used	TSSEPICREXPRSKFACCONTRCEPDT	Date last used prior to illness onset	Date (MM/DD/YYYY)		
Other exposure or history	TSSEPICREXPRSKFACOtherExp	Please describe any other relevant exposure or history	FreeText		
REPORTING AGENCY					
Investigator name	TSSEPICRREPAGENCYNAME	Investigator name	FreeText		
Local health jurisdiction	TSSEPICRREPAGENCYLHJUR	Local health jurisdiction	FreeText		
Telephone number	TSSEPICRREPAGENCYPHONE	Telephone number	FreeText		
Date	TSSEPICRREPAGENCYDT	Date of report	Date (MM/DD/YYYY)		
First reported by	TSSEPICRREPAGENCYREPORTEDBY	First reported by	DropDownList	Clinician Laboratory Other	CLI LAB OTH
If Other, specify	TSSEPICRREPAGENCYREPORTEDBYSPFY	If Other, specify	FreeText		
Health education provided?	TSSEPICRREPAGENCYEDUPROVID	Was health education provided?	DropDownList	Yes No Unknown	Y N U
EPIDEMIOLOGICAL LINKAGE					
Epi-linked case	EPILINKKNOWNCASE	Epi-linked to known case of Toxic Shock Syndrome?	DropDownList	Yes No Unknown	Y N U
Contact name / Case #	EPILINKCONTNAMECASENUM	Contact name / case #	FreeText		
DISEASE CASE CLASSIFICATION					

EPIDEMIOLOGIC INFO – TOXIC SHOCK SYNDROME					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Disease classification	TSSEPICRCASECLASSDISEASE	What was the disease classification? *(Wound-associated is an old CalREDIE Data Label that is no longer in use but will still appear in the UDF export for older cases.)	RadioButtonList	Menstrual TSS Wound-associated* Non-menstrual TSS	MENST WOUND* OTH
If Non-menstrual TSS, specify	TSSEPICRCASECLASSDISEASESPFY	If Non-menstrual TSS, please specify classification of TSS	FreeText		

Trichinosis

CLINICAL INFO – TRICHINOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
SIGNS AND SYMPTOMS					
Symptomatic?	TRICHNOSCLICRSIGNSXSYMPTOMATIC	Did the patient have symptoms of Trichinosis?	DropDownList	Yes No Unknown	Y N U
Onset date	TRICHNOSCLICRSIGNSXONSETDT	Onset date of clinical symptoms of Trichinosis	System Defined Field Link		
Medical care date	TRICHNOSCLICRSIGNSXSGTMEDCAREDT	Date first sought medical care for symptoms	Date (MM/DD/YYYY)		
Eosinophilia (EM)	TRICHNOSCLICRSIGNSXEM	Did patient have Eosinophilia (EM)?	DropDownList	Yes No Unknown	Y N U
Absolute number (#)	TRICHNOSCLICRSIGNSXEMABSOLUTENUM	If yes, specify absolute number (#)	FreeText		
Percentage (%)	TRICHNOSCLICRSIGNSXEMPERCENT	If yes, specify percentage (%)	FreeText		
Fever	TRICHNOSCLICRSIGNSXFEVER	Did patient have a Fever?	DropDownList	Yes No Unknown	Y N U
Highest temperature	TRICHNOSCLICRSIGNSXFEVERHIGHTEMP	If Yes, highest temperature (specify F/C)	FreeText		
Periorbital edema	TRICHNOSCLICRSIGNSXEDEMA	Did patient experience Periorbital edema?	DropDownList	Yes No Unknown	Y N U
Myalgia	TRICHNOSCLICRSIGNSXMYALGIA	Did patient experience Myalgia?	DropDownList	Yes No Unknown	Y N U
Other	TRICHNOSCLICRSIGNSXOTH	Did patient have any other symptoms or signs of Trichinosis?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	TRICHNOSCLICRSIGNSXOTHSPFY	If Yes, specify	FreeText		
HOSPITALIZATION					
Patient visit ER?	HOSPER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – TRICHINOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Was patient hospitalized?	HOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
Total hospital nights	HOSPDAYSHOSP	If Yes, how many total hospital nights?	FreeText		
HOSPITALIZATION – DETAILS					
Hospital name	HOSPDTLNAME1 HOSPDTLNAME2 HOSPDTLNAME3	Name of facility where patient was hospitalized	FreeText		
Street address	HOSPDTLADDRESS1 HOSPDTLADDRESS2 HOSPDTLADDRESS3	Street address of hospital	FreeText		
City	HOSPDTLCITY1 HOSPDTLCITY2 HOSPDTLCITY3	City where hospital located	FreeText		
State	HOSPDTLSTATE1 HOSPDTLSTATE2 HOSPDTLSTATE3	State	FreeText		
Zip code	HOSPDTLZIPCODE1 HOSPDTLZIPCODE2 HOSPDTLZIPCODE3	Zip code	FreeText		
Telephone	HOSPDTLPHONE1 HOSPDTLPHONE2 HOSPDTLPHONE3	Telephone number for hospital	FreeText		
Admit date	HOSPDTLADMITDT1 HOSPDTLADMITDT2 HOSPDTLADMITDT3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPDTLDISCHDT1 HOSPDTLDISCHDT2 HOSPDTLDISCHDT3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		
Medical record number	HOSPDTLMRN1 HOSPDTLMRN2 HOSPDTLMRN3	Medical record number for patient	FreeText		
Discharge diagnosis	HOSPDTLDISCHDX1 HOSPDTLDISCHDX2 HOSPDTLDISCHDX3	What was the patient's final diagnosis at the time of discharge?	FreeText		
OUTCOME					

CLINICAL INFO – TRICHINOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Outcome?	OUTCOMEOUTCOME	What was the clinical outcome for this case?	DropDownList	Survived Died Unknown	S D U
Survived as of	OUTCOMESURVIVEDT	If patient survived, what was the date patient was known to still be living?	Date (MM/DD/YYYY)		
Date of death	OUTCOMEDEATHDT	If patient died, what was the date of death?	System Defined Field Link		

LABORATORY INFO – TRICHINOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY RESULTS SUMMARY					
Specimen type	TRICHNOSLABCRLABRSLTSUMSPECTYPE1 TRICHNOSLABCRLABRSLTSUMSPECTYPE2 TRICHNOSLABCRLABRSLTSUMSPECTYPE3	What type of specimen was submitted for testing?	DropDownList	Serum (acute) Serum (convalescent) Muscle Other	SERAC SERCONV MUSCLE OTH
If Other, specify	TRICHNOSLABCRLABRSLTSUMSPECTYPESPFY1 TRICHNOSLABCRLABRSLTSUMSPECTYPESPFY2 TRICHNOSLABCRLABRSLTSUMSPECTYPESPFY3	If Other specimen type was submitted, please specify the type of specimen	FreeText		
Type of test	TRICHNOSLABCRLABRSLTSUMTSTTYPE1 TRICHNOSLABCRLABRSLTSUMTSTTYPE2 TRICHNOSLABCRLABRSLTSUMTSTTYPE3	Type of laboratory test performed	DropDownList	Trichinella sp serology Muscle biopsy Other	TRICHSER MUSCLE OTH
If Other, specify	TRICHNOSLABCRLABRSLTSUMTSTTYPESPFY1 TRICHNOSLABCRLABRSLTSUMTSTTYPESPFY2 TRICHNOSLABCRLABRSLTSUMTSTTYPESPFY3	If Other test, please specify	FreeText		
Collection date	TRICHNOSLABCRLABRSLTSUMCOLLECTDT1 TRICHNOSLABCRLABRSLTSUMCOLLECTDT2 TRICHNOSLABCRLABRSLTSUMCOLLECTDT3	Date lab specimen was collected	Date (MM/DD/YYYY)		
Result	TRICHNOSLABCRLABRSLTSUMRSLT1 TRICHNOSLABCRLABRSLTSUMRSLT2 TRICHNOSLABCRLABRSLTSUMRSLT3	What were the results of the laboratory testing?	FreeText		
Interpretation	TRICHNOSLABCRLABRSLTSUMINTERPRET1 TRICHNOSLABCRLABRSLTSUMINTERPRET2 TRICHNOSLABCRLABRSLTSUMINTERPRET3	What was the interpretation of the lab test?	RadioButtonList	Positive Negative Equivocal	POS NEG EQU

LABORATORY INFO – TRICHINOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Lab name	TRICHNOSLABCRLABRSLTSUMLABNAME1 TRICHNOSLABCRLABRSLTSUMLABNAME2 TRICHNOSLABCRLABRSLTSUMLABNAME3	Name of lab where testing was performed	FreeText		
Telephone	TRICHNOSLABCRLABRSLTSUMLABPHONE1 TRICHNOSLABCRLABRSLTSUMLABPHONE2 TRICHNOSLABCRLABRSLTSUMLABPHONE3	Telephone number of lab	FreeText		

EPIDEMIOLOGIC INFO – TRICHINOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
FOOD HISTORY					
Did patient eat pork?	TRICHNOSEPICRFOODHXPORK	Did patient eat pork?	DropDownList	Yes No Unknown	Y N U
Retail store / restaurant	TRICHNOSEPICRFOODHXSTORE	If yes, was the source a retail store or restaurant?	DropDownList	Yes No Unknown	Y N U
Date consumed	TRICHNOSEPICRFOODHXSTOREDT	If Yes, specify date consumed	Date (MM/DD/YYYY)		
Pork from farm-raised pig	TRICHNOSEPICRFOODHXFARM	If yes, was the source pork from farm-raised pig?	DropDownList	Yes No Unknown	Y N U
Date consumed	TRICHNOSEPICRFOODHXFARMDT	If Yes, specify date consumed	Date (MM/DD/YYYY)		
Wild pig	TRICHNOSEPICRFOODHXWILD	If yes, was the source a wild pig?	DropDownList	Yes No Unknown	Y N U
Date consumed	TRICHNOSEPICRFOODHXWILDDT	If Yes, specify date consumed	Date (MM/DD/YYYY)		
Other source	TRICHNOSEPICRFOODHXOTHSRC	Was the pork from some other source?	DropDownList	Yes No Unknown	Y N U
Specify source	TRICHNOSEPICRFOODHXOTHSRCSPFY	If yes, specify source of pork	FreeText		
Date consumed	TRICHNOSEPICRFOODHXOTHSRCDT	Specify date consumed	Date (MM/DD/YYYY)		

EPIDEMIOLOGIC INFO – TRICHINOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Eat non pork meat?	TRICHNOSEPICRFOODHXOTHMEATNP	Did the patient eat other meat (non pork)?	DropDownList	Yes No Unknown	Y N U
Bear meat	TRICHNOSEPICRFOODHXBEAR	If patient ate meat other than pork, did patient eat bear meat?	DropDownList	Yes No Unknown	Y N U
Date consumed	TRICHNOSEPICRFOODHXBEARDT	If yes, specify date consumed	Date (MM/DD/YYYY)		
Hamburger (ground meat)	TRICHNOSEPICRFOODHXHAMBURGER	If patient ate meat other than pork, did patient eat hamburger (ground meat)?	DropDownList	Yes No Unknown	Y N U
Date consumed	TRICHNOSEPICRFOODHXHAMBURGERDT	If Yes, specify date consumed	Date (MM/DD/YYYY)		
Other meat	TRICHNOSEPICRFOODHXOTHMEAT	Did the patient eat any other meat?	DropDownList	Yes No Unknown	Y N U
Specify meat	TRICHNOSEPICRFOODHXOTHMEATSPFY	If yes, specify meat eaten	FreeText		
Date consumed	TRICHNOSEPICRFOODHXOTHMEATDT	Specify date consumed	Date (MM/DD/YYYY)		
Unspecified Meat	TRICHNOSEPICRFOODHXUNSPFY	Did the patient eat any unspecified meat?	DropDownList	Yes No Unknown	Y N U
Date consumed	TRICHNOSEPICRFOODHXUNSPFYDT	If Yes, specify date consumed	Date (MM/DD/YYYY)		
Suspected food	TRICHNOSEPICRFOODHXSUSPECTMEAT	List any suspected meat and/or food items	FreeText		
Evidence of larvae?	TRICHNOSEPICRFOODHXLARVAETST	Was meat tested and evidence of larvae found?	DropDownList	Not tested Larvae identified Larvae not identified Unknown	NOTTST IDENT NOTIDENT UNK

EPIDEMIOLOGIC INFO – TRICHINOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Where was meat obtained?	TRICHNOSEPICRFOODHXMEATOBTAIN_0 TRICHNOSEPICRFOODHXMEATOBTAIN_1 TRICHNOSEPICRFOODHXMEATOBTAIN_2 TRICHNOSEPICRFOODHXMEATOBTAIN_3 TRICHNOSEPICRFOODHXMEATOBTAIN_4 TRICHNOSEPICRFOODHXMEATOBTAIN_5 TRICHNOSEPICRFOODHXMEATOBTAIN_6	Where was the suspect meat obtained?	CheckBoxList (more than one choice is possible)	Supermarket / grocery store Butcher shop Restaurant or other public eating establishment Direct from farm Hunted or trapped Unknown Other	STORE BUTCHER RESTORNT FARM HUNT UNK OTH
If Other, specify	TRICHNOSEPICRFOODHXMEATOBTAINSPFY	If Other, specify	FreeText		
Preparation after purchase	TRICHNOSEPICRFOODHXPREP_0 TRICHNOSEPICRFOODHXPREP_1 TRICHNOSEPICRFOODHXPREP_2 TRICHNOSEPICRFOODHXPREP_3 TRICHNOSEPICRFOODHXPREP_4 TRICHNOSEPICRFOODHXPREP_5 TRICHNOSEPICRFOODHXPREP_6	What preparation or further processing was done after purchase?	CheckBoxList (more than one choice is possible)	No further processing Ground (i.e., hamburger) Smoked Dried (jerky) Marinated Unknown Other	NOPROC GROUND SMOKED DRIED MARINAT UNK OTH
If Other, specify	TRICHNOSEPICRFOODHXPREPSPFY	If Other, specify	FreeText		
Method of cooking	TRICHNOSEPICRFOODHXCOOKMETHOD_0 TRICHNOSEPICRFOODHXCOOKMETHOD_1 TRICHNOSEPICRFOODHXCOOKMETHOD_2 TRICHNOSEPICRFOODHXCOOKMETHOD_3 TRICHNOSEPICRFOODHXCOOKMETHOD_4	What method of cooking was used to cook the meat?	CheckBoxList (more than one choice is possible)	Uncooked Fried Open-fire roasting / BBQ Unknown Other cooking method	UNCOOK FRY BBQ UNK OTH
If Other, specify	TRICHNOSEPICRFOODHXCOOKMETHODSPFY	If Other cooking method, specify	FreeText		
CONTACTS / OTHER ILL PERSONS					
Contacts with similar illness?	CONTOTHCONTACT	Any contacts with similar illness?	DropDownList	Yes No Unknown	Y N U
REPORTING AGENCY					
Investigator name	REPAGENCYNAME	Investigator name	FreeText		
Local health jurisdiction	REPAGENCYLHJUR	Local health jurisdiction	FreeText		

EPIDEMIOLOGIC INFO – TRICHINOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Telephone number	REPAGENCYPHONE	Telephone number	FreeText		
Date	REPAGENCYDT	Date of report	Date (MM/DD/YYYY)		
First reported by	REPAGENCYREPORTEDBY	First reported by	DropDownList	Clinician Laboratory Other	CLI LAB OTH
If Other, specify	REPAGENCYREPORTEDBYSPFY	If Other, specify	FreeText		
EPIDEMIOLOGICAL LINKAGE					
Epi-linked case	EPILINKKNOWNCASE	Epi-Linked to known case of Trichinosis?	DropDownList	Yes No Unknown	Y N U
Contact name / Case #	EPILINKCONTNAMECASENUM	Contact name / Case #	FreeText		

Tuberculosis

CLINICAL INFO – TUBERCULOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Active Disease	TBCLINICALSTATUSACTIVE	Active Disease	DropDownList	Confirmed	C
				Suspected	S
Infected, No Disease	TBCLINICALSTATUSINFECTED	Infected, No Disease	DropDownList	Convertor	C
				Reactor	R
Site(s)	TBCLINICALSTATUSSITE	Site(s) of disease	DropDownList	Pulmonary	P
				Extrapulmonary	E
				Both	B
Specific Site	TBCLINICALSTATUSExtPulSite	Specific Site of Extrapulmonary Disease	FreeText		
Date Placed	TBCLINICALTBCLINICALTESTSTSTDATE_1 TBCLINICALTBCLINICALTESTSTSTDATE_2 TBCLINICALTBCLINICALTESTSTSTDATE_3	Mantoux TB Skin Test – Date Placed	Date (MM/DD/YYYY)		
Date Collected	TBCLINICALTBCLINICALTESTSIGRADATE_1 TBCLINICALTBCLINICALTESTSIGRADATE_2 TBCLINICALTBCLINICALTESTSIGRADATE_3	IGRA/Serum Test – Date Collected	Date (MM/DD/YYYY)		
Results (mm)	TBCLINICALTBCLINICALTESTSTSTMM_1 TBCLINICALTBCLINICALTESTSTSTMM_2 TBCLINICALTBCLINICALTESTSTSTMM_3	Mantoux TB Skin Test - Results (mm)	FreeText		
IGRA Result	TBCLINICALTBCLINICALTESTSIGRARSLT_1 TBCLINICALTBCLINICALTESTSIGRARSLT_2 TBCLINICALTBCLINICALTESTSIGRARSLT_3	IGRA Result	DropDownList	Positive	POS
				Negative	NEG
				Indeterminate	IND
				Not Done	NOT
				Unknown	UNK
TB Skin Test Result	TBCLINICALTBCLINICALTESTSTSTRSLT_1 TBCLINICALTBCLINICALTESTSTSTRSLT_2 TBCLINICALTBCLINICALTESTSTSTRSLT_3	TB Skin Test Result	DropDownList	Positive	POS
				Negative	NEG
				Not Done	NOT
				Pending	PEN
				Not Read	NR
Date Performed	TBCLINICALTBCLINICALTESTSCXRDATE_1 TBCLINICALTBCLINICALTESTSCXRDATE_2 TBCLINICALTBCLINICALTESTSCXRDATE_3	Chest X-Ray – Date Performed	Date (MM/DD/YYYY)		The value for this variable is not included in the DDP export
Chest X-Ray Result	TBCLINICALTBCLINICALTESTSCXRRSLT_1 TBCLINICALTBCLINICALTESTSCXRRSLT_2 TBCLINICALTBCLINICALTESTSCXRRSLT_3	Chest X-Ray Result	DropDownList		The value for this variable is not included in the DDP export

CLINICAL INFO – TUBERCULOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Imaging Type	TBCLINICALCXrImgType_1 TBCLINICALCXrImgType_2 TBCLINICALCXrImgType_3	Chest Imaging Type	DropDownList	CXR	CXR
				CT Scan	CTS
				Other	OTH
Imaging Result	TBCLINICALCXrImgRslt_1 TBCLINICALCXrImgRslt_2 TBCLINICALCXrImgRslt_3	Chest Imaging Result	DropDownList	(1) Normal	1
				(2) Abnormal, cavitary	2
				(3) Abnormal, non-cavitary consistent with TB	3
				(4) Abnormal, non-cavitary not consistent with TB	4
				(5) Pending	5
Imaging Date	TBCLINICALCXrImgDt_1 TBCLINICALCXrImgDt_2 TBCLINICALCXrImgDt_3	Chest Imaging Date Performed	Date (MM/DD/YYYY)		
Accession Number	TBCLINICALBACTERIOLOGYAccsnNo_1 TBCLINICALBACTERIOLOGYAccsnNo_2 TBCLINICALBACTERIOLOGYAccsnNo_3	Bacteriology – Accession Number	FreeText		
Date Specimen Collected (Bacteriology)	TBCLINICALTBCLINICALBACTERIOLOGYBACTDATE_1 TBCLINICALTBCLINICALBACTERIOLOGYBACTDATE_2 TBCLINICALTBCLINICALBACTERIOLOGYBACTDATE_3	Bacteriology – Date Specimen Collected	Date (MM/DD/YYYY)		
Date Specimen Collected (NAA/PCR)	TBCLINICALTBCLINICALBACTERIOLOGYNAAPCRDATE_1 TBCLINICALTBCLINICALBACTERIOLOGYNAAPCRDATE_2 TBCLINICALTBCLINICALBACTERIOLOGYNAAPCRDATE_3	NAA/PCR - Date Specimen Collected	Date (MM/DD/YYYY)		
Source (Bacteriology)	TBCLINICALTBCLINICALBACTERIOLOGYBACTSOURCE_1 TBCLINICALTBCLINICALBACTERIOLOGYBACTSOURCE_2 TBCLINICALTBCLINICALBACTERIOLOGYBACTSOURCE_3	Bacteriology – Source	FreeText		
Specify NAA/PCR Test Type	TBCLINICALTBCLINICALBACTERIOLOGYNAAPCRTYPE_1 TBCLINICALTBCLINICALBACTERIOLOGYNAAPCRTYPE_2 TBCLINICALTBCLINICALBACTERIOLOGYNAAPCRTYPE_3	Specify NAA/PCR Test Type	FreeText		
Smear Result	TBCLINICALTBCLINICALBACTERIOLOGYSMEARRSLT_1 TBCLINICALTBCLINICALBACTERIOLOGYSMEARRSLT_2 TBCLINICALTBCLINICALBACTERIOLOGYSMEARRSLT_3	Bacteriology – Smear Result	DropDownList	Positive	POS
				Negative	NEG
				Not Done	NOT
				Pending	PEN

CLINICAL INFO – TUBERCULOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Source (NAA/PCR)	TBCLINICALTBCLINICALBACTERIOLOGYNAAPCRSOURCE_1 TBCLINICALTBCLINICALBACTERIOLOGYNAAPCRSOURCE_2 TBCLINICALTBCLINICALBACTERIOLOGYNAAPCRSOURCE_3	NAA/PCR – Source	FreeText		
Culture Result	TBCLINICALTBCLINICALBACTERIOLOGYCULTURERSLT_1 TBCLINICALTBCLINICALBACTERIOLOGYCULTURERSLT_2 TBCLINICALTBCLINICALBACTERIOLOGYCULTURERSLT_3	Bacteriology – Culture Result	DropDownList	Positive Negative Not Done Pending	POS NEG NOT PEN
NAA/PCR Result	TBCLINICALTBCLINICALBACTERIOLOGYNAAPCRRSLT_1 TBCLINICALTBCLINICALBACTERIOLOGYNAAPCRRSLT_2 TBCLINICALTBCLINICALBACTERIOLOGYNAAPCRRSLT_3	NAA/PCR Result	DropDownList	Positive Negative Indeterminate Not Done Unknown	POS NEG IND NOT UNK
Other Tests	TBCLINICALTBCLINICALBACTERIOLOGYOTHERTEST_1 TBCLINICALTBCLINICALBACTERIOLOGYOTHERTEST_2 TBCLINICALTBCLINICALBACTERIOLOGYOTHERTEST_3	Other Tests	Text Box		
Current Treatment	TBCLINICALTBCLINICALTREATMENTCURRENT_INH TBCLINICALTBCLINICALTREATMENTCURRENT_RIF TBCLINICALTBCLINICALTREATMENTCURRENT_PZA TBCLINICALTBCLINICALTREATMENTCURRENT_EMB	Current Tuberculosis Treatment	Checkbox List (more than one selection is possible)	INH RIF PZA EMB	INH RIF PZA EMB
Date Treatment Initiated	TBCLINICALTBCLINICALTREATMENTDATE	Date Treatment Initiated	Date (MM/DD/YYYY)		
INH Start Date	TBCLINICALTREATMENTINHStDt	INH Start Date	Date (MM/DD/YYYY)		
INH End Date	TBCLINICALTREATMENTINHEndDt	INH End Date	Date (MM/DD/YYYY)		
RIF Start Date	TBCLINICALTREATMENTRIFStDt	RIF Start Date	Date (MM/DD/YYYY)		

CLINICAL INFO – TUBERCULOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
RIF End Date	TBCLINICALTREATMENTRIFEndDt	RIF End Date	Date (MM/DD/YYYY)		
PZA Start Date	TBCLINICALTREATMENTPZAStDt	PZA Start Date	Date (MM/DD/YYYY)		
PZA End Date	TBCLINICALTREATMENTPZAEndDt	PZA End Date	Date (MM/DD/YYYY)		
EMB Start Date	TBCLINICALTREATMENTEMBStDt	EMB Start Date	Date (MM/DD/YYYY)		
EMB End Date	TBCLINICALTREATMENTEMBEndDt	EMB End Date	Date (MM/DD/YYYY)		
1 – Other Drug	TBCLINICALTBCLINICALTREATMENTOTHERDRG1	1 – Other Drug	FreeText		
2 – Other Drug	TBCLINICALTBCLINICALTREATMENTOTHERDRG2	2 – Other Drug	FreeText		
3 – Other Drug	TBCLINICALTBCLINICALTREATMENTOTHERDRG3	3 – Other Drug	FreeText		
1 – Other Drug Start Date	TBCLINICALTREATMENTOth1StDt	1 – Other Drug Start Date	Date (MM/DD/YYYY)		
1 – Other Drug End Date	TBCLINICALTREATMENTOth1EndDt	1 – Other Drug End Date	Date (MM/DD/YYYY)		
2 – Other Drug Start Date	TBCLINICALTREATMENTOth2StDt	2 – Other Drug Start Date	Date (MM/DD/YYYY)		
2 – Other Drug End Date	TBCLINICALTREATMENTOth2EndDt	2 – Other Drug End Date	Date (MM/DD/YYYY)		
3 – Other Drug Start Date	TBCLINICALTREATMENTOth3StDt	3 – Other Drug Start Date	Date (MM/DD/YYYY)		

CLINICAL INFO – TUBERCULOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
3 – Other Drug End Date	TBCLINICALTREATMENTOth3EndDt	3 – Other Drug End Date	Date (MM/DD/YYYY)		
Drug Treatment Notes	TBCLINICALTREATMENTDrugTxNote	Drug Treatment Notes	Text Box		
Drug Resistance Suspected	TBCLINICALTBCLINICALTREATMENTRESISTANCE_RESISTANCE	Drug Resistance Suspected	CheckBox	Drug Resistance Suspected	RESISTANCE
Treatment reasons	TBCLINICALTBCLINICALTREATMENTREASONS_WILLTREAT TBCLINICALTBCLINICALTREATMENTREASONS_NOCONTACT TBCLINICALTBCLINICALTREATMENTREASONS_REFUSED TBCLINICALTBCLINICALTREATMENTREASONS_OTHER	Will Treat Unable to Contact Patient Refused Treatment Other	CheckBoxList (more than one selection is possible)	Will Treat	WILLTREAT
				Unable to Contact Patient	NOCONTACT
				Refused Treatment	REFUSED
				Other	OTHER
Untreated	TBCLINICALTBCLINICALTREATMENTUNTREATED_UNTREATED	Untreated	CheckBox	Untreated	UNTREATED
Referred to	TBCLINICALTBCLINICALTREATMENTREFERRED		FreeText		
Drug resistance	TBCLINICALDrgResDrg_INH TBCLINICALDrgResDrg_RIF TBCLINICALDrgResDrg_PZA TBCLINICALDrgResDrg_EMB	INH resistant RIF resistant PZA resistant EMB resistant	CheckBoxList (more than one selection is possible)	INH	INH
				RIF	RIF
				PZA	PZA
				EMB	EMB
Drug Resistance Notes	TBCLINICALDrgResDrgNotes	Drug Resistance Notes	FreeText		
Primary Provider Name	TBCLINICALProvContPName	Primary Provider Name	FreeText		
Primary Provider Phone	TBCLINICALProvContPPhone	Primary Provider Phone Number	FreeText		
Primary Provider Facility	TBCLINICALProvContPFacName	Primary Provider Facility Name	FreeText		
Primary Provider Address	TBCLINICALProvContPAddr	Primary Provider Address	FreeText		
Other Provider Type	TBCLINICALOthProvContType_1 TBCLINICALOthProvContType_2 TBCLINICALOthProvContType_3	Other Provider Type	FreeText		
Other Provider Name	TBCLINICALOthProvContName_1 TBCLINICALOthProvContName_2 TBCLINICALOthProvContName_3	Other Provider Name	FreeText		

CLINICAL INFO – TUBERCULOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Other Provider Phone	TBCLINICALOthProvContPhone_1 TBCLINICALOthProvContPhone_2 TBCLINICALOthProvContPhone_3	Other Provider Phone Number	FreeText		
Other Provider Facility	TBCLINICALOthProvContFacName_1 TBCLINICALOthProvContFacName_2 TBCLINICALOthProvContFacName_3	Other Provider Facility Name	FreeText		
Other Provider Address	TBCLINICALOthProvContAddr_1 TBCLINICALOthProvContAddr_2 TBCLINICALOthProvContAddr_3	Other Provider Address	FreeText		
Notes/Remarks	TBCLINICALNotesRemarks	Notes/Remarks	Text Box		

EPIDEMIOLOGICAL INFO – TUBERCULOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Case/Suspect out of Jurisdiction	TBEPICRSUSPINFOOUTJUR	Case/Suspect out of Jurisdiction	DropDownList	Yes	Y
				No	N
If Yes, jurisdiction	TBEPICRSUSPINFOJUR	If Yes, jurisdiction	DropDownList	See Appendix C	See Appendix C
Initial interview date	TBEPICRSUSPINFOINITINTERDT	Initial interview date	Date (MM/DD/YYYY)		
Interviewer name	TBEPICRSUSPINFOINTERNAME	Interviewer name	FreeText		
Follow-up interview date 1	TBEPICRSUSPINFOFOLOWINTERDT1	Follow-up interview date 1	Date (MM/DD/YYYY)		
Follow-up interview date 2	TBEPICRSUSPINFOFOLOWINTERDT2	Follow-up interview date 2	Date (MM/DD/YYYY)		
Follow-up interview date 3	TBEPICRSUSPINFOFOLOWINTERDT3	Follow-up interview date 3	Date (MM/DD/YYYY)		
RVCT number	TBEPICRSUSPINFOREGNUM	State TB registry (RVCT) number	FreeText		
Patient number	TBEPICRSUSPINFOPTNUM	Patient number	FreeText		

EPIDEMIOLOGICAL INFO – TUBERCULOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Initial ATS/TB classification	TBEPICRSUSPINFOINITCLASS	Initial ATS/TB classification	DropDownList	TB 3	TB3
				TB 5	TB5
Why CI discontinued	TBEPICRSUSPINFOCISPFY	If the CI was discontinued or not initiated, specify why	DropDownList	1. TB Controller	TBCONT
				2. Not TB	NOTTB
Date discontinued	TBEPICRSUSPINFOCISPFYDT	Date of decision to discontinue/not initiate CI	Date (MM/DD/YYYY)		
Sputum smear status	TBEPICRSUSPINFOSmear	Sputum smear status	DropDownList	Positive	POS
				Negative	NEG
				Not Done	NOT
				Unknown	UNK
Drug resistance	TBEPICRSUSPINFODrugResis_INH TBEPICRSUSPINFODrugResis_RIF TBEPICRSUSPINFODrugResis_PZA TBEPICRSUSPINFODrugResis_EMB	Drug resistance (Check all that apply)	CheckBoxList (more than one selection is possible)	INH	INH
				RIF	RIF
				PZA	PAZ
				EMB	EMB
Final ATS/TB classification	TBEPICRSUSPINFOFINCLASS	Final ATS/TB classification	DropDownList	TB 0	TB0
				TB 2	TB2
				TB 3	TB3
				TB 4	TB4
Primary language	TBEPICRSUSPINFOPTLANG	What is the patient's primary language?	DropDownList		
Interview language	TBEPICRSUSPINFOINTERLANG	What language was used to conduct the case interview?	DropDownList	See Appendix B	See Appendix B
Contacts out of jurisdiction?	TBEPICRSUSPINFOCONTOUTJUR	Contacts out of jurisdiction?	DropDownList	Yes	Y
				No	N
If Yes, specify	TBEPICRSUSPINFOSPFYCONTOUTJUR	If Yes, specify jurisdiction(s)	DropDownList		
Infectious Period: From	TBEPICRSUSPINFODTINFECFROM	Infectious Period: From	Date (MM/DD/YYYY)		
Infectious Period: To	TBEPICRSUSPINFODTINFECTO	Infectious Period: To	Date (MM/DD/YYYY)		
Location	TBEPICRINFECTPERIODLOC_1 TBEPICRINFECTPERIODLOC_2 TBEPICRINFECTPERIODLOC_3	Location	FreeText		

EPIDEMIOLOGICAL INFO – TUBERCULOSIS					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Type of location	TBEPICRINFECTPERIODLOCTYP_1 TBEPICRINFECTPERIODLOCTYP_2 TBEPICRINFECTPERIODLOCTYP_3	Type of location	DropDownList	See Appendix Q	See Appendix Q
Date first in location	TBEPICRINFECTPERIODDTINFECFRSTLOC_1 TBEPICRINFECTPERIODDTINFECFRSTLOC_2 TBEPICRINFECTPERIODDTINFECFRSTLOC_3	Date the infectious case first spent time in the location	Date (MM/DD/YYYY)		
Date last in location	TBEPICRINFECTPERIODDTINFECLASTLOC_1 TBEPICRINFECTPERIODDTINFECLASTLOC_2 TBEPICRINFECTPERIODDTINFECLASTLOC_3	Date the infectious case last spent time in the location	Date (MM/DD/YYYY)		

Tuberculosis - Report of Verified Case of Tuberculosis (RVCT) / FU1 / FU2

REPORT OF VERIFIED CASE OF TUBERCULOSIS (RVCT) - TUBERCULOSIS (CLINICALLY ACTIVE-TB3) / TUBERCULOSIS (EXPOSURE/NO EVIDENCE OF INFECTION-TB1) / TUBERCULOSIS (INFECTION / NO DISEASE LTBI-TB2) / TUBERCULOSIS (NO EXPOSURE / NOT INFECTED- TB0) / TUBERCULOSIS (NOT CLINICALLY ACTIVE-TB4) / TUBERCULOSIS (SUSPECT-TB5) / TUBERCULOSIS (TB0-TB5)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Patient Name	FirstName1 LastName1	Patient name (last) (first) (middle)	FreeText		
Address	Address1	Address	FreeText		
City	Address_City	City	FreeText		
State	State1	State	FreeText		
ZIP Code	Address_ZipCode	ZIP code	FreeText		
Date Reported	ReportDate	1. Date Reported	FreeText		
Date Submitted	DateSubm	2. Date Submitted	FreeText		
State #: Year Reported	StCaseYr	3. Case Numbers State case number – **Year Reported (YYYY)**	FreeText		
State #: State Code	StCaseSt	3. Case Numbers State case number – **State Code**	DropDownList	See Appendix J	See Appendix J
State #: Local ID Number	StCaseNo	3. Case Numbers State case number – **Locally Assigned Identification Number**	FreeText		
City/County #: Year Reported	LOCASEYR	3. Case Numbers City/County case number – **Year Reported (YYYY)**	FreeText		
City/County #: State Code	LOCaseSt	3. Case Numbers City/County case number – **State Code**	DropDownList	See Appendix J	See Appendix J
City/County #: Local ID Number	LOCASENO	3. Case Numbers City/County case number – **Locally Assigned Identification Number**	FreeText		
Linking State #1: Year Reported	LKCaseYr	3. Case Numbers Linking State case number 1 – **Year Reported (YYYY)**	FreeText		
Linking State #1: State Code	LKCaseSt	3. Case Numbers Linking State case number 1 – **State Code**	DropDownList	See Appendix J	See Appendix J

REPORT OF VERIFIED CASE OF TUBERCULOSIS (RVCT) - TUBERCULOSIS (CLINICALLY ACTIVE-TB3) / TUBERCULOSIS (EXPOSURE/NO EVIDENCE OF INFECTION-TB1) / TUBERCULOSIS (INFECTION / NO DISEASE LTBI-TB2) / TUBERCULOSIS (NO EXPOSURE / NOT INFECTED- TB0) / TUBERCULOSIS (NOT CLINICALLY ACTIVE-TB4) / TUBERCULOSIS (SUSPECT-TB5) / TUBERCULOSIS (TB0-TB5)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Linking State #1: Local ID Number	LKCaseNo	3. Case Numbers Linking State case number 1 – **Locally Assigned Identification Number**	FreeText		
Linking State #1: Reason	LKCaseRs	3. Case Numbers Linking State case number 1 – **Reason**	DropDownList	Recurrence or previous diagnosis of TB Epidemiogically linked case Case transferred from another area	1-Recurrence or previous diagnosis of TB 2-Epidemiogically linked case 3-Case transferred from another area
Linking State #2: Year Reported	LK2Caseyr	3. Case Numbers Linking State case number 2 – **Year Reported (YYYY)**	FreeText		
Linking State #2: State Code	LK2CaseSt	3. Case Numbers Linking State case number 2 – **State Code**	DropDownList	See Appendix J	See Appendix J
Linking State #2: Local ID Number	LK2CaseNo	3. Case Numbers Linking State case number 2 – **Locally Assigned Identification Number**	FreeText		
Linking State #2: Reason	LK2CaseRs	3. Case Numbers Linking State case number 2 – **Reason**	DropDownList	Recurrence or previous diagnosis of TB Epidemiogically linked case Case transferred from another area	1-Recurrence or previous diagnosis of TB 2-Epidemiogically linked case 3-Case transferred from another area
Case Counting: City	City1	4. Reporting address for TB case counting: **City**	FreeText		
Case Counting: Within City Limits	CityLimits	4. Reporting address for TB case counting: **Within City Limits *(select one)***	CheckBox	Yes No	1 2
Case Counting: County	County	4. Reporting address for TB case counting: **County**	DropDownList	See Appendix C	See Appendix C
Case Counting: ZIP Code	Zipcode	4.Reporting address for TB case counting: **ZIP CODE**	FreeText		

REPORT OF VERIFIED CASE OF TUBERCULOSIS (RVCT) - TUBERCULOSIS (CLINICALLY ACTIVE-TB3) / TUBERCULOSIS (EXPOSURE/NO EVIDENCE OF INFECTION-TB1) / TUBERCULOSIS (INFECTION / NO DISEASE LTBI-TB2) / TUBERCULOSIS (NO EXPOSURE / NOT INFECTED- TB0) / TUBERCULOSIS (NOT CLINICALLY ACTIVE-TB4) / TUBERCULOSIS (SUSPECT-TB5) / TUBERCULOSIS (TB0-TB5)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Count Status	CountStatus	5. TB Count Status *(select one)* **Countable TB Case / Noncountable TB Case**	CheckBox	Count as TB Case (unchecked) Count as TB Case (checked) Verified Case: Counted by another US area Verified Case: TB treatement initiated in another country Verified Case: Recurrent TB w/in 12 months after completion of therapy	0 1 2 3 4
Noncountable TB: Specify Country	CSTATUSCOUNTRY	5. Noncountable TB Case: **Specify other country where TB treatment initiated**	DropDownList	See Appendix D	See Appendix D
Date Counted	CountDate	6. Date TB case Counted	FreeText		
Previous Diagnosis of TB Disease	PREVTB	7. Previous Diagnosis of TB Disease	CheckBox	Yes No	1 2
Year of diagnosis	PREVYEAR	7. Year of previous TB disease diagnosis of	FreeText		
Date of Birth	BirthDate	8. Date of Birth	FreeText		
Sex at Birth	Sex1	9. Sex at Birth	CheckBox	Male Female	1 2
Ethnicity	Ethnic	10. Ethnicity	CheckBox	Hispanic or Latino Not Hispanic or Latino	1 2
American Indian or Alaska Native	AMIND	11. Race: **American Indian or Alaska Native**	CheckBox	Unchecked Checked	0 1
Asian	Asian	11. Race: **Asian**	CheckBox	Unchecked Checked	0 1

REPORT OF VERIFIED CASE OF TUBERCULOSIS (RVCT) - TUBERCULOSIS (CLINICALLY ACTIVE-TB3) / TUBERCULOSIS (EXPOSURE/NO EVIDENCE OF INFECTION-TB1) / TUBERCULOSIS (INFECTION / NO DISEASE LTBI-TB2) / TUBERCULOSIS (NO EXPOSURE / NOT INFECTED- TB0) / TUBERCULOSIS (NOT CLINICALLY ACTIVE-TB4) / TUBERCULOSIS (SUSPECT-TB5) / TUBERCULOSIS (TB0-TB5)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Asian (specify)	AsianExt	11. Race: **Asian (specify)**	DropDownList	Bangladeshi	Bangladeshi
				Bhutanese	Bhutanese
				Burmese	Burmese
				Cambodian	Cambodian
				Chinese	Chinese
				Filipino	Filipino
				Hmong	Hmong
				Indian	Indian
				Indonesian	Indonesian
				Iwo Jiman	Iwo Jiman
				Japanese	Japanese
				Korean	Korean
				Laotian	Laotian
				Madagascar	Madagascar
				Malaysian	Malaysian
				Nepalese	Nepalese
				Okinawan	Okinawan
				Pakistani	Pakistani
				Singaporean	Singaporean
				Sri Lankan	Sri Lankan
				Taiwanese	Taiwanese
				Thai	Thai
				Vietnamese	Vietnamese
Black or African American	Black	11. Race: **Black or African American**		Unchecked Checked	0 1
Native Hawaiian or other Pacific Islander	NAHAW	11. Race: **Native Hawaiian or other Pacific Islander**	CheckBox	Unchecked Checked	0 1

REPORT OF VERIFIED CASE OF TUBERCULOSIS (RVCT) - TUBERCULOSIS (CLINICALLY ACTIVE-TB3) / TUBERCULOSIS (EXPOSURE/NO EVIDENCE OF INFECTION-TB1) / TUBERCULOSIS (INFECTION / NO DISEASE LTBI-TB2) / TUBERCULOSIS (NO EXPOSURE / NOT INFECTED- TB0) / TUBERCULOSIS (NOT CLINICALLY ACTIVE-TB4) / TUBERCULOSIS (SUSPECT-TB5) / TUBERCULOSIS (TB0-TB5)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Native Hawaiian or other Pacific Islander (specify)	NAHAWEXT	11. Race: **Native Hawaiian or other Pacific Islander (specify)**	DropDownList	Carolinian	Carolinian
				Chamorro	Chamorro
				Chuukese	Chuukese
				Fijian	Fijian
				Guamanian	Guamanian
				Kirabati	Kirabati
				Kosraean	Kosraean
				Mariana Islander	Mariana Islander
				Marshallese	Marshallese
				Melanesian	Melanesian
				Micronesian	Micronesian
				Native Hawaiian	Native Hawaiian
				New Hebrides	New Hebrides
				Other/Unknown	Other/Unknown
				Palawan	Palawan
				Papua New Guinea	Papua New Guinea
				Pohnpeian	Pohnpeian
				Polynesian	Polynesian
				Saipanese	Saipanese
				Samoan	Samoan
				Soloman Islander	Soloman Islander
				Tahitian	Tahitian
				Tokelauan	Tokelauan
				Tongan	Tongan
				Yapese	Yapese
White	White	11. Race: **White**	CheckBox	Unchecked Checked	0 1
Country of Birth	USBorn	12. Country of Birth: **"U.S-born" (or born abroad to a parent who was a U.S. citizen)**	CheckBox	No Yes	0 1
Specify Country of Birth	BirthCountry	12. Country of Birth: **Specify**	DropDownList	See Appendix D	See Appendix D
Arrived in U.S.: Month	DATEENTEREDUS	13. Month/year arrived in U.S: **Month/Year**	FreeText		
Country of Birth: Guardian 1	BirthCountryGuardian1	14. Pediatric TB Patients (< 15 years old) Country of Birth for Primary Guardian(s): **Guardian 1**	DropDownList	See Appendix D	See Appendix D

REPORT OF VERIFIED CASE OF TUBERCULOSIS (RVCT) - TUBERCULOSIS (CLINICALLY ACTIVE-TB3) / TUBERCULOSIS (EXPOSURE/NO EVIDENCE OF INFECTION-TB1) / TUBERCULOSIS (INFECTION / NO DISEASE LTBI-TB2) / TUBERCULOSIS (NO EXPOSURE / NOT INFECTED- TB0) / TUBERCULOSIS (NOT CLINICALLY ACTIVE-TB4) / TUBERCULOSIS (SUSPECT-TB5) / TUBERCULOSIS (TB0-TB5)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Country of Birth: Guardian 2	BirthCountryGuardian2	14. Pediatric TB Patients (< 15 years old) Country of Birth for Primary Guardian(s): **Guardian 2**	DropDownList	See Appendix D	See Appendix D
Patient lived outside U.S. for >2 months	TwoMonthsOutsideUS	14. Pediatric TB Patients (< 15 years old): **Patient lived Outside U.S. for >2 months**	CheckBox	No Yes Unknown	0 1 9
Specify Countries	CountriesLivedIn	14. Pediatric TB Patients (< 15 years old): **If YES lived outside US for >2 months, list countries, *Specify***	DropDownList	See Appendix D	See Appendix D
Status at diagnosis of TB	DIAGSTATUS	15. Status at diagnosis of TB	CheckBox	Alive Dead ~~neither Alive/Dead checked~~	1 2 ~~9~~
Date of death	DateOfDeath	15. Status at diagnosis of TB: **If DEAD, enter date of death**	FreeText		
Death related to TB disease	TBCauseOfDeath	15. Status at diagnosis of TB: **If DEAD, was death related to TB disease?**	CheckBox	No Yes Unknown	0 1 9
Pulmonary	Pulmonary	16. Site of TB Disease: **Pulmonary**	CheckBox	Unchecked Checked	0 1
Pleural	Pleural	16. Site of TB Disease: **Pleural**	CheckBox	Unchecked Checked	0 1
Cervical	Cervical	16. Site of TB Disease: **Lymphatic: Cervical**	CheckBox	Unchecked Checked	0 1
Intrathoracic	Intrathoracic	16. Site of TB Disease: **Lymphatic: Intrathoracic**	CheckBox	Unchecked Checked	0 1
Axillary	Axillary	16. Site of TB Disease: **Lymphatic: Axillary**	CheckBox	Unchecked Checked	0 1
Lymphatic: Other	LymphOther	16. Site of TB Disease: **Lymphatic: Other**	CheckBox	Unchecked Checked	0 1
Laryngeal	Laryngeal	16. Site of TB Disease: **Laryngeal**	CheckBox	Unchecked Checked	0 1
Bone and/or Joint	Bone	16. Site of TB Disease: **Bone and/or Joint**	CheckBox	Unchecked Checked	0 1
Genitourinary	Genitourinary	16. Site of TB Disease: **Genitourinary**	CheckBox	Unchecked Checked	0 1

REPORT OF VERIFIED CASE OF TUBERCULOSIS (RVCT) - TUBERCULOSIS (CLINICALLY ACTIVE-TB3) / TUBERCULOSIS (EXPOSURE/NO EVIDENCE OF INFECTION-TB1) / TUBERCULOSIS (INFECTION / NO DISEASE LTBI-TB2) / TUBERCULOSIS (NO EXPOSURE / NOT INFECTED- TB0) / TUBERCULOSIS (NOT CLINICALLY ACTIVE-TB4) / TUBERCULOSIS (SUSPECT-TB5) / TUBERCULOSIS (TB0-TB5)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Meningeal	Meningeal	16. Site of TB Disease: **Meningeal**	CheckBox	Unchecked Checked	0 1
Peritoneal	Peritoneal	16. Site of TB Disease: **Peritoneal**	CheckBox	Unchecked Checked	0 1
Site not stated	SiteNotStated	16. Site of TB Disease: **Site not stated**	CheckBox	Unchecked Checked	0 1
Unknown	LymphUnknown	16. Site of TB Disease: **Lymphatic: Unknown**	CheckBox	Unchecked Checked	0 1
Other site	SiteOther	16. Site of TB Disease: **Other**	CheckBox	Unchecked Checked	0 1
Anatomic Codes	OtherSite OtherSite2 OtherSite3	16. Site of TB Disease: **Other: Anatomic Code(s)** ***(see list)***	DropDownList	See Appendix P	See Appendix P
Sputum Smear	SPSMEAR	17. Sputum Smear results	CheckBox	Postive Negative Not done Unknown	1 2 3 9
Smear: Date Collected	SPSMEARDate	17. Sputum Smear: **Date Collected**	FreeText		
Sputum Culture	SPCULTURE	17. Sputum Culture results	CheckBox	Postive Negative Not done Unknown	1 2 3 9
Culture: Date Collected	SPCULTURECollected	18. Sputum Culture: **Date Collected**	FreeText		
Culture: Date Result Reported	SPCULTUREReported	18. Sputum Culture: **Date Result Reported**	FreeText		
Culture: Reporting Laboratory	SPCULTURELab	18. Sputum Culture: **Reporting Laboratory Type**	CheckBox	Public Health Laboratory Commerical Laboratory Other	1 2 3
Tissue and Other Body Fluids	SMEARPATH	19. Smear/Pathology/Cytology of Tissue and Other Body Fluids results	CheckBox	Postive Negative Not done Unknown	1 2 3 9
Smear/Path/Cyto: Date Collected	SMEARPATHCollected	19. Smear/Pathology/Cytology of Tissue and Other Body Fluids: **Date Collected**	FreeText		

REPORT OF VERIFIED CASE OF TUBERCULOSIS (RVCT) - TUBERCULOSIS (CLINICALLY ACTIVE-TB3) / TUBERCULOSIS (EXPOSURE/NO EVIDENCE OF INFECTION-TB1) / TUBERCULOSIS (INFECTION / NO DISEASE LTBI-TB2) / TUBERCULOSIS (NO EXPOSURE / NOT INFECTED- TB0) / TUBERCULOSIS (NOT CLINICALLY ACTIVE-TB4) / TUBERCULOSIS (SUSPECT-TB5) / TUBERCULOSIS (TB0-TB5)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Smear/Path/Cyto: Anatomic Code	SMEARPATHANAT	19. Smear/Pathology/Cytology of Tissue and Other Body Fluids: **Enter anatomic code (see list)**	DropDownList	See Appendix P	See Appendix P
Type of Exam-Smear	EXAMSMEAR	19. Smear/Pathology/Cytology of Tissue and Other Body Fluids: Type of Exam - **Smear**	CheckBox	Unchecked Checked	0 1
Type of Exam-Pathology/Cytology	EXAMPATH	19. Smear/Pathology/Cytology of Tissue and Other Body Fluids: Type of Exam - **Pathology/Cytology**	CheckBox	Unchecked Checked	0 1
Culture of Tissue and Other Body Fluids	CULTOTHER	20. Culture of Tissue and Other Body Fluids results	CheckBox	Postive Negative Not done Unknown	1 2 3 9
Tissue Culture: Date Collected	CultothDateCollected	20. Culture of Tissue and Other Body Fluids: **Date Collected**	FreeText		
Tissue Culture: Anatomic Code	CULTANAT1	20. Culture of Tissue and Other Body Fluids: **Enter anatomic code (see list)**	DropDownList	See Appendix P	See Appendix P
Tissue Culture: Date Result Reported	CultothDateResult	20. Culture of Tissue and Other Body Fluids: **Date Result Reported**	FreeText		
Tissue Culture: Reporting Laboratory	CultothLab	20. Culture of Tissue and Other Body Fluids: **Reporting Laboratory Type (select one)**	CheckBox	Public Health Laboratory Commerical Laboratory Other	1 2 3
Nucleic Acid Amplification Test Result	NAA	21. Nucleic Acid Amplification Test Result	CheckBox	Postive Negative Not done Indeterminate Unknown	1 2 3 4 9
NAA: Date Collected	NAADateCollected	21. Nucleic Acid Amplification Test Result: **Date Collected**	FreeText		
NAA: Date Result Reported	NAADateResultReported	21. Nucleic Acid Amplification Test Result: **Date Result Reported**	FreeText		
NAA: Specimen type	NAASpecimenTypeSputum	21. Nucleic Acid Amplification Test Result: **Enter specimen type - Sputum**	CheckBox	Unchecked Checked	0 1
NAA: Anatomic Code	NAACode	21. Nucleic Acid Amplification Test Result: **If not Sputum, enter anatomic code (see list)**	DropDownList	See Appendix P	See Appendix P

REPORT OF VERIFIED CASE OF TUBERCULOSIS (RVCT) - TUBERCULOSIS (CLINICALLY ACTIVE-TB3) / TUBERCULOSIS (EXPOSURE/NO EVIDENCE OF INFECTION-TB1) / TUBERCULOSIS (INFECTION / NO DISEASE LTBI-TB2) / TUBERCULOSIS (NO EXPOSURE / NOT INFECTED- TB0) / TUBERCULOSIS (NOT CLINICALLY ACTIVE-TB4) / TUBERCULOSIS (SUSPECT-TB5) / TUBERCULOSIS (TB0-TB5)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
NAA: Reporting Laboratory	NAALab	21. Nucleic Acid Amplification Test Result: **Reporting Laboratory Type**	CheckBox	Public Health Laboratory Commerical Laboratory Other	1 2 3
Initial Chest Radiograph	CXR	22A. Initial Chest Radiograph	CheckBox	Normal Abnormal *(consistent with TB) Not done Unknown	1 2 3 9
Radiograph: Evidence of a Cavity	CXRAbnormal	22A. Initial Chest Radiograph: For ABNORMAL Initial Chest Radiograph-**Evidence of a cavity**	CheckBox	No Yes Unknown	0 1 9
Radiograph: Evidence of Miliary TB	CXRAbnormalMiliary	22A. Initial Chest Radiograph: For ABNORMAL Initial Chest Radiograph-**Evidence of a miliary TB**	CheckBox	No Yes Unknown	0 1 9
Initial Chest CT Scan or Other Chest Imaging Study	CTSCAN	22B. Initial Chest CT Scan or Other Chest Imaging Study	CheckBox	Normal Abnormal *(consistent with TB) Not done Unknown	1 2 3 9
Chest Imaging: Evidence of a Cavity	CTSAbnormal	22B. Initial Chest CT Scan or Other Chest Imaging Study: For ABNORMAL Initial Chest Radiograph-**Evidence of cavity**	CheckBox	No Yes Unknown	0 1 9
Chest Imaging: Evidence of Miliary TB	CTSAbnormalMiliary	22B. Initial Chest CT Scan or Other Chest Imaging Study: For ABNORMAL Initial Chest Radiograph-**Evidence of miliary TB**	CheckBox	No Yes Unknown	0 1 9
Tuberculin skin test	TBTEST	23. Tuberculin (Mantoux) skin test at diagnosis	CheckBox	Postive Negative Not done Unknown	1 2 3 9
Date Tuberculin Skin Test Placed	PPDDate	23. Tuberculin (Mantoux) skin test: **Date Tuberculin Skin Test (TST) Placed**	FreeText		
Millimeters of induration	INDURATION	23. Tuberculin (Mantoux) skin test: **Millimeters of induration**	FreeText		
Gamma Release Assay for TB diagnosis	IGRA	24. Interferon Gamma Release Assay for *Mycobacterium tuberculosis* as Diagnosis	CheckBox	Postive Negative Not done Indeterminate Unknown	1 2 3 4 9

REPORT OF VERIFIED CASE OF TUBERCULOSIS (RVCT) - TUBERCULOSIS (CLINICALLY ACTIVE-TB3) / TUBERCULOSIS (EXPOSURE/NO EVIDENCE OF INFECTION-TB1) / TUBERCULOSIS (INFECTION / NO DISEASE LTBI-TB2) / TUBERCULOSIS (NO EXPOSURE / NOT INFECTED- TB0) / TUBERCULOSIS (NOT CLINICALLY ACTIVE-TB4) / TUBERCULOSIS (SUSPECT-TB5) / TUBERCULOSIS (TB0-TB5)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Gamma Assay: Date Collected	IGRADateCollected	24. Interferon Gamma Release Assay for Mycobacterium tuberculosis as Diagnosis: **Date Collected**	FreeText		
Gamma Assay: Test type	IGRATestType	24. Interferon Gamma Release Assay for Mycobacterium tuberculosis as Diagnosis- **Test type: Specify**	FreeText		
Primary Reason Evaluated for TB Disease	TBReason	25. Primary Reason Evaluated for TB Disease *(select one)*	CheckBox	TB Symptoms	1
				Abnormal Chest Radiograph (consistent with TB)	2
				Contact Investigation	3
				Targeted Testing	4
				Health Care Worker	5
				Employment/Administrative Testing	6
				Immigration Medical Exam	7
				Incidental Lab Result	8
				Unknown	9
HIV Status	HIVStatus	26. HIV Status at Time of Diagnosis	CheckBox	Positive	1
				Negative	2
				Not Offered	3
				Indeterminate	4
				Test Done, Results Unknown	5
				Refused	6
				Unknown	9
State HIV/AIDS ID #	HIVStatusPositiveState	26. HIV Status at Time of Diagnosis: **State HIV/AIDS Patient Number**	FreeText		
City/County HIV/AIDS #	HIVStatusPositiveCity	26. HIV Status at Time of Diagnosis: **City/County HIV/AIDS Patient Number**	FreeText		
Homeless	HOMELESS	27. Homeless Within Past Year	CheckBox	No	0
				Yes	1
				Unknown	9
Resident of Correctional Facility	CORRECTION	28. Resident of Correctional Facility at Time of Diagnosis	CheckBox	No	0
				Yes	1
				Unknown	9
Type of Facility	CORFACILITY		CheckBox	Federal prison	1

REPORT OF VERIFIED CASE OF TUBERCULOSIS (RVCT) - TUBERCULOSIS (CLINICALLY ACTIVE-TB3) / TUBERCULOSIS (EXPOSURE/NO EVIDENCE OF INFECTION-TB1) / TUBERCULOSIS (INFECTION / NO DISEASE LTBI-TB2) / TUBERCULOSIS (NO EXPOSURE / NOT INFECTED- TB0) / TUBERCULOSIS (NOT CLINICALLY ACTIVE-TB4) / TUBERCULOSIS (SUSPECT-TB5) / TUBERCULOSIS (TB0-TB5)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
		28. Resident of Correctional Facility at Time of Diagnosis: **If YES, (select one)**		State prison	2
				Local jail	3
				Juvenile Correctional Facility	4
				Other correctional facility	5
				Unknown	9
Custody	ICECustody	28. Resident of Correctional Facility at Time of Diagnosis: **If YES, under custody of Immigration and Customs Enforcement?**	CheckBox	No Yes	0 1
Resident of Long-Term Care Facility	LONGTERM	29. Resident of Long-Term Care Facility at time of diagnosis	CheckBox	No Yes Unknown	0 1 9
Type of Care Facility	LONGTERMFACILITY	29. Resident of Long-Term Care Facility at time of diagnosis: **If YES, *(select one)***	CheckBox	Nursing Home	1
				Hospital-based facility	2
				Residental facility	3
				Mental health residential facility	4
				Alcohol or drug treatment facility	5
				Other Long-Term Care Facility	6
				Unknown	9
Occupation	OCCUPATION1	30. Primary Occupation Within the Past Year	CheckBox	Health Care Worker	1
				Correctional Facility Employee	2
				Migrant/Seasonal Worker	3
				Other occupation	4
				Retired	5
				Unemployed	6
				Not seeking Employment(e.g. student, homemaker, disabled person)	7
				Unknown	9
Injecting Drugs	INJECT	31. Injecting drugs within past year	CheckBox	No Yes Unknown	0 1 9
Non-injecting Drug	NONINJECT	32. Non-injecting drug use within past year	CheckBox	No Yes Unknown	0 1 9

REPORT OF VERIFIED CASE OF TUBERCULOSIS (RVCT) - TUBERCULOSIS (CLINICALLY ACTIVE-TB3) / TUBERCULOSIS (EXPOSURE/NO EVIDENCE OF INFECTION-TB1) / TUBERCULOSIS (INFECTION / NO DISEASE LTBI-TB2) / TUBERCULOSIS (NO EXPOSURE / NOT INFECTED- TB0) / TUBERCULOSIS (NOT CLINICALLY ACTIVE-TB4) / TUBERCULOSIS (SUSPECT-TB5) / TUBERCULOSIS (TB0-TB5)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Alcohol	ALCOHOL	33. Excess alcohol use within past year	CheckBox	No Yes Unknown	0 1 9
Contact of MDR-TB Patient	AddRiskMDRContact	34. Additional TB Risk Factors: **Contact of MDR-TB Patient (2 years or less)**	CheckBox	Unchecked Checked	0 1
Infectious TB patient	AddRiskInfectiousContact	34. Additional TB Risk Factors: **Contact with Infectious TB patient (2 years or less)**	CheckBox	Unchecked Checked	0 1
Missed Contact	AddRiskMissedContact	34. Additional TB Risk Factors: **Missed Contact (2 years or less)**	CheckBox	Unchecked Checked	0 1
Incomplete LTBI Therapy	AddRiskLTBIIncompleteRx	34. Additional TB Risk Factors: **Incomplete LTBI Therapy**	CheckBox	Unchecked Checked	0 1
TNF-α Antagonist Therapy	AddRiskTNFAntagonistRx	34. Additional TB Risk Factors: **TNF-α Antagonist Therapy**	CheckBox	Unchecked Checked	0 1
Post-organ Transplant	AddRiskPostOrganTransplant	34. Additional TB Risk Factors: **Post-organ Transplant**	CheckBox	Unchecked Checked	0 1
Diabetes Mellitus	AddRiskDiabetes	34. Additional TB Risk Factors: **Diabetes Mellitus**	CheckBox	Unchecked Checked	0 1
End-Stage Renal Disease	AddRiskEndStageRenal	34. Additional TB Risk Factors: **End-Stage Renal Disease**	CheckBox	Unchecked Checked	0 1
Immunosuppression (not HIV/AIDS)	AddRiskImmunoSupp	34. Additional TB Risk Factors: **Immunosuppression (not HIV/AIDS)**	CheckBox	Unchecked Checked	0 1
None	AddRiskNone	34. Additional TB Risk Factors: **None**	CheckBox	Unchecked Checked	0 1
Other Risk Factors	AddRiskOther	34. Additional TB Risk Factors: **Other**	CheckBox	Unchecked Checked	0 1
Specify Other Risk Factors	AddRiskOtherSpecify	34. Additional TB Risk Factors: **Specify**	FreeText		

REPORT OF VERIFIED CASE OF TUBERCULOSIS (RVCT) - TUBERCULOSIS (CLINICALLY ACTIVE-TB3) / TUBERCULOSIS (EXPOSURE/NO EVIDENCE OF INFECTION-TB1) / TUBERCULOSIS (INFECTION / NO DISEASE LTBI-TB2) / TUBERCULOSIS (NO EXPOSURE / NOT INFECTED- TB0) / TUBERCULOSIS (NOT CLINICALLY ACTIVE-TB4) / TUBERCULOSIS (SUSPECT-TB5) / TUBERCULOSIS (TB0-TB5)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Immigration Status	ImmigrationStatus	35. Immigration Status at First Entry to the U.S.	CheckBox	Non Applicable Immigration Visa Student Visa Employment Visa Tourist Visa Family-Fiance Visa Refugee Asylee or Parolee Other Immigration Status Unknown	0 1 2 3 4 5 6 7 8 9
TB B-notification	New_Bnote	35CA. Immigration Status at First Entry to the U.S.: **If arrived in the U.S. within the last 12 months, did the patient arrive with a TB B-notification?**	CheckBox	No Yes Unknown	0 1 9
Alien Number	AlienNo	35CA. Immigration Status at First Entry to the U.S.: **If Yes, enter Alien Number**	FreeText		
Date Therapy Started	RXDATE	36. Date drug therapy started	FreeText		
Isoniazid	INITINH	37. Initial drug regimen: **Isoniazid**	CheckBox	No Yes Unk	0 1 9
Rifampin	INITRIF	37. Initial drug regimen: **Rifampin**	CheckBox	No Yes Unk	0 1 9
Pyrazinamide	INITPZA	37. Initial drug regimen: **Pyrazinamide**	CheckBox	No Yes Unk	0 1 9
Ethambutol	INITEMB	37. Initial drug regimen: **Ethambutol**	CheckBox	No Yes Unk	0 1 9
Streptomycin	INITSM	37. Initial drug regimen: **Streptomycin**	CheckBox	No Yes Unk	0 1 9
Rifabutin	INITRIB	37. Initial drug regimen: **Rifabutin**	CheckBox	No Yes Unk	0 1 9

REPORT OF VERIFIED CASE OF TUBERCULOSIS (RVCT) - TUBERCULOSIS (CLINICALLY ACTIVE-TB3) / TUBERCULOSIS (EXPOSURE/NO EVIDENCE OF INFECTION-TB1) / TUBERCULOSIS (INFECTION / NO DISEASE LTBI-TB2) / TUBERCULOSIS (NO EXPOSURE / NOT INFECTED- TB0) / TUBERCULOSIS (NOT CLINICALLY ACTIVE-TB4) / TUBERCULOSIS (SUSPECT-TB5) / TUBERCULOSIS (TB0-TB5)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Rifapentine	INITRIP	37. Initial drug regimen: **Rifapentine**	CheckBox	No Yes Unk	0 1 9
Ethionamide	INITETH	37. Initial drug regimen: **Ethionamide**	CheckBox	No Yes Unk	0 1 9
Amikacin	INITAM	37. Initial drug regimen: **Amikacin**	CheckBox	No Yes Unk	0 1 9
Kanamycin	INITKAN	37. Initial drug regimen: **Kanamycin**	CheckBox	No Yes Unk	0 1 9
Capreomycin	INITCAP	37. Initial drug regimen: **Capreomycin**	CheckBox	No Yes Unk	0 1 9
Ciprofloxacin	INITCIP	37. Initial drug regimen: **Ciprofloxacin**	CheckBox	No Yes Unk	0 1 9
Levofloxacin	INITLEVO	37. Initial drug regimen: **Levofloxacin**	CheckBox	No Yes Unk	0 1 9
Ofloxacin	INITOFL	37. Initial drug regimen: **Ofloxacin**	CheckBox	No Yes Unk	0 1 9
Moxifloxacin	INITMOXI	37. Initial drug regimen: **Moxifloxacin**	CheckBox	No Yes Unk	0 1 9
Cycloserine	INITCYC	37. Initial drug regimen: **Cycloserine**	CheckBox	No Yes Unk	0 1 9
Para Amino Salicylic Acid	INITPAS	37. Initial drug regimen: **Para Amino Salicylic Acid**	CheckBox	No Yes Unk	0 1 9
Other Drugs	INITOTH INITOTH2	37. Initial drug regimen: **Other**	CheckBox	No Yes Unk	0 1 9
	INITOTHSP	37. Initial drug regimen: **Specify**		Augmentin	Augmentin

REPORT OF VERIFIED CASE OF TUBERCULOSIS (RVCT) - TUBERCULOSIS (CLINICALLY ACTIVE-TB3) / TUBERCULOSIS (EXPOSURE/NO EVIDENCE OF INFECTION-TB1) / TUBERCULOSIS (INFECTION / NO DISEASE LTBI-TB2) / TUBERCULOSIS (NO EXPOSURE / NOT INFECTED- TB0) / TUBERCULOSIS (NOT CLINICALLY ACTIVE-TB4) / TUBERCULOSIS (SUSPECT-TB5) / TUBERCULOSIS (TB0-TB5)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Specify Other Drug Regimen	INITOTHSP2		DropDownList	Azithromycin	Azithromycin
				Clarithromycin	Clarithromycin
				Clofazamine	Clofazamine
				Imipenem	Imipenem
				Linezolid	Linezolid
				Other	Other
Comments	COMMENTS	Comments	FreeText		
Variable not present on CalREDIE RVCT form	VERICRIT				
TB Case ID	CASE_Id	Same as IncidentID	SystemLink		
Variable not present on CalREDIE RVCT form	RVCTPG_ID				
LHJ	LHJ1	Jurisdiction (from Case Investigation tab)			
Secondary LHJ	SecondLHJ1	Secondary Jurisdiction (from Case Investigation tab)			
Transmission Status	TStatus1	Transmission Status (from Case Investigation tab)		Sent	Sent
				Sent, Then Changed To Not Sent	Sent, Then Changed To Not Sent
Date Sent	DTSent1	Date Sent (from Case Investigation tab)	Date (MM/DD/YYYY)		
Last CDC Update	LastCDCUpdate	Last CDC Update (from Case Investigation tab)	Date (MM/DD/YYYY)		
RVCT creator	Audit_User	CalREDIE user who created or most recently updated RVCT for patient (from Audit log)	SystemLink		
RVCT create date and time	Audit_Date_Entered	Date and time RVCT inserted or most recently updated in CalREDIE (from Audit log)	SystemLink		

FOLLOW-UP REPORT 1 - TUBERCULOSIS (CLINICALLY ACTIVE-TB3) / TUBERCULOSIS (EXPOSURE/NO EVIDENCE OF INFECTION-TB1) / TUBERCULOSIS (INFECTION / NO DISEASE LTBI-TB2) / TUBERCULOSIS (NO EXPOSURE / NOT INFECTED- TB0) / TUBERCULOSIS (NOT CLINICALLY ACTIVE-TB4) / TUBERCULOSIS/ (SUSPECT-TB5 / TUBERCULOSIS (TB0-TB5)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Patient Name	This variable is not currently included in the DDP exports.	Patient name (last) (first) (middle)	FreeText		
Address	This variable is not currently included in the DDP exports.	Address	FreeText		
City	This variable is not currently included in the DDP exports.	City	FreeText		
State	This variable is not currently included in the DDP exports.	State	FreeText		
ZIP Code	This variable is not currently included in the DDP exports.	ZIP code	FreeText		
Year Counted	This variable is not currently included in the DDP exports	Year Counted	FreeText		
State Case #: Year	StCaseYr	State case number – **Year**	FreeText		
State Case #: State	StCaseSt	State case number – **State**	DropDownList	See Appendix J	See Appendix J
State Case Number	StCaseNo	State case number	FreeText		
City/County Case #: Year	CCCaseYr	City/County case number: **Year**	FreeText		
City/County Case #: State	This variable is not currently included in the DDP exports.	City/County case number: **State**	DropDownList	See Appendix J	See Appendix J
City/County Case Number	LOCaseNo	City/County case number	FreeText		
Isolate submitted-genotyping	IsolateSubmitted	38. Genotyping Accession Number: **Isolate submitted for genotyping**	CheckBox	No Yes	0 1
Genotyping accession #	GenoAccession	38. Genotyping Accession Number: **If YES, genotyping accession number for episode**	FreeText		
Drug susceptibility	ISUSCTest	39. Initial Drug Susceptibility Testing: **Was drug susceptibility testing done?**	CheckBox	No Yes Unknown	0 1 9
Date-FIRST isolate	ISUSDate	39. Initial Drug Susceptibility Testing: **If YES, enter date FIRST isolate collected for which drug susceptibility testing was done.**	FreeText		

FOLLOW-UP REPORT 1 - TUBERCULOSIS (CLINICALLY ACTIVE-TB3) / TUBERCULOSIS (EXPOSURE/NO EVIDENCE OF INFECTION-TB1) / TUBERCULOSIS (INFECTION / NO DISEASE LTBI-TB2) / TUBERCULOSIS (NO EXPOSURE / NOT INFECTED- TB0) / TUBERCULOSIS (NOT CLINICALLY ACTIVE-TB4) / TUBERCULOSIS/ (SUSPECT-TB5 / TUBERCULOSIS (TB0-TB5)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Specimen type: Sputum	ISUSCSputum	39. Initial Drug Susceptibility Testing: **Specimen type - Sputum**	CheckBox	Unchecked Checked	0 1
Not sputum: Anatomic code	ISUSCANAT	39. Enter specimen type: **If not Sputum, enter anatomic code *(see list)***	DropDownList	See Appendix P	See Appendix P
Isoniazid	ISUSCINH	40. Initial drug susceptibility results: **Isoniazid**	CheckBox	Resistant Susceptible Not Done Unknown	1 2 3 9
Rifampin	ISUSCRIF	40. Initial drug susceptibility results: **Rifampin**	CheckBox	Resistant Susceptible Not Done Unknown	1 2 3 9
Pyrazinamide	ISUSCPZA	40. Initial drug susceptibility results: **Pyrazinamide**	CheckBox	Resistant Susceptible Not Done Unknown	1 2 3 9
Ethambutol	ISUSCEMB	40. Initial drug susceptibility results: **Ethambutol**	CheckBox	Resistant Susceptible Not Done Unknown	1 2 3 9
Streptomycin	ISUSCSM	40. Initial drug susceptibility results: **Streptomycin**	CheckBox	Resistant Susceptible Not Done Unknown	1 2 3 9
Rifabutin	ISUSCRIB	40. Initial drug susceptibility results: **Rifabutin**	CheckBox	Resistant Susceptible Not Done Unknown	1 2 3 9
Rifapentine	ISUSCRIP	40. Initial drug susceptibility results: **Rifapentine**	CheckBox	Resistant Susceptible Not Done Unknown	1 2 3 9
Ethionamide	ISUSCETH	40. Initial drug susceptibility results: **Ethionamide**	CheckBox	Resistant Susceptible Not Done Unknown	1 2 3 9

FOLLOW-UP REPORT 1 - TUBERCULOSIS (CLINICALLY ACTIVE-TB3) / TUBERCULOSIS (EXPOSURE/NO EVIDENCE OF INFECTION-TB1) / TUBERCULOSIS (INFECTION / NO DISEASE LTBI-TB2) / TUBERCULOSIS (NO EXPOSURE / NOT INFECTED- TB0) / TUBERCULOSIS (NOT CLINICALLY ACTIVE-TB4) / TUBERCULOSIS/ (SUSPECT-TB5 / TUBERCULOSIS (TB0-TB5)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Amikacin	ISUSCAM	40. Initial drug susceptibility results: **Amikacin**	CheckBox	Resistant Susceptible Not Done Unknown	1 2 3 9
Kanamycin	ISUSCKAN	40. Initial drug susceptibility results: **Kanamycin**	CheckBox	Resistant Susceptible Not Done Unknown	1 2 3 9
Capreomycin	ISUSCCAP	40. Initial drug susceptibility results: **Capreomycin**	CheckBox	Resistant Susceptible Not Done Unknown	1 2 3 9
Ciprofloxacin	ISUSCCIP	40. Initial drug susceptibility results: **Ciprofloxacin**	CheckBox	Resistant Susceptible Not Done Unknown	1 2 3 9
Levofloxacin	ISUSCLEVO	40. Initial drug susceptibility results: **Levofloxacin**	CheckBox	Resistant Susceptible Not Done Unknown	1 2 3 9
Ofloxacin	ISUSCOFL	40. Initial drug susceptibility results: **Ofloxacin**	CheckBox	Resistant Susceptible Not Done Unknown	1 2 3 9
Moxifloxacin	ISUSCMOXI	40. Initial drug susceptibility results: **Moxifloxacin**	CheckBox	Resistant Susceptible Not Done Unknown	1 2 3 9
Cycloserine	ISUSCCYC	40. Initial drug susceptibility results: **Cycloserine**	CheckBox	Resistant Susceptible Not Done Unknown	1 2 3 9
Other Quinolones	ISUSCQUIN	40. Initial drug susceptibility results: **Other Quinolones**		Resistant Susceptible Not Done Unknown	1 2 3 9

FOLLOW-UP REPORT 1 - TUBERCULOSIS (CLINICALLY ACTIVE-TB3) / TUBERCULOSIS (EXPOSURE/NO EVIDENCE OF INFECTION-TB1) / TUBERCULOSIS (INFECTION / NO DISEASE LTBI-TB2) / TUBERCULOSIS (NO EXPOSURE / NOT INFECTED- TB0) / TUBERCULOSIS (NOT CLINICALLY ACTIVE-TB4) / TUBERCULOSIS/ (SUSPECT-TB5 / TUBERCULOSIS (TB0-TB5)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Para Amino Salicylic Acid	ISUSCPAS	40. Initial drug susceptibility results: **Para Amino Salicylic Acid**	CheckBox	Resistant Susceptible Not Done Unknown	1 2 3 9
Other Drugs	ISUSCOTH ISUSCOTH2	40. Initial drug susceptibility results: **Other**	CheckBox	Resistant Susceptible Not Done Unknown	1 2 3 9
Specify Other Drug Regimen	ISUSCOTHSP ISUSCOTHSP2	40. Initial drug susceptibility results: **Specify**	DropDownList	Augmentin Azithromycin Clarithromycin Clofazamine Imipenem Linezolid Other	Augmentin Azithromycin Clarithromycin Clofazamine Imipenem Linezolid Other
Comments	FU1_COMMENTS	Comments	FreeText		

FOLLOW-UP REPORT 2 - TUBERCULOSIS (CLINICALLY ACTIVE-TB3) / TUBERCULOSIS (EXPOSURE/NO EVIDENCE OF INFECTION-TB1) / TUBERCULOSIS (INFECTION / NO DISEASE LTBI-TB2) / TUBERCULOSIS (NO EXPOSURE / NOT INFECTED- TB0) / TUBERCULOSIS (NOT CLINICALLY ACTIVE-TB4) / TUBERCULOSIS/ (SUSPECT-TB5 / TUBERCULOSIS (TB0-TB5)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Patient Name	Name	Patient name (last) (first) (middle)	FreeText		
Address	Address	Address	FreeText		
City	City	City	FreeText		
State	State	State	FreeText		
ZIP Code	Zip	ZIP Code	FreeText		

FOLLOW-UP REPORT 2 - TUBERCULOSIS (CLINICALLY ACTIVE-TB3) / TUBERCULOSIS (EXPOSURE/NO EVIDENCE OF INFECTION-TB1) / TUBERCULOSIS (INFECTION / NO DISEASE LTBI-TB2) / TUBERCULOSIS (NO EXPOSURE / NOT INFECTED- TB0) / TUBERCULOSIS (NOT CLINICALLY ACTIVE-TB4) / TUBERCULOSIS/ (SUSPECT-TB5 / TUBERCULOSIS (TB0-TB5)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Year Counted	CountYr	Year Counted	FreeText		
State Case #: Year	stCaseYr	State case number – **Year**	FreeText		
State Case #: State	stCaseSt	State case number – **State**	DropDownList	See Appendix J	See Appendix J
State Case Number	stCaseNo	State case number	FreeText		
City/County Case #: Year	CCCaseYr	City/County case number: **Year**	FreeText		
City/County Case #: State	CCCaseSt	City/County case number: **State**	DropDownList	See Appendix J	See Appendix J
City/County Case Number	CCCaseNo	City/County case number	FreeText		
Sputum Culture Conversion	CONVERT	41. Sputum culture conversion documented	CheckBox	No Yes Unknown	0 1 9
Sputum Culture: Date Collected	CNEGDATE	41. Sputum culture conversion documented: **If YES, date specimen collected on FIRST consistently negative culture**	FreeText		
Reason-Not Documenting	NoConvertreason	41. Sputum culture conversion documented: **If NO, enter reason for not documenting sputum culture conversion**	CheckBox	No Follow-up Sputum and No Induction Patient Refused Patient Lost to Follow-up No Follow-up Sputum Despite Induction Died Other Unknown	1 2 3 4 5 6 9
Specify-Reasons	NoConvertReasonSpecify	41. Sputum culture conversion documented- If NO, enter reason for not documenting sputum culture conversion: **Other *Specify***	FreeText		
Patient Relocation	RVCT_Moved	42. Moved: **Did the patient move before starting or during TB therapy?**	CheckBox	No Yes	0 1

FOLLOW-UP REPORT 2 - TUBERCULOSIS (CLINICALLY ACTIVE-TB3) / TUBERCULOSIS (EXPOSURE/NO EVIDENCE OF INFECTION-TB1) / TUBERCULOSIS (INFECTION / NO DISEASE LTBI-TB2) / TUBERCULOSIS (NO EXPOSURE / NOT INFECTED- TB0) / TUBERCULOSIS (NOT CLINICALLY ACTIVE-TB4) / TUBERCULOSIS/ (SUSPECT-TB5 / TUBERCULOSIS (TB0-TB5)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Moved-In state	InState_Move	42. Moved: If Yes, moved to where - **In State, out of jurisdiction**	CheckBox	Unchecked Checked	0 1
City	InStateCity1 InStateCity2 InStateCity3	42. Moved - In state, out of jurisdiction: **City**	FreeText		
County	InStateCounty1 InStateCounty2 InStateCounty3	42. Moved- In state, out of jurisdiction: **County**	DropDownList	See Appendix C	See Appendix C
Patient Received Date	InStateDate1 InStateDate2 InStateDate3	42. Moved- In state, out of jurisdiction: **Date Patient Received**	FreeText		
Moved-Out of State	OutState_Move	42. Moved: If Yes, moved to where - **Out of State**	CheckBox	Unchecked Checked	0 1
State	OutState1 OutState2 OutState3	42. Moved- Out of state: **State**	DropDownList	See Appendix J	See Appendix J
Patient Received Date	OutStateDate1 OutStateDate2 OutStateDate3	42. Moved- Out of state: **Date Patient Received**	FreeText		
Moved-Out of the U.S.	OutUS_Move	42. Moved: If Yes, moved to where - **Out of the U.S.**	CheckBox	Unchecked Checked	0 1
Country	OutUSCountry1 OutUSCountry2 OutUSCountry3	42. Moved- Out of the U.S.: **Country**	DropDownList	See Appendix D	See Appendix D
Patient Received Date	OutUSCountryDate1 OutUSCountryDate2 OutUSCountryDate3	42. Moved- Out of the U.S.: **Date Patient Received**	FreeText		
Transnational referral	TransReferral	42. Moved: **If moved out of the U.S., transnational referral?**	CheckBox	No Yes	0 1
Date-Therapy Stopped	STOPTHER	43. Date therapy stopped	FreeText		

FOLLOW-UP REPORT 2 - TUBERCULOSIS (CLINICALLY ACTIVE-TB3) / TUBERCULOSIS (EXPOSURE/NO EVIDENCE OF INFECTION-TB1) / TUBERCULOSIS (INFECTION / NO DISEASE LTBI-TB2) / TUBERCULOSIS (NO EXPOSURE / NOT INFECTED- TB0) / TUBERCULOSIS (NOT CLINICALLY ACTIVE-TB4) / TUBERCULOSIS/ (SUSPECT-TB5 / TUBERCULOSIS (TB0-TB5)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Reason Therapy Stopped	STOPREAS	44. Reason Therapy Stopped or Never Started	CheckBox	Completed therapy Lost Uncooperative or Refused Not TB Died Other Adverse Treatment Event Unknown	1 3 4 5 6 7 8 9
Cause of Death	ReasonDied	44. Reason Therapy Stopped or Never Started: **If DIED, indicate cause of death**	CheckBox	Related to TB disease Related to TB therapy Unrealted to TB disease Unknown	1 2 3 9
Rifampin Resistance	ReasonExtended_RR	45. Reason Therapy Extended > 12 months: **Rifampin Resistance**	CheckBox	Unchecked Checked	0 1
Adverse Drug Reaction	ReasonExtended_ADR	45. Reason Therapy Extended > 12 months: **Adverse Drug Reaction**	CheckBox	Unchecked Checked	0 1
Non-adherence	ReasonExtended_NA	45. Reason Therapy Extended > 12 months: **Non-adherence**	CheckBox	Unchecked Checked	0 1
Failure	ReasonExtended	45. Reason Therapy Extended > 12 months: **Failure**	CheckBox	Unchecked Checked	0 1
Clinically indicated-other reasons	ReasonExtended_Clinical	45. Reason Therapy Extended > 12 months: **Clinically indicated-other reasons**	CheckBox	Unchecked Checked	0 1
Other Reasons	ReasonExtended_Other	45. Reason Therapy Extended > 12 months: **Other**	CheckBox	Unchecked Checked	0 1
Specify Other	ReasonExtended_Specify	45. Reason Therapy Extended > 12 months: **Specify**	FreeText		
Local/State Health Department (HD)	Provider_HD	46. Type of Outpatient Health Care Provider: **Local/State Health Department (HD)**	CheckBox	Unchecked Checked	0 1
Private Outpatient	Provider_Private	46. Type of Outpatient Health Care Provider: **Private Outpatient**	CheckBox	Unchecked Checked	0 1
HIS/Tribal Corporation	Provider_IHS	46. Type of Outpatient Health Care Provider: **HIS, Tribal HD, or Tribal Corporation**	CheckBox	Unchecked Checked	0 1

FOLLOW-UP REPORT 2 - TUBERCULOSIS (CLINICALLY ACTIVE-TB3) / TUBERCULOSIS (EXPOSURE/NO EVIDENCE OF INFECTION-TB1) / TUBERCULOSIS (INFECTION / NO DISEASE LTBI-TB2) / TUBERCULOSIS (NO EXPOSURE / NOT INFECTED- TB0) / TUBERCULOSIS (NOT CLINICALLY ACTIVE-TB4) / TUBERCULOSIS/ (SUSPECT-TB5 / TUBERCULOSIS (TB0-TB5)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Institutional/ Correctional	Provider_Institution	46. Type of Outpatient Health Care Provider: **Institutional/Correctional**	CheckBox	Unchecked Checked	0 1
Inpatient Care Only	Provider_InPatient	46. Type of Outpatient Health Care Provider: **Inpatient Care Only**	CheckBox	Unchecked Checked	0 1
Other Provider	Provider_Other	46. Type of Outpatient Health Care Provider: **Other**	CheckBox	Unchecked Checked	0 1
Provider Unknown	Provider_Unk	46. Type of Outpatient Health Care Provider: **Unknown**	CheckBox	Unchecked Checked	0 1
Observed Therapy	DIRTHER	47. Directly observed therapy (DOT)	CheckBox	No, totally self administered Yes, both directly observed and self-administered Yes, totally directly observed Unknown	0 1 2 9
Weeks-Observed Therapy	DIRWEEKS	47. Directly observed therapy (DOT): **Number of weeks of directly observed therapy (DOT)**	FreeText		
Drug Susceptibility Results	FSUSTEST	48. Final drug susceptibility results: **Was follow-up drug susceptibility testing done?**	CheckBox	No Yes Unknown	0 1 9
Date-Final Testing	FSUSCDATE	48. Final drug susceptibility results: **If YES, enter date FINAL isolate collected for which drug susceptibility testing was done:**	FreeText		
Specimen type	FSUSCSputum	48. Final drug susceptibility results: **Enter specimen type-Sputum**	CheckBox	Unchecked Checked	0 1
Anatomic code	FSUSCAnat	48. Final drug susceptibility results: **If not sputum, enter anatomic code *(see list)***	DropDownList	See Appendix P	See Appendix P
Isoniazid	FSUSCINH	49. Final Drug Susceptibility Results: **Isoniazid**	CheckBox	Resistant Susceptible Not Done Unknown	1 2 3 9
Rifampin	FSUSCRIF	49. Final Drug Susceptibility Results: **Rifampin**	CheckBox	Resistant Susceptible Not Done Unknown	1 2 3 9

FOLLOW-UP REPORT 2 - TUBERCULOSIS (CLINICALLY ACTIVE-TB3) / TUBERCULOSIS (EXPOSURE/NO EVIDENCE OF INFECTION-TB1) / TUBERCULOSIS (INFECTION / NO DISEASE LTBI-TB2) / TUBERCULOSIS (NO EXPOSURE / NOT INFECTED- TB0) / TUBERCULOSIS (NOT CLINICALLY ACTIVE-TB4) / TUBERCULOSIS/ (SUSPECT-TB5 / TUBERCULOSIS (TB0-TB5)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Pyrazinamide	FSUSCPZA	49. Final Drug Susceptibility Results: **Pyrazinamide**	CheckBox	Resistant Susceptible Not Done Unknown	1 2 3 9
Ethambutol	FSUSCEMB	49. Final Drug Susceptibility Results: **Ethambutol**	CheckBox	Resistant Susceptible Not Done Unknown	1 2 3 9
Streptomycin	FSUSCSM	49. Final Drug Susceptibility Results: **Streptomycin**	CheckBox	Resistant Susceptible Not Done Unknown	1 2 3 9
Rifabutin	FSUSCRIB	49. Final Drug Susceptibility Results: **Rifabutin**	CheckBox	Resistant Susceptible Not Done Unknown	1 2 3 9
Rifapentine	FSUSCRIP	49. Final Drug Susceptibility Results: **Rifapentine**	CheckBox	Resistant Susceptible Not Done Unknown	1 2 3 9
Ethionamide	FSUSCETH	49. Final Drug Susceptibility Results: **Ethionamide**	CheckBox	Resistant Susceptible Not Done Unknown	1 2 3 9
Amikacin	FSUSCAM	49. Final Drug Susceptibility Results: **Amikacin**	CheckBox	Resistant Susceptible Not Done Unknown	1 2 3 9
Kanamycin	FSUSCKAN	49. Final Drug Susceptibility Results: **Kanamycin**	CheckBox	Resistant Susceptible Not Done Unknown	1 2 3 9
Capreomycin	FSUSCCAP	49. Final Drug Susceptibility Results: **Capreomycin**	CheckBox	Resistant Susceptible Not Done Unknown	1 2 3 9

FOLLOW-UP REPORT 2 - TUBERCULOSIS (CLINICALLY ACTIVE-TB3) / TUBERCULOSIS (EXPOSURE/NO EVIDENCE OF INFECTION-TB1) / TUBERCULOSIS (INFECTION / NO DISEASE LTBI-TB2) / TUBERCULOSIS (NO EXPOSURE / NOT INFECTED- TB0) / TUBERCULOSIS (NOT CLINICALLY ACTIVE-TB4) / TUBERCULOSIS/ (SUSPECT-TB5 / TUBERCULOSIS (TB0-TB5)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Ciprofloxacin	FSUSCCIP	49. Final Drug Susceptibility Results: **Ciprofloxacin**	CheckBox	Resistant Susceptible Not Done Unknown	1 2 3 9
Levofloxacin	FSUSCLEV	49. Final Drug Susceptibility Results: **Levofloxacin**	CheckBox	Resistant Susceptible Not Done Unknown	1 2 3 9
Ofloxacin	FSUSCOFL	49. Final Drug Susceptibility Results: **Ofloxacin**	CheckBox	Resistant Susceptible Not Done Unknown	1 2 3 9
Moxifloxacin	FSUSCMOX	49. Final Drug Susceptibility Results: **Moxifloxacin**	CheckBox	Resistant Susceptible Not Done Unknown	1 2 3 9
Other Quinolones	FSUSCQUI	49. Final Drug Susceptibility Results: **Other Quinolones**	CheckBox	Resistant Susceptible Not Done Unknown	1 2 3 9
Cycloserine	FSUSCCYC	49. Final Drug Susceptibility Results: **Cycloserine**	CheckBox	Resistant Susceptible Not Done Unknown	1 2 3 9
Para Amino Salicylic Acid	FSUSCPAS	49. Final Drug Susceptibility Results: **Para Amino Salicylic Acid**	CheckBox	Resistant Susceptible Not Done Unknown	1 2 3 9
Other Drugs	FSUSCOTH FSUSCOTH2	49. Final Drug Susceptibility Results: **Other**	CheckBox	Resistant Susceptible Not Done Unknown	1 2 3 9
Specify Other Drug Regimen	FSUSCOTHSP FSUSCOTHSP2	49. Final Drug Susceptibility Results: **Specify**	DropDownList	Augmentin Azithromycin Clarithromycin Clofazamine Imipenem	Augmentin Azithromycin Clarithromycin Clofazamine Imipenem

FOLLOW-UP REPORT 2 - TUBERCULOSIS (CLINICALLY ACTIVE-TB3) / TUBERCULOSIS (EXPOSURE/NO EVIDENCE OF INFECTION-TB1) / TUBERCULOSIS (INFECTION / NO DISEASE LTBI-TB2) / TUBERCULOSIS (NO EXPOSURE / NOT INFECTED- TB0) / TUBERCULOSIS (NOT CLINICALLY ACTIVE-TB4) / TUBERCULOSIS/ (SUSPECT-TB5 / TUBERCULOSIS (TB0-TB5)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				Linezolid	Linezolid
				Other	Other
Comments	FU2_COMMENTS	Comments	FreeText		
Variable not present on CalREDIE RVCT form	RVCTFU2_ID				

Tularemia

CLINICAL INFO – TULAREMIA					
Cal REDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
SIGNS AND SYMPTOMS					
Symptomatic?	TULARMIACLICRSIGNSXSYMPTOMATIC	Does the patient have clinical signs or symptoms compatible with tularemia?	DropDownList	Yes No Unknown	Y N U
Onset date	TULARMIACLICRSIGNSXONSETDT	Onset date of symptoms of tularemia	System Defined Field Link		
Date first sought medical care	TULARMIACLICRSIGNSXSGTMEDCAREDT	Date first sought medical care for symptoms	Date (MM/DD/YYYY)		
Fever	TULARMIACLICRSIGNSXFEVER	Did patient have a fever?	DropDownList	Yes No Unknown	Y N U
Highest temperature	TULARMIACLICRSIGNSXFEVERHIGHTEMP	If Yes, highest temperature (specify F/C)	FreeText		
Cutaneous ulcer	TULARMIACLICRSIGNSXCUTAN	Tularemia signs and symptoms: **Cutaneous ulcer**	DropDownList	Yes No Unknown	Y N U
If Yes, specify location	TULARMIACLICRSIGNSXCUTANLOC	If Yes, specify location of ulcer	FreeText		
Other skin lesion	TULARMIACLICRSIGNSXLESION	Tularemia signs and symptoms: **Other skin lesion**	DropDownList	Yes No Unknown	Y N U
If Yes, specify location	TULARMIACLICRSIGNSXLESIONLOC	If Yes, specify location of lesion	FreeText		
Lymphadenopathy	TULARMIACLICRSIGNSXLYMPH	Tularemia signs and symptoms: **Lymphadenopathy**	DropDownList	Yes No Unknown	Y N U
If Yes, specify location	TULARMIACLICRSIGNSXLYMPHLOC	If Yes, specify location of swollen lymph nodes	FreeText		
Sepsis	TULARMIACLICRSIGNSXSEPSIS	Tularemia signs and symptoms: **Sepsis**	DropDownList	Yes No Unknown	Y N U
Pharyngitis	TULARMIACLICRSIGNSXPHARY	Tularemia signs and symptoms: **Pharyngitis**	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – TULAREMIA					
Cal REDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Pleuropneumonia	TULARMIACLICRSIGNSXPLEUREOP	Tularemia signs and symptoms: **Pleuropneumonia**	DropDownList	Yes No Unknown	Y N U
Cough	TULARMIACLICRSIGNSXCOUGH	Tularemia signs and symptoms: **Cough**	DropDownList	Yes No Unknown	Y N U
Conjunctivitis	TULARMIACLICRSIGNSXCONJUN	Tularemia signs and symptoms: **Conjunctivitis**	DropDownList	Yes No Unknown	Y N U
Stomatitis	TULARMIACLICRSIGNSXSTOMAT	Tularemia signs and symptoms: **Stomatitis**	DropDownList	Yes No Unknown	Y N U
Tonsillitis	TULARMIACLICRSIGNSXTONSI	Tularemia signs and symptoms: **Tonsillitis**	DropDownList	Yes No Unknown	Y N U
Abdominal pain	TULARMIACLICRSIGNSXABNMPAIN	Tularemia signs and symptoms: **Abdominal pain**	DropDownList	Yes No Unknown	Y N U
Vomiting	TULARMIACLICRSIGNSXVOMITING	Tularemia signs and symptoms: **Vomiting**	DropDownList	Yes No Unknown	Y N U
Diarrhea	TULARMIACLICRSIGNSXDIARRHEA	Tularemia signs and symptoms: **Diarrhea**	DropDownList	Yes No Unknown	Y N U
Other	TULARMIACLICRSIGNSXOTH	**Other** signs or symptoms of tularemia	DropDownList	Yes No Unknown	Y N U
If Yes, specify	TULARMIACLICRSIGNSXOTHSPFY	If Yes, specify other signs or symptoms	FreeText		
PAST MEDICAL HISTORY					
Mucous membrane/skin cut or abrasion	TULARMIACLICRPASMEDHXMUCABRA	Does the patient's mucous membrane and/or skin have any cuts or abrasions?	DropDownList	Yes No Unknown	Y N U
If Yes, specify location	TULARMIACLICRPASMEDHXMUCABRALOC	If Yes, specify location of cut or abrasion	FreeText		
Immunocompromised	TULARMIACLICRPASMEDHXIMMUNO	Is patient immunocompromised?	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – TULAREMIA					
Cal REDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Yes, specify condition	TULARMIACLICRPASMEDHXIMMUNOCONDITION	If Yes, specify condition	FreeText		
Other	TULARMIACLICRPASMEDHXOTH	Specify any other pertinent past medical history	Text Box		
HOSPITALIZATION					
Patient visit ER?	HOSPER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U
Was patient hospitalized?	HOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
Total hospital nights	HOSPDAYSHOSP	If Yes, how many total hospital nights?	FreeText		
HOSPITALIZATION – DETAILS					
Hospital name	HOSPDTLNAME1 HOSPDTLNAME2 HOSPDTLNAME3	Name of facility where patient was hospitalized	FreeText		
Street address	HOSPDTLADDRESS1 HOSPDTLADDRESS2 HOSPDTLADDRESS3	Street address of hospital	FreeText		
City	HOSPDTLCITY1 HOSPDTLCITY2 HOSPDTLCITY3	City where hospital located	FreeText		
State	HOSPDTLSTATE1 HOSPDTLSTATE2 HOSPDTLSTATE3	State	FreeText		
Zip code	HOSPDTLZIPCODE1 HOSPDTLZIPCODE2 HOSPDTLZIPCODE3	Zip code	FreeText		
Telephone	HOSPDTLPHONE1 HOSPDTLPHONE2 HOSPDTLPHONE3	Telephone number for hospital	FreeText		
Admit date	HOSPDTLADMITDT1 HOSPDTLADMITDT2 HOSPDTLADMITDT3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		

CLINICAL INFO – TULAREMIA					
Cal REDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Discharge / transfer date	HOSPDTLDISCHDT1 HOSPDTLDISCHDT2 HOSPDTLDISCHDT3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		
Medical record number	HOSPDTLMRN1 HOSPDTLMRN2 HOSPDTLMRN3	Medical record number for patient	FreeText		
Discharge diagnosis	HOSPDTLDISCHDX1 HOSPDTLDISCHDX2 HOSPDTLDISCHDX3	What was the patient's final diagnosis at the time of discharge?	FreeText		
TREATMENT / MANAGEMENT					
Received treatment?	TXMGTTREATMENT	Did the patient receive treatment for tularemia?	DropDownList	Yes No Unknown	Y N U
TREATMENT / MANAGEMENT – DETAILS					
Treatment type	TULARMIACLICRTXMGTDTLTYPE1 TULARMIACLICRTXMGTDTLTYPE2 TULARMIACLICRTXMGTDTLTYPE3	What was the general treatment type?	DropDownList	Antibiotic Other	ABX OTH
Treatment name	TULARMIACLICRTXMGTDTLNAME1 TULARMIACLICRTXMGTDTLNAME2 TULARMIACLICRTXMGTDTLNAME3	What was the specific name of the treatment?	FreeText		
Date started	TULARMIACLICRTXMGTDTLSTARTDT1 TULARMIACLICRTXMGTDTLSTARTDT2 TULARMIACLICRTXMGTDTLSTARTDT3	Date treatment started	Date (MM/DD/YYYY)		
Date ended	TULARMIACLICRTXMGTDTLENDDT1 TULARMIACLICRTXMGTDTLENDDT2 TULARMIACLICRTXMGTDTLENDDT3	Date treatment ended	Date (MM/DD/YYYY)		
OUTCOME					
Outcome?	OUTCOMEOUTCOME	What was the clinical outcome for this case?	DropDownList	Survived Died Unknown	S D U
Survived as of	OUTCOMESURVIVEDT	If patient survived, what was the date patient was known to still be living?	Date (MM/DD/YYYY)		
Date of death	OUTCOMEDEATHDT	If patient died, what was the date of death?	System Defined Field Link		

LABORATORY INFO – TULAREMIA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY RESULTS SUMMARY					
Specimen type	TULARMIALABCRLABRSLTSUMSPECTYPE1 TULARMIALABCRLABRSLTSUMSPECTYPE2 TULARMIALABCRLABRSLTSUMSPECTYPE3	What type of specimen was submitted for lab testing?	DropDownList	Blood Biopsy or scraping of ulcer Swab of ulcer Tissue aspirate Isolate Serum (acute) IgM Serum (acute) IgG Serum (convalescent) IgM Serum (convalescent) IgG Other	BLOD BIOP SWAB TASP ISO AIGM AIGG CIGM CIGG OTH
If Other, specify	TULARMIALABCRLABRSLTSUMSPECTYPESPFY1 TULARMIALABCRLABRSLTSUMSPECTYPESPFY2 TULARMIALABCRLABRSLTSUMSPECTYPESPFY3	Specify other type of specimen	FreeText		
Type of test	TULARMIALABCRLABRSLTSUMTSTTYPE1 TULARMIALABCRLABRSLTSUMTSTTYPE2 TULARMIALABCRLABRSLTSUMTSTTYPE3	Type of laboratory test performed	DropDownList	Culture PCR ELISA Immunofluorescence Antibody Agglutination CF DFA Other	CULT PCR ELIS IMM AGG CF DFA OTH
If Other, specify	TULARMIALABCRLABRSLTSUMTSTTYPESPFY1 TULARMIALABCRLABRSLTSUMTSTTYPESPFY2 TULARMIALABCRLABRSLTSUMTSTTYPESPFY3	Specify other type of lab test	FreeText		
Collection date	TULARMIALABCRLABRSLTSUMCOLLECTDT1 TULARMIALABCRLABRSLTSUMCOLLECTDT2 TULARMIALABCRLABRSLTSUMCOLLECTDT3	Date specimen was collected	Date (MM/DD/YYYY)		
Result	TULARMIALABCRLABRSLTSUMRSLT1 TULARMIALABCRLABRSLTSUMRSLT2 TULARMIALABCRLABRSLTSUMRSLT3	Results of laboratory testing	FreeText		
Specify result unit (if applicable)	TULARMIALABCRLABRSLTSUMRSLTUNIT1 TULARMIALABCRLABRSLTSUMRSLTUNIT2 TULARMIALABCRLABRSLTSUMRSLTUNIT3	Specify result unit (if applicable)	RadioButtonList	Titer O.D.	TITER OD

LABORATORY INFO – TULAREMIA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Specify result type (if applicable)	TULARMIALABCRLABRSLTSUMRSLTTYPE1 TULARMIALABCRLABRSLTSUMRSLTTYPE2 TULARMIALABCRLABRSLTSUMRSLTTYPE3	Specify result type (if applicable)	RadioButtonList	DNA mRNA	DNA MRNA
Interpretation	TULARMIALABCRLABRSLTSUMINTERPRET1 TULARMIALABCRLABRSLTSUMINTERPRET2 TULARMIALABCRLABRSLTSUMINTERPRET3	Interpretation of laboratory test results	RadioButtonList	Positive Negative Equivocal	POS NEG EQU
Laboratory name	TULARMIALABCRLABRSLTSUMLABNAME1 TULARMIALABCRLABRSLTSUMLABNAME2 TULARMIALABCRLABRSLTSUMLABNAME3	Name of laboratory where testing was performed	FreeText		
Telephone	TULARMIALABCRLABRSLTSUMLABPHONE1 TULARMIALABCRLABRSLTSUMLABPHONE2 TULARMIALABCRLABRSLTSUMLABPHONE3	Telephone number of laboratory	FreeText		
LABORATORY RESULT SUMMARY – OTHER					
Was the biotype identified?	TULARMIALABCRLABRSLTSUMOTHBIOTYPE	Was the bacterium biotype identified?	RadioButtonList	Yes No Unknown	Y N U
If Yes, specify Biotype	TULARMIALABCRLABRSLTSUMOTHBIOTYPESPFY	If Yes, specify biotype	DropDownList	Type A Type B Other	A B O
If Other, specify	TULARMIALABCRLABRSLTSUMOTHBIOTYPEOTH	If Other biotype, please specify	FreeText		
Laboratory name	TULARMIALABCRLABRSLTSUMOTHLABNAME	Name of laboratory where biotype was identified	FreeText		
Telephone	TULARMIALABCRLABRSLTSUMOTHLABPHONE	Telephone number of laboratory	FreeText		
IMAGING SUMMARY					
Anatomic site	IMGSUMANATOMICSITE1 IMGSUMANATOMICSITE2 IMGSUMANATOMICSITE3	If imaging study was done, what anatomic site was imaged?	FreeText		

LABORATORY INFO – TULAREMIA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Type of imaging	IMGSUMIMGTYPE1 IMGSUMIMGTYPE2 IMGSUMIMGTYPE3	Specific type of imaging or radiographic study	RadioButtonList	X-Ray CT MRI Other	XRAY CT MRI OTH
If Other, specify	IMGSUMIMGTYPESPFY1 IMGSUMIMGTYPESPFY2 IMGSUMIMGTYPESPFY3	If Other, specify	FreeText		
Date	IMGSUMDT1 IMGSUMDT2 IMGSUMDT3	Date of imaging study?	Date (MM/DD/YYYY)		
Result	IMGSUMRSLT1 IMGSUMRSLT2 IMGSUMRSLT3	What was the result of the radiographic or imaging study?	FreeText		
Interpretation	IMGSUMINTERPRET1 IMGSUMINTERPRET2 IMGSUMINTERPRET3	What was the interpretation of the radiographic or imaging study?	FreeText		
Facility name	IMGSUMFACNAME1 IMGSUMFACNAME2 IMGSUMFACNAME3	What is the facility name where the imaging study was conducted?	FreeText		
Telephone	IMGSUMFACPHONE1 IMGSUMFACPHONE2 IMGSUMFACPHONE3	Telephone number for the imaging facility	FreeText		

EPIDEMIOLOGIC INFO – TULAREMIA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
FOOD HISTORY					
Undercooked meat	TULARMIAEPICRFOODHXUNDERCOOKMEET	Did the patient eat or drink any undercooked meat during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	TULARMIAEPICRFOODHXANIMLSPECI	If Yes, specify animal species and meat product	FreeText		
Untreated water	TULARMIAEPICRFOODHXUNTREATEDW	Did the patient eat or drink any untreated water during the incubation period?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – TULAREMIA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Yes, specify location	TULARMIAEPICRFOODHXUNTREATEDWLOC	If Yes, specify location where untreated water was obtained	FreeText		
Other	TULARMIAEPICRFOODHXOTH	Did the patient eat or drink any other pertinent items during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	TULARMIAEPICRFOODHXOTHSPFY	If Yes, specify other items	FreeText		
OCCUPATIONAL / RECREATIONAL EXPOSURE					
Known tick contact	TULARMIAEPICROCCUPRECEXPTICKCONT	Did the patient experience any known tick contact during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	TULARMIAEPICROCCUPRECEXPTICKCONTADD	If Yes, specify address where the tick contact occurred	FreeText		
Known deerfly contact	TULARMIAEPICROCCUPRECEXPDEERFLYCONT	Did the patient experience any known deerfly contact during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	TULARMIAEPICROCCUPRECEXPDEERFLYCONTADD	If Yes, specify address where the deerfly contact occurred	FreeText		
Contact with untreated water	TULARMIAEPICROCCUPRECEXPUNTREATEDW	Did the patient experience any contact with untreated water during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify location	TULARMIAEPICROCCUPRECEXPUNTREATEDWLOC	If Yes, specify location of untreated water	FreeText		
Microbiology laboratory	TULARMIAEPICROCCUPRECEXPMICLAB	Did the patient spend any time in or around a Microbiology laboratory during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	TULARMIAEPICROCCUPRECEXPLABNAMELOC	If Yes, specify laboratory name and location	FreeText		

EPIDEMIOLOGIC INFO – TULAREMIA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Veterinary medicine	TULARMIAEPICROCCUPRECEXPVETERINARY	Did the patient have any experience with Veterinary medicine during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	TULARMIAEPICROCCUPRECEXPVETERINARYLOC	If Yes, specify animal species and location	FreeText		
Farmer / livestock owner	TULARMIAEPICROCCUPRECEXPANIMAL	Was the patient a Farmer or livestock owner during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	TULARMIAEPICROCCUPRECEXPANIMALLOC	If Yes, specify animal species and location	FreeText		
Hunting / animal trapping / fishing	TULARMIAEPICROCCUPRECEXPHUNTING	Did the patient participate in any hunting, animal trapping, or fishing during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	TULARMIAEPICROCCUPRECEXPHUNTINGLOC	If Yes, specify animal species and location	FreeText		
Landscape / gardening	TULARMIAEPICROCCUPRECEXPLANDSCAPE	Did the patient do any landscaping or gardening during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify location	TULARMIAEPICROCCUPRECEXPLANDSCAPELOC	If Yes, specify location	FreeText		
Hiking / camping	TULARMIAEPICROCCUPRECEXPHIKING	Did the patient do any hiking or camping during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify location	TULARMIAEPICROCCUPRECEXPHIKINGLOC	If Yes, specify location	FreeText		
Other	TULARMIAEPICROCCUPRECEXPOTH	Did the patient have any other pertinent experiences or occupations during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	TULARMIAEPICROCCUPRECEXPOTHSPFY	If Yes, specify experience or occupation	FreeText		
ANIMAL CONTACT					
Wild rabbit	TULARMIAEPICRANIMLEXPWRABIT	Did the patient have contact with any wild rabbits during the incubation period?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – TULAREMIA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Species	TULARMIAEPICRANIMLEXPWRABITSPECIE	If yes, specify the species	FreeText		
Contact type(s)	TULARMIAEPICRANIMLEXPWRABITCONT_0 TULARMIAEPICRANIMLEXPWRABITCONT_1 TULARMIAEPICRANIMLEXPWRABITCONT_2 TULARMIAEPICRANIMLEXPWRABITCONT_3	Indicate the contact type(s)	CheckBoxList (more than one choice is possible)	Handling Skinning Bite Other	HAND SKIN BITE OTH
If Other, specify	TULARMIAEPICRANIMLEXPWRABITOTHSPFY	If other contact type, specify	FreeText		
Domestic rabbit	TULARMIAEPICRANIMLEXPDRABIT	Did the patient have contact with any domestic rabbits during the incubation period?	DropDownList	Yes No Unknown	Y N U
Breed	TULARMIAEPICRANIMLEXPDRABITBREED	If yes, specify the breed	FreeText		
Contact type(s)	TULARMIAEPICRANIMLEXPDRABITCONT_0 TULARMIAEPICRANIMLEXPDRABITCONT_1 TULARMIAEPICRANIMLEXPDRABITCONT_2 TULARMIAEPICRANIMLEXPDRABITCONT_3	Indicate the contact type(s)	CheckBoxList (more than one choice is possible)	Handling Skinning Bite Other	HAND SKIN BITE OTH
If Other, specify	TULARMIAEPICRANIMLEXPDRABITOTHSPFY	If other contact type, specify	FreeText		
Wild rodent	TULARMIAEPICRANIMLEXPWRODENT	Did the patient have contact with any wild rodents during the incubation period?	DropDownList	Yes No Unknown	Y N U
Species	TULARMIAEPICRANIMLEXPWRODENTSPECIE	If yes, specify the species	FreeText		
Contact type(s)	TULARMIAEPICRANIMLEXPWRODENTCONT_0 TULARMIAEPICRANIMLEXPWRODENTCONT_1 TULARMIAEPICRANIMLEXPWRODENTCONT_2 TULARMIAEPICRANIMLEXPWRODENTCONT_3	Indicate the contact type(s)	CheckBoxList (more than one choice is possible)	Handling Skinning Bite Other	HAND SKIN BITE OTH
If Other, specify	TULARMIAEPICRANIMLEXPWRODENTOTHSPFY	If other contact type, specify	FreeText		
Domestic rodent	TULARMIAEPICRANIMLEXPDRODENT	Did the patient have contact with any domestic rodents during the incubation period?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – TULAREMIA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Species	TULARMIAEPICRANIMLEXPDRODENTSPECIE	If yes, specify the species	FreeText		
Contact type(s)	TULARMIAEPICRANIMLEXPDRODENTCONT_0 TULARMIAEPICRANIMLEXPDRODENTCONT_1 TULARMIAEPICRANIMLEXPDRODENTCONT_2 TULARMIAEPICRANIMLEXPDRODENTCONT_3	Indicate the contact type(s)	CheckBoxList (more than one choice is possible)	Handling Skinning Bite Other	HAND SKIN BITE OTH
If Other, specify	TULARMIAEPICRANIMLEXPDRODENTOTHSPFY	If other contact type, specify	FreeText		
Other wild animal(s)	TULARMIAEPICRANIMLEXPOTHWILD	Did the patient have contact with any other wild animal(s) during the incubation period?	DropDownList	Yes No Unknown	Y N U
Species	TULARMIAEPICRANIMLEXPOTHWILDSPECIE	If yes, specify the species	FreeText		
Contact type(s)	TULARMIAEPICRANIMLEXPOTHWILDCONT_0 TULARMIAEPICRANIMLEXPOTHWILDCONT_1 TULARMIAEPICRANIMLEXPOTHWILDCONT_2 TULARMIAEPICRANIMLEXPOTHWILDCONT_3	Indicate the contact type(s)	CheckBoxList (more than one choice is possible)	Handling Skinning Bite Other	HAND SKIN BITE OTH
If Other, specify	TULARMIAEPICRANIMLEXPOTHWILDOTHSPFY	If other contact type, specify	FreeText		
Other domestic animal(s)	TULARMIAEPICRANIMLEXPOTHDOMES	Did the patient have contact with any other domestic animal(s) during the incubation period?	DropDownList	Yes No Unknown	Y N U
Species	TULARMIAEPICRANIMLEXPOTHDOMESSPECIE	If yes, specify the species	FreeText		

EPIDEMIOLOGIC INFO – TULAREMIA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Contact type(s)	TULARMIAEPICRANIMLEXPOTHDOMESCONT_0 TULARMIAEPICRANIMLEXPOTHDOMESCONT_1 TULARMIAEPICRANIMLEXPOTHDOMESCONT_2 TULARMIAEPICRANIMLEXPOTHDOMESCONT_3	Indicate the contact type(s)	CheckBoxList (more than one choice is possible)	Handling Skinning Bite Other	HAND SKIN BITE OTH
If Other, specify	TULARMIAEPICRANIMLEXPOTHDOMESOTHSPFY	If other contact type, specify	FreeText		
TRAVEL HISTORY					
Travel during incubation period?	TRVHXTRAVEL	Did patient travel outside of county of residence during the incubation period?	DropDownList	Yes No Unknown	Y N U
Incubation period	TRVHXINCUBPERIOD	Incubation period (This value is automatically populated)	FreeText	3 weeks prior to illness onset	The value for this variable is not included in the DDP export.
TRAVEL HISTORY – DETAILS					
Location (city, county, state, country)	TRVHXDTLLOCATION1 TRVHXDTLLOCATION2 TRVHXDTLLOCATION3	Specify location (city, county, state, country) of patient travel	FreeText		
Date travel started	TRVHXDTLSTARTDT1 TRVHXDTLSTARTDT2 TRVHXDTLSTARTDT3	Date travel started	Date (MM/DD/YYYY)		
Date travel ended	TRVHXDTLENDDT1 TRVHXDTLENDDT2 TRVHXDTLENDDT3	Date travel ended	Date (MM/DD/YYYY)		
CONTACTS / OTHER ILL PERSONS					
Contacts with similar illness?	CONTOTHCONTACT	Any contacts with similar illness?	DropDownList	Yes No Unknown	Y N U
REPORTING AGENCY					
Investigator name	REPAGENCYNAME	LHD Investigator name	FreeText		
Local health jurisdiction	REPAGENCYLHJUR	Local health jurisdiction	FreeText		

EPIDEMIOLOGIC INFO – TULAREMIA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Telephone number	REPAGENCYPHONE	Telephone number of LHD investigator	FreeText		
Date	REPAGENCYDT	Date agency reported the case	Date (MM/DD/YYYY)		
First reported by	REPAGENCYREPORTEDBY	What reporting agency first reported the case?	DropDownList	Clinician Laboratory Other	CLI LAB OTH
If Other, specify	REPAGENCYREPORTEDBYSPFY	Specify other agency	FreeText		
EPIDEMIOLOGICAL LINKAGE					
Epi-Linked to known case?	EPILINKKNOWNCASE	Epi-Linked to known case of tularemia?	DropDownList	Yes No Unknown	Y N U
Contact name / Case #	EPILINKCONTNAMECASENUM	Contact name / case #	FreeText		
DISEASE CASE CLASSIFICATION					
Disease type	TULARMIAEPICRCASECLASSDISEASE_0 TULARMIAEPICRCASECLASSDISEASE_1 TULARMIAEPICRCASECLASSDISEASE_2 TULARMIAEPICRCASECLASSDISEASE_3 TULARMIAEPICRCASECLASSDISEASE_4 TULARMIAEPICRCASECLASSDISEASE_5 TULARMIAEPICRCASECLASSDISEASE_6 TULARMIAEPICRCASECLASSDISEASE_7	What type of tularemia did the patient have?	CheckBoxList (more than one choice is possible)	Ulceroglandular Glandular Oculoglandular Oropharyngeal Intestinal Pneumonic Typhoidal Other	ULC GLA OCU ORO INT PNE TYP OTH
If Other, specify	TULARMIAEPICRCASECLASSDISEASESPFY	If other type of tularemia, specify	FreeText		
OUTBREAK					
Part of known outbreak?	OBPARTOF	Is this case part of a known tularemia outbreak?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – TULAREMIA					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Yes, extent of outbreak	OBEXTENTOF_0 OBEXTENTOF_1 OBEXTENTOF_2 OBEXTENTOF_3 OBEXTENTOF_4 OBEXTENTOF_5	If Yes, what is the extent of the outbreak?	CheckBoxList (more than one choice is possible)	One CA jurisdiction Multiple CA jurisdictions Multistate International Unknown Other	ONEJUR MULJUR MULSTAT INTR UNK OTH
If Other, specify	OBEXTENTOFSPFY	Specify other extent of outbreak	FreeText		
Mode of transmission	OBTRANSMOD_0 OBTRANSMOD_1 OBTRANSMOD_2 OBTRANSMOD_3	What is the mode of transmission for the tularemia outbreak?	CheckBoxList (more than one choice is possible)	Point source Person-to-person Unknown Other	SRC P2P UNK OTH
If Other, specify	OBTRANSMODSPFY	Specify other mode of transmission	FreeText		
Vehicle of outbreak	OBVEHICLE	What is the vehicle of the tularemia outbreak?	FreeText		
Pattern 1 ID	OBPAT1IDNUM	Pattern 1 ID number	FreeText		
Pattern 2 ID	OBPAT2IDNUM	Pattern 2 ID number	FreeText		

Typhus and Other Non-Spotted Rickettsioses

See User Defined Form sections (Clinical, Laboratory and Epidemiologic) under the Rickettsial Group entry

Unknown Disease

See User Defined Form sections (Clinical, Laboratory and Epidemiologic) under the Unusual/Other Disease entry

Unusual/Other Disease

CLINICAL INFO – UNKNOWN DISEASE / UNUSUAL/OTHER DISEASE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
GENERAL INFORMATION					
Disease	UNUSUALCLICRGENINFODISEASE	Indicate the disease or type of illness	FreeText		
SIGNS AND SYMPTOMS					
Symptomatic?	UNUSUALCLICRSIGNSXSYMPTOMATIC	Does the patient have clinical signs or symptoms?	DropDownList	Yes No Unknown	Y N U
Onset date	UNUSUALCLICRSIGNSXONSETDT	Onset date of symptoms	System Defined Field Link		
Date sought medical care	UNUSUALCLICRSIGNSXSGTMEDCAREDT	Date first sought medical care for symptoms	Date (MM/DD/YYYY)		
Fever	UNUSUALCLICRSIGNSXFEVER	Did patient have a fever?	DropDownList	Yes No Unknown	Y N U
Highest temperature	UNUSUALCLICRSIGNSXFEVERHIGHTEMP	If Yes, highest temperature (specify F/C)	FreeText		
Chills	UNUSUALCLICRSIGNSXCHILLS	Signs and symptoms: **Chills**	DropDownList	Yes No Unknown	Y N U
Rash	UNUSUALCLICRSIGNSXRASH	Signs and symptoms: **Rash**	DropDownList	Yes No Unknown	Y N U
If Yes, specify location	UNUSUALCLICRSIGNSXRASHLOC	If Yes, specify location of rash	FreeText		
Other skin lesion	UNUSUALCLICRSIGNSXSKINLESN	Signs and symptoms: **Other skin lesion**	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – UNKNOWN DISEASE / UNUSUAL/OTHER DISEASE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Yes, specify lesion type	UNUSUALCLICRSIGNSXSKINLESNTYPE	If Yes, specify the type of skin lesion	FreeText		
Headache	UNUSUALCLICRSIGNSXHEADACHE	Signs and symptoms: **Headache**	DropDownList	Yes No Unknown	Y N U
Change in mental status	UNUSUALCLICRSIGNSXMENTALCHANGE	Signs and symptoms: **Change in mental status**	DropDownList	Yes No Unknown	Y N U
Stiff neck	UNUSUALCLICRSIGNSXSTIFFNECK	Signs and symptoms: **Stiff neck**	DropDownList	Yes No Unknown	Y N U
Sore throat	UNUSUALCLICRSIGNSXSORETHROAT	Signs and symptoms: **Sore throat**	DropDownList	Yes No Unknown	Y N U
Cough	UNUSUALCLICRSIGNSXCOUGH	Signs and symptoms: **Cough**	DropDownList	Yes No Unknown	Y N U
Shortness of breath	UNUSUALCLICRSIGNSXSHORTBREATH	Signs and symptoms: **Shortness of breath**	DropDownList	Yes No Unknown	Y N U
Abdominal cramps	UNUSUALCLICRSIGNSXABCRAMP	Signs and symptoms: **Abdominal cramps**	DropDownList	Yes No Unknown	Y N U
Vomiting	UNUSUALCLICRSIGNSXVOMIT	Signs and symptoms: **Vomiting**	DropDownList	Yes No Unknown	Y N U
Diarrhea	UNUSUALCLICRSIGNSXDIARRHEA	Signs and symptoms: **Diarrhea**	DropDownList	Yes No Unknown	Y N U
# of stools	UNUSUALCLICRSIGNSXMAXSTOOLS24	If Yes, specify Max # stools / 24 hr.	FreeText		
Bloody stool	UNUSUALCLICRSIGNSXBLOODYSTOOL	Signs and symptoms: **Bloody stool**	DropDownList	Yes No Unknown	Y N U
Myalgia	UNUSUALCLICRSIGNSXMYALGIA	Signs and symptoms: **Myalgia**	DropDownList	Yes No Unknown	Y N U
Joint pain	UNUSUALCLICRSIGNSXJOINTPAIN	Signs and symptoms: **Joint pain**	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – UNKNOWN DISEASE / UNUSUAL/OTHER DISEASE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Yes, specify which joint	UNUSUALCLICRSIGNSXJOINTPAINSPFY	If Yes, specify which joint is in pain	FreeText		
Joint swelling	UNUSUALCLICRSIGNSXJOINTSWELL	Signs and symptoms: **Joint swelling**	DropDownList	Yes No Unknown	Y N U
If Yes, specify which joint	UNUSUALCLICRSIGNSXJOINTSWELLSPFY	If Yes, specify which joint is swelling	FreeText		
Shock (systolic BP<90)	UNUSUALCLICRSIGNSXSHOCK	Signs and symptoms: **Shock** (systolic BP<90)	DropDownList	Yes No Unknown	Y N U
Other	UNUSUALCLICRSIGNSXOTH	**Other** signs or symptoms	DropDownList	Yes No Unknown	Y N U
If Yes, specify	UNUSUALCLICRSIGNSXOTHSPFY	Specify other signs or symptoms	FreeText		
PAST MEDICAL HISTORY					
Chronic medical condition	UNUSUALCLICRPASMEDHXCHRONIC	Does the patient have any chronic medical conditions?	DropDownList	Yes No Unknown	Y N U
If Yes, list conditions	UNUSUALCLICRPASMEDHXCHRONICSPFY	If Yes, list chronic medical conditions	FreeText		
Cancer	UNUSUALCLICRPASMEDHXCANCRIMMSUP	Does the patient have cancer or other immunosuppressive condition?	DropDownList	Yes No Unknown	Y N U
If Yes, list conditions	UNUSUALCLICRPASMEDHXCANCRIMMSUPSPFY	If Yes, list immunosuppressive conditions	FreeText		
Cardiopulmonary disease	UNUSUALCLICRPASMEDHXCARDPULM	Does the patient have cardiopulmonary disease?	DropDownList	Yes No Unknown	Y N U
If Yes, list conditions	UNUSUALCLICRPASMEDHXCARDPULMSPFY	If Yes, list cardiopulmonary conditions	FreeText		
Recent antibiotic use	UNUSUALCLICRPASMEDHXABXUSE	Has the patient recently used any antibiotics?	DropDownList	Yes No Unknown	Y N U
If Yes, list antibiotic names	UNUSUALCLICRPASMEDHXABXUSENAMES	If Yes, list antibiotic names	FreeText		

CLINICAL INFO – UNKNOWN DISEASE / UNUSUAL/OTHER DISEASE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Surgery	UNUSUALCLICRPASMEDHXSURG	Past medical history: **Surgery**	DropDownList	Yes No Unknown	Y N U
Date of surgery	UNUSUALCLICRPASMEDHXSURGDT	Date of most relevant surgery	Date (MM/DD/YYYY)		
Hospital name	UNUSUALCLICRPASMEDHXSURGHOSPNAME	Specify the name of the hospital where patient had surgery	FreeText		
Hospital location (city, state)	UNUSUALCLICRPASMEDHXSURGHOSPLOC	Hospital location (city, state)	FreeText		
Hospital contact phone #	UNUSUALCLICRPASMEDHXSURGHOSPPHONE	Hospital contact phone #	FreeText		
Dental work	UNUSUALCLICRPASMEDHXDENTAL	Past medical history: **Dental work**	DropDownList	Yes No Unknown	Y N U
Date of dental work	UNUSUALCLICRPASMEDHXDENTALDT	Date of most relevant dental work	Date (MM/DD/YYYY)		
Dentist name	UNUSUALCLICRPASMEDHXDENTALNAME	Specify the name of the dentist	FreeText		
Dentist location (city, state)	UNUSUALCLICRPASMEDHXDENTALLOC	Dentist location (city, state)	FreeText		
Telephone	UNUSUALCLICRPASMEDHXDENTALPHONE	Dentist's telephone number	FreeText		
Other	UNUSUALCLICRPASMEDHXOTH	Past medical history: **Other**	DropDownList	Yes No Unknown	Y N U
If Yes, specify	UNUSUALCLICRPASMEDHXOTHSPFY	If Yes, specify pertinent past medical history	FreeText		
HOSPITALIZATION					
Patient visit ER?	HOSPER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U
Was patient hospitalized?	HOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
Total hospital nights	HOSPDAYSHOSP	If Yes, how many total hospital nights?	FreeText		
HOSPITALIZATION – DETAILS					

CLINICAL INFO – UNKNOWN DISEASE / UNUSUAL/OTHER DISEASE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Hospital name	HOSPDTLNAME1 HOSPDTLNAME2 HOSPDTLNAME3	Name of facility where patient was hospitalized	FreeText		
Street address	HOSPDTLADDRESS1 HOSPDTLADDRESS2 HOSPDTLADDRESS3	Street address of hospital	FreeText		
City	HOSPDTLCITY1 HOSPDTLCITY2 HOSPDTLCITY3	City where hospital located	FreeText		
State	HOSPDTLSTATE1 HOSPDTLSTATE2 HOSPDTLSTATE3	State	FreeText		
Zip code	HOSPDTLZIPCODE1 HOSPDTLZIPCODE2 HOSPDTLZIPCODE3	Zip code	FreeText		
Telephone	HOSPDTLPHONE1 HOSPDTLPHONE2 HOSPDTLPHONE3	Telephone number for hospital	FreeText		
Admit date	HOSPDTLADMITDT1 HOSPDTLADMITDT2 HOSPDTLADMITDT3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPDTLDISCHDT1 HOSPDTLDISCHDT2 HOSPDTLDISCHDT3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		
Medical record number	HOSPDTLMRN1 HOSPDTLMRN2 HOSPDTLMRN3	Medical record number for patient	FreeText		
Discharge diagnosis	HOSPDTLDISCHDX1 HOSPDTLDISCHDX2 HOSPDTLDISCHDX3	What was the patient's final diagnosis at the time of discharge?	FreeText		
TREATMENT/MANAGEMENT					
Received treatment?	TXMGTTREATMENT	Did the patient receive treatment?	DropDownList	Yes No Unknown	Y N U
TREATMENT/MANAGMENT – DETAILS					
Treatment type	UNUSUALCLICRTXMGTDTLTYPE1 UNUSUALCLICRTXMGTDTLTYPE2 UNUSUALCLICRTXMGTDTLTYPE3	What was the general treatment type?	FreeText		

CLINICAL INFO – UNKNOWN DISEASE / UNUSUAL/OTHER DISEASE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Treatment name	UNUSUALCLICRTXMGTDTLNAME1 UNUSUALCLICRTXMGTDTLNAME2 UNUSUALCLICRTXMGTDTLNAME3	What was the specific name of the treatment?	FreeText		
Date started	UNUSUALCLICRTXMGTDTLSTARTDT1 UNUSUALCLICRTXMGTDTLSTARTDT2 UNUSUALCLICRTXMGTDTLSTARTDT3	Date treatment started	Date (MM/DD/YYYY)		
Date ended	UNUSUALCLICRTXMGTDTLENDDT1 UNUSUALCLICRTXMGTDTLENDDT2 UNUSUALCLICRTXMGTDTLENDDT3	Date treatment ended	Date (MM/DD/YYYY)		
OUTCOME					
Outcome?	OUTCOMEOUTCOME	What was the clinical outcome for this case?	DropDownList	Survived Died Unknown	S D U
Survived as of	OUTCOMESURVIVEDT	If patient survived, what was the date patient was known to still be living?	Date (MM/DD/YYYY)		
Date of death	OUTCOMEDEATHDT	If patient died, what was the date of death?	System Defined Field Link		

LABORATORY INFO – UNKNOWN DISEASE / UNUSUAL/OTHER DISEASE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY RESULTS SUMMARY					
Specimen type	UNUSUALLABCRLABRSLTSUMSPECTYPE1 UNUSUALLABCRLABRSLTSUMSPECTYPE2 UNUSUALLABCRLABRSLTSUMSPECTYPE3	What type of specimen was submitted for lab testing?	FreeText		
Type of test	UNUSUALLABCRLABRSLTSUMTSTTYPE1 UNUSUALLABCRLABRSLTSUMTSTTYPE2 UNUSUALLABCRLABRSLTSUMTSTTYPE3	Type of laboratory test performed	FreeText		
Collection date	UNUSUALLABCRLABRSLTSUMCOLLECTDT1 UNUSUALLABCRLABRSLTSUMCOLLECTDT2 UNUSUALLABCRLABRSLTSUMCOLLECTDT3	Date specimen was collected	Date (MM/DD/YYYY)		
Results	UNUSUALLABCRLABRSLTSUMRSLT1 UNUSUALLABCRLABRSLTSUMRSLT2 UNUSUALLABCRLABRSLTSUMRSLT3	Results of lab testing	FreeText		

LABORATORY INFO – UNKNOWN DISEASE / UNUSUAL/OTHER DISEASE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Interpretation	UNUSUALLABCRLABRSLTSUMINTERPRET1 UNUSUALLABCRLABRSLTSUMINTERPRET2 UNUSUALLABCRLABRSLTSUMINTERPRET3	Interpretation of lab test results	FreeText		
Laboratory name	UNUSUALLABCRLABRSLTSUMLABNAME1 UNUSUALLABCRLABRSLTSUMLABNAME2 UNUSUALLABCRLABRSLTSUMLABNAME3	Name of laboratory where testing was performed	FreeText		
Telephone	UNUSUALLABCRLABRSLTSUMLABPHONE1 UNUSUALLABCRLABRSLTSUMLABPHONE2 UNUSUALLABCRLABRSLTSUMLABPHONE3	Telephone number of laboratory	FreeText		
IMAGING SUMMARY					
Anatomic site	IMGSUMSHORTANATOMICSITE	If imaging study was done, what anatomic site was imaged?	FreeText		
Date	IMGSUMSHORTDT	Date of imaging study?	Date (MM/DD/YYYY)		
Type of imaging	IMGSUMSHORTIMGTYPE_0 IMGSUMSHORTIMGTYPE_1 IMGSUMSHORTIMGTYPE_2 IMGSUMSHORTIMGTYPE_3	Specific type of imaging or radiographic study	CheckBoxList (more than one choice is possible)	X-Ray CT MRI Other	XRAY CT MRI OTH
If Other, specify	IMGSUMSHORTIMGTYPESPFY	If Other, specify	FreeText		
Result	IMGSUMSHORTRSLT	What was the result of the radiographic or imaging study?	FreeText		
Interpretation	IMGSUMSHORTINTERPRET	What was the interpretation of the radiographic or imaging study?	FreeText		
Facility name	IMGSUMSHORTNAME	What is the facility name where the imaging study was conducted?	FreeText		
Telephone	IMGSUMSHORTPHONE	Telephone number for the imaging facility	FreeText		

EPIDEMIOLOGIC INFO – UNKNOWN DISEASE / UNUSUAL/OTHER DISEASE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
FOOD HISTORY					
Unpasteurized milk	UNUSUALEPICRFOODHXMILK	Did the patient drink any raw (unpasteurized) milk during the incubation period?	DropDownList	Yes No Unknown	Y N U
Type(s)	UNUSUALEPICRFOODHXMILKTYPE	If yes, specify type(s)	FreeText		
Brand(s)	UNUSUALEPICRFOODHXMILKBRAND	If yes, specify brand(s)	FreeText		
Where purchased?	UNUSUALEPICRFOODHXMILKPURLOC	Where was the food purchased?	FreeText		
Unpasteurized milk product	UNUSUALEPICRFOODHXMILKPROD	Did the patient eat or drink any raw (unpasteurized milk product) during the incubation period?	DropDownList	Yes No Unknown	Y N U
Type(s)	UNUSUALEPICRFOODHXMILKPRODTYPE	If yes, specify type(s)	FreeText		
Brand(s)	UNUSUALEPICRFOODHXMILKPRODBRAND	If yes, specify brand(s)	FreeText		
Where purchased?	UNUSUALEPICRFOODHXMILKPRODPURLOC	Where was the food purchased?	FreeText		
Eggs	UNUSUALEPICRFOODHXEGGS	Did the patient eat eggs during the incubation period?	DropDownList	Yes No Unknown	Y N U
Eaten raw?	UNUSUALEPICRFOODHXEGGSRAW	Were the eggs eaten undercooked or raw?	FreeText		
Where purchased?	UNUSUALEPICRFOODHXEGGSPURLOC	Where was the food purchased?	FreeText		
Food made with raw eggs	UNUSUALEPICRFOODHXRAWEGGFOOD	Did the patient eat or drink food made with raw eggs (e.g. eggnog, Caesar salad dressing, cookie dough, homemade mayonnaise) during the incubation period?	DropDownList	Yes No Unknown	Y N U
Food items	UNUSUALEPICRFOODHXRAWEGGFOODITEMS	Specify what food items were eaten	FreeText		
Where purchased?	UNUSUALEPICRFOODHXRAWEGGFOODPURLO	Where was the food purchased?	FreeText		

EPIDEMIOLOGIC INFO – UNKNOWN DISEASE / UNUSUAL/OTHER DISEASE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Meat	UNUSUALEPICRFOODHXMEAT	Did the patient eat any meat (e.g. beef, pork, lamb, goat, etc.) during the incubation period?	DropDownList	Yes No Unknown	Y N U
Type(s)	UNUSUALEPICRFOODHXMEATTYPES	If yes, specify type(s)	FreeText		
Eaten raw?	UNUSUALEPICRFOODHXMEATRAW	Was the meat eaten undercooked or raw?	FreeText		
Where purchased?	UNUSUALEPICRFOODHXMEATPURLOC	Where was the food purchased?	FreeText		
Poultry	UNUSUALEPICRFOODHXPOULTRY	Did the patient eat poultry during the incubation period?	DropDownList	Yes No Unknown	Y N U
Type(s)	UNUSUALEPICRFOODHXPOULTRYTYPES	If yes, specify type(s)	FreeText		
Eaten raw?	UNUSUALEPICRFOODHXPOULTRYRAW	Was the poultry eaten undercooked or raw?	FreeText		
Where purchased?	UNUSUALEPICRFOODHXPOULTRYPURLOC	Where was the food purchased?	FreeText		
Shellfish	UNUSUALEPICRFOODHXSHELLFSH	Did patient eat shellfish during the incubation period?	DropDownList	Yes No Unknown	Y N U
Type(s)	UNUSUALEPICRFOODHXSHELLFSHTYPES	If yes, specify type(s)	FreeText		
Eaten raw?	UNUSUALEPICRFOODHXSHELLFSHRAW	Was the shellfish eaten undercooked or raw?	FreeText		
Where purchased?	UNUSUALEPICRFOODHXSHELLFSHPURLOC	Where was the food purchased?	FreeText		
Untreated water	UNUSUALEPICRFOODHXWATER	Did the patient eat or drink any untreated water (e.g. stream, lake, etc.) during the incubation period?	DropDownList	Yes No Unknown	Y N U
Location	UNUSUALEPICRFOODHXWATERLOC	If Yes, specify location where untreated water was obtained	FreeText		
Other	UNUSUALEPICRFOODHXOTH	Did the patient eat or drink any other pertinent items during the incubation period?	Text Box		
FOOD HISTORY – OUTSIDE HOME					

EPIDEMIOLOGIC INFO – UNKNOWN DISEASE / UNUSUAL/OTHER DISEASE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Consume food prepared outside home?	UNUSUALEPICRFOODHXOUTCONSUME	Did the patient consume food or drink prepared outside of the home during the incubation period?	DropDownList	Yes No Unknown	Y N U
FOOD HISTORY – OUTSIDE OF HOME – DETAILS					
Name of place	UNUSUALEPICRFOODHXOUTDTLPLACENAME1 UNUSUALEPICRFOODHXOUTDTLPLACENAME2 UNUSUALEPICRFOODHXOUTDTLPLACENAME3	Name of location where patient consumed food or drink prepared outside of the home	FreeText		
Location (city, state)	UNUSUALEPICRFOODHXOUTDTLLOC1 UNUSUALEPICRFOODHXOUTDTLLOC2 UNUSUALEPICRFOODHXOUTDTLLOC3	Location (city, state)	FreeText		
Date	UNUSUALEPICRFOODHXOUTDTLDT1 UNUSUALEPICRFOODHXOUTDTLDT2 UNUSUALEPICRFOODHXOUTDTLDT3	Date food or drink was consumed	Date (MM/DD/YYYY)		
Items consumed	UNUSUALEPICRFOODHXOUTDTLITEMCONSUMED1 UNUSUALEPICRFOODHXOUTDTLITEMCONSUMED2 UNUSUALEPICRFOODHXOUTDTLITEMCONSUMED3	Food or drink items consumed	FreeText		
EXPOSURES / RISK FACTORS – OTHER					
Rural or wild habitats	UNUSUALEPICREXPRISKFACOTHRURAL	Was the patient exposed to rural or wild habitats during the incubation period?	DropDownList	Yes No Unknown	Y N U
Location	UNUSUALEPICREXPRISKFACOTHRURALLOC	If Yes, specify location of habitat	FreeText		
Animal contact	UNUSUALEPICREXPRISKFACOTHANIMLCONT	Was the patient exposed to animals during the incubation period?	DropDownList	Yes No Unknown	Y N U
Animal species	UNUSUALEPICREXPRISKFACOTHANIMLCONTSPECIE	If Yes, specify animal species	FreeText		
Geographic location	UNUSUALEPICREXPRISKFACOTHANIMALCONTLOC	Specify geographic location where animal contact occurred	FreeText		
Animal bite	UNUSUALEPICREXPRISKFACOTHANIMLBITE	Was the patient bitten by an animal during the incubation period?	DropDownList	Yes No Unknown	Y N U
Animal species	UNUSUALEPICREXPRISKFACOTHANIMLBITESPECIE	If Yes, specify animal species	FreeText		
Geographic location	UNUSUALEPICREXPRISKFACOTHANIMLBITEGEOLOC	Specify geographic location where animal bite occurred	FreeText		

EPIDEMIOLOGIC INFO – UNKNOWN DISEASE / UNUSUAL/OTHER DISEASE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Anatomic location	UNUSUALEPICREXPRISKFACOTHANIMLBITEANALOC	Specify the anatomic location of the bite	FreeText		
Animal products	UNUSUALEPICREXPRISKFACOTHANIMLPROD	Was the patient exposed to animal products during the incubation period?	DropDownList	Yes No Unknown	Y N U
Type(s)	UNUSUALEPICREXPRISKFACOTHANIMLPRODTYPE	If yes, specify the type(s) of animal product(s)	FreeText		
Insect bite	UNUSUALEPICREXPRISKFACOTHINSECTBITE	Was the patient bitten by an insect during the incubation period?	DropDownList	Yes No Unknown	Y N U
Insect species	UNUSUALEPICREXPRISKFACOTHINSECTBITESPECI	If Yes, specify insect species	FreeText		
Geographic location	UNUSUALEPICREXPRISKFACOTHINSECTBITELOC	Specify geographic location where insect bite occurred	FreeText		
New medications	UNUSUALEPICREXPRISKFACOTHNEWMED	Did the patient use any new medications during the incubation period?	DropDownList	Yes No Unknown	Y N U
Type(s)	UNUSUALEPICREXPRISKFACOTHNEWMEDTYPES	If yes, specify the type(s) of medication(s)	FreeText		
Daycare	UNUSUALEPICREXPRISKFACOTHDAYCARE	Did the patient attend or spend time in a daycare during the incubation period?	DropDownList	Yes No Unknown	Y N U
Facility name	UNUSUALEPICREXPRISKFACOTHDAYCAREFACNAME	If yes, specify the name of the daycare	FreeText		
Location	UNUSUALEPICREXPRISKFACOTHDAYCARELOC	Specify the location of the day care	FreeText		
Hospital / clinic	UNUSUALEPICREXPRISKFACOTHHOSP	Did the patient visit a hospital or clinic during the incubation period?	DropDownList	Yes No Unknown	Y N U
Facility name	UNUSUALEPICREXPRISKFACOTHHOSPNAME	If yes, specify the name of the hospital or clinic	FreeText		
Location	UNUSUALEPICREXPRISKFACOTHHOSPLOC	Specify the location of the hospital or clinic	FreeText		
Other	UNUSUALEPICREXPRISKFACOTHOTH	Did the patient have any other exposures of interest during the incubation period?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	UNUSUALEPICREXPRISKFACOTHOTHSPFY	If Yes, specify other exposure	FreeText		

EPIDEMIOLOGIC INFO – UNKNOWN DISEASE / UNUSUAL/OTHER DISEASE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
EXPOSURES / RISK FACTORS – ACTIVITES / EVENTS					
Activity	UNUSUALEPICREXPRISKFACACTIVACTIVITY1 UNUSUALEPICREXPRISKFACACTIVACTIVITY2 UNUSUALEPICREXPRISKFACACTIVACTIVITY3	If the patient attended any recreational activity or event during the incubation period, please specify the type of activity or event	DropDownList	Sporting event Amusement park Concert Convention / meeting Other	SPORT PARK CONCERT CONV OTH
If Other, specify	UNUSUALEPICREXPRISKFACACTIVACTIVITYSPFY1 UNUSUALEPICREXPRISKFACACTIVACTIVITYSPFY2 UNUSUALEPICREXPRISKFACACTIVACTIVITYSPFY3	If other event or activity, please specify	FreeText		
Describe activity	UNUSUALEPICREXPRISKFACACTIVACTIVITYDESC1 UNUSUALEPICREXPRISKFACACTIVACTIVITYDESC2 UNUSUALEPICREXPRISKFACACTIVACTIVITYDESC3	Describe the activity or event	FreeText		
Location	UNUSUALEPICREXPRISKFACACTIVLOC1 UNUSUALEPICREXPRISKFACACTIVLOC2 UNUSUALEPICREXPRISKFACACTIVLOC3	Specify the location of the activity or event	FreeText		
Date	UNUSUALEPICREXPRISKFACACTIVDT1 UNUSUALEPICREXPRISKFACACTIVDT2 UNUSUALEPICREXPRISKFACACTIVDT3	Specify the date of the activity or event	Date (MM/DD/YYYY)		
TRAVEL HISTORY					
Travel during incubation period?	TRVHXTRAVEL	Did patient travel outside of county of residence during the incubation period?	DropDownList	Yes No Unknown	Y N U
Incubation period	TRVHXINCUBPERIOD	Indicate the incubation period	FreeText		
TRAVEL HISTORY – DETAILS					
Location	TRVHXDTLLOCATION1 TRVHXDTLLOCATION2 TRVHXDTLLOCATION3	Specify location (city, county, state, country) of patient travel	FreeText		
Date travel started	TRVHXDTLSTARTDT1 TRVHXDTLSTARTDT2 TRVHXDTLSTARTDT3	Date travel started	Date (MM/DD/YYYY)		
Date travel ended	TRVHXDTLENDDT1 TRVHXDTLENDDT2 TRVHXDTLENDDT3	Date travel ended	Date (MM/DD/YYYY)		
Fly while infectious?	TRVHXDTLPatFly1 TRVHXDTLPatFly2 TRVHXDTLPatFly3	Did patient fly while infectious?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – UNKNOWN DISEASE / UNUSUAL/OTHER DISEASE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Airline(s)	TRVHXDTLPatFlyAirline1 TRVHXDTLPatFlyAirline2 TRVHXDTLPatFlyAirline3	What airline(s) did the patient fly on?	FreeText		
Flight number(s)	TRVHXDTLPatFlyNumber1 TRVHXDTLPatFlyNumber2 TRVHXDTLPatFlyNumber3	Specify the flight number(s) of the flight(s)	FreeText		
Departure date	TRVHXDTLPatFlyDepDt1 TRVHXDTLPatFlyDepDt2 TRVHXDTLPatFlyDepDt3	Flight departure date(s)	Date (MM/DD/YYYY)		
Arrival date	TRVHXDTLPatFlyArrDt1 TRVHXDTLPatFlyArrDt2 TRVHXDTLPatFlyArrDt3	Flight arrival date(s)	Date (MM/DD/YYYY)		
CONTACTS/OTHER ILL PERSONS					
Contacts with similar illness	CONTOTHCONTACT	Any contacts with similar illness?	DropDownList	Yes No Unknown	Y N U
REPORTING AGENCY					
Investigator name	REPAGENCYNAME	LHD Investigator name	FreeText		
Local health jurisdiction	REPAGENCYLHJUR	Local health jurisdiction	FreeText		
Telephone number	REPAGENCYPHONE	Telephone number of LHD investigator	FreeText		
Date	REPAGENCYDT	Date agency reported the case	Date (MM/DD/YYYY)		
First reported by	REPAGENCYREPORTEDBY	What reporting agency first reported the case?	DropDownList	Clinician Laboratory Other	CLI LAB OTH
If Other, specify	REPAGENCYREPORTEDBYSPFY	Specify other agency	FreeText		
EPIDEMIOLOGICAL LINKAGE					
Epi-linked case	EPILINKKNOWNCASE	Epi-linked to known case?	DropDownList	Yes No Unknown	Y N U
Contact name / Case #	EPILINKCONTNAMECASENUM	Contact name / case #	FreeText		

EPIDEMIOLOGIC INFO – UNKNOWN DISEASE / UNUSUAL/OTHER DISEASE					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
DISEASE CASE CLASSIFICATION					
Disease type	UNUSUALEPICRCASECLASSDISEASE_0 UNUSUALEPICRCASECLASSDISEASE_1 UNUSUALEPICRCASECLASSDISEASE_2 UNUSUALEPICRCASECLASSDISEASE_3 UNUSUALEPICRCASECLASSDISEASE_4	What was the disease type(s)?	CheckBoxList (more than one choice is possible)	Foodborne Wound Respiratory Sepsis Other	FOOD WOUND RESP SEPS OTH
If Other, specify	UNUSUALEPICRCASECLASSDISEASESPFY	If Other disease type, please specify	FreeText		
OUTBREAK					
Part of outbreak	OBPARTOF	Is this case part of a known disease outbreak?	DropDownList	Yes No Unknown	Y N U
Extent of outbreak	OBEXTENTOF_0 OBEXTENTOF_1 OBEXTENTOF_2 OBEXTENTOF_3 OBEXTENTOF_4 OBEXTENTOF_5	If Yes, what is the extent of the outbreak?	CheckBoxList (more than one choice is possible)	One CA jurisdiction Multiple CA jurisdictions Multistate International Unknown Other	ONEJUR MULJUR MULSTAT INTR UNK OTH
If Other, specify	OBEXTENTOFSPFY	Specify other extent of outbreak	FreeText		
Mode of transmission	OBTRANSMOD_0 OBTRANSMOD_1 OBTRANSMOD_2 OBTRANSMOD_3	What is the mode of transmission for the disease outbreak?	CheckBoxList (more than one choice is possible)	Point source Person-to-person Unknown Other	SRC P2P UNK OTH
Specify Other	OBTRANSMODSPFY	Specify other mode of transmission	FreeText		
Vehicle of outbreak	OBVEHICLE	What is the vehicle of the disease outbreak?	FreeText		
Pattern 1 ID number	OBPAT1IDNUM	Pattern 1 ID number	FreeText		
Pattern 2 ID number	OBPAT2IDNUM	Pattern 2 ID number	FreeText		

Varicella (Chicken Pox) / Varicella (Hospitalization / Death)

CLINICAL INFO – VARICELLA (CHICKEN POX) / VARICELLA (HOSPITALIZATION / DEATH)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
SIGNS AND SYMPTOMS					
Vesicular rash	CHKNPOXCLICRSIGNSXMACULOP	Did patient have a Vesicular rash?	DropDownList	Yes No Unknown	Y N U
Duration of rash	CHKNPOXCLICRSIGNSXRASHDUR	What was the duration of the rash?	FreeText		
Generalized rash	CHKNPOXCLICRSIGNSXRASHGEN	Did patient have a Generalized rash?	DropDownList	Yes No Unknown	Y N U
Direction of spread	CHKNPOXCLICRSIGNSXSPREAD	What was the generalized rash's direction of spread?	FreeText		
Severity of rash	CHKNPOXCLICRSIGNSXSEVERITY	What was the severity of the generalized rash?	DropDownList	Mild (< 50 lesions) Mild / moderate (50 - 250 lesions) Moderate (250 - 500 lesions) Severe (500 or more lesions or complications)	MILD MILDMOD MOD SEV
Other symptoms	CHKNPOXCLICRSIGNSXOTHSYMP	Did patient have any other symptoms or signs of Varicella (Chicken Pox)?	DropDownList	Yes No Unknown	Y N U
Describe symptoms	CHKNPOXCLICRSIGNSXDESCOTHSYMP	Please describe other symptoms	FreeText		
HOSPITALIZATION					
Patient visit ER?	HOSPER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U
Was patient hospitalized?	HOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
Total hospital nights	HOSPDAYSHOSP	If Yes, how many total hospital nights?	FreeText		
HOSPITALIZATION – DETAILS					
Hospital name	HOSPDTLNAME1 HOSPDTLNAME2 HOSPDTLNAME3	Name of facility where patient was hospitalized	FreeText		

CLINICAL INFO – VARICELLA (CHICKEN POX) / VARICELLA (HOSPITALIZATION / DEATH)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Street address	HOSPDTLADDRESS1 HOSPDTLADDRESS2 HOSPDTLADDRESS3	Street address of hospital	FreeText		
City	HOSPDTLCITY1 HOSPDTLCITY2 HOSPDTLCITY3	City where hospital located	FreeText		
State	HOSPDTLSTATE1 HOSPDTLSTATE2 HOSPDTLSTATE3	State	FreeText		
Zip code	HOSPDTLZIPCODE1 HOSPDTLZIPCODE2 HOSPDTLZIPCODE3	Zip code	FreeText		
Telephone	HOSPDTLPHONE1 HOSPDTLPHONE2 HOSPDTLPHONE3	Telephone number for hospital	FreeText		
Admit date	HOSPDTLADMITDT1 HOSPDTLADMITDT2 HOSPDTLADMITDT3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPDTLDISCHDT1 HOSPDTLDISCHDT2 HOSPDTLDISCHDT3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		
Medical record number	HOSPDTLMRN1 HOSPDTLMRN2 HOSPDTLMRN3	Medical record number for patient	FreeText		
Discharge diagnosis	HOSPDTLDISCHDX1 HOSPDTLDISCHDX2 HOSPDTLDISCHDX3	What was the patient's final diagnosis at the time of discharge?	FreeText		
COMPLICATIONS AND OTHER SYMPTOMS					
Pneumonia	CHKNPOXCLICRCOMPOTHSXPNEUM	Did patient have Pneumonia?	DropDownList	Yes No Unknown	Y N U
Cerebellar ataxia	CHKNPOXCLICRCOMPOTHSXCEREBEKK	Did patient have Cerebellar ataxia?	DropDownList	Yes No Unknown	Y N U
Encephalitis	CHKNPOXCLICRCOMPOTHSXENCEPH	Did patient have Encephalitis?	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – VARICELLA (CHICKEN POX) / VARICELLA (HOSPITALIZATION / DEATH)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Other complications	CHKNPOXCLICRCOMPOTHSXOTHCOMP	Did patient have any other complications?	DropDownList	Yes No Unknown	Y N U
Describe other complications	CHKNPOXCLICRCOMPOTHSXDESCOTHCOMP	Describe other complications	FreeText		
Did patient die?	CHKNPOXCLICRCOMPOTHSXDIED	Did patient die from this illness?	DropDownList	Yes No Lost to follow-up	Y N L
VACCINATION HISTORY					
Patient immunized for disease?	CHKNPOXCLICRVACHXIMM	Has the patient been immunized for this disease?	DropDownList	Yes No Unknown	Y N U
Type of vaccine	CHKNPOXCLICRVACHXVACTYPE	Type of vaccine administered for last dose	DropDownList	Monovalent varicella vaccine MMRV	MVV MMRV
Dose #1	CHKNPOXCLICRVACHXVAC1	Did patient receive dose #1?	DropDownList	Yes, documented Yes, alleged	D A
Date	CHKNPOXCLICRVACHXVAC1DT	Date dose #1 was administered	Date (MM/DD/YYYY)		
Date unknown	CHKNPOXCLICRVACHXVAC1DTUNK	Indicate if the date dose #1 was administered is unknown	CheckBox	Unchecked Checked	(blank) Y
Dose #2	CHKNPOXCLICRVACHXVAC2	Did patient receive dose #2?	DropDownList	Yes, documented Yes, alleged No Unknown	D A N U
Date	CHKNPOXCLICRVACHXVAC2DT	Date dose #2 was administered	Date (MM/DD/YYYY)		
Date unknown	CHKNPOXCLICRVACHXVAC2DTUNK	Indicate if the date dose #2 was administered is unknown	CheckBox	Unchecked Checked	(blank) Y
Dose #3	CHKNPOXCLICRVACHXVAC3	Did patient receive dose #3?	DropDownList	Yes, documented Yes, alleged No Unknown	D A N U

CLINICAL INFO – VARICELLA (CHICKEN POX) / VARICELLA (HOSPITALIZATION / DEATH)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Date	CHKNPOXCLICRVACHXVAC3DT	Date dose #3 was administered	Date (MM/DD/YYYY)		
Date unknown	CHKNPOXCLICRVACHXVAC3DTUNK	Indicate if the date dose #3 was administered is unknown	CheckBox	Unchecked Checked	(blank) Y
Reason not vaccinated	CHKNPOXCLICRVACHXRSNNOTVAC_1 CHKNPOXCLICRVACHXRSNNOTVAC_2 CHKNPOXCLICRVACHXRSNNOTVAC_3 CHKNPOXCLICRVACHXRSNNOTVAC_4 CHKNPOXCLICRVACHXRSNNOTVAC_5 CHKNPOXCLICRVACHXRSNNOTVAC_6 CHKNPOXCLICRVACHXRSNNOTVAC_7 CHKNPOXCLICRVACHXRSNNOTVAC_8 CHKNPOXCLICRVACHXRSNNOTVAC_9	If patient not vaccinated for this condition, what is the reason(s) not vaccinated	CheckBoxList (more than one choice is possible)	Personal Beliefs Exemption (PBE) Permanent Medical Exemption (PME) Temporary Medical Exemption Lab confirmation of previous disease MD diagnosis of previous disease Under age for vaccination Delay in starting series or between doses Unknown Other	PBE PME TME LCD MDD UAV DEL UNK OTH
If Other, specify	CHKNPOXCLICRVACHXRSNNOTVACSPFY	If Other reason, please specify	FreeText		
Comments	CHKNPOXCLICRVACHXCOMMENTS	Comments	Text Box		
MEDICAL HISTORY					
Immuno-compromised	CHKNPOXCLICRMEDHXIMMUNO	Was patient Immunocompr-omised?	DropDownList	Yes No Unknown	Y N U
Prior diagnosis	CHKNPOXCLICRMEDHXPRIORDX	Prior MD diagnosis of this disease?	DropDownList	Yes No Unknown	Y N U
Any pre-existing conditions?	CHKNPOXCLICRMEDHXPREXCOND	Does the patient have any pre-existing conditions?	DropDownList	Yes No Unknown	Y N U
pre-existing conditions	CHKNPOXCLICRMEDHXDESCPRIORDX	Describe any pre-existing conditions	Text Box		

LABORATORY INFO – VARICELLA (CHICKEN POX) / VARICELLA (HOSPITALIZATION / DEATH)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY RESULTS – DETAILS					
Test type	CHKNPOXLABCRLABRSLTDTLTYPE1 CHKNPOXLABCRLABRSLTDTLTYPE2 CHKNPOXLABCRLABRSLTDTLTYPE3	Type of laboratory test performed	DropDownList	DFA PCR Virus isolation Other	DFA PCR VIRISO OTH
If Other, specify	CHKNPOXLABCRLABRSLTDTLTYPESPFY1 CHKNPOXLABCRLABRSLTDTLTYPESPFY2 CHKNPOXLABCRLABRSLTDTLTYPESPFY3	If Other test, please specify	FreeText		
Specimen source	CHKNPOXLABCRLABRSLTDTLSOURCE1 CHKNPOXLABCRLABRSLTDTLSOURCE2 CHKNPOXLABCRLABRSLTDTLSOURCE3	What was the source of the specimen that was submitted for testing?	DropDownList	Vesicular swab Scab Tissue culture Buccal swab Saliva Blood Urine Macular scraping Other	VESICULAR SCAB TISSUE BUCCAL SALIVA BLOOD URINE MACULAR OTH
If Other, specify	CHKNPOXLABCRLABRSLTDTLSOURCESPFY1 CHKNPOXLABCRLABRSLTDTLSOURCESPFY2 CHKNPOXLABCRLABRSLTDTLSOURCESPFY3	If Other source, please specify	FreeText		
Date specimen collected	CHKNPOXLABCRLABRSLTDTLCOLLECTDT1 CHKNPOXLABCRLABRSLTDTLCOLLECTDT2 CHKNPOXLABCRLABRSLTDTLCOLLECTDT3	Date lab specimen was collected	Date (MM/DD/YYYY)		
Result	CHKNPOXLABCRLABRSLTDTLRSLT1 CHKNPOXLABCRLABRSLTDTLRSLT2 CHKNPOXLABCRLABRSLTDTLRSLT3	What was the result of the laboratory testing?	DropDownList	Positive Negative Indeterminate Pending Not done Unknown	POS NEG IND PEND NOT UNK
Laboratory name	CHKNPOXLABCRLABRSLTDTLNAME1 CHKNPOXLABCRLABRSLTDTLNAME2 CHKNPOXLABCRLABRSLTDTLNAME3	Name of lab where testing was performed	FreeText		
Telephone	CHKNPOXLABCRLABRSLTDTLPHONE1 CHKNPOXLABCRLABRSLTDTLPHONE2 CHKNPOXLABCRLABRSLTDTLPHONE3	Telephone number of lab	FreeText		

LABORATORY INFO – VARICELLA (CHICKEN POX) / VARICELLA (HOSPITALIZATION / DEATH)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
ADDITIONAL LABORATORY RESULTS					
CASE LAB CONFIRMED	CHKNPOXLABCRADDLABRSLTCONFIRMED	Was the case confirmed by laboratory testing?	DropDownList	Yes No Unknown	Y N U
Date sent for genotyping	CHKNPOXLABCRADDLABRSLTGENOTYPDT	If virus was isolated and sent for further testing at CDC, what date was the specimen sent for genotyping?	Date (MM/DD/YYYY)		
Virus genotype	CHKNPOXLABCRADDLABRSLTGENOTYP	What is the virus genotype?	FreeText		
Date sent for strain typing	CHKNPOXLABCRADDLABRSLTSTRAINDT	If virus was isolated and sent for further testing at CDC, what date was the specimen sent for strain typing?	Date (MM/DD/YYYY)		
Strain type	CHKNPOXLABCRADDLABRSLTSTRAIN	What is the strain type?	DropDownList	Wild-type Vaccine-type	WILD VAC

EPIDEMIOLOGIC INFO – VARICELLA (CHICKEN POX) / VARICELLA (HOSPITALIZATION / DEATH)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
TRAVEL HISTORY					
Travel during incubation period?	CHKNPOXEPICRTRVHXIZBTRAVEL	Did patient travel or have visitors during the incubation period?	DropDownList	Yes No Unknown	Y N U
EPIDEMIOLOGICAL EXPOSURE HISTORY					
Close contact with rash?	CHKNPOXEPICREPIEXPHXCLOSECONTRASH	Close contact with person(s) with rash during the incubation period?	DropDownList	Yes No Unknown	Y N U
Acquisition setting	CHKNPOXEPICREPIEXPHXSETTING	Describe acquisition setting where exposure to person(s) with rash occurred	FreeText		
Close contact with shingles?	CHKNPOXEPICREPIEXPHXCLOSECONTSHING	Close contact with person(s) with shingles (zoster) during the incubation period?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – VARICELLA (CHICKEN POX) / VARICELLA (HOSPITALIZATION / DEATH)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
SPREAD SETTING					
Setting type	SPREADSETTYPE1 SPREADSETTYPE2 SPREADSETTYPE3	What is the type of setting in which the infection spread?	DropDownList	Day care	DAYCARE
				School	SCHOOL
				Doctor's office	DOCOFFICE
				Hospital Ward	HOSPWARD
				Hospital ER	ER
				Outpatient hospital clinic	OUTPT
				Home	HOME
				Work	WORK
				Unknown	UNK
				College	COLLEGE
				Military	MILITARY
				Correctional facility	CORRFAC
				Church	CHURCH
				International travel	INTRTRAV
				Other	OTH
Name of setting	SPREADSETNAME1 SPREADSETNAME2 SPREADSETNAME3	Name of setting where Varicella contact occurred	FreeText		
First date of contact	SPREADSETFIRSTCONTDT1 SPREADSETFIRSTCONTDT2 SPREADSETFIRSTCONTDT3	First date of Varicella contact	Date (MM/DD/YYYY)		
Last date of contact	SPREADSETLASTCONTDT1 SPREADSETLASTCONTDT2 SPREADSETLASTCONTDT3	Last date of Varicella contact	Date (MM/DD/YYYY)		
Number exposed	SPREADSETNUMEXPOSED1 SPREADSETNUMEXPOSED2 SPREADSETNUMEXPOSED3	Number of people exposed in the setting	FreeText		
Notes	SPREADSETNOTES1 SPREADSETNOTES2 SPREADSETNOTES3	Notes about the spread setting	FreeText		
GENERAL CONTACTS					
Number of susceptible contacts	CHKNPOXEPICRCONTGENCONTACT	Number of contacts susceptible to Varicella	FreeText		

EPIDEMIOLOGIC INFO – VARICELLA (CHICKEN POX) / VARICELLA (HOSPITALIZATION / DEATH)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Close contacts with rash?	CHKNPOXEPICRCONTGENCLOSECONT	Does patient have any close contacts who have a rash 14-21 days after exposure to case	DropDownList	Yes No Unknown	Y N U
EPIDEMIOLOGICAL LINKAGE					
Epi-linked case	EPILINKKNOWNCASE	Epi-Linked to known case of Varicella?	DropDownList	Yes No Unknown	Y N U
Contact name / Case #	EPILINKCONTNAMECASENUM	Contact name / Case #	FreeText		

Vibrio Infections (Non-Cholera)

See User Defined Form sections (Clinical, Laboratory and Epidemiologic) under the Cholera entry

Viral Hemorrhagic Fevers, Animal

ANIMAL PATIENT – VIRAL HEMORRHAGIC FEVERS, ANIMAL					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
ANIMAL PATIENT					
Species	AniPatInfoSpecies2	Species	FreeText		
Breed	AniPatInfoBreed2	Breed	FreeText		
Sex	AniPatInfoSex	Sex	DropDownList	Male Female	M F
Reproductive Status	AniPatInfoReprod	Reproductive Status	DropDownList	Intact Altered Unknown	INT ALT UNK
Color(s)	AniPatInfoColor	Color(s)	FreeText		
Markings	AniPatInfoMarks	Markings	TextBox		
Age (specify)	AniPatInfoAge	Age (specify)	FreeText		
Name	AniPatInfoName	Name	FreeText		
ID Number / License Tag	AniPatInfoTag	ID Number / License Tag	FreeText		
Animal's residence	AniPatInfoAddr	Animal's residence or where found/collected	FreeText		
Apt / Unit Number	AniPatInfoApt	Apartment / Unit Number	FreeText		
City / Town	AniPatInfoCity	City / Town	FreeText		
Zip code	AniPatInfoZip	Zip code	FreeText		
County	AniPatInfoCounty	County	FreeText		
Census Tract	AniPatInfoCTract2	Census Tract			

ANIMAL PATIENT – VIRAL HEMORRHAGIC FEVERS, ANIMAL					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Type of Residence	AniPatInfoResType	Type of Residence	RadioButtonList	Private Home	HOME
				Laboratory	LAB
				Zoologic Park, Refuge, Sanctuary	ZOO
				Commercial Business	BUS
				Other	OTH
Specify name	AniPatInfoResTypeSpcfy	If Laboratory, Zoo/Refuge/Sanctuary, Commercial Business, or Other, specify the name of the institution below	FreeText		

CLINICAL INFO – VIRAL HEMORRHAGIC FEVERS, ANIMAL					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
CLINICAL FINDINGS					
Onset date	VHFACliCRCliFindOnSetDt	Onset date of symptoms of Viral Hemorrhagic Fevers, Animal	System Defined Field Link		
Fever	VHFACliCRCliFindAFever	VHF-A clinical findings: Fever	DropDownList	Yes No Unknown	Y N U
If Yes, highest temperature	VHFACliCRCliFindHighTemp	VHF-A clinical findings: If Yes, highest temperature (specify F/C)	FreeText		
Lethargy	VHFACliCRCliFindLethargy	VHF-A clinical findings:Lethargy	DropDownList	Yes No Unknown	Y N U
Maculopapular Rash	VHFACliCRCliFindMacRash	VHF-A clinical findings: Maculopapular rash	DropDownList	Yes No Unknown	Y N U
Lameness	VHFACliCRCliFindLameness	VHF-A clinical findings: Lameness	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – VIRAL HEMORRHAGIC FEVERS, ANIMAL					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Anorexia	VHFACliCRCliFindAnorexia	VHF-A clinical findings: Anorexia	DropDownList	Yes No Unknown	Y N U
Vomiting	VHFACliCRCliFindVomit	VHF-A clinical findings: Vomiting	DropDownList	Yes No Unknown	Y N U
Diarrhea	VHFACliCRCliFindDiarrhea	VHF-A clinical findings: Diarrhea	DropDownList	Yes No Unknown	Y N U
Hepatosplenomegaly	VHFACliCRCliFindHsm	VHF-A clinical findings: Hepatosplenomegaly	DropDownList	Yes No Unknown	Y N U
Bleeding not related to injury	VHFACliCRCliFindBleed	VHF-A clinical findings: Bleeding not related to injury	DropDownList	Yes No Unknown	Y N U
If Yes, type of bleeding	VHFACliCRCliFindBleedType_0 VHFACliCRCliFindBleedType_1 VHFACliCRCliFindBleedType_2 VHFACliCRCliFindBleedType_3 VHFACliCRCliFindBleedType_4 VHFACliCRCliFindBleedType_5 VHFACliCRCliFindBleedType_6 VHFACliCRCliFindBleedType_7	VHF-A clinical findings: If Yes, type of bleeding	CheckBoxList (more than one choice is possible)	Nose bleed Vomiting blood Coughing up blood Rectal bleeding Black or bloody stool Hemorrhagic / purpuric rash Petechiae or ecchymosis Other	NOSE VOMIT COUGH RECTAL STOOL RASH PET OTHER
If Other, specify	VHFACliCRCliFindBleedTypeSpfy	If other bleeding type, specify	FreeText		
Other signs/symptoms (specify)	VHFACliCRCliFindOth	VHF-A clinical findings: Other signs/symptoms (specify)	FreeText		
VETERINARY CARE					
Date of first veterinary examination	VHFACliCRVetCareExamDt	Date of first veterinary examination	Date (MM/DD/YYYY)		
Was patient hospitalized?	VHFACliCRVetCareHosp	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
Was patient placed in isolation?	VHFACliCRVetCareIso	Was patient placed in isolation?	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – VIRAL HEMORRHAGIC FEVERS, ANIMAL					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
VETERINARY CARE – DETAILS					
Provider Name	VHFACliCRVetCareDtlClinic	Provider Name	Link		
Admission Date	VHFACliCRVetCareDtlAdmitDt	Admission Date	Date (MM/DD?YYYY)		
Discharge/Transfer Date	VHFACliCRVetCareDtlDischDt	Discharge/Transfer Date	Date (MM/DD/YYYY)		
Medical Record Number	VHFACliCRVetCareDtlMrn	Medical Record Number	FreeText		
Discharge Diagnosis	VHFACliCRVetCareDtlDischDx	Discharge Diagnosis	FreeText		
OUTCOME					
Outcome?	VHFACliCROutcomeOutcome	Outcome?	DropDownList	Survived Died Euthanized Unknown	S D E U
Survived, as of	VHFACliCROutcomeSurvDt	Survived, as of	Date (MM/DD/YYYY)		
Date of death / euthanasia	VHFACliCROutcomeDthDt	Date of death / euthanasia	Date (MM/DD/YYYY)		

LABORATORY INFO – VIRAL HEMORRHAGIC FEVERS, ANIMAL					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY RESULTS SUMMARY - TESTS					
Type of virus detected	VHFALabCRRsltSumTestType	Type of virus detected	DropDownList	Ebola Lassa Marburg Reston	EBOLA LASSA MARBUG RESTON
Laboratory name	VHFALabCRRsltSumTestLab	Laboratory name	FreeText		
Telephone number	VHFALabCRRsltSumTestLabPhone	Telephone number of lab	FreeText		

LABORATORY INFO – VIRAL HEMORRHAGIC FEVERS, ANIMAL					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Laboratory Results Summary – Virus Isolation					
Specimen Type	VHFALabCRRsltSumVirIsoType1	VI: Specimen type	DropDownList	Serum Blood CSF Other	SERUM BLOOD CSF OTHER
If Other, specify	VHFALabCRRsltSumVirIsoType1Spcfy	VI: If Other, specify	FreeText		
Date collected	VHFALabCRRsltSumVirIsoColDt	VI: Date collected	Date (MM/DD/YYYY)		
Virus isolation results	VHFALabCRRsltSumVirIsoResult	VI: Virus isolation results	DropDownList	Positive Negative Inconclusive	POS NEG INCONC
LABORATORY RESULTS SUMMARY – PCR					
Specimen Type	VHFALabCRRsltSumPCRType1	PCR: Specimen type	DropDownList	Serum Blood CSF Other	SERUM BLOOD CSF OTHER
If Other, specify	VHFALabCRRsltSumPCRType1Spcfy	PCR: If Other, specify	FreeText		
Date collected	VHFALabCRRsltSumPCRColDt	PCR: Date collected	Date (MM/DD/YYYY)		
PCR results	VHFALabCRRsltSumPCRResult	Polymerase chain reaction (PCR) results	DropDownList	Positive Negative Inconclusive	POS NEG INCONC
LABORATORY RESULTS SUMMARY - IMMUNOHISTOCHEMISTRY					
Specimen Type	VHFALabCRRsltSumIMMType1	Imm: Specimen type	DropDownList	Serum Blood CSF Other	SERUM BLOOD CSF OTHER
If Other, specify	VHFALabCRRsltSumIMMType1Spcfy	Imm: If Other, specify	FreeText		
Date collected	VHFALabCRRsltSumIMMColDt	Imm: Date collected	Date (MM/DD/YYYY)		

LABORATORY INFO – VIRAL HEMORRHAGIC FEVERS, ANIMAL					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Imm. results	VHFALabCRRsltSumIMMResult	Immunohistochemistry results	DropDownList	Positive Negative Inconclusive	POS NEG INCONC
LABORATORY RESULTS SUMMARY – ELECTRON MICROSCOPY					
Specimen Type	VHFALabCRRsltSumMICROType1	Micro: Specimen type	DropDownList	Serum Blood CSF Other	SERUM BLOOD CSF OTHER
If Other, specify	VHFALabCRRsltSumMICROType1Spcfy	Micro: If Other, specify	FreeText		
Date collected	VHFALabCRRsltSumMICROColDt	Micro: Date collected	Date (MM/DD/YYYY)		
Micro results	VHFALabCRRsltSumMICROResult	Electron microscopy results	DropDownList	Positive Negative Inconclusive	POS NEG INCONC
LABORATORY RESULTS SUMMARY – OTHER VIRUS DETECTION TEST					
Other virus detection type	VHFALabCRRsltSumOthVirTestType	Other virus detection type	FreeText		
Specimen Type	VHFALabCRRsltSumOthVirType1	OthVir: Specimen type	DropDownList	Serum Blood CSF Other	SERUM BLOOD CSF OTHER
If Other, specify	VHFALabCRRsltSumOthVirType1Spcfy	OthVir: If Other, specify	FreeText		
Date collected	VHFALabCRRsltSumOthVirColDt	OthVir: Date collected	Date (MM/DD/YYYY)		
Result	VHFALabCRRsltSumOthVirResult	OthVir: Result	DropDownList	Positive Negative Inconclusive	POS NEG INCONC
LABORATORY RESULTS SUMMARY – SEROLOGY (ELISA)					
Test	VHFALabCRRsltSumSerElisaTest	Elisa: Test	DropDownList	Antigen-capture IgM specific IgG specific Other	ANTIGEN IGMSPCF IGGSPCF OTH

LABORATORY INFO – VIRAL HEMORRHAGIC FEVERS, ANIMAL					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Other, specify	VHFALabCRRsltSumSerElisaTestSpcfy	Elisa: If Other, specify	FreeText		
Date collected	VHFALabCRRsltSumSerElisaColDt	Elisa: Date collected	Date (MM/DD/YYYY)		
Result	VHFALabCRRsltSumSerElisaResult	Elisa: Result	DropDownList	Positive Negative Inconclusive	POS NEG INCONC
Specimen type	VHFALabCRRsltSumSerElisaType	Elisa: Specimen type	DropDownList	Serum Blood CSF Other	SERUM BLOOD CSF OTHER
If Other, specify	VHFALabCRRsltSumSerElisaTypeSpcfy	Elisa: If Other, specify	FreeText		
Titer	VHFALabCRRsltSumSerElisaTiter	Elisa: Titer	FreeText		
Optical density	VHFALabCRRsltSumSerElisaDensity	Elisa: Optical density	FreeText		

EPIDEMIOLOGIC INFO – VIRAL HEMORRHAGIC FEVERS, ANIMAL					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
TRAVEL HISTORY					
Outside county?	VHFAEpiCRTrvHxCounty	Was the animal outside of county of residence during the incubation period?	DropDownList	Yes No Unknown	Y N U
Outside US origin?	VHFAEpiCRTrvHxUS	Did the animal originate from outside the U.S. during the incubation period?	DropDownList	Yes No Unknown	Y N U
TRAVEL HISTORY – DETAILS					
Location	VHFAEpiCRTrvHxDtlLoc	Location (city, county, state, country)	FreeText		
Date travel started	VHFAEpiCRTrvHxDtlLocStartDt	Date travel started	Date (MM/DD/YYYY)		

EPIDEMIOLOGIC INFO – VIRAL HEMORRHAGIC FEVERS, ANIMAL					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Date travel ended	VHFAEpiCRTrvHxDtlLocEndDt	Date travel ended	Date (MM/DD/YYYY)		
EXPOSURES / RISK FACTORS					
Contact with ill/deceased	VHFAEpiCRExpIllPerson	Contact with an ill or deceased person	DropDownList	Yes No Unknown	Y N U
Exposure type	VHFAEpiCRExpIllPersonType	Exposure type	CheckBoxList (more than one choice is possible)	Blood Respiratory secretions Urine/feces Other	BLOOD RESP URINE OTHER
Date of last contact	VHFAEpiCRExpIllPersonLastDt	Date of last contact	Date (MM/DD/YYYY)		
If Other, specify	VHFAEpiCRExpIllPersonTypeSpcfy	If Other, specify	FreeText		
Contact with ill primate	VHFAEpiCRExpIllPrimate	Contact with an ill non-human primate (e.g. monkey, chimpanzee, etc.)	DropDownList	Yes No Unknown	Y N U
Exposure type	VHFAEpiCRExpIllPrimateType	Exposure type	CheckBoxList (more than one choice is possible)	Blood Respiratory secretions Urine/feces Other	BLOOD RESP URINE OTHER
Date of last contact	VHFAEpiCRExpIllPrimateLastDt	Date of last contact	Date (MM/DD/YYYY)		
If Other, specify	VHFAEpiCRExpIllPrimateTypeSpcfy	If Other, specify	FreeText		
Contact with foreign	VHFAEpiCRExpPersonTrav	Contact with a person who lived in or visited a foreign country within 6 weeks	DropDownList	Yes No Unknown	Y N U
Exposure type	VHFAEpiCRExpPersonTravType	Exposure type	CheckBoxList (more than one choice is possible)	Blood Respiratory secretions Urine/feces Other	BLOOD RESP URINE OTHER
Date of last contact	VHFAEpiCRExpPersonTravLastDt	Date of last contact	Date (MM/DD/YYYY)		

EPIDEMIOLOGIC INFO – VIRAL HEMORRHAGIC FEVERS, ANIMAL					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Other, specify	VHFAEpiCRExpPersonTravTypeSpcfy	If Other, specify	FreeText		
Contact with blood, 0-3 weeks	VHFAEpiCRExpVHF03	Contact with blood or body fluids of a confirmed VHF human case-patient 0-3 weeks after the confirmed case-patient's onset of illness	DropDownList	Yes No Unknown	Y N U
Exposure type	VHFAEpiCRExpVHF03Type	Exposure type	CheckBoxList (more than one choice is possible)	Blood Respiratory secretions Urine/feces Other	BLOOD RESP URINE OTHER
Date of last contact	VHFAEpiCRExpVHF03LastDt	Date of last contact	Date (MM/DD/YYYY)		
If Other, specify	VHFAEpiCRExpVHF03TypeSpcfy	If Other, specify	FreeText		
Contact with blood, 3-10 weeks	VHFAEpiCRExpVHF310	Contact with blood or body fluids of a confirmed VHF human case-patient 3-10 weeks after the confirmed case-patient's onset of illness	DropDownList	Yes No Unknown	Y N U
Exposure type	VHFAEpiCRExpVHF310Type	Exposure type	CheckBoxList (more than one choice is possible)	Blood Respiratory secretions Urine/feces Other	BLOOD RESP URINE OTHER
Date of last contact	VHFAEpiCRExpVHF310LastDt	Date of last contact	Date (MM/DD/YYYY)		
If Other, specify	VHFAEpiCRExpVHF310TypeSpcfy	If Other, specify	FreeText		
Country of exposure	VHFAEpiCRExpCountry	In what country did exposure likely occur?	FreeText		
CONTACTS / OTHER ILL PERSONS					

EPIDEMIOLOGIC INFO – VIRAL HEMORRHAGIC FEVERS, ANIMAL					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Animal blood contact	VHFAEpiCRContOthFluid03	Did any persons or animals have contact with the animal's blood or body fluids during the first 3 weeks after onset of illness?	RadioButtonList	Yes No Unknown	Y N U
ILL CONTACTS – DETAILS					
Name	VHFAEpiCRContOthDtlName	Name	FreeText		
Age	VHFAEpiCRContOthDtlAge	Age	FreeText		
Gender	VHFAEpiCRContOthDtlGender	Gender	DropDownList	Male Female	M F
Telephone number	VHFAEpiCRContOthDtlPhone	Telephone number	FreeText		
Street address	VHFAEpiCRContOthDtlStreet	Street address	FreeText		
City	VHFAEpiCRContOthDtlCity	City	FreeText		
State	VHFAEpiCRContOthDtlState	State	FreeText		
Zip code	VHFAEpiCRContOthDtlZip	Zip code	FreeText		
Relationship to pt	VHFAEpiCRContOthDtlRelate	Relationship to patient	FreeText		
Date of contact	VHFAEpiCRContOthDtlContDt	Date of contact	Date (MM/DD/YYYY)		
Exposure event	VHFAEpiCRContOthDtlExpEvent	Exposure event	FreeText		
REPORTING AGENCY					
Investigator	VHFAEpiCRRepAgencyInvName	Investigator name	FreeText		
Local health juris	VHFAEpiCRRepAgencyLHJ	Local health jurisdiction	FreeText		
Telephone number	VHFAEpiCRRepAgencyPhone	Telephone number	FreeText		

EPIDEMIOLOGIC INFO – VIRAL HEMORRHAGIC FEVERS, ANIMAL					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Date	VHFAEpiCRRepAgencyDt	Date	Date (MM/DD/YYYY)		
First reported by	VHFAEpiCRRepAgencyFirstRep	First reported by	DropDownList	Clinician Laboratory Other	CLIN LAB OTH
If Other, specify	VHFAEpiCRRepAgencyFirstRepSpcfy	If Other, specify	FreeText		
Health education?	VHFAEpiCRRepAgencyHE	Health education provided?	DropDownList	Yes No Unknown	Y N U
Restriction / clearance?	VHFAEpiCRRepAgencyClearance	Restriction / clearance needed?	DropDownList	Yes No Unknown	Y N U
EPIDEMIOLOGICAL LINKAGE					
Epi-linked case	EPILINKKNOWNCASE	Epi-Linked to known case ofViral Hemorrhagic Fevers, Animal?	DropDownList	Yes No Unknown	Y N U
Contact name / Case #	EPILINKCONTNAMECASENUM	Contact name / Case #	FreeText		
OUTBREAK					
Part of outbreak	OBPARTOF	Is this case part of a known Viral Hemorrhagic Fevers, Animal outbreak?	DropDownList	Yes No Unknown	Y N U
Extent of outbreak	OBEXTENTOF_1 OBEXTENTOF_2 OBEXTENTOF_3 OBEXTENTOF_4 OBEXTENTOF_5 OBEXTENTOF_6	If Yes, what is the extent of the outbreak?	CheckBoxList (more than one choice is possible)	One CA jurisdiction Multiple CA jurisdictions Multistate International Unknown Other	ONEJUR MULJUR MULSTAT INTR UNK OTH
If Other, specify	OBEXTENTOFSPFY	Specify other extent of outbreak	FreeText		
Pattern 1 ID	OBPAT1IDNUM	Pattern 1 ID number	FreeText		
Pattern 2 ID	OBPAT2IDNUM	Pattern 2 ID number	FreeText		

West Nile Virus

CLINICAL INFO – WEST NILE VIRUS (ASYMPTOMATIC) / WEST NILE VIRUS (NEUROINVASIVE) / WEST NILE VIRUS (NON-NEUROINVASIVE [WEST NILE FEVER]) / HISTORICAL - WEST NILE VIRUS (UNSPECIFIED)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
SIGNS AND SYMPTOMS					
Symptomatic?	WNVCLICRSIGNSXSYMPTOMATIC	Did the patient have symptoms of West Nile Virus?	DropDownList	Yes No Unknown	Y N U
Onset date	WNVCLICRSIGNSXONSETDT	Onset date of clinical symptoms of West Nile Virus	System Defined Field Link		
Medical care date	WNVCLICRSIGNSXSGTMEDCAREDT	Date first sought medical care for symptoms	Date (MM/DD/YYYY)		
Encephalitis	WNVCLICRSIGNSXENCEPHALITIS	West Nile Virus signs and symptoms: **Encephalitis**	DropDownList	Yes No Unknown	Y N U
Aseptic meningitis	WNVCLICRSIGNSXASEPTMENIN	West Nile Virus signs and symptoms: **Aseptic meningitis**	DropDownList	Yes No Unknown	Y N U
Acute flaccid paralysis	WNVCLICRSIGNSXFLACPARAL	West Nile Virus signs and symptoms: **Acute flaccid paralysis**	DropDownList	Yes No Unknown	Y N U
Febrile illness	WNVCLICRSIGNSXFEBRILL	West Nile Virus signs and symptoms: **Febrile illness**	DropDownList	Yes No Unknown	Y N U
Asymptomatic	WNVCLICRSIGNSXASYMPTOM	West Nile Virus signs and symptoms: **Asymptomatic**	DropDownList	Yes No Unknown	Y N U
Other	WNVCLICRSIGNSXOTH	**Other signs or symptoms** of West Nile Virus	FreeText		
Seizures	WNVCLICRSIGNSXSEIZURES	Did patient have seizures during the current illness?	DropDownList	Yes No Unknown	Y N U
Altered consciousness	WNVCLICRSIGNSXALTCON	Did patient experience altered consciousness during the current illness?	DropDownList	Yes No Unknown	Y N U
Fever, subjective or measured	WNVCLICRSIGNSXFEVER	Did patient have a subjective or measured fever?	DropDownList	Yes No Unknown	Y N U
Highest temperature	WNVCLICRSIGNSXFEVERHIGHTEMP	If Yes, highest temperature (specify F/C)	FreeText		

CLINICAL INFO – WEST NILE VIRUS (ASYMPTOMATIC) / WEST NILE VIRUS (NEUROINVASIVE) / WEST NILE VIRUS (NON-NEUROINVASIVE [WEST NILE FEVER]) / HISTORICAL - WEST NILE VIRUS (UNSPECIFIED)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Chills	WNVCliCRSignSxChills	Did patient have chills?	DropDownList	Yes No Unknown	Y N U
Headache	WNVCLICRSIGNSXHEADACHE	Did patient experience headaches during the current illness?	DropDownList	Yes No Unknown	Y N U
Rash	WNVCLICRSIGNSXRASH	Did patient have rashes during the current illness?	DropDownList	Yes No Unknown	Y N U
Stiff neck	WNVCLICRSIGNSXSTIFFNECK	Did patient have a stiff neck during the current illness?	DropDownList	Yes No Unknown	Y N U
Muscle pain	WNVCLICRSIGNSXMUSCPAIN	Did patient experience muscle pain during the current illness?	DropDownList	Yes No Unknown	Y N U
Paresis or paralysis	WNVCLICRSIGNSXPARESISPARALYSIS	Did patient have paresis or paralysis during the current illness?	DropDownList	Yes No Unknown	Y N U
Joint pain or arthritis	WNVCLICRSIGNSXJOINTPAINARTHRITIS	Did patient have joint pain or arthritis during the current illness?	DropDownList	Yes No Unknown	Y N U
Nausea or vomiting	WNVCLICRSIGNSXNV	Did patient experience nausea or vomiting during the current illness?	DropDownList	Yes No Unknown	Y N U
Diarrhea	WNVCLICRSIGNSXDIARRHEA	Did patient experience diarrhea during the current illness?	DropDownList	Yes No Unknown	Y N U
Other	WNVCLICRSIGNSXCURROTH	Did patient experience any other signs or symptoms during the current illness?	FreeText		
HOSPITALIZATION					
Hospitalized?	WNVCLICRHOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
ICU?	WNVCLICRHOSPICU	Was the patient admitted to the ICU?	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – WEST NILE VIRUS (ASYMPTOMATIC) / WEST NILE VIRUS (NEUROINVASIVE) / WEST NILE VIRUS (NON-NEUROINVASIVE [WEST NILE FEVER]) / HISTORICAL - WEST NILE VIRUS (UNSPECIFIED)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
HOSPITALIZATION – DETAILS					
Hospital name	HOSPDTLNAME1 HOSPDTLNAME2 HOSPDTLNAME3	Name of facility where patient was hospitalized	FreeText		
Street address	HOSPDTLADDRESS1 HOSPDTLADDRESS2 HOSPDTLADDRESS3	Street address of hospital	FreeText		
City	HOSPDTLCITY1 HOSPDTLCITY2 HOSPDTLCITY3	City where hospital located	FreeText		
State	HOSPDTLSTATE1 HOSPDTLSTATE2 HOSPDTLSTATE3	State	FreeText		
Zip code	HOSPDTLZIPCODE1 HOSPDTLZIPCODE2 HOSPDTLZIPCODE3	Zip code	FreeText		
Telephone	HOSPDTLPHONE1 HOSPDTLPHONE2 HOSPDTLPHONE3	Telephone number for hospital	FreeText		
Admit date	HOSPDTLADMITDT1 HOSPDTLADMITDT2 HOSPDTLADMITDT3	Date patient was admitted to this hospital	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPDTLDISCHDT1 HOSPDTLDISCHDT2 HOSPDTLDISCHDT3	Date patient was discharged or transferred from this hospital	Date (MM/DD/YYYY)		
Medical record number	HOSPDTLMRN1 HOSPDTLMRN2 HOSPDTLMRN3	Medical record number for patient	FreeText		
Discharge diagnosis	HOSPDTLDISCHDX1 HOSPDTLDISCHDX2 HOSPDTLDISCHDX3	What was the patient's final diagnosis at the time of discharge?	FreeText		
COMPLICATIONS AND OTHER SYMPTOMS					
Did patient die?	WNVCLICRCOMPOTHSXDIED	Did patient die from this illness?	DropDownList	Yes No Lost to follow-up	Y N L

CLINICAL INFO – WEST NILE VIRUS (ASYMPTOMATIC) / WEST NILE VIRUS (NEUROINVASIVE) / WEST NILE VIRUS (NON-NEUROINVASIVE [WEST NILE FEVER]) / HISTORICAL - WEST NILE VIRUS (UNSPECIFIED)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
MEDICAL HISTORY					
Immunocompr-omised	WNVCLICRMEDHXIMMUNO	Was patient Immunocompromised?	DropDownList	Yes No Unknown	Y N U
Specify	WNVCLICRMEDHXIMMUNOSPFY	If Yes, specify condition	FreeText		
Hypertension	WNVCLICRMEDHXHYPERTENSION	Does patient have Hypertension?	DropDownList	Yes No Unknown	Y N U
Diabetes	WNVCLICRMEDHXDIABETES	Does patient have Diabetes?	DropDownList	Yes No Unknown	Y N U
Specify type	WNVCLICRMEDHXDIABETESSPFY	If Yes, specify type of Diabetes	FreeText		
Other	WNVCLICRMEDHXOTH	Does patient have any other relevant past medical history? (specify)	Text Box		

LABORATORY INFO – WEST NILE VIRUS (ASYMPTOMATIC) / WEST NILE VIRUS (NEUROINVASIVE) / WEST NILE VIRUS (NON-NEUROINVASIVE [WEST NILE FEVER]) / HISTORICAL - WEST NILE VIRUS (UNSPECIFIED)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY RESULTS SUMMARY					
Date	WNVLABCRLABRSLTSUMCSFDT	Date of Cerebrospinal Fluid (CSF) lab test results	Date (MM/DD/YYYY)		
RBC	WNVLABCRLABRSLTSUMCSFRBC	CSF results: Red Blood Cell (RBC) count	FreeText		
WBC	WNVLABCRLABRSLTSUMCSFWBC	CSF results: White Blood Cell (WBC) count	FreeText		
% Diff	WNVLABCRLABRSLTSUMCSFDIFF	WBC % differential	FreeText		
Protein	WNVLABCRLABRSLTSUMCSFPROTEIN	CSF results: total protein levels	FreeText		
Glucose	WNVLABCRLABRSLTSUMCSFGLUCOSE	CSF results: glucose levels	FreeText		

LABORATORY INFO – WEST NILE VIRUS (ASYMPTOMATIC) / WEST NILE VIRUS (NEUROINVASIVE) / WEST NILE VIRUS (NON-NEUROINVASIVE [WEST NILE FEVER]) / HISTORICAL - WEST NILE VIRUS (UNSPECIFIED)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Date	WNVLABCRLABRSLTSUMCBCDT	Date of Complete Blood Count (CBC) lab test results	Date (MM/DD/YYYY)		
WBC	WNVLABCRLABRSLTSUMCBCWBC	CBC results: White Blood Cell count	FreeText		
% Diff	WNVLABCRLABRSLTSUMCBCDIFF	WBC % differential	FreeText		
HCT	WNVLABCRLABRSLTSUMCBCHCT	CBC results: Hematocrit (HCT) %	FreeText		
Plt	WNVLABCRLABRSLTSUMCBCPLT	CBC results: Platelet (Plt) count	FreeText		
Other lab results (MRI / CT, etc.)	WNVLABCRLABRSLTSUMOTH	Please describe any other lab results (MRI / CT, etc.)	Text Box		
WEST NILE VIRUS TEST RESULTS					
Testing laboratory	WNVLABCRWNVTSTRSLTLABNAME1 WNVLABCRWNVTSTRSLTLABNAME2 WNVLABCRWNVTSTRSLTLABNAME3	Name of lab where testing was performed	FreeText		
Specimen type	WNVLABCRWNVTSTRSLTSPECTYPE1 WNVLABCRWNVTSTRSLTSPECTYPE2 WNVLABCRWNVTSTRSLTSPECTYPE3	What type of specimen was submitted for testing?	FreeText		
Collection date	WNVLABCRWNVTSTRSLTDT1 WNVLABCRWNVTSTRSLTDT2 WNVLABCRWNVTSTRSLTDT3	Date lab specimen was collected	Date (MM/DD/YYYY)		
Test type	WNVLABCRWNVTSTRSLTTSTTYPE1 WNVLABCRWNVTSTRSLTTSTTYPE2 WNVLABCRWNVTSTRSLTTSTTYPE3	Type of laboratory test performed	FreeText		
Result	WNVLABCRWNVTSTRSLTRSLT1 WNVLABCRWNVTSTRSLTRSLT2 WNVLABCRWNVTSTRSLTRSLT3	What were the results of the laboratory testing?	FreeText		

EPIDEMIOLOGIC INFO – WEST NILE VIRUS (ASYMPTOMATIC) / WEST NILE VIRUS (NEUROINVASIVE) / WEST NILE VIRUS (NON-NEUROINVASIVE [WEST NILE FEVER]) / HISTORICAL - WEST NILE VIRUS (UNSPECIFIED)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
TRAVEL HISTORY					
Travel outside CA 4 weeks prior?	WNVEPICRTRVHXOUTSIDECA	Did patient travel outside of California during the 4 weeks prior to illness onset?	DropDownList	Yes No Unknown	Y N U
International travel	WNVEPICRTRVHXOUTSIDEUSA	Did patient travel outside the U.S. during the 4 weeks prior to illness onset?	DropDownList	Yes No Unknown	Y N U
Travel outside U.S.	WNVEPICRTRVHXEVEROUTUSA	Did patient ever travel outside of U.S.?	DropDownList	Yes No Unknown	Y N U
TRAVEL HISTORY – DETAILS					
Location	TRVHXDTLLOCATION1 TRVHXDTLLOCATION2 TRVHXDTLLOCATION3	Specify location (city, county, state, country) of patient travel	FreeText		
Start date	TRVHXDTLSTARTDT1 TRVHXDTLSTARTDT2 TRVHXDTLSTARTDT3	Date travel started	Date (MM/DD/YYYY)		
End date	TRVHXDTLENDDT1 TRVHXDTLENDDT2 TRVHXDTLENDDT3	Date travel ended	Date (MM/DD/YYYY)		
BITE HISTORY					
Mosquito bites	WNVEPICRBITEHXBITE	Did patient have any mosquito bites / exposure during the 4 weeks prior to illness onset?	DropDownList	Yes No Unknown	Y N U
BITE HISTORY – DETAILS					
Geographic location	WNVEPICRBITEHXDTLLOC1 WNVEPICRBITEHXDTLLOC2 WNVEPICRBITEHXDTLLOC3	Geographic location where mosquito bite occurred	FreeText		
Date of bite / exposure	WNVEPICRBITEHXDTLDT1 WNVEPICRBITEHXDTLDT2 WNVEPICRBITEHXDTLDT3	Date of bite and exposure	Date (MM/DD/YYYY)		

EPIDEMIOLOGIC INFO – WEST NILE VIRUS (ASYMPTOMATIC) / WEST NILE VIRUS (NEUROINVASIVE) / WEST NILE VIRUS (NON-NEUROINVASIVE [WEST NILE FEVER]) / HISTORICAL - WEST NILE VIRUS (UNSPECIFIED)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
EPIDEMIOLOGICAL EXPOSURE HISTORY					
Donated blood	WNVEPICREPIEXPHXDONBLD	Did patient donate blood during the 4 weeks prior to illness onset?	DropDownList	Yes No Unknown	Y N U
If Yes, date	WNVEPICREPIEXPHXDONBLDDT	If Yes, date donated blood	Date (MM/DD/YYYY)		
Donated organ	WNVEPICREPIEXPHXDONORG	Did patient donate an organ during the 4 weeks prior to illness onset?	DropDownList	Yes No Unknown	Y N U
If Yes, date	WNVEPICREPIEXPHXDONORGDT	If Yes, date donated organ	Date (MM/DD/YYYY)		
Received blood transfusion	WNVEPICREPIEXPHXRECBLDTRANS	Did patient receive a blood transfusion during the 4 weeks prior to illness onset?	DropDownList	Yes No Unknown	Y N U
If Yes, date	WNVEPICREPIEXPHXRECBLDTRANSDT	If Yes, date received blood transfusion	Date (MM/DD/YYYY)		
Receive organ transplant	WNVEPICREPIEXPHXRECORGTRANS	Did patient receive an organ transplant during the 4 weeks prior to illness onset?	DropDownList	Yes No Unknown	Y N U
If Yes, date	WNVEPICREPIEXPHXRECORGTRANSDT	If Yes, date received organ transplant	Date (MM/DD/YYYY)		
Currently pregnant	WNVEPICREPIEXPHXPREGNANT	Is the patient currently pregnant or was the patient pregnant during the 4 weeks prior to illness onset?	DropDownList	Yes No Unknown	Y N U
If Yes, week of gestation	WNVEPICREPIEXPHXPREGNANTWEEK	If Yes, specify week of gestation	FreeText		
Received yellow fever vaccine	WNVEPICREPIEXPHXYLOWFVRVAC	Has the patient ever received yellow fever vaccine?	DropDownList	Yes No Unknown	Y N U
If Yes, date	WNVEPICREPIEXPHXYLOWFVRVACDT	If Yes, date	Date (MM/DD/YYYY)		
	WNVEPICRKNOWLEDGEAVOID	This field is not currently being used in CalREDIE, reserved for potential future use.			Not in Use
	WNVEPICRKNOWLEDGEUSEDREPELLANT	This field is not currently being used in CalREDIE, reserved for potential future use.			Not in Use
	WNVEPICRKNOWLEDGEDRAINSTILLWATER	This field is not currently being used in CalREDIE, reserved for potential future use.			Not in Use

EPIDEMIOLOGIC INFO – WEST NILE VIRUS (ASYMPTOMATIC) / WEST NILE VIRUS (NEUROINVASIVE) / WEST NILE VIRUS (NON-NEUROINVASIVE [WEST NILE FEVER]) / HISTORICAL - WEST NILE VIRUS (UNSPECIFIED)					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
OTHER SIGNIFICANT HISTORY / EXPOSURE					
Other history / exposures	WNVEPICRKNOWLEDGEOTH	Did the patient report any other significant history or exposures?	Text Box		

Yellow Fever

CLINICAL INFO – Yellow Fever					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
SIGNS AND SYMPTOMS					
Symptomatic?	CLICRSIGNSXSYMPTOMATIC	Symptomatic?	DropDownList	Yes No Unknown	Y N U
Date first sought medical care	CLICRSIGNSXSGTMEDCAREDT	Date first sought medical care	Date (MM/DD/YYYY)		
Fever	CLICRSIGNSXFEVER	Fever	DropDownList	Yes No Unknown	Y N U
If Yes, highest temperature	CLICRSIGNSXFEVERHIGHTEMP	If Yes, highest temperature (specify F/C)	FreeText		
Chills	CLICRSIGNSXCHILLS	Chills	DropDownList	Yes No Unknown	Y N U
Severe headache	CLICRSIGNSXHEADACHE	Severe headache	DropDownList	Yes No Unknown	Y N U
Muscle aches	CLICRSIGNSXMUSCACHE	Muscle aches	DropDownList	Yes No Unknown	Y N U
Nausea	CLICRSIGNSXNAUSEA	Nausea	DropDownList	Yes No Unknown	Y N U
Fatigue	CLICRSIGNSXFATIGUE	Fatigue	DropDownList	Yes No Unknown	Y N U
Weakness	CLICRSIGNSXWEAKNESS	Weakness	DropDownList	Yes No Unknown	Y N U
Back pain	CLICRSIGNSXBACKPAIN	Back pain	DropDownList	Yes No Unknown	Y N U
Abdominal pain	CLICRSIGNSXABDOMPAIN	Abdominal pain	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – Yellow Fever					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Hematemesis	CLICRSIGNSXHEMATEMESIS	Hematemesis	DropDownList	Yes No Unknown	Y N U
Epistaxis	CLICRSIGNSXEPISTAXIS	Epistaxis	DropDownList	Yes No Unknown	Y N U
Gum bleeding	CLICRSIGNSXGUMBLEED	Gum bleeding	DropDownList	Yes No Unknown	Y N U
Purpuric hemorrhages	CLICRSIGNSXPURPHEMORR	Purpuric hemorrhages	DropDownList	Yes No Unknown	Y N U
Deepening jaundice	CLICRSIGNSXDEEPJAUNDICE	Deepening jaundice	DropDownList	Yes No Unknown	Y N U
Proteinuria	CLICRSIGNSXPROTEINURIA	Proteinuria	DropDownList	Yes No Unknown	Y N U
Other	CLICRSIGNSXOTH	Other	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CLICRSIGNSXOTHSPFY	If Yes, specify	FreeText		
VACCINATION / MEDICAL HISTORY					
Vaccinated for yellow fever?	CLICRVACCMEDHXVACCINATED	Vaccinated for yellow fever?	DropDownList	Yes No Unknown	Y N U
Date of first vaccine	CLICRVACCMEDHXFIRSTDT	Date of first vaccine	Date (MM/DD/YYYY)		
Date of most recent booster	CLICRVACCMEDHXBOOSTDT	Date of most recent booster	Date (MM/DD/YYYY)		
CLINICAL COMPLICATIONS					
Clinical complications for this attack?	CLICRCLINCOMPCOMPLICAT_1 CLICRCLINCOMPCOMPLICAT_2 CLICRCLINCOMPCOMPLICAT_3	Clinical complications for this attack?	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – Yellow Fever					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Yes, specify	CLICRCLINCOMPCOMPLICATSPFY_1 CLICRCLINCOMPCOMPLICATSPFY_2 CLICRCLINCOMPCOMPLICATSPFY_3	If Yes, specify	FreeText		
HOSPITALIZATION					
Did patient visit emergency room?	HOSPER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U
Hospitalized?	HOSPHOSPITALIZED	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U
If Yes, how many nights?	HOSPDAYSHOSP	If Yes, how many total hospital nights?	FreeText		
HOSPITALIZATION - DETAILS					
Hospital name	HOSPDTLNAME_1 HOSPDTLNAME_2 HOSPDTLNAME_3	Hospital name	FreeText		
Street address	HOSPDTLADDRESS_1 HOSPDTLADDRESS_2 HOSPDTLADDRESS_3	Street address	FreeText		
City	HOSPDTLCITY_1 HOSPDTLCITY_2 HOSPDTLCITY_3	City	FreeText		
State	HOSPDTLSTATE_1 HOSPDTLSTATE_2 HOSPDTLSTATE_3	State	FreeText		
Zip code	HOSPDTLZIPCODE_1 HOSPDTLZIPCODE_2 HOSPDTLZIPCODE_3	Zip code	FreeText		
Telephone	HOSPDTLPHONE_1 HOSPDTLPHONE_2 HOSPDTLPHONE_3	Telephone	FreeText		
Admit date	HOSPDTLADMITDT_1 HOSPDTLADMITDT_2 HOSPDTLADMITDT_3	Admit date	Date (MM/DD/YYYY)		
Discharge / transfer date	HOSPDTLDISCHDT_1 HOSPDTLDISCHDT_2 HOSPDTLDISCHDT_3	Discharge / transfer date	Date (MM/DD/YYYY)		

CLINICAL INFO – Yellow Fever					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Medical record number	HOSPDTLMRN_1 HOSPDTLMRN_2 HOSPDTLMRN_3	Medical record number	FreeText		
Discharge diagnosis	HOSPDTLDISCHDX_1 HOSPDTLDISCHDX_2 HOSPDTLDISCHDX_3	Discharge diagnosis	FreeText		
OUTCOME					
Outcome?	OUTCOMEOUTCOME	Outcome?	DropDownList	Survived Died Unknown	S D U
Survived as of	OUTCOMESURVIVEDT	Survived as of	Date (MM/DD/YYYY)		

LABORATORY INFO – Yellow Fever					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY RESULTS SUMMARY					
Laboratory type	LABCRLABRSLTSUMLabType_1 LABCRLABRSLTSUMLabType_2 LABCRLABRSLTSUMLabType_3	Laboratory type	DropDownList	State PH lab Local PH lab Commercial lab CDC lab Blood bank Other	STATE LOCAL COMM CDC BB OTH
If Other, specify	LABCRLABRSLTSUMLabTypeSpcfy_1 LABCRLABRSLTSUMLabTypeSpcfy_2 LABCRLABRSLTSUMLabTypeSpcfy_3	If Other, specify	FreeText		
Specimen type	LABCRLABRSLTSUMSPECTYPE_1 LABCRLABRSLTSUMSPECTYPE_2 LABCRLABRSLTSUMSPECTYPE_3	Specimen type	DropDownList	Blood Other	BLD OTH
If Other, specify	LABCRLABRSLTSUMSPECTYPESPFY_1 LABCRLABRSLTSUMSPECTYPESPFY_2 LABCRLABRSLTSUMSPECTYPESPFY_3	If Other, specify	FreeText		
Type of test	LABCRLABRSLTSUMTSTTYPE_1 LABCRLABRSLTSUMTSTTYPE_2	Type of test	DropDownList	Smear Serology IgM	SMEAR SER

LABORATORY INFO – Yellow Fever					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
	LABCRLABRSLTSUMTSTTYPE_3			Virus isolation	VIRISO
				Culture	CULT
				PCR	PCR
				PRNT	PRNT
				Other	OTH
If Other, specify	LABCRLABRSLTSUMTSTTYPESPFY_1 LABCRLABRSLTSUMTSTTYPESPFY_2 LABCRLABRSLTSUMTSTTYPESPFY_3	If Other, specify	FreeText		
If Serology, specify	LABCRLABRSLTSUMSER_1 LABCRLABRSLTSUMSER_2 LABCRLABRSLTSUMSER_3	If Serology, specify	DropDownList	IFA	IFA
				Neutralization	NEUT
				IgM-capture EIA	IGM
				CF	CF
				Other	OTH
If Other, specify	LABCRLABRSLTSUMSERSPFY_1 LABCRLABRSLTSUMSERSPFY_2 LABCRLABRSLTSUMSERSPFY_3	If Other, specify	FreeText		
Interpretation	LABCRLABRSLTSUMINTERPRET_1 LABCRLABRSLTSUMINTERPRET_2 LABCRLABRSLTSUMINTERPRET_3	Interpretation	DropDownList	Positive	POS
				Negative	NEG
				Equivocal	EQUIV
				Not done	NOT
				Unknown	UNK
Results	LABCRLABRSLTSUMRSLT_1 LABCRLABRSLTSUMRSLT_2 LABCRLABRSLTSUMRSLT_3	Results	FreeText		
Collection date	LABCRLABRSLTSUMCOLLECTDT_1 LABCRLABRSLTSUMCOLLECTDT_2 LABCRLABRSLTSUMCOLLECTDT_3	Collection date	Date (MM/DD/YYYY)		
Laboratory name	LABCRLABRSLTSUMLABNAME_1 LABCRLABRSLTSUMLABNAME_2 LABCRLABRSLTSUMLABNAME_3	Laboratory name	FreeText		
Telephone	LABCRLABRSLTSUMLABPHONE_1 LABCRLABRSLTSUMLABPHONE_2 LABCRLABRSLTSUMLABPHONE_3	Telephone	FreeText		
OTHER LABORATORY TESTS					
Test for other Flaviviruses	LABCROTHLABTSTFLAVVIR	Test for other Flaviviruses	RadioButtonList	Yes	Y
				No	N
				Unknown	U

LABORATORY INFO – Yellow Fever					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Specify flavivirus(es)	LABCROTHLABTSTFLAVVIRSPFY	Specify flavivirus(es)	FreeText		
Outcome of tests	LABCROTHLABTSTFLAVVIROUTCOME	Outcome of tests	FreeText		

EPIDEMIOLOGIC INFO – Yellow Fever					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
TRAVEL HISTORY					
Travel or live outside of US during the incubation period?	EPICRTRVHXTRAVOUTSIDEUS	Did patient travel or live outside of US during the incubation period?	DropDownList	Yes No Unknown	Y N U
Principal reason for travel from / to US for most recent trip	EPICRTRVHXRSNFORTRAV_TOUR EPICRTRVHXRSNFORTRAV_MIL EPICRTRVHXRSNFORTRAV_PEACE EPICRTRVHXRSNFORTRAV_BUS EPICRTRVHXRSNFORTRAV_CREW EPICRTRVHXRSNFORTRAV_STUDENT EPICRTRVHXRSNFORTRAV_VISIT EPICRTRVHXRSNFORTRAV_MISS EPICRTRVHXRSNFORTRAV_REF EPICRTRVHXRSNFORTRAV_OTH	Principal reason for travel from / to US for most recent trip	CheckBoxList (multiple selections are possible)	Tourism Military Peace Corps Business Airline / ship crew Student / teacher Visiting friends / relatives Missionary or dependent Refugee / immigrant Other	TOURISM MILITARY PEACE BUSINESS CREW STUDENTTEACH VISITING MISSRYDEPEND REFFGIMMGRNT OTH
If Other, specify	EPICRTRVHXRSNFORTRAVSPFY	If Other, specify	FreeText		
Reside in US prior to most recent travel?	EPICRTRVHXRESIDEINUS	Did patient reside in US prior to most recent travel?	DropDownList	Yes No Unknown	Y N U
If No, specify country	EPICRTRVHXRESIDEINUSCNTRY	If No, specify country	FreeText		
TRAVEL HISTORY - DETAILS					

EPIDEMIOLOGIC INFO – Yellow Fever					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Travel type	TRVHXDTLType_1 TRVHXDTLType_2 TRVHXDTLType_3	Travel type	RadioButtonList	Domestic International Unknown	DOM INT UNK
Location (city, county, state, country)	TRVHXDTLLOCATION_1 TRVHXDTLLOCATION_2 TRVHXDTLLOCATION_3	Location (city, county, state, country)	FreeText		
Date travel started	TRVHXDTLSTARTDT_1 TRVHXDTLSTARTDT_2 TRVHXDTLSTARTDT_3	Date travel started	Date (MM/DD/YYYY)		
Date travel ended	TRVHXDTLENDDT_1 TRVHXDTLENDDT_2 TRVHXDTLENDDT_3	Date travel ended	Date (MM/DD/YYYY)		
Did patient fly while infectious?	TRVHXDTLPatFly_1 TRVHXDTLPatFly_2 TRVHXDTLPatFly_3	Did patient fly while infectious?	DropDownList	Yes No Unknown	Y N U
Airline(s)	TRVHXDTLPatFlyAirline_1 TRVHXDTLPatFlyAirline_2 TRVHXDTLPatFlyAirline_3	Airline(s)	FreeText		
Flight number(s)	TRVHXDTLPatFlyNumber_1 TRVHXDTLPatFlyNumber_2 TRVHXDTLPatFlyNumber_3	Flight number(s)	FreeText		
Departure date	TRVHXDTLPatFlyDepDt_1 TRVHXDTLPatFlyDepDt_2 TRVHXDTLPatFlyDepDt_3	Departure date	Date (MM/DD/YYYY)		
Arrival date	TRVHXDTLPatFlyArrDt_1 TRVHXDTLPatFlyArrDt_2 TRVHXDTLPatFlyArrDt_3	Arrival date	Date (MM/DD/YYYY)		
TRAVEL HISTORY – FOR CDPH USE ONLY					
Imported Country	ArboTrvHxDtlImportCountry	Imported Country	DropDownList	See Appendix H	See Appendix H
Imported State	ArboTrvHxDtlImportState	Imported State	DropDownList	See Appendix G	See Appendix G
REPORTING AGENCY					
Investigator name	REPAGENCYNAME	Investigator name	FreeText		
Local health jurisdiction	REPAGENCYLHJUR	Local health jurisdiction	FreeText		

EPIDEMIOLOGIC INFO – Yellow Fever					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Telephone number	REPAGENCYPHONE	Telephone number	FreeText		
Date	REPAGENCYDT	Date	Date (MM/DD/YYYY)		
First reported by	REPAGENCYREPORTEDBY	First reported by	DropDownList	Clinician Laboratory Other	CLI LAB OTH
If Other, specify	REPAGENCYREPORTEDBYSPFY	If Other, specify	FreeText		

Zika Virus Infection / Zika – Flavivirus Infection of Undetermined Species

CLINICAL INFO – Zika Virus Infection / Zika – Flavivirus Infection of Undetermined Species					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
SIGNS AND SYMPTOMS					
Symptomatic?	CliCRSignSxSymptomatic	Symptomatic?	DropDownList	Yes No Unknown	Y N U
Onset Date	CliCRSignSxOnset	Onset date	System Defined Field Link		
Date first sought medical care	CliCRSignSxSgtMedCareDt	Date first sought medical care (mm/dd/yyyy)	Date (MM/DD/YYYY)		
Fever	CliCRSignSxFever	Fever	DropDownList	Yes No Unknown	Y N U
Highest Temp	CliCRSignSxHighTemp	Highest temperature (specify F/C)	FreeText		
Rash	CliCRSignSxRash	Rash	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CliCRSignSxRashSpcfy	If Yes, specify rash details	FreeText		
Conjunctivitis	CliCRSignSxConjunct	Conjunctivitis	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CliCRSignSxConjunctSpcfy	If Yes, specify conjunctivitis details	FreeText		
Joint pain	CliCRSignSxJointPain	Joint pain	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CliCRSignSxJointPainSpcfy	If Yes, specify joint(s)	FreeText		
Muscle pain	CliCRSignSxMuscPain	Muscle pain	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CliCRSignSxMuscPainSpcfy	If Yes, specify muscle pain details	FreeText		

CLINICAL INFO – Zika Virus Infection / Zika – Flavivirus Infection of Undetermined Species					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Headache	CliCRSignSxHead	Headache	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CliCRSignSxHeadSpcfy	If Yes, specify headache details	FreeText		
Nausea or vomiting	CliCRSignSxNausea	Nausea or vomiting	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CliCRSignSxNauseaSpcfy	If Yes, specify specify nausea / vomiting details	FreeText		
Diarrhea	CliCRSignSxDiarrhea	Diarrhea	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CliCRSignSxDiarrheaSpcfy	If Yes, specify diarrhea details	FreeText		
Chills	CliCRSignSxChills	Chills	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CliCRSignSxChillsSpcfy	If Yes, specify chills details	FreeText		
Cough	CliCRSignSxCough	Cough	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CliCRSignSxCoughSpcfy	If Yes, specify cough details	FreeText		
Abdominal pain	CliCRSignSxAbPain	Abdominal pain	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CliCRSignSxAbPainSpcfy	If Yes, specify abdominal pain details	FreeText		
Fatigue	CliCRSignSxFatigue	Fatigue	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CliCRSignSxFatigueSpcfy	If Yes, specify fatigue details	FreeText		
Bloody semen	CliCRSignSxBldSem	Bloody semen	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – Zika Virus Infection / Zika – Flavivirus Infection of Undetermined Species					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Yes, specify	CliCRSignSxBldSemSpcfy	If Yes, specify bloody semen details			
Oral ulcers	CliCRSignSxOralUlc	Oral ulcers	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CliCRSignSxOralUlcSpcfy	If Yes, specify oral ulcers details			
Other symptoms	CliCRSignSxOth	Other symptoms	DropDownList	Yes No Unknown	Y N U
Specify other symptoms	CliCRSignSxOthSpcfy	Other symptom (specify):	FreeText		
GUILLAIN-BARRÉ SYNDROME or WEAKNESS?	CliCRSignSxGBS	Does patient have suspected GUILLAIN-BARRÉ SYNDROME or WEAKNESS? If Yes, complete questions below	DropDownList	Yes No Unknown	Y N U
Weakness	CliCRSignSxWeak	Weakness	DropDownList	Yes No Unknown	Y N U
If Yes, symmetric?	CliCRSignSxWeakSym	If Yes, is weakness symmetric?	FreeText		
If Yes, progressive?	CliCRSignSxWeakPro	If Yes, is weakness progressive?	FreeText		
Paralysis	CliCRSignSxPara	Paralysis	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CliCRSignSxParaSpcfy	If Yes, specify paralysis details	FreeText		
Diminished reflexes	CliCRSignSxDimRef	Diminished reflexes	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CliCRSignSxDimRefSpcfy	If Yes, specify diminished reflexes details	FreeText		
Date of lumbar puncture	CliCRSignSxLumPunctDt	Date of lumbar puncture	Date (MM/DD/YYYY)		

CLINICAL INFO – Zika Virus Infection / Zika – Flavivirus Infection of Undetermined Species					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
CSF protein	CliCRSignSxCSFProt	CSF protein (highest)	FreeText		
CSF WBC count	CliCRSignSxCSFWBC	CSF white blood cell count (highest)	FreeText		
Date of onset	CliCRSignSxNeurOnsetDt	Date of onset of neurologic symptoms	Date (MM/DD/YYYY)		
Other potential causes of Guillain-Barré syndrome? Check all that apply.	CliCRSignSxGBSCause_VAC CliCRSignSxGBSCause_OFI CliCRSignSxGBSCause_DIA CliCRSignSxGBSCause_OTH	Are there any other potential causes of Guillain-Barré syndrome? Check all that apply.	CheckBoxList (more than one choice is possible)	Vaccine Other febrile illness Diarrheal illness Other	VAC OFI DIA OTH
Date of symptom onset / vaccine	CliCRSignSxGBSCauseDt	Date of symptom onset / vaccine	Date (MM/DD/YYYY)		
Additional details	CliCRSignSxGBSCauseDtl	Additional details	FreeText		
Planned delivery hospital	CliCRSignSxHosp	Name of planned delivery hospital	FreeText		
MRN	CliCRSignSxMRN	Medical Record Number (if available)	FreeText		
Is patient a newborn?	CliCRSignSxNB	Is patient a newborn? If Yes, complete the questions below.	DropDownList	Yes No Unknown	Y N U
Vital status	CliCRSignSxNBVS	Vital status If fetal loss, please put any autopsy results and/or tissue studies in the Electronic Filing Cabinet.		Live birth Fetal loss Born alive & died Unknown	LB FL BAD UNK
Microcephaly	CliCRSignSxNBMicro	Microcephaly	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CliCRSignSxNBMicroSpcfy	If Yes, specify microcephaly details	FreeText		
Intracranial calcifications	CliCRSignSxNBCalc	Intracranial calcifications	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – Zika Virus Infection / Zika – Flavivirus Infection of Undetermined Species					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Yes, specify	CliCRSignSxNBCalcSpcfy	If Yes, specify intracranial calcifications details	FreeText		
Newborn hearing screen abnormal	CliCRSignSxNBHear	Newborn hearing screen abnormal	DropDownList	Yes No Unknown	Y N U
If Yes, specify	CliCRSignSxNBHearSpcfy	If Yes, specify hearing screen details	FreeText		
Newborn eye exam abnormal	CliCRSignSxNBEye	Newborn eye exam abnormal	DropDownList	Yes No Unknown	Y N U
If Yes,specify	CliCRSignSxNBEyeSpcfy	If Yes, specify eye exam details	FreeText		
Brain imaging results	CliCRSignSxNBBrain	Brain imaging results	FreeText		
Eye examination findings	CliCRSignSxNBEyeExam	Eye examination findings	FreeText		
Gestational age at birth (weeks)	CliCRSignSxNBGestAge	Gestational age at birth (weeks)	FreeText		
Dating by	CliCRSignSxNBGestAgeDating	Dating by	DropDownList	Obstetrical estimate Last menstrual period Ultrasound Newborn examination	OB MEN US EXAM
Head circumference	CliCRSignSxNBHeadCM	Head circumference at birth (cm)	FreeText		
Head circumference (percentile)	CliCRSignSxNBHeadPerc	Head circumference at birth (percentile)	FreeText		
Length	CliCRSignSxNBLengthCM	Length at birth (cm)	FreeText		
Length (percentile)	CliCRSignSxNBLengthPerc	Length at birth (percentile)	FreeText		
Birthweight	CliCRSignSxNBWeightGM	Birthweight (grams)	FreeText		
Birthweight (percentile)	CliCRSignSxNBWeightPerc	Birthweight (percentile)	FreeText		

CLINICAL INFO – Zika Virus Infection / Zika – Flavivirus Infection of Undetermined Species					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Mother symptoms	CliCRSignSxMomSx	Did mother experience symptoms of Zika during pregnancy?	DropDownList	Yes No Unknown	Y N U
Mother tested?	CliCRSignSxMomTest	Was mother tested for Zika virus?	DropDownList	Yes No Unknown	Y N U
Test results	CliCRSignSxMomTestSpcfy	If Yes, enter test results	FreeText		
If Yes, test positive?	CliCRSignSxMomTestPos	If Yes, did monther test positive for Zika?	DropDownList	Yes No Unknown	Y N U
Patient pregnant?	CliCRSignSxPG	Is patient pregnant?	DropDownList	Yes No Unknown	Y N U
Fetal ultrasound	CliCRSignSxPGUS	Has fetal ultrasound been performed?	DropDownList	Yes No Unknown	Y N U
If Yes, date	CliCRSignSxPGUSDt	If Yes, date of ultrasound	Date (MM/DD/YYYY)		
Gestational age at ultrasound	CliCRSignSxPGUSGestAge	Gestational age at ultrasound (weeks)	FreeText		
Was fetal ultrasound normal?	CliCRSignSxPGUSRslt	Was fetal ultrasound normal?	DropDownList	Yes No Unknown	Y N U
If No,	CliCRSignSxPGUSRsltNo_MIC CliCRSignSxPGUSRsltNo_IC CliCRSignSxPGUSRsltNo_OTH	If No, fetal ultrasound results (check all that apply)	CheckBoxList	Microcephaly Intracranial Calcifications Other findings	MIC IC OTH
If Other findings, specify	CliCRSignSxPGUSRsltSpcfy	If Other findings, specify	FreeText		
If pregnancy ended in fetal loss, specify	CliCRSignSxPGLoss	If pregnancy ended in fetal loss, specify	DropDownList	Terminated Stillborn Miscarriage Unknown	TER STI MIS UNK
PAST MEDICAL HISTORY					

CLINICAL INFO – Zika Virus Infection / Zika – Flavivirus Infection of Undetermined Species					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Dengue	CliCRPasMedHxPrevDxDengue	Has the patient been previously diagnosed with Dengue?	DropDownList	Yes No Unknown	Y N U
If yes, date	CliCRPasMedHxPrevDxDengueDt	If Yes, date of diagnosis (mm/dd/yyyy)	Date (MM/DD/YYYY)		
Yellow fever	CliCRPasMedHxYlwVac	Has the patient been vaccinated for yellow fever?	DropDownList	Yes No Unknown	Y N U
Japanese encephalitis virus	CliCRPasMedHxJEVVac	Has the patient been vaccinated for Japanese encephalitis virus?	DropDownList	Yes No Unknown	Y N U
Pregnancy complicated by Zika	CliCRPasMedHxPGCompl	Has the patient had a pregnancy complicated by suspected Zika infection? If Yes, please put related results including MRI/CT scan, autopsy results in the Electronic Filing Cabinet	DropDownList	Yes No Unknown	Y N U
If Yes, specify complication(s)	CliCRPasMedHxPGComplSpcfy_FL CliCRPasMedHxPGComplSpcfy_PD CliCRPasMedHxPGComplSpcfy_LB CliCRPasMedHxPGComplSpcfy_MC CliCRPasMedHxPGComplSpcfy_IC CliCRPasMedHxPGComplSpcfy_PZ CliCRPasMedHxPGComplSpcfy_OTH	If Yes, specify complication(s) (check all that apply)	CheckBoxList	Fetal loss Perinatal death Live birth Microcephaly Intracranial calcifications Positive test for zika infection Other	FL PD LB MC IC PZ OTH
If Other, specify	CliCRPasMedHxPGComplSpcfyOthSpfy	If Other, specify	FreeText		
HOSPITALIZATION					
Emergency room	CliCRHospER	Did patient visit emergency room for illness?	DropDownList	Yes No Unknown	Y N U
Hospitalized	CliCRHospHosp	Was patient hospitalized?	DropDownList	Yes No Unknown	Y N U

CLINICAL INFO – Zika Virus Infection / Zika – Flavivirus Infection of Undetermined Species					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Yes,	CliCRHospNights	If Yes, how many nights? If there were any ER or hospital stays related to this illness, specify details below. Include hospitals where delivery occurred for all infants and post-partum patients.	FreeText		
HOSPITALIZATION – DETAILS					
Hospital name	HOSPDTLNAME_1 HOSPDTLNAME_2 HOSPDTLNAME_3	Hospital name	FreeText		
Street address	HOSPDTLADDRESS_1 HOSPDTLADDRESS_2 HOSPDTLADDRESS_3	Street address	FreeText		
City	HOSPDTLCITY_1 HOSPDTLCITY_2 HOSPDTLCITY_3	City	FreeText		
State	HOSPDTLSTATE_1 HOSPDTLSTATE_2 HOSPDTLSTATE_3	State	FreeText		
Zip code	HOSPDTLZIPCODE_1 HOSPDTLZIPCODE_2 HOSPDTLZIPCODE_3	Zip Code	FreeText		
Telephone	HOSPDTLPHONE_1 HOSPDTLPHONE_2 HOSPDTLPHONE_3	Telephone	FreeText		
Admit date	HOSPDTLADMITDT_1 HOSPDTLADMITDT_2 HOSPDTLADMITDT_3	Admit date	Date (MM/DD/YYYY)		
Discharge	HOSPDTLDISCHDT_1 HOSPDTLDISCHDT_2 HOSPDTLDISCHDT_3	Discharge/transfer date	Date (MM/DD/YYYY)		
Medical record number	HOSPDTLMRN_1 HOSPDTLMRN_2 HOSPDTLMRN_3	Medical record number	FreeText		
Discharge diagnosis	HOSPDTLDISCHDX_1 HOSPDTLDISCHDX_2 HOSPDTLDISCHDX_3	Discharge diagnosis	FreeText		

CLINICAL INFO – Zika Virus Infection / Zika – Flavivirus Infection of Undetermined Species					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
OUTCOME					
Outcome	OUTCOMEOUTCOME	Outcome?	DropDownList	Survived Died Unknown	S D U
Survived as of	OUTCOMESURVIVEDT	Survived as of	Date (MM/DD/YYYY)		
Date of death	OUTCOMEDEATHDT	Date of death	System Defined Field Link		

LABORATORY INFO – Zika Virus Infection / Zika –Flavivirus Infection of Undetermined Species					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
LABORATORY RESULTS SUMMARY					
Laboratory type	LabCRLabRsltSumLabType_1 LabCRLabRsltSumLabType_2 LabCRLabRsltSumLabType_3	Laboratory type	DropDownList	State PH lab	STATE
				Local PH lab	LOCAL
				Commercial lab	COMM
				CDC lab	CDC
				Blood bank	BB
				Other	OTH
If Other, specify	LabCRLabRsltSumLabTypeSpcfy_1 LabCRLabRsltSumLabTypeSpcfy_2 LabCRLabRsltSumLabTypeSpcfy_3	If Other, specify	FreeText		
Specimen Type	LabCRLabRsltSumSpecType_1 LabCRLabRsltSumSpecType_2 LabCRLabRsltSumSpecType_3	Specimen Type	DropDownList	Serum	SER
				Urine	URIN
				CSF	CSF
				Umbilical cord blood	UCB
				Amniotic fluid	AF
				Placenta	PCT
				Other	OTH

LABORATORY INFO – Zika Virus Infection / Zika –Flavivirus Infection of Undetermined Species					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Other, specify	LabCRLabRsltSumSpecTypeSpcfy_1 LabCRLabRsltSumSpecTypeSpcfy_2 LabCRLabRsltSumSpecTypeSpcfy_3	If Other, specify	FreeText		
Type of test	LabCRLabRsltSumTestType_1 LabCRLabRsltSumTestType_2 LabCRLabRsltSumTestType_3	Type of test	DropDownList	PCR ELISA-IgM IFA-IgM NAT (blood bank) PRNT Other	PCR ELISAIGM IFAIGM NAT PRNT OTH
If Other, specify	LabCRLabRsltSumTestTypeSpcfy_1 LabCRLabRsltSumTestTypeSpcfy_2 LabCRLabRsltSumTestTypeSpcfy_3	If Other, specify	FreeText		
Interpretation	LabCRLabRsltSumInterp_1 LabCRLabRsltSumInterp_2 LabCRLabRsltSumInterp_3	Interpretation	DropDownList	Positive Negative Equivocal Indeterminate	POS NEG EQUIV INDET
Arbovirus tested	LabCRLabRsltSumArbo_1 LabCRLabRsltSumArbo_2 LabCRLabRsltSumArbo_3	Arbovirus tested	DropDownList	Chikungunya Dengue Saint Louis encephalitis West Nile Zika	CHIK DENG SLE WNV ZIKA
Results	LabCRLabRsltSumResult_1 LabCRLabRsltSumResult_2 LabCRLabRsltSumResult_3	Results	FreeText		
Collection Date	LabCRLabRsltSumColDt_1 LabCRLabRsltSumColDt_2 LabCRLabRsltSumColDt_3	Collection Date	Date (MM/DD/YYYY)		
Laboratory Name	LabCRLabRsltSumLabName_1 LabCRLabRsltSumLabName_2 LabCRLabRsltSumLabName_3	Laboratory Name	FreeText		
Telephone Number	LabCRLabRsltSumPhone_1 LabCRLabRsltSumPhone_2 LabCRLabRsltSumPhone_3	Telephone Number	FreeText		
LABORATORY RESULTS SUMMARY - OTHER					
Hematology	LabCRLabRsltSumOthHema	Hematology	DropDownList	Yes No Unknown	Y N U

LABORATORY INFO – Zika Virus Infection / Zika –Flavivirus Infection of Undetermined Species					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Date Collected	LabCRLabRsltSumOthColDt	Date Collected	Date (MM/DD/YYYY)		
WBC	LabCRLabRsltSumOthWBC	WBC	FreeText		
HCT	LabCRLabRsltSumOthHCT	HCT	FreeText		
Hb	LabCRLabRsltSumOthHb	Hb	FreeText		
Platelets	LabCRLabRsltSumOthPlat	Platelets	FreeText		
Other laboratory diagnositcs?	LabCRLabRsltSumOthLabDx	Other laboratory diagnositcs performed (e.g. IHC, virus isolation)?	DropDownList	Yes No Unknown	Y N U
If Yes, describe	LabCRLabRsltSumOthLabDxSpcfy	If Yes, describe	FreeText		

EPIDEMIOLOGIC INFO – Zika Virus Infection / Zika –Flavivirus Infection of Undetermined Species					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Zika condition code	EpiCRCondCodeCdCode	Zika condition code	DropDownList	Non-congenital Zika virus disease (symptomatic)	NCONGS
				Congenital Zika virus disease (symptomatic)	CONGS
				Non-congenital Zika virus infection (asymptomatic)	NCONGA
				Congenital Zika virus infection (asymptomatic)	CONGA

EPIDEMIOLOGIC INFO – Zika Virus Infection / Zika –Flavivirus Infection of Undetermined Species					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
INCUBATION PERIOD- INCUBATION PERIOD: UP TO 14 DAYS BEFORE ILLNESS ONSET					
BLOOD AND ORGAN DONATION					
Donate blood	EpiCRBODDonBld	Did patient donate blood during the incubation period?	DropDownList	Yes No Unknown	Y N U
Date of blood donation	EpiCRBODDonBldDt	Date of blood donation	Date (MM/DD/YYYY)		
Donate organ	EpiCRBODDonOrg	Did patient donate an organ during the incubation period?	DropDownList	Yes No Unknown	Y N U
Date of organ donation	EpiCRBODDonOrgDt	Date of organ donation	Date (MM/DD/YYYY)		
Blood transfusion	EpiCRBODRecBld	Did patient receive a blood transfusion during the incubation period?	DropDownList	Yes No Unknown	Y N U
Date of blood transfusion	EpiCRBODRecBldDt	Date of blood transfusion	Date (MM/DD/YYYY)		
Organ transplant	EpiCRBODRecOrg	Did patient receive an organ transplant during the incubation period?	DropDownList	Yes No Unknown	Y N U
Date of organ transplant	EpiCRBODRecOrgDt	Date of organ transplant	Date (MM/DD/YYYY)		
TRAVEL HISTORY					
Travel outside county of residence?	EpiCRTrvHXCnty	Did patient travel outside of county of residence during the incubation period?	DropDownList	Yes No Unknown	Y N U
Travel out of California?	EpiCRTrvHXCali	Did patient travel outside of California during the incubation period?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – Zika Virus Infection / Zika –Flavivirus Infection of Undetermined Species					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Travel out of US?	EpiCRTrvHXUSA	Did patient travel outside the U.S. during the incubation period? If Yes to any of the above questions, specify all locations and dates below	DropDownList	Yes No Unknown	Y N U
TRAVEL HISTORY - DETAILS					
Location	TRVHXDTLLOCATION_1 TRVHXDTLLOCATION_2 TRVHXDTLLOCATION_3	Location (city, county, state, country)	FreeText		
Date travel started	TRVHXDTLSTARTDT_1 TRVHXDTLSTARTDT_2 TRVHXDTLSTARTDT_3	Date travel started	Date (MM/DD/YYYY)		
Date travel ended	TRVHXDTLENDDT_1 TRVHXDTLENDDT_2 TRVHXDTLENDDT_3	Date travel ended	Date (MM/DD/YYYY)		
TRAVEL HISTORY – FOR CDPH USE ONLY					
Imported Country	ArboTrvHxDtlImportCountry	Imported Country	DropDownList	See Appendix D	See Appendix D
Imported State	ArboTrvHxDtlImportState	Imported State	DropDownList	See Appendix J	See Appendix J
EXPOSURES / RISK FACTORS - MOSQUITO BITE					
Mosquito bites?	EpiCRRiskFactMosqBite	Did patient recall any mosquito bites during the incubation period? If Yes, specify all bite locations and dates below	DropDownList	Yes No Unknown	Y N U
EXPOSURES / RISK FACTORS - BITE DETAILS					
Bite location	EpiCRRiskFactMosqDtlLoc_1 EpiCRRiskFactMosqDtlLoc_2 EpiCRRiskFactMosqDtlLoc_3	Bite location (city, county state, country)	FreeText		

EPIDEMIOLOGIC INFO – Zika Virus Infection / Zika –Flavivirus Infection of Undetermined Species					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Date of mosquito bite	EpiCRRiskFactMosqDtlLocDt_1 EpiCRRiskFactMosqDtlLocDt_2 EpiCRRiskFactMosqDtlLocDt_3	Date of mosquito bite	Date (MM/DD/YYYY)		
EXPOSURES / RISK FACTORS – SEXUAL HISTORY					
Unprotected sex in the 6 months prior to Zika diagnosis?	EpiCRRiskFactSexUnP6	Has the patient had any unprotected (condomless) oral, vaginal, or anal sex in the 6 months prior to Zika diagnosis?	DropDownList	Yes No Unknown	Y N U
Sex partner(s) positive for Zika virus?	EpiCRRiskFactSexPrtTstPos	One or more sex partner(s) who has tested positive for Zika virus?	DropDownList	Yes No Unknown	Y N U
Sex partner(s) with symptoms of Zika virus without another reason for these symptoms?	EpiCRRiskFactSexPrtSympt	One or more sex partner(s) with symptoms of Zika virus without another reason for these symptoms?	DropDownList	Yes No Unknown	Y N U
Suspected sexually-acquired Zika infection?	EpiCRRiskFactSexSusp	Suspected sexually-acquired Zika infection?	DropDownList	Yes No Unknown	Y N U
EXPOSURES / RISK FACTORS - OTHER					
Other suspected exposures	EpiCRRiskFactOthSusp	Are any other exposures suspected?	DropDownList	Yes No Unknown	Y N U
If Yes, specify details	EpiCRRiskFactOthSuspDtl	If Yes, specify other exposure details	FreeText		
If Yes, date	EpiCRRiskFactOthSuspDt	If Yes, date of other exposure	Date (MM/DD/YYYY)		
If Yes, specify location	EpiCRRiskFactOthSuspLoc	If Yes, specify other exposure location	FreeText		
Suspected local acquisition of Zika infection	EpiCRRiskFactOthLoc	Suspected local acquisition of Zika infection (i.e. no travel to any area with known Zika transmission)?	DropDownList	Yes No Unknown	Y N U

EPIDEMIOLOGIC INFO – Zika Virus Infection / Zika –Flavivirus Infection of Undetermined Species					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Yes, specify details	EpiCRRiskFactOthLocDtl	If Yes, specify suspected local acquisition details	FreeText		
If Yes, specify date	EpiCRRiskFactOthLocDt	If Yes, specify date of suspected local acquisition	Date (MM/DD/YYYY)		
If Yes, specify location	EpiCRRiskFactOthLocLoc	If Yes, specify suspected local acquisition location	FreeText		
REPORTING AGENCY					
Investigator name	REPAGENCYNAME	Investigator name	FreeText		
Local health jurisdiction	REPAGENCYLHJUR	Local health jurisdiction	FreeText		
Telephone number	REPAGENCYPHONE	Telephone number	FreeText		
Date	REPAGENCYDT	Date	Date (MM/DD/YYYY)		
First reported by	REPAGENCYREPORTEDBY	First reported by	DropDownList	Clinician Laboratory Other	CLI LAB OTH
If Other, specify	REPAGENCYREPORTEDBYSPFY	If Other, specify	FreeText		

REPORTING INFO – Zika Virus Infection / Zika –Flavivirus Infection of Undetermined Species					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
ZIKA VIRUS ELC DATA					
Date first reported to LHD	ZikaELCDataRptDt	Data first reported to local health department	Date (MM/DD/YYYY)		
Date LHD initiated investigation	ZikaELCDataInitInvDt	Date local health department initiated investigation	Date (MM/DD/YYYY)		
Date LHD initiated control measures	ZikaELCDataInitCMDt	Date local health department initiated control measures	Date (MM/DD/YYYY)		
Date official final lab results received	ZikaELCDataFinLabDt	Date official final lab results received	Date (MM/DD/YYYY)		
US ZIKA PREGNANCY REGISTRY					
This disease incident is for:	ZikaELCUSZPRDisIncident	This disease incident is for:	RadioButtonList	Mother Baby	MOTHER BABY
MHHF submitted/updated at time of diagnosis?	ZikaELCUSZPRHxFormSubDx	Maternal Health History Form submitted/updated at time of diagnosis?	DropDownList	Submitted Pending Lost to Follow Up	SUBMITTED PENDING LTFU
MHHF submitted/updated for second trimester?	ZikaELCUSZPRHxFormSub2ndT	Maternal Health History Form submitted/updated for second trimester? (Submit only if mother is diagnosed in first trimester)	DropDownList	Submitted Pending Lost to Follow Up N/A	SUBMITTED PENDING LTFU NA
MHHF submitted/updated for third trimester?	ZikaELCUSZPRHxFormSub3rdT	Maternal Health History Form submitted/updated for third trimester? (Submit only if mother is diagnosed in first or second trimester)	DropDownList	Submitted Pending Lost to Follow Up N/A	SUBMITTED PENDING LTFU NA
Mother lost to follow-up before delivery?	ZikaELCUSZPRLost	Mother lost to follow-up before delivery?	DropDownList	Yes No Unknown	Y N U
If yes, date	ZikaELCUSZPRLostDt	If Yes, enter date lost to follow-up	Date (MM/DD/YYYY)		

REPORTING INFO – Zika Virus Infection / Zika –Flavivirus Infection of Undetermined Species					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Pediatric Provider Facility	ZikaELCUSZPRPPFacility	Pediatric Provider Facility	FreeText		
Pediatric Provider Name	ZikaELCUSZPRPPName	Pediatric Provider Name	FreeText		
Pediatric Provider Contact Info	ZikaELCUSZPRPPInfo	Pediatric Provider Contact Info	FreeText		
IFUF at 2 months?	ZikaELCUSZPRInfantFUF2Mon	Infant Follow-Up Form at 2 months submitted?	DropDownList	Submitted Pending Lost to Follow Up N/A	SUBMITTED PENDING LTFU NA
Infant 2 months old?	ZikaELCUSZPRInfant2MonOld	Infant 2 months old on (DOB + 60 days)	FreeText		
IFUF at 6 months?	ZikaELCUSZPRInfantFUF6Mon	Infant Follow-Up Form at 6 months submitted?	DropDownList	Submitted Pending Lost to Follow Up N/A	SUBMITTED PENDING LTFU NA
Infant 6 months old?	ZikaELCUSZPRInfant6MonOld	Infant 6 months old on (DOB + 180 days)	FreeText		
IFUF at 12 months?	ZikaELCUSZPRInfantFUF12Mon	Infant Follow-Up Form at 12 months submitted?	DropDownList	Submitted Pending Lost to Follow Up N/A	SUBMITTED PENDING LTFU NA
Infant 12 months old?	ZikaELCUSZPRInfant12MonOld	Infant 12 months old on (DOB + 365 days)	FreeText		
IFUF at 18 months?	ZikaELCUSZPRInfantFUF18Mon	Infant Follow-Up Form at 18 months submitted?	DropDownList	Submitted Pending Lost to Follow Up N/A	SUBMITTED PENDING LTFU NA
Infant 18 months old?	ZikaELCUSZPRInfant18MonOld	Infant 18 months old on (DOB + 545 days)	FreeText		
IFUF at 24 months?	ZikaELCUSZPRInfantFUF24Mon	Infant Follow-Up Form at 24 months submitted?	DropDownList	Submitted Pending Lost to Follow Up N/A	SUBMITTED PENDING LTFU NA
Infant 24 months old?	ZikaELCUSZPRInfant24MonOld	Infant 24 months old on (DOB + 730 days)	FreeText		
Infant lost to follow-up?	ZikaELCUSZPRInfantLost	Infant Lost to Follow-Up?	DropDownList	Yes No Unknown	Y N U

REPORTING INFO – Zika Virus Infection / Zika –Flavivirus Infection of Undetermined Species					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If yes, date	ZikaELCUSZPRInfantLostDt	If Yes, enter date lost to follow-up	Date (MM/DD/YYYY)		

Outbreak Tab

OUTBREAK – CHLAMYDIA / FEVER, NOS / GI (FOODBORNE) / GI (OTHER / UNKNOWN) / GI (WATERBORNE) / GONORRHEA / HEPATITIS, JAUNDICE / NEUROLOGIC (MENINGITIS / ENCEPHALITIS) / OTHER, UNKNOWN / RASH / RESPIRATORY, NON-TB / SEPSIS, BACTEREMIA / SKIN, SOFT TISSUE / SYPHILIS / TUBERCULOSIS (TB0-TB5) / VIRAL HEMORRHAGIC FEVERS, ANIMAL					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
# Of Cases	OBCOUNT	Number of cases	FreeText		
Outbreak Number	OUTBREAKNUMBER	Outbreak Number – Automatically populated if left blank	FreeText		
Disease	DISEASE	Disease	DropDownList	Chlamydia	Chlamydia
				Fever, NOS	Fever, NOS
				GI, Foodborne	GI, Foodborne
				GI, Other / Unknown	GI, Other / Unknown
				GI, Waterborne	GI, Waterborne
				Gonorrhea	Gonorrhea
				Hepatitis / Jaundice	Hepatitis / Jaundice
				Neurologic (Meningitis / Encephalitis)	Neurologic (Meningitis / Encephalitis)
				Other / Unknown	Other / Unknown
				Rash	Rash
				Respiratory, Non-TB	Respiratory, Non-TB
				Sepsis / Bacteremia	Sepsis / Bacteremia
				Skin / Soft Tissue	Skin / Soft Tissue
				Syphilis	Syphilis
				Tuberculosis (TB0-TB5)	Tuberculosis (TB0-TB5)
				Viral Hemorrhagic Fevers, Animal	Viral Hemorrhagic Fevers, Animal
Facility Type	FacilityTYPE	Facility Type	RadioButtonList	Health Facility Non-Health Facility	Health Facility Non-Health Facility
Location	LOCATION	Location – selected from the Location Source Dictionary	Link		
Onset Date	DATEOFONSET	Date of Onset	Date (MM/DD/YYYY)		
Date Created	DateCreated	Date created – automatically populated	Date (MM/DD/YYYY)		

OUTBREAK – CHLAMYDIA / FEVER, NOS / GI (FOODBORNE) / GI (OTHER / UNKNOWN) / GI (WATERBORNE) / GONORRHEA / HEPATITIS, JAUNDICE / NEUROLOGIC (MENINGITIS / ENCEPHALITIS) / OTHER, UNKNOWN / RASH / RESPIRATORY, NON-TB / SEPSIS, BACTEREMIA / SKIN, SOFT TISSUE / SYPHILIS / TUBERCULOSIS (TB0-TB5) / VIRAL HEMORRHAGIC FEVERS, ANIMAL					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Date Closed	DATECLOSED	Date Closed – field cannot be edited. Will automatically populate when Process Status is set to "Closed by LHD"	Date (MM/DD/YYYY)		
Jurisdiction	DISTRICT	Jurisdiction - Primary Local Health Jurisdiction. The local health department currently caring for the case, in most cases this is the jurisdiction that reported the case. This jurisdiction has read-write access to the disease incident record.	DropDownList	See Appendix C	See Appendix C (CalREDIE Data Labels and Export Values are the same)
Investigator	NurseInvestigator	Investigator - Investigator assigned to the case. Select the Investigator from available investigators in the dropdown list.	DropDownList		
Priority	PRIORITY	Priority	DropDownList	High Low Medium	High Low Medium
Process Status	PROCESSSTATUS	Process status	DropDownList	Entered Under Investigation In LHD Review In LHD Review #2 Jurisdiction Transfer Out of State Closed by LHD	Entered Under Investigation In LHD Review In LHD Review #2 Jurisdiction Transfer Out of State Closed by LHD
Resolution Status	RESOLUTIONSTATUS	Resolution status	DropDownList	Confirmed Not A Case Not Reportable NPJ Incident Out of Country Out of State Previously Reported Probable Suspect Unknown	Confirmed Not A Case Not Reportable NPJ Incident Out of Country Out of State Previously Reported Probable Suspect Unknown
Outbreak Type	OUTBREAKTYPE	Outbreak type	RadioButtonList	Diarrhea of the Newborn Foodborne Disease Other Waterborne Disease	Diarrhea of the Newborn Foodborne Disease Other Waterborne Disease

OUTBREAK – CHLAMYDIA / FEVER, NOS / GI (FOODBORNE) / GI (OTHER / UNKNOWN) / GI (WATERBORNE) / GONORRHEA / HEPATITIS, JAUNDICE / NEUROLOGIC (MENINGITIS / ENCEPHALITIS) / OTHER, UNKNOWN / RASH / RESPIRATORY, NON-TB / SEPSIS, BACTEREMIA / SKIN, SOFT TISSUE / SYPHILIS / TUBERCULOSIS (TB0-TB5) / VIRAL HEMORRHAGIC FEVERS, ANIMAL					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Notes	NOTES	Notes sections	FreeText		

Outbreak Report Tab

OUTBREAK REPORT – FEVER, NOS / GI (FOODBORNE) / GI (OTHER / UNKNOWN) / GI (WATERBORNE) / HEPATITIS, JAUNDICE / NEUROLOGIC (MENINGITIS / ENCEPHALITIS) / OTHER, UNKNOWN / RASH / RESPIRATORY, NON-TB / SEPSIS, BACTEREMIA / SKIN, SOFT TISSUE /					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
OUTBREAK INFORMATION					
Disease	PRELIMOBINFOTODATEPATHOGENID	Disease / pathogen identified	DropDownList	See Appendix L	See Appendix L
If Other, specify	PRELIMOBINFOTODATEPATHOGENIDOTH	If other disease / pathogen, specify	FreeText		
Pathogen is:	PRELIMOBINFOTODATEPATHOGENDTL	Indicate whether the pathogen is:	RadioButtonList	Laboratory-confirmed Suspected Unknown	CONF SUSP UNK
Symptoms	PRELIMOBINFOTODATESIGNSSX_F255	Major signs and symptoms	Text Box		
Number ill	PRELIMOBINFOTODATENUMILL	Number of ill patients	FreeText		
Number lab confirmed	PRELIMOBINFOTODATENUMLABCONF	Number of lab confirmed cases	FreeText		
Number hospitalized	PRELIMOBINFOTODATENUMHOSP	Number of hospitalized patients	FreeText		
Number died	PRELIMOBINFOTODATENUMDEAD	Number of patients that died	FreeText		
First onset date	PRELIMOBINFOTODATEFIRSTONSETDT	Indicate the first onset date	Date (MM/DD/YYYY)		
Latest onset date thus far	PRELIMOBINFOTODATELATESTONSETDT	Indicate the latest onset date thus far	Date (MM/DD/YYYY)		
Number staff ill	PRELIMOBINFOTODATENUMSTAFFILL	If outbreak at an institutional setting, indicate number of staff ill	FreeText		
Number residents ill	PRELIMOBINFOTODATENUMRESIDNTILL	If outbreak at an institutional setting, Indicate number of residents ill	FreeText		
SUSPECTED SOURCE OR VEHICLE e.g. food item, common exposure, index case					
Vehicle known?	PRELIMOBSUSPECTSRCSOURCEKNOWN	Is the suspected source or vehicle known?	RadioButtonList	Yes No Unknown	Y N U

OUTBREAK REPORT – FEVER, NOS / GI (FOODBORNE) / GI (OTHER / UNKNOWN) / GI (WATERBORNE) / HEPATITIS, JAUNDICE / NEUROLOGIC (MENINGITIS / ENCEPHALITIS) / OTHER, UNKNOWN / RASH / RESPIRATORY, NON-TB / SEPSIS, BACTEREMIA / SKIN, SOFT TISSUE /					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Yes, specify	PRELIMOBSUSPECTSRCSOURCESPECIFY	If Yes, specify the source or vehicle	FreeText		
SETTING INFORMATION					
Setting type	PRELIMOBSETTINGSETTING_1 PRELIMOBSETTINGSETTING_2 PRELIMOBSETTINGSETTING_3 PRELIMOBSETTINGSETTING_4 PRELIMOBSETTINGSETTING_5 PRELIMOBSETTINGSETTING_6 PRELIMOBSETTINGSETTING_7 PRELIMOBSETTINGSETTING_8 PRELIMOBSETTINGSETTING_9 PRELIMOBSETTINGSETTING_10 PRELIMOBSETTINGSETTING_11 PRELIMOBSETTINGSETTING_12 PRELIMOBSETTINGSETTING_13 PRELIMOBSETTINGSETTING_14 PRELIMOBSETTINGSETTING_15 PRELIMOBSETTINGSETTING_16 PRELIMOBSETTINGSETTING_17 PRELIMOBSETTINGSETTING_18 PRELIMOBSETTINGSETTING_19 PRELIMOBSETTINGSETTING_20 PRELIMOBSETTINGSETTING_21 PRELIMOBSETTINGSETTING_22 PRELIMOBSETTINGSETTING_23 PRELIMOBSETTINGSETTING_24 PRELIMOBSETTINGSETTING_25 PRELIMOBSETTINGSETTING_26 PRELIMOBSETTINGSETTING_27 PRELIMOBSETTINGSETTING_28 PRELIMOBSETTINGSETTING_29	Setting type (check all settings where illnesses occurred)	CheckBoxList (more than one choice is possible)	Hotel	HOTEL
				Restaurant	REST
				Catered party	PARTY
				Wedding	WEDDING
				Fair / Festival / Temporary or mobile services	FEST
				Private home	HOME
				Acute care hospital	HOSP
				Urgent care center / Clinic	URGENT
				Surgical center	SURG
				Other medical facility	OMF
				Child day care / pre-school	CHCARE
				Primary school (K-5)	PRIMARY
				Middle / High school (6-12)	SECONDARY
				College / University - dormitory	COLLEGEDORM
				College / University - non dormitory	COLLEGE
				Shelter	SHELTER
				Camp	CAMP
				Adult day care	ADCARE
				Residential care facility	RES
				Independent living facility	ILF
				Assisted living facility	ALF
				Skilled nursing facility	NURSE
				Jail	JAIL
				Prison	PRISON
				Military facility	MIL
				General community	GENCOM
				Cruise Ship	CRUISE
				Unknown	UNK
				Other	OTH
If Other, specify	PRELIMOBSETTINGSETTINGOTH	If other setting type, please specify	FreeText		

OUTBREAK REPORT – FEVER, NOS / GI (FOODBORNE) / GI (OTHER / UNKNOWN) / GI (WATERBORNE) / HEPATITIS, JAUNDICE / NEUROLOGIC (MENINGITIS / ENCEPHALITIS) / OTHER, UNKNOWN / RASH / RESPIRATORY, NON-TB / SEPSIS, BACTEREMIA / SKIN, SOFT TISSUE /					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Name(s)	PRELIMOBSETTINGNAME	Name(s) of facility / school / setting	FreeText		
If healthcare facility:	PRELIMOBSETTINGLic	If healthcare facility, is the facility:	RadioButtonList	Licensed Unlicensed	LIC UNL
PUBLIC HEALTH ACTIONS TAKEN OR PLANNED					
Action	PRELIMOBACTIONACTIONS_1 PRELIMOBACTIONACTIONS_2 PRELIMOBACTIONACTIONS_3 PRELIMOBACTIONACTIONS_4 PRELIMOBACTIONACTIONS_5 PRELIMOBACTIONACTIONS_6 PRELIMOBACTIONACTIONS_7 PRELIMOBACTIONACTIONS_8 PRELIMOBACTIONACTIONS_9 PRELIMOBACTIONACTIONS_10	What Public Health actions taken or planned?	CheckBoxList (more than one choice is possible)	Notification of public Notification of medical community Case finding Contact tracing Human specimen collection and testing Environmental inspection/investigation Infection control measures Other measures Post-exposure prophylaxis Mass treatment	NOTFYPUB NOTFYMEDCOM CASE TRACE TEST ENVIRO CONTROL OTH POSTPROPH MASSTREAT
If Other measures, specify	PRELIMOBACTIONOTHERACTIONS_F255	If Other measures taken, please specify	FreeText		
EXTENT OF OUTBREAK					
Extent of outbreak	PRELIMOBCROSSJUREXTENT_1 PRELIMOBCROSSJUREXTENT_2 PRELIMOBCROSSJUREXTENT_3 PRELIMOBCROSSJUREXTENT_4 PRELIMOBCROSSJUREXTENT_5 PRELIMOBCROSSJUREXTENT_6	What is the extent of the outbreak?	CheckBoxList (more than one choice is possible)	One CA jurisdiction Multiple CA jurisdictions Multistate International Unknown Other	ONEJUR MULJUR MULSTAT INTR UNK OTH
If other, specify	PRELIMOBCROSSJUREXTENTOTHER	Specify other extent of outbreak	FreeText		
Additional Jurisdiction	PRELIMOBCROSSJUREXTENTJURIS	List additional jurisdiction / state / county	FreeText		
REPORTING LOCAL HEALTH DEPARTMENT					
Investigator name	PRELIMOBREPORTINGLHDNAME	LHD Investigator name	FreeText		
Local health jurisdiction	PRELIMOBREPORTINGLHDJURISDICTION	Local health jurisdiction	DropDownList	See Appendix M	See Appendix M

OUTBREAK REPORT – FEVER, NOS / GI (FOODBORNE) / GI (OTHER / UNKNOWN) / GI (WATERBORNE) / HEPATITIS, JAUNDICE / NEUROLOGIC (MENINGITIS / ENCEPHALITIS) / OTHER, UNKNOWN / RASH / RESPIRATORY, NON-TB / SEPSIS, BACTEREMIA / SKIN, SOFT TISSUE /					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Telephone number	PRELIMOBREPORTINGLHDPHONE	Telephone number of reporter	FreeText		
Outbreak located	PRELIMOBREPORTINGLHDLOCATION	City / town where outbreak located	FreeText		
Date reported	PRELIMOBREPORTINGLHDDATE	Date reported to LHJ	Date (MM/DD/YYYY)		
Time reported	PRELIMOBREPORTINGLHDTimeRpt	Time reported to LHJ	FreeText		
Date LHJ initiated	PRELIMOBREPORTINGLHDDATEINVESTINIT	Date LHJ initiated investigation	Date (MM/DD/YYYY)		
Time LHJ Initiated	PRELIMOBREPORTINGLHDTimeInit	Time LHJ Initiated investigation	FreeText		
Outbreak number	PRELIMOBREPORTINGLHDOBNUM	Local outbreak number, if available	FreeText		
NOTES / DISCUSSIONS / CONCLUSIONS					
Notes	PRELIMOBDISCCONCLNOTES_F255	Notes / discussions / conclusions	Text Box		

Other Outbreak Rep Tab

OTHER OUTBREAK REP – FEVER, NOS / GI (OTHER / UNKNOWN) / HEPATITIS, JAUNDICE / NEUROLOGIC (MENINGITIS / ENCEPHALITIS) / OTHER, UNKNOWN / RASH / SEPSIS, BACTEREMIA / SKIN, SOFT TISSUE /					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
REPORTING AGENCY					
Telephone number	OTHOBREPAGENCYPHONE	Telephone number of reporter	FreeText		
Date reported	OTHOBREPAGENCYPHREPORTDATE	Date reported to Public Health	Date (MM/DD/YYYY)		
First Reported by	OTHOBREPAGENCYREPORTEDBY	First reported by	DropDownList	Clinician Laboratory Other	CLI LAB OTH
If Other, specify	OTHOBREPAGENCYREPORTEDBYSPFY	If Other, specify	FreeText		
OUTBREAK INFORMATION					
Lab-confirmed	OTHOBOBINFONUMLABCONF	Number of lab-confirmed cases	FreeText		
Clinical cases	OTHOBOBINFONUMCLINCASES	Number of clinical cases	FreeText		
Describe	OTHOBOBINFOCLINCASEDEF	Describe clinical case definition or clinical syndrome under investigation	FreeText		
Pathogen identified?	OTHOBOBINFOPATHOGENID	Was the pathogen identified?	DropDownList	Yes No Unknown	Y N U
If Yes, specify	OTHOBOBINFOPATHOGENSPFY	If Yes, specify pathogen	FreeText		
Extent of outbreak	OTHOBOBINFOEXTENTOF_1 OTHOBOBINFOEXTENTOF_2 OTHOBOBINFOEXTENTOF_3 OTHOBOBINFOEXTENTOF_4 OTHOBOBINFOEXTENTOF_5 OTHOBOBINFOEXTENTOF_6	What is the extent of the outbreak?	CheckBoxList (more than one choice is possible)	One CA jurisdiction Multiple CA jurisdictions Multistate International Unknown Other	ONEJUR MULJUR MULSTAT INTR UNK OTH
If Other, specify	OTHOBOBINFOEXTENTOFSPFY	If Other, specify	FreeText		
Mode of transmission	OTHOBOBINFOTRANSMOD_1 OTHOBOBINFOTRANSMOD_2 OTHOBOBINFOTRANSMOD_3 OTHOBOBINFOTRANSMOD_4	What is the mode of transmission for the outbreak?	CheckBoxList (more than one choice is possible)	Point source Person-to-person Unknown Other	SRC P2P UNK OTH

OTHER OUTBREAK REP – FEVER, NOS / GI (OTHER / UNKNOWN) / HEPATITIS, JAUNDICE / NEUROLOGIC (MENINGITIS / ENCEPHALITIS) / OTHER, UNKNOWN / RASH / SEPSIS, BACTEREMIA / SKIN, SOFT TISSUE /					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Other, specify	OTHOBOBINFOTRANSMONSPFY	If Other, specify	FreeText		
First onset date	OTHOBOBINFOFIRSTONSETDT	Indicate the first onset date	Date (MM/DD/YYYY)		
Last onset date	OTHOBOBINFOLASTONSETDT	Indicate the last onset date	Date (MM/DD/YYYY)		

OTHER OUTBREAK REP – FEVER, NOS / GI (OTHER / UNKNOWN) / HEPATITIS, JAUNDICE / NEUROLOGIC (MENINGITIS / ENCEPHALITIS) / OTHER, UNKNOWN / RASH / SEPSIS, BACTEREMIA / SKIN, SOFT TISSUE /					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
OUTBREAK SETTING INFORMATION					
Setting type	OTHOBSETTINGINFOSETTINGTYPE_1 OTHOBSETTINGINFOSETTINGTYPE_2 OTHOBSETTINGINFOSETTINGTYPE_3 OTHOBSETTINGINFOSETTINGTYPE_4 OTHOBSETTINGINFOSETTINGTYPE_5 OTHOBSETTINGINFOSETTINGTYPE_6 OTHOBSETTINGINFOSETTINGTYPE_7 OTHOBSETTINGINFOSETTINGTYPE_8 OTHOBSETTINGINFOSETTINGTYPE_9 OTHOBSETTINGINFOSETTINGTYPE_10 OTHOBSETTINGINFOSETTINGTYPE_11 OTHOBSETTINGINFOSETTINGTYPE_12 OTHOBSETTINGINFOSETTINGTYPE_13 OTHOBSETTINGINFOSETTINGTYPE_14 OTHOBSETTINGINFOSETTINGTYPE_15 OTHOBSETTINGINFOSETTINGTYPE_16 OTHOBSETTINGINFOSETTINGTYPE_17 OTHOBSETTINGINFOSETTINGTYPE_18 OTHOBSETTINGINFOSETTINGTYPE_19 OTHOBSETTINGINFOSETTINGTYPE_20 OTHOBSETTINGINFOSETTINGTYPE_21 OTHOBSETTINGINFOSETTINGTYPE_22	What is the type of setting for the outbreak?	CheckBoxList (more than one choice is possible)	Skilled nursing facility Residential care facility Independent living facility Assisted living facility Adult day care Acute care hospital Other hospital Jail Prison Military facility Camp Shelter Wedding Catered Party Cruise ship Child day care / pre-school Primary school (K - 5) Middle / High school (6 - 12) College non-dormitory Dormitory General community Other	NURSEFAC RESFAC INDEPFAC ASSISTFAC ADULTCARE ACUTEHOSP OTHHOSP JAIL PRISON MILITARY CAMP SHELTER WEDDING CATERPTY CRUISE CHILDCAR PRIMARY SECONDARY COLLEGE DORM GENCOM OTH
If Other, specify	OTHOBSETTINGINFOSETTINGTYPEOTH	If other setting, please specify	FreeText		

OTHER OUTBREAK REP – FEVER, NOS / GI (OTHER / UNKNOWN) / HEPATITIS, JAUNDICE / NEUROLOGIC (MENINGITIS / ENCEPHALITIS) / OTHER, UNKNOWN / RASH / SEPSIS, BACTEREMIA / SKIN, SOFT TISSUE /					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Brief overview	OTHOBSETTINGINFOOVERVIEW	Give brief overview, including setting, population at risk, area / location of cases, attack rates, and time frame, as applicable.	Text Box		
Facility name	OTHOBSETTINGINFOFACNAME	Facility name	FreeText		
Primary contact name	OTHOBSETTINGINFOFACCONTNAME	Primary contact name	FreeText		
Telephone number	OTHOBSETTINGINFOFACCONTNUM	Primary contact's telephone number	FreeText		
Facility address	OTHOBSETTINGINFOFACADDRESS	Facility address (number, street)	FreeText		
City	OTHOBSETTINGINFOFACCITY	Facility's city	FreeText		
State	OTHOBSETTINGINFOFACSTATE	Facility's state	FreeText		
Zip code	OTHOBSETTINGINFOFACZIP	Facility's Zip code	FreeText		
County	OTHOBSETTINGINFOFACCOUNTY	Facility's county	FreeText		
DEMOGRAPHIC INFORMATION					
Age range of ill (from)	OTHOBDEMOINFOAGERANGEFROM	Age of youngest ill patient	FreeText		
Age range of ill (to)	OTHOBDEMOINFOAGERANGETO	Age of oldest ill patient	FreeText		
Median age of ill	OTHOBDEMOINFOMEDAGERANGE	Median age of ill patients	FreeText		
Male number ill	OTHOBDEMOINFONUMMALEILL	Number of ill males	FreeText		
Total males	OTHOBDEMOINFONUMMALE	Total number of males	FreeText		
Female number ill	OTHOBDEMOINFONUMFEMILL	Number of ill females	FreeText		
Total females	OTHOBDEMOINFONUMFEM	Total number of females	FreeText		

OTHER OUTBREAK REP – FEVER, NOS / GI (OTHER / UNKNOWN) / HEPATITIS, JAUNDICE / NEUROLOGIC (MENINGITIS / ENCEPHALITIS) / OTHER, UNKNOWN / RASH / SEPSIS, BACTEREMIA / SKIN, SOFT TISSUE /					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Other demographic	OTHOBDEMOINFOOTHFEATURE	Any other demographic feature of note	FreeText		
CLINICAL INFORMATION					
Ill with fever (A)	OTHOBCLININFOFEVERNUMILL	Number ill with fever (A)	FreeText		
Highest temperature	OTHOBCLININFOFEVERHIGHTEMP	Highest temperature record (specify F/C)	FreeText		
Total ill (B)	OTHOBCLININFOFEVERTOTAL	Total ill (B)	FreeText		
% with fever	OTHOBCLININFOFEVERPERCENT	Percentage of ill with fever (A/B*100)	FreeText		
Hypotension (A)	OTHOBCLININFOHYPOTENNUMILL	Number ill with hypotension (systolic BP < 90) (A)	FreeText		
Total ill (B)	OTHOBCLININFOHYPOTENTOTAL	Total ill (B)	FreeText		
% with hypotension	OTHOBCLININFOPERCENTHYPOTEN	Percentage of ill with hypotension (A/B*100)	FreeText		
Hypothermia (A)	OTHOBCLININFOHYPOTHERNUMILL	Number ill with hypothermia (temperature < 97 F) (A)	FreeText		
Total ill (B)	OTHOBCLININFOHYPOTHERTOTAL	Total ill (B)	FreeText		
% with hypothermia	OTHOBCLININFOPERCENTHYPOTHER	Percentage of ill with hypothermia (A/B*100)	FreeText		
Ill with rash (A)	OTHOBCLININFORASHNUMILL	Number ill with rash (A)	FreeText		
Total ill (B)	OTHOBCLININFORASHTOTAL	Total ill (B)	FreeText		
% with rash	OTHOBCLININFOPERCENTRASH	Percentage of ill with rash (A/B*100)	FreeText		
Ill with diarrhea (A)	OTHOBCLININFODIARRNUMILL	Number ill with diarrhea (A)	FreeText		
Total ill (B)	OTHOBCLININFODIARRTOTAL	Total ill (B)	FreeText		
% with diarrhea	OTHOBCLININFOPERCENTDIARR	Percentage of ill with diarrhea (A/B*100)	FreeText		

OTHER OUTBREAK REP – FEVER, NOS / GI (OTHER / UNKNOWN) / HEPATITIS, JAUNDICE / NEUROLOGIC (MENINGITIS / ENCEPHALITIS) / OTHER, UNKNOWN / RASH / SEPSIS, BACTEREMIA / SKIN, SOFT TISSUE /					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Pneumonia (A)	OTHOBCLININFOPNEUMNUMILL	Number ill with pneumonia (A)	FreeText		
Total ill (B)	OTHOBCLININFOPNEUMTOTAL	Total ill (B)	FreeText		
% with pneumonia	OTHOBCLININFOPERCENTPNEUM	Percentage of ill with pneumonia (A/B*100)	FreeText		
Ill with other symptom	OTHOBCLININFOOTH1NUMILL	Number ill with other symptom (A)	FreeText		
Specify	OTHOBCLININFOOTH1SPFY	Specify other symptom	FreeText		
Total ill (B)	OTHOBCLININFOOTH1TOTAL	Total ill (B)	FreeText		
% with other symptom	OTHOBCLININFOPERCENTOTH1	Percentage of ill with other symptom (A/B*100)	FreeText		
Ill with other symptom	OTHOBCLININFOOTH2NUMILL	Number ill with other symptom (A)	FreeText		
Specify	OTHOBCLININFOOTH2SPFY	Specify other symptom	FreeText		
Total ill (B)	OTHOBCLININFOOTH2TOTAL	Total ill (B)	FreeText		
% with other symptom	OTHOBCLININFOPERCENTOTH2	Percentage of ill with other symptom (A/B*100)	FreeText		
Ill with other symptom	OTHOBCLININFOOTH3NUMILL	Number ill with other symptom (A)	FreeText		
Specify	OTHOBCLININFOOTH3SPFY	Specify other symptom	FreeText		
Total ill (B)	OTHOBCLININFOOTH3TOTAL	Total ill (B)	FreeText		
% with other symptom	OTHOBCLININFOPERCENTOTH3	Percentage of ill with other symptom (A/B*100)	FreeText		
Ill with other symptom	OTHOBCLININFOOTH4NUMILL	Number ill with other symptom (A)	FreeText		
Specify	OTHOBCLININFOOTH4SPFY	Specify other symptom	FreeText		

OTHER OUTBREAK REP – FEVER, NOS / GI (OTHER / UNKNOWN) / HEPATITIS, JAUNDICE / NEUROLOGIC (MENINGITIS / ENCEPHALITIS) / OTHER, UNKNOWN / RASH / SEPSIS, BACTEREMIA / SKIN, SOFT TISSUE /					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Total ill (B)	OTHOBCLININFOOTH4TOTAL	Total ill (B)	FreeText		
% with other symptom	OTHOBCLININFOPERCENTOTH4	Percentage of ill with other symptom (A/B*100)	FreeText		
Shortest incubation	OTHOBCLININFOSHORTINCUB	Indicate the shortest incubation period	FreeText		
Specify	OTHOBCLININFOSHORTINCUBUNITS	Specify units	RadioButtonList	Hours Days	H D
Longest incubation	OTHOBCLININFOLONGINCUB	Indicate the longest incubation period	FreeText		
Specify	OTHOBCLININFOLONGINCUBUNITS	Specify units	RadioButtonList	Hours Days	H D
Duration of symptoms	OTHOBCLININFOAVGDURAT	Average duration of symptoms	FreeText		
Specify	OTHOBCLININFOAVGDURATUNITS	Specify units	RadioButtonList	Hours Days Weeks	H D W
Total hospitalized	OTHOBCLININFOTOTALHOSP	Total number of patients hospitalized from this outbreak	FreeText		
Total deaths	OTHOBCLININFOTOTALDEATHS	Total number of patient deaths from this outbreak	FreeText		
LABORATORY INFORMATION					
Specimen type	OTHOBLABINFOSPECTYPE_1 OTHOBLABINFOSPECTYPE_2 OTHOBLABINFOSPECTYPE_3	Specimen type (e.g., stool)	FreeText		
Type of test	OTHOBLABINFOTESTTYPE_1 OTHOBLABINFOTESTTYPE_2 OTHOBLABINFOTESTTYPE_3	Type of laboratory test performed	FreeText		
Number of ill tested	OTHOBLABINFONUMILLTESTED_1 OTHOBLABINFONUMILLTESTED_2 OTHOBLABINFONUMILLTESTED_3	Number of ill patients tested	FreeText		
Number of ill positive	OTHOBLABINFONUMILLPOS_1 OTHOBLABINFONUMILLPOS_2 OTHOBLABINFONUMILLPOS_3	Number of ill patients with positive result	FreeText		
Pathogen identified	OTHOBLABINFOPATHOGENID_1 OTHOBLABINFOPATHOGENID_2 OTHOBLABINFOPATHOGENID_3	What pathogen was identified?	FreeText		

OTHER OUTBREAK REP – FEVER, NOS / GI (OTHER / UNKNOWN) / HEPATITIS, JAUNDICE / NEUROLOGIC (MENINGITIS / ENCEPHALITIS) / OTHER, UNKNOWN / RASH / SEPSIS, BACTEREMIA / SKIN, SOFT TISSUE /					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Earliest collection	OTHOBLABINFOFIRSTCOLLECTDT_1 OTHOBLABINFOFIRSTCOLLECTDT_2 OTHOBLABINFOFIRSTCOLLECTDT_3	Earliest collection date	Date (MM/DD/YYYY)		
Latest collection	OTHOBLABINFOLASTCOLLECTDT_1 OTHOBLABINFOLASTCOLLECTDT_2 OTHOBLABINFOLASTCOLLECTDT_3	Latest collection date	Date (MM/DD/YYYY)		
Laboratory name	OTHOBLABINFOLABNAME_1 OTHOBLABINFOLABNAME_2 OTHOBLABINFOLABNAME_3	Name of laboratory where testing was performed	FreeText		
Telephone number	OTHOBLABINFOLABPHONE_1 OTHOBLABINFOLABPHONE_2 OTHOBLABINFOLABPHONE_3	Telephone number of laboratory	FreeText		

Foodborne OB Tab

FOODBORNE OB – GI (FOODBORNE) / HEPATITIS, JAUNDICE / NEUROLOGIC (MENINGITIS / ENCEPHALITIS) / OTHER, UNKNOWN					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
1. FOODHANDLER					
Food handler implicated	FOODBNOBFDHANDLERIMP	* Was a foodhandler implicated as the source of contamination? (required)	DropDownList	Yes No Unknown	Y N U
If Yes, specify	FOODBNOBFDHANDLERSPFY	If Yes, specify evidence	DropDownList	Laboratory evidence	LAB
				Epidemiologic evidence	EPI
				Laboratory and epidemiologic evidence	LABEPI
				Prior experience makes this a likely source	EXP
2. INVESTIGATION METHODS					
Interviews ill persons	FOODBNOBMETHODSCASEINT	Investigation methods – interviews only of ill persons	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Case-control study	FOODBNOBMETHODSCASECTRL	Investigation methods – Case-control study (please attach report and/or tables)	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Cohort study	FOODBNOBMETHODSCOHORT	Investigation methods – Cohort study (please attach report and/or tables)	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Preparation review	FOODBNOBMETHODSREVIEW	Investigation methods – Food preparation review	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Investigation at factory	FOODBNOBMETHODSPLANTINV	Investigation methods – Investigation at factory or production plant	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Investigation at original source	FOODBNOBMETHODSSOURCEINV	Investigation methods – investigation at original source (e.g. farm, marine estuary, etc.)	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Food product traceback	FOODBNOBMETHODSTRACE	Investigation methods – Food product traceback	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Food sample testing	FOODBNOBMETHODSSAMPLE	Investigation methods – Environmental or food sample testing	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Other	FOODBNOBMETHODSOTH	Investigation methods – Other	CheckBoxList	Unchecked Checked	(blank) ISCHECKED

FOODBORNE OB – GI (FOODBORNE) / HEPATITIS, JAUNDICE / NEUROLOGIC (MENINGITIS / ENCEPHALITIS) / OTHER, UNKNOWN					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
If Other, describe	FOODBNOBMETHODSOTHDESCRIBE	If other investigation methods, describe	FreeText		
Comments	FOODBNOBMETHODSCOMMENTS	Comments	Text Box		
3. DATES (PRIMARY CASES ONLY)					
Date First Ill	FOODBNOBDATESFIRSTILLDT	* Date First Case Became Ill	Date (MM/DD/YYYY)		
Date Last Ill	FOODBNOBDATESLASTILLDT	Date Last Case Became Ill	Date (MM/DD/YYYY)		
Date of Initial Exposure	FOODBNOBDATESFIRSTEXP	Date of Initial Exposure	Date (MM/DD/YYYY)		
Date of Last Exposure	FOODBNOBDATESLASTEXP	Date of Last Exposure	Date (MM/DD/YYYY)		
Date LHD First Notified	FOODBNOBDATESLHDNOT	Date LHD or State First Notified of This Outbreak	Date (MM/DD/YYYY)		
Time LHD Notified	FOODBNOBDATESTIMEFIRSTNOT	Time LHD or State First Notified of This Outbreak (hh:mm am/pm)	FreeText		
Date Initiated	FOODBNOBDATESINVINIT	Date Investigation Initiated	Date (MM/DD/YYYY)		
Time Initiated	FOODBNOBDATESTIMEINVINIT	Time Investigation Initiated (hh:mm am/pm)	FreeText		
4. GEOGRAPHIC LOCATION					
Reporting State	FOODBNOBGEOLOCREPTST	Indicate state reporting outbreak.	DropDownList	See Appendix J	See Appendix J
If Multiple States Involved	FOODBNOBGEOLOCMULTIST	If multiple states involved in outbreak, select one option:	DropDownList	Exposure occurred in multiple states	MULTISTEXP
				Exposure occurred in a single state, but cases resided in multiple states	MULTISTRES
Additional States	FOODBNOBGEOLOCADDLST	If Multiple States Involved, List Additional States	FreeText		

FOODBORNE OB – GI (FOODBORNE) / HEPATITIS, JAUNDICE / NEUROLOGIC (MENINGITIS / ENCEPHALITIS) / OTHER, UNKNOWN					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Reporting LHJ	FOODBNOBGEOLOCREPTJUR	Reporting Local Health Jurisdiction	DropDownList	See Appendix C	See Appendix C
Multiple LHJ Involved	FOODBNOBGEOLOCMULTIJUR	If multiple local health jurisdictions involved in outbreak, select one option.	DropDownList	Exposure occurred in multiple jurisdictions	MULTIJUREXP
				Exposure occurred in a single jurisdiction, but cases resided in multiple jurisdictions	MULTIJURRES
List additional LHJ	FOODBNOBGEOLOCADDLJUR	If Multiple Local Health Jurisdictions Involved, List Additional Local Health Jurisdictions	FreeText		
Name of Facility	FOODBNOBGEOLOCFACILITY	Name of Facility Where Exposure Occurred (if publicly available)	FreeText		
City/Town of Exposure	FOODBNOBGEOLOCCITY	If outbreak was associated with only one facility, indicate city or town of facility.	FreeText		
5. PRIMARY CASES (DO NOT INCLUDE IMPLICATED FOODHANDLERS IN CASE COUNT)					
Case definition	FOODBNOBPRIMCASESCaseDef	Case Definition (e.g., person, place, time)	Text Box		
# Lab-confirmed	FOODBNOBPRIMCASESLABCONF	# Lab-confirmed	FreeText		
# Probable Cases	FOODBNOBPRIMCASESPROBABLE	# Probable Cases	FreeText		
# Estimated Primary Ill	FOODBNOBPRIMCASESTOTAL	* # Estimated Total Primary Ill	FreeText		
* # Cases Died	FOODBNOBPRIMCASESDIED	* # Cases Died	FreeText		
# Information available	FOODBNOBPRIMCASESDIEDTOT	* Total # Cases for Whom Information is Available	FreeText		
# Hosp. Overnight	FOODBNOBPRIMCASESHOSP	* # Cases Hospitalized Overnight	FreeText		
# Information available	FOODBNOBPRIMCASESHOSPTOT	* Total # Cases for Whom Information is Available	FreeText		
# ER	FOODBNOBPRIMCASESER	* # Cases Visited Emergency Room	FreeText		
# Information available	FOODBNOBPRIMCASESERTOT	* Total # Cases for Whom Information is Available	FreeText		

FOODBORNE OB – GI (FOODBORNE) / HEPATITIS, JAUNDICE / NEUROLOGIC (MENINGITIS / ENCEPHALITIS) / OTHER, UNKNOWN					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
# Health Care Provider	FOODBNOBPRIMCASESHC	* # Cases Visited Health Care Provider (including Urgent Care visits but excluding ER visits)	FreeText		
# Information available	FOODBNOBPRIMCASESHCTOT	* Total # Cases for Whom Information is Available	FreeText		
Percent (%) Male	FOODBNOBPRIMCASESMALE	SEX (round percents to total 100) Percent (%) male	FreeText		
Percent (%) Female	FOODBNOBPRIMCASESFEMALE	SEX (round percents to total 100) Percent (%) female	FreeText		
Percent (%) Unknown	FOODBNOBPRIMCASESSEXUNK	SEX (round percents to total 100) Percent (%) unknown	FreeText		
Percent (%) < 1 year	FOODBNOBPRIMCASESLT1	AGE GROUP Percent (%) < 1 year	FreeText		
Percent (%) 1-4 Years	FOODBNOBPRIMCASES1TO4	AGE GROUP Percent (%) < 1-4 year	FreeText		
Percent (%) 5-9 Years	FOODBNOBPRIMCASES5TO9	AGE GROUP Percent (%) < 5-9 year	FreeText		
Percent (%) 10-19 Years	FOODBNOBPRIMCASES10TO19	AGE GROUP Percent (%) < 10-19 year	FreeText		
Percent (%) 20-49 Years	FOODBNOBPRIMCASES20TO49	AGE GROUP Percent (%) < 20-49 year	FreeText		
Percent (%) 50-74 Years	FOODBNOBPRIMCASES50TO74	AGE GROUP Percent (%) < 50-74 year	FreeText		
Percent (%) >(or equal to) 75 Years	FOODBNOBPRIMCASESGT75	AGE GROUP Percent (%) > 75 year	FreeText		
Percent (%) Unknown	FOODBNOBPRIMCASESAGEUNK	AGE GROUP Percent (%) unknown	FreeText		
6. INCUBATION PERIOD (PRIMARY CASES ONLY)					
Is incubation period known?	FOODBNOBINCUBPERKNOWN	Indicate if incubation periods for any primary cases are known.	DropDownList	Yes No	Y N
Total #	FOODBNOBINCUBPERTOTAL	Total # Cases for Whom Information is Available	FreeText		
Shortest	FOODBNOBINCUBPERSHORT	Shortest Incubation Period	FreeText		

FOODBORNE OB – GI (FOODBORNE) / HEPATITIS, JAUNDICE / NEUROLOGIC (MENINGITIS / ENCEPHALITIS) / OTHER, UNKNOWN					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Specify Units	FOODBNOBINCUBPERSHORTUNIT	Specify units (minutes, hours, or days)	RadioButtonList	Minutes Hours Days	MIN HR DAY
Median	FOODBNOBINCUBPERMED	Median Incubation Period	FreeText		
Specify Units	FOODBNOBINCUBPERMEDUNIT	Specify units (minutes, hours, or days)	RadioButtonList	Minutes Hours Days	MIN HR DAY
Longest	FOODBNOBINCUBPERLONG	Longest Incubation Period	FreeText		
Specify Units	FOODBNOBINCUBPERLONGUNIT	Specify units (minutes, hours, or days)	RadioButtonList	Minutes Hours Days	MIN HR DAY
7. DURATION OF ILLNESS (AMONG RECOVERED PRIMARY CASES ONLY)					
Is duration of illness known?	FOODBNOBDURATIONKNOWN	Indicate if durations of illness for any primary cases are known.	DropDownList	Yes No	Y N
Total #	FOODBNOBDURATIONTOTAL	Total # cases for whom information available	FreeText		
Shortest	FOODBNOBDURATIONSHORT	Shortest Duration of Illness	FreeText		
Specify Units	FOODBNOBDURATIONSHORTUNIT	Specify units (minutes, hours, or days)	RadioButtonList	Minutes Hours Days	MIN HR DAY
Median	FOODBNOBDURATIONMED	Median Duration of Illness	FreeText		
Specify Units	FOODBNOBDURATIONMEDUNIT	Specify units (minutes, hours, or days)	RadioButtonList	Minutes Hours Days	MIN HR DAY
Longest	FOODBNOBDURATIONLONG	Longest Duration of Illness	FreeText		
Specify Units	FOODBNOBDURATIONLONGUNIT	Specify units (minutes, hours, or days)	RadioButtonList	Minutes Hours Days	MIN HR DAY
8. SIGNS OR SYMPTOMS (PRIMARY CASES ONLY)					
# Cases with Vomiting	FOODBNOBSIGNSXVOMIT	# Cases with Vomiting	FreeText		

FOODBORNE OB – GI (FOODBORNE) / HEPATITIS, JAUNDICE / NEUROLOGIC (MENINGITIS / ENCEPHALITIS) / OTHER, UNKNOWN					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Total #	FOODBNOBSIGNSXVOMITINFO	Total # Cases for Whom Information is Available	FreeText		
# Cases with Diarrhea	FOODBNOBSIGNSXDIARRHEA	# Cases with Diarrhea	FreeText		
Total #	FOODBNOBSIGNSXDIARRHEAINFO	Total # Cases for Whom Information is Available	FreeText		
# Cases with Bloody Stools	FOODBNOBSIGNSXBLOODYSTOOL	# Cases with Bloody Stools	FreeText		
Total #	FOODBNOBSIGNSXBLOODYSTOOLINFO	Total # Cases for Whom Information is Available	FreeText		
# Cases with Fever	FOODBNOBSIGNSXFEVER	# Cases with Fever	FreeText		
Total #	FOODBNOBSIGNSXFEVERINFO	Total # Cases for Whom Information is Available	FreeText		
# Cases with Abd. Cramps	FOODBNOBSIGNSXCRAMPS	# Cases with Abdominal Cramps	FreeText		
Total #	FOODBNOBSIGNSXCRAMPSINFO	Total # Cases for Whom Information is Available	FreeText		
# Cases with HUS	FOODBNOBSIGNSXHUS	# Cases with Hemolytic Uremic Syndrome (for STEC only)	FreeText		
Total #	FOODBNOBSIGNSXHUSINFO	Total # Cases for Whom Information is Available	FreeText		
# Cases Asymp.	FOODBNOBSIGNSXASYMPTOMATIC	# Cases Asymptomatic	FreeText		
Total #	FOODBNOBSIGNSXASYMPTOMATICINFO	Total # Cases for Whom Information is Available	FreeText		
8.1 SIGNS OR SYMPTOMS - OTHER (PRIMARY CASES ONLY)					
Sign / Symptom	FOODBNOBSIGNSXOTHSX1 FOODBNOBSIGNSXOTHSX2 FOODBNOBSIGNSXOTHSX3	Indicate Additional Sign/Symptom	DropDownList	See Appendix N	See Appendix N
If Other, specify	FOODBNOBSIGNSXOTHOTHSPFY1 FOODBNOBSIGNSXOTHOTHSPFY2 FOODBNOBSIGNSXOTHOTHSPFY3	If other sign / symptom, specify	FreeText		
# Cases	FOODBNOBSIGNSXOTHNUMCASES1 FOODBNOBSIGNSXOTHNUMCASES2 FOODBNOBSIGNSXOTHNUMCASES3	# Cases with Sign/Symptom	FreeText		

FOODBORNE OB – GI (FOODBORNE) / HEPATITIS, JAUNDICE / NEUROLOGIC (MENINGITIS / ENCEPHALITIS) / OTHER, UNKNOWN					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Total #	FOODBNOBSIGNSXOTHOTHINFO1 FOODBNOBSIGNSXOTHOTHINFO2 FOODBNOBSIGNSXOTHOTHINFO3	Total # Cases for Whom Information is Available	FreeText		
9. SECONDARY CASES					
# Lab-confirmed	FOODBNOBSECONDARYLABCONF	# Lab-confirmed Secondary Cases	FreeText		
# Probable Cases	FOODBNOBSECONDARYPROBABLE	# Probable Secondary Cases	FreeText		
# Estimated Cases	FOODBNOBSECONDARYSECTOT	# Estimated Total Secondary Cases	FreeText		
# Total Cases	FOODBNOBSECONDARYPRIMSECTOT	# Total Cases (primary + secondary)	FreeText		
10. TRACEBACK					
Was traceback conducted?	FOODBNOBTRACEBACKCONDUCTED	Indicate if a traceback was attempted, regardless of its success	DropDownList	Yes In Progress No Unknown	Y IP N UNK
Was a source identified?	FOODBNOBTRACEBACKSOURCE	If Yes, indicate if a source was identified	DropDownList	Yes No Unknown	Y N UNK
11. TRACEBACK - DETAILS					
Source Name	FOODBNOBTRACEBACKDTLNAME1 FOODBNOBTRACEBACKDTLNAME2 FOODBNOBTRACEBACKDTLNAME3	Source Name (e.g., company or facility name, if publicly available)	FreeText		
Source Type	FOODBNOBTRACEBACKDTLSOURCE1 FOODBNOBTRACEBACKDTLSOURCE2 FOODBNOBTRACEBACKDTLSOURCE3	Source Type (e.g., poultry farm, tomato processing plant)	FreeText		
Location - State	FOODBNOBTRACEBACKDTLSTATE1 FOODBNOBTRACEBACKDTLSTATE2 FOODBNOBTRACEBACKDTLSTATE3	Location of Source - State	DropDownList	See Appendix J	See Appendix J
Location - Country	FOODBNOBTRACEBACKDTLCNTRY1 FOODBNOBTRACEBACKDTLCNTRY2 FOODBNOBTRACEBACKDTLCNTRY3	Location of Source - Country	DropDownList	United States Mexico Other	US MEX OTH
If Other, specify	FOODBNOBTRACEBACKDTLSPFY1 FOODBNOBTRACEBACKDTLSPFY2 FOODBNOBTRACEBACKDTLSPFY3	If other country, specify	FreeText		

FOODBORNE OB – GI (FOODBORNE) / HEPATITIS, JAUNDICE / NEUROLOGIC (MENINGITIS / ENCEPHALITIS) / OTHER, UNKNOWN					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Comments	FOODBNOBTRACEBACKDTLCOMMENTS1 FOODBNOBTRACEBACKDTLCOMMENTS2 FOODBNOBTRACEBACKDTLCOMMENTS3	Comments	FreeText		
12. RECALL AND CONTROL MEASURES					
Product recalled?	FOODBNOBRECALLRECALLED	Was any food product recalled?	DropDownList	Yes No Unknown	Y N UNK
Type of item	FOODBNOBRECALLTYPE	If Yes, type of item recalled	FreeText		
Recall comments	FOODBNOBRECALLCOMMENTS	Recall comments	Text Box		
Other Control Measures	FOODBNOBRECALLOthContMeas_1 FOODBNOBRECALLOthContMeas_2 FOODBNOBRECALLOthContMeas_3	Besides recall, indicate any other control measures taken to prevent additional illnesses.	CheckBoxList (more than one choice is possible)	Food facility inspection Food preparation education Other	FFINSPECT FPEDUC OTH
If Other, describe	FOODBNOBRECALLOthContMeasSpcfy	If Other control measure, describe	FreeText		
13. ETIOLOGY (PRIMARY CASES ONLY)					
Etiology known?	FOODBNOBETIOLOGYKNOWN	Is etiology known or suspected?	DropDownList	Yes No	Y N
Specimens collected?	FOODBNOBETIOLOGYSPECCOLL	Were patient specimens collected?	DropDownList	Yes No Unknown	Y N UNK
How many?	FOODBNOBETIOLOGYNUMCOLL	If Yes, how many patients had specimens collected and tested?	FreeText		
Tested for?	FOODBNOBETIOLOGYTESTS_1 FOODBNOBETIOLOGYTESTS_2 FOODBNOBETIOLOGYTESTS_3 FOODBNOBETIOLOGYTESTS_4	What were they tested for? (check all that apply)	CheckBoxList (more than one choice is possible)	Bacteria Chemicals/Toxins Viruses Parasites	BAC TOX VIRUS PARASITE
14. ETIOLOGY - DETAILS (PRIMARY CASES ONLY)					

FOODBORNE OB – GI (FOODBORNE) / HEPATITIS, JAUNDICE / NEUROLOGIC (MENINGITIS / ENCEPHALITIS) / OTHER, UNKNOWN					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Etiology	FOODBNOBETIOLOGYDTLETIOLOGY1 FOODBNOBETIOLOGYDTLETIOLOGY2 FOODBNOBETIOLOGYDTLETIOLOGY3	Select the confirmed or suspected etiology from the list provided	DropDownList	Bacillus cereus	BCER
				Brucella spp.	BRUC
				Campylobacter jejuni	CJEJUN
				Ciguatera fish poisoning	CIGUA
				Clostridium botulinum	CBOT
				Clostridium perfringens	CPERF
				Cryptosporidium	CRYPTO
				Cyclospora cayetanensis	CYCLO
				E. coli, Shiga toxin-producing (STEC)	ECOLISTEC
				Giardia lamblia	GIARDIA
				Hepatitis A	HEPA
				Listeria monocytogenes	LIST
				Norovirus	NORO
				Salmonella spp.	SALM
				Scombroid (histamine)	SCOMB
				Shellfish toxins (diarrheic, neurotoxic, amnesic)	SHELLDIARR
				Shellfish toxins (paralytic shellfish poisoning)	SHELLPARA
				Shigella spp.	SHIG
				Staphylococcus aureus (preformed enterotoxin)	STAPH
				Vibrio cholerae	VCHOL
				Vibrio parahaemolyticus	VPARA
				Yersinia enterocolytica	YENTER
				Other agent	OTH
				Unknown	UNK
If other agent, specify	FOODBNOBETIOLOGYDTLAGENTOTH1 FOODBNOBETIOLOGYDTLAGENTOTH2 FOODBNOBETIOLOGYDTLAGENTOTH3	If other agent, specify etiology	FreeText		

FOODBORNE OB – GI (FOODBORNE) / HEPATITIS, JAUNDICE / NEUROLOGIC (MENINGITIS / ENCEPHALITIS) / OTHER, UNKNOWN					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
E. coli / STEC	FOODBNOBETIOLOGYDTLECOLISPFY1 FOODBNOBETIOLOGYDTLECOLISPFY2 FOODBNOBETIOLOGYDTLECOLISPFY3	If E. coli/STEC, specify serotype	DropDownList	O157:H7	O157:H7
				O157:NM	O157:NM
				O103	O103
				O103:H2	O103:H2
				O111:NM	O111:NM
				O118	O118
				O121	O121
				O26	O26
				O26:H11	O26:H11
				O45	O45
				O45:H2	O45:H2
				O69:H11	O69:H11
				Ound	OUND
				Other	OTH
				Unknown	UNK
If other, specify	FOODBNOBETIOLOGYDTLECOLIOTH1 FOODBNOBETIOLOGYDTLECOLIOTH2 FOODBNOBETIOLOGYDTLECOLIOTH3	If other serotype, specify	FreeText		
Salmonella	FOODBNOBETIOLOGYDTLSALSPFY1 FOODBNOBETIOLOGYDTLSALSPFY2 FOODBNOBETIOLOGYDTLSALSPFY3	If Salmonella, specify serotype	DropDownList	See Appendix O	See Appendix O
If other, specify	FOODBNOBETIOLOGYDTLSALOTH1 FOODBNOBETIOLOGYDTLSALOTH2 FOODBNOBETIOLOGYDTLSALOTH3	If Other serotype, specify	FreeText		
Other characteristics	FOODBNOBETIOLOGYDTLOTHCHAR1 FOODBNOBETIOLOGYDTLOTHCHAR2 FOODBNOBETIOLOGYDTLOTHCHAR3	Other characteristics(List distinguishing characteristics not already indicated on this form, e.g., species, genotype, etc.)	FreeText		
Confirmed etiology?	FOODBNOBETIOLOGYDTLCONFIRMED1 FOODBNOBETIOLOGYDTLCONFIRMED2 FOODBNOBETIOLOGYDTLCONFIRMED3	Confirmed outbreak etiology*?	DropDownList	Yes No	Y N
What was it detected in?	FOODBNOBETIOLOGYDTLDETECTEDIN_1a FOODBNOBETIOLOGYDTLDETECTEDIN_1b FOODBNOBETIOLOGYDTLDETECTEDIN_1c FOODBNOBETIOLOGYDTLDETECTEDIN_1d FOODBNOBETIOLOGYDTLDETECTEDIN_1e	What was it detected in? (check all that apply) (Up to 3 add sections possible.)	CheckBoxList (more than one choice is possible)	Patient specimen	PTSPEC
				Food specimen	FOODSPEC
				Foodhandler specimen	FOODWORKSPEC
				Environmental specimen	ENVIROSPEC
				Clinical evidence only	CLINONLY

FOODBORNE OB – GI (FOODBORNE) / HEPATITIS, JAUNDICE / NEUROLOGIC (MENINGITIS / ENCEPHALITIS) / OTHER, UNKNOWN					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
# Lab-confirmed	FOODBNOBETIOLOGYDTLNUMCASES1 FOODBNOBETIOLOGYDTLNUMCASES2 FOODBNOBETIOLOGYDTLNUMCASES3	# Lab-confirmed cases	FreeText		
15. ISOLATES					
State or Local Lab ID	FOODBNOBISOLATESLABID_1 FOODBNOBISOLATESLABID_2 FOODBNOBISOLATESLABID_3	State or Local Lab ID	FreeText		
CDC PulseNet or CaliciNet	FOODBNOBISOLATESOBCODE_1 FOODBNOBISOLATESOBCODE_2 FOODBNOBISOLATESOBCODE_3	CDC PulseNet or CaliciNet Outbreak Code	FreeText		
CDC PulseNet Enzyme 1	FOODBNOBISOLATESPFGE1_1 FOODBNOBISOLATESPFGE1_2 FOODBNOBISOLATESPFGE1_3	CDC PulseNet Pattern Designation for Enzyme 1	FreeText		
CDC PulseNet Enzyme 2	FOODBNOBISOLATESPFGE2_1 FOODBNOBISOLATESPFGE2_2 FOODBNOBISOLATESPFGE2_3	CDC PulseNet Pattern Designation for Enzyme 2	FreeText		
CaliciNet Key	FOODBNOBISOLATESOTHDESIG1_1 FOODBNOBISOLATESOTHDESIG1_2 FOODBNOBISOLATESOTHDESIG1_3	CaliciNet Key/Other Molecular Designation 1	FreeText		
CaliciNet Genotype	FOODBNOBISOLATESOTHDESIG2_1 FOODBNOBISOLATESOTHDESIG2_2 FOODBNOBISOLATESOTHDESIG2_3	CaliciNet Genotype/Other Molecular Designation 2	FreeText		
16. IMPLICATED FOODS					
Food vehicle identified?	FOODBNOBIMPFOODVEHICLE	Was a food vehicle identified or suspected?	DropDownList	Yes No Unknown	Y N UNK
17. IMPLICATED FOOD - DETAILS					
Food name	FOODBNOBIMPFOODDTLNAME_1 FOODBNOBIMPFOODDTLNAME_2 FOODBNOBIMPFOODDTLNAME_3	Name of food (e.g. beef lasagna)	FreeText		
Ingredients	FOODBNOBIMPFOODDTLINGREDIENTS_1 FOODBNOBIMPFOODDTLINGREDIENTS_2 FOODBNOBIMPFOODDTLINGREDIENTS_3	Ingredient(s) (e.g., ground beef, tomatoes, pasta, cheese, salt)	FreeText		
Contaminated ingredients	FOODBNOBIMPFOODDTLCONTAMINGREDIENTS_1 FOODBNOBIMPFOODDTLCONTAMINGREDIENTS_2 FOODBNOBIMPFOODDTLCONTAMINGREDIENTS_3	Contaminated ingredients (e.g. ground beef)	FreeText		

FOODBORNE OB – GI (FOODBORNE) / HEPATITIS, JAUNDICE / NEUROLOGIC (MENINGITIS / ENCEPHALITIS) / OTHER, UNKNOWN					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Unknown	FOODBNOBIMPFOODDTLCONTAMINGREDIENTSUNK_1 FOODBNOBIMPFOODDTLCONTAMINGREDIENTSUNK_2 FOODBNOBIMPFOODDTLCONTAMINGREDIENTSUNK_3	Indicate if the Contaminated ingredient(s) is (are) unknown	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Total exposed	FOODBNOBIMPFOODDTLNumExp_1 FOODBNOBIMPFOODDTLNumExp_2 FOODBNOBIMPFOODDTLNumExp_3	Total # Primary Cases Exposed to Implicated Food	FreeText		
Epi investigation	FOODBNOBIMPFOODDTLREASONSUSP1_1 FOODBNOBIMPFOODDTLREASONSUSP1_2 FOODBNOBIMPFOODDTLREASONSUSP1_3	Reasons suspected – 1 - Statistical evidence from epidemiological investigation	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Laboratory evidence	FOODBNOBIMPFOODDTLREASONSUSP2_1 FOODBNOBIMPFOODDTLREASONSUSP2_2 FOODBNOBIMPFOODDTLREASONSUSP2_3	Reasons suspected – 2 - Laboratory evidence (e.g., identification of agent in food)	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Supporting information	FOODBNOBIMPFOODDTLREASONSUSP3_1 FOODBNOBIMPFOODDTLREASONSUSP3_2 FOODBNOBIMPFOODDTLREASONSUSP3_3	Reasons suspected – 3 - Compelling supportive information	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Other data	FOODBNOBIMPFOODDTLREASONSUSP4_1 FOODBNOBIMPFOODDTLREASONSUSP4_2 FOODBNOBIMPFOODDTLREASONSUSP4_3	Reasons suspected – 4 - Other data (e.g, same phage type found on farm that supplied eggs)	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Previous experience	FOODBNOBIMPFOODDTLREASONSUSP5_1 FOODBNOBIMPFOODDTLREASONSUSP5_2 FOODBNOBIMPFOODDTLREASONSUSP5_3	Reasons suspected – 5 - Specific evidence lacking but previous experience makes it likely source	CheckBoxList	Unchecked Checked	(blank) ISCHECKED

FOODBORNE OB – GI (FOODBORNE) / HEPATITIS, JAUNDICE / NEUROLOGIC (MENINGITIS / ENCEPHALITIS) / OTHER, UNKNOWN					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Pasteurized	FOODBNOBIMPFOODDTLPROCESS1_1 FOODBNOBIMPFOODDTLPROCESS1_2 FOODBNOBIMPFOODDTLPROCESS1_3	Method of processing – 1 - Pasteurized (e.g., liquid milk, cheese, juice, etc.)	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Unpasteurized	FOODBNOBIMPFOODDTLPROCESS2_1 FOODBNOBIMPFOODDTLPROCESS2_2 FOODBNOBIMPFOODDTLPROCESS2_3	Method of processing – 2 - Unpasteurized (e.g., liquid milk, cheese, juice, etc.)	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Shredded or diced	FOODBNOBIMPFOODDTLPROCESS3_1 FOODBNOBIMPFOODDTLPROCESS3_2 FOODBNOBIMPFOODDTLPROCESS3_3	Method of processing – 3 - Shredded or diced	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Pre-packaged	FOODBNOBIMPFOODDTLPROCESS4_1 FOODBNOBIMPFOODDTLPROCESS4_2 FOODBNOBIMPFOODDTLPROCESS4_3	Method of processing – 4 - Pre-packaged (e.g., bagged lettuce or other produce)	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Irradiation	FOODBNOBIMPFOODDTLPROCESS5_1 FOODBNOBIMPFOODDTLPROCESS5_2 FOODBNOBIMPFOODDTLPROCESS5_3	Method of processing - 5 - Irradiation	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Pre-washed	FOODBNOBIMPFOODDTLPROCESS6_1 FOODBNOBIMPFOODDTLPROCESS6_2 FOODBNOBIMPFOODDTLPROCESS6_3	Method of processing – 6 - Pre-washed	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Frozen	FOODBNOBIMPFOODDTLPROCESS7_1 FOODBNOBIMPFOODDTLPROCESS7_2 FOODBNOBIMPFOODDTLPROCESS7_3	Method of processing – 7 - Frozen	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Canned	FOODBNOBIMPFOODDTLPROCESS8_1 FOODBNOBIMPFOODDTLPROCESS8_2 FOODBNOBIMPFOODDTLPROCESS8_3	Method of processing – 8 - Canned	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Acid treatment	FOODBNOBIMPFOODDTLPROCESS9_1 FOODBNOBIMPFOODDTLPROCESS9_2 FOODBNOBIMPFOODDTLPROCESS9_3	Method of processing – 9 - Acid treatment (e.g., commercial potato salad with vinegar, etc.)	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Pressure treated	FOODBNOBIMPFOODDTLPROCESS10_1 FOODBNOBIMPFOODDTLPROCESS10_2 FOODBNOBIMPFOODDTLPROCESS10_3	Method of processing – 10 - Pressure treated (e.g., oysters, etc.)	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Other or unknown	FOODBNOBIMPFOODDTLPROCESS11_1 FOODBNOBIMPFOODDTLPROCESS11_2 FOODBNOBIMPFOODDTLPROCESS11_3	Method of processing – 11 - Other or unknown	CheckBoxList	Unchecked Checked	(blank) ISCHECKED

FOODBORNE OB – GI (FOODBORNE) / HEPATITIS, JAUNDICE / NEUROLOGIC (MENINGITIS / ENCEPHALITIS) / OTHER, UNKNOWN					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Method of Preparation	FOODBNOBIMPFOODDTLPREP_1 FOODBNOBIMPFOODDTLPREP_2 FOODBNOBIMPFOODDTLPREP_3	Method of preparation (at point-of-service; retail: restaurant, grocery store)	DropDownList	1 - Prepared in the home	1
				2 - Ready to eat food: no manual preparation, no cook step	2
				3 - Ready to eat food: manual preparation, no cook step	3
				4 - Cook and serve foods: immediate service	4
				5 - Cook and hot hold prior to service	5
				6 - Advance preparation:cook, cool, serve	6
				7 - Advance preparation: cook, cool, reheat, serve	7
				8 - Advance preparation:cook, cool, reheat, hot hold, serve	8
				9 - Advance preparation: cook-chill and reduce oxygen packaging (ROP)	9
				10 - Other or unknown	10
Minimal or no processing	FOODBNOBIMPFOODDTLLevPrep1_1 FOODBNOBIMPFOODDTLLevPrep1_2 FOODBNOBIMPFOODDTLLevPrep1_3	Level of preparation – 1 - Foods eaten raw with minimal or no processing (e.g., washing, cooling)	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Some processing	FOODBNOBIMPFOODDTLLevPrep2_1 FOODBNOBIMPFOODDTLLevPrep2_2 FOODBNOBIMPFOODDTLLevPrep2_3	Level of preparation – 2 - Foods eaten raw with some processing (e.g., no cooking, fresh cut and/or packaged raw)	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Heat processed	FOODBNOBIMPFOODDTLLevPrep3_1 FOODBNOBIMPFOODDTLLevPrep3_2 FOODBNOBIMPFOODDTLLevPrep3_3	Level of preparation – 3 - Foods eaten heat processed (e.g., cooked: a microbiological kill step was involved in processing)	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Contaminated food imported?	FOODBNOBIMPFOODDTLIMPORTED_1 FOODBNOBIMPFOODDTLIMPORTED_2 FOODBNOBIMPFOODDTLIMPORTED_3	Contaminated food imported to U.S.? (This includes food hand-carried into U.S.)	DropDownList	Yes, country known Yes, country unknown No Unknown	YCNTRY YCNTRYUNKN UNK
Specify	FOODBNOBIMPFOODDTLCNTRY_1 FOODBNOBIMPFOODDTLCNTRY_2 FOODBNOBIMPFOODDTLCNTRY_3	If country known, specify	FreeText		
18. LOCATION WHERE FOOD WAS PREPARED					

FOODBORNE OB – GI (FOODBORNE) / HEPATITIS, JAUNDICE / NEUROLOGIC (MENINGITIS / ENCEPHALITIS) / OTHER, UNKNOWN					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Fast food	FOODBNOBPREPLOCRESTFASTFOOD	Location where food was prepared - Restaurant - "Fast-food" (drive-up service or pay at counter)	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Sit-down dining	FOODBNOBPREPLOCRESTSITDOWN	Location where food was prepared – restaurant – sit down dining	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Other or unknown type	FOODBNOBPREPLOCRESTUNK	Location where food was prepared – Restaurant - Other or unknown type	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Private home	FOODBNOBPREPLOCHOME	Location where food was prepared – private home	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Banquet facility	FOODBNOBPREPLOCBANQUETFAC	Location where food was prepared – Banquet facility (food prepared and served on-site)	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Caterer	FOODBNOBPREPLOCCATERER	Location where food was prepared – Caterer (food prepared off-site from where served)	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Fair	FOODBNOBPREPLOCMOBILE	Location where food was prepared – Fair, festival, other temporary or mobile services	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Grocery store	FOODBNOBPREPLOCGROCERY	Location where food was prepared – grocery store	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Workplace, not cafeteria	FOODBNOBPREPLOCWORKNONCAFE	Location where food was prepared – workplace, not cafeteria	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Workplace cafeteria	FOODBNOBPREPLOCWORKCAFE	Location where food was prepared – workplace cafeteria	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Nursing home	FOODBNOBPREPLOCNURSING	Location where food was prepared - Nursing home (e.g., skilled nursing facility, long-term care facility)	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Assisted living facility, home care	FOODBNOBPREPLOCASSISTED	Location where food was prepared - Assisted living facility, home care	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Hospital	FOODBNOBPREPLOCHOSP	Location where food was prepared – hospital	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Child care center	FOODBNOBPREPLOCCHILDCARE	Location where food was prepared – Child day care center	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
School	FOODBNOBPREPLOCSCHOOL	Location where food was prepared – school	CheckBoxList	Unchecked Checked	(blank) ISCHECKED

FOODBORNE OB – GI (FOODBORNE) / HEPATITIS, JAUNDICE / NEUROLOGIC (MENINGITIS / ENCEPHALITIS) / OTHER, UNKNOWN					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Prison, jail	FOODBNOBPREPLOCPRISON	Location where food was prepared – prison, jail	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Religious location	FOODBNOBPREPLOCCHURCH	Location where food was prepared – church, temple, religious location	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Camp	FOODBNOBPREPLOCCAMP	Location where food was prepared – camp	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Picnic	FOODBNOBPREPLOCPICNIC	Location where food was prepared – picnic	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Other (describe in Remarks)	FOODBNOBPREPLOCOTH	Location where food was prepared – Other (describe in Remarks)	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Unknown	FOODBNOBPREPLOCUNKNOWN	Location where food was prepared - unknown	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Remarks	FOODBNOBPREPLOCREMARKS	Remarks	Text Box		
19. LOCATION OF EXPOSURE (WHERE FOOD WAS EATEN)					
Fast food	FOODBNOBEXPLOCRESTFASTFOOD	Location where food was eaten – Restaurant - "Fast-food" (drive-up service or pay at counter)	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Sit-down dining	FOODBNOBEXPLOCRESTSITDOWN	Location where food was eaten – restaurant – sit down dining	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Other or unknown type	FOODBNOBEXPLOCRESTUNK	Location where food was eaten – Restaurant - Other or unknown type	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Private home	FOODBNOBEXPLOCHOME	Location where food was eaten – private home	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Banquet facility	FOODBNOBEXPLOCBANQUETFAC	Location where food was eaten – Banquet facility (food prepared and served on-site)	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Caterer	FOODBNOBEXPLOCCATERER	Location where food was eaten – Caterer (food prepared off-site from where served)	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Fair	FOODBNOBEXPLOCMOBILE	Location where food was eaten – Fair, festival, other temporary or mobile services	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Grocery store	FOODBNOBEXPLOCGROCERY	Location where food was eaten – grocery store	CheckBoxList	Unchecked Checked	(blank) ISCHECKED

FOODBORNE OB – GI (FOODBORNE) / HEPATITIS, JAUNDICE / NEUROLOGIC (MENINGITIS / ENCEPHALITIS) / OTHER, UNKNOWN					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Workplace, not cafeteria	FOODBNOBEXPLOCWORKNONCAFE	Location where food was eaten – workplace, not cafeteria	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Workplace cafeteria	FOODBNOBEXPLOCWORKCAFE	Location where food was eaten – workplace cafeteria	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Nursing home	FOODBNOBEXPLOCNURSING	Location where food was eaten - Nursing home (e.g., skilled nursing facility, long-term care facility)	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Assisted living facility, home care	FOODBNOBEXPLOCASSISTED	Location where food was eaten - Assisted living facility, home care	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Hospital	FOODBNOBEXPLOCHOSP	Location where food was eaten – hospital	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Child care center	FOODBNOBEXPLOCCHILDCARE	Location where food was eaten – Child day care center	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
School	FOODBNOBEXPLOCSCHOOL	Location where food was eaten – school	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Prison, jail	FOODBNOBEXPLOCPRISON	Location where food was eaten – prison, jail	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Religious location	FOODBNOBEXPLOCCHURCH	Location where food was eaten – church, temple, religious location	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Camp	FOODBNOBEXPLOCCAMP	Location where food was eaten – camp	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Picnic	FOODBNOBEXPLOCPICNIC	Location where food was eaten – picnic	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Other (describe in Remarks)	FOODBNOBEXPLOCOTH	Location where food was eaten – Other (describe in Remarks)	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Unknown	FOODBNOBEXPLOCUNKNOWN	Location where food was eaten - unknown	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Remarks	FOODBNOBEXPLOCREMARKS	Remarks	Text Box		
20. CONTRIBUTING FACTORS					
Contributing factors?	FOODBNOBFACTORSKNOWN	Are contributing factors known?	DropDownList	Yes No	Y N
21. CONTRIBUTING FACTORS - DETAILS					

FOODBORNE OB – GI (FOODBORNE) / HEPATITIS, JAUNDICE / NEUROLOGIC (MENINGITIS / ENCEPHALITIS) / OTHER, UNKNOWN					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Toxic substance	FOODBNOBFACTORSDTLC1	Contamination Factors C1 - Toxic substance part of tissue	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Deliberate poisoning	FOODBNOBFACTORSDTLC2	Contamination Factors C2 - Poisonous substance intentionally/deliberately added	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Accidental poisoning	FOODBNOBFACTORSDTLC3	Contamination Factors C3 - Poisonous substance accidentally/inadvertently added	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Excessive quantities	FOODBNOBFACTORSDTLC4	Contamination Factors C4 - Addition of excessive quantities of ingredients that are toxic in large amounts	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Toxic container	FOODBNOBFACTORSDTLC5	Contamination Factors C5 - Toxic container	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Raw product Kill step	FOODBNOBFACTORSDTLC6	Contamination Factors C6 - Contaminated raw product - food was intended to be consumed after kill step	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Raw Product	FOODBNOBFACTORSDTLC7	Contamination Factors C7 - Contaminated raw product - food was intended to be consumed raw or undercooked/ underprocessed	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Contaminated sources	FOODBNOBFACTORSDTLC8	Contamination Factors C8 - Foods originating from sources shown to be contaminated or polluted (such as growing field or harvest area)	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Cross contaminatio n	FOODBNOBFACTORSDTLC9	Contamination Factors C9 - Cross-contamination of ingredients (cross-contamination does not include ill food workers)	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Bare hand contact	FOODBNOBFACTORSDTLC10	Contamination Factors C10 - Bare-hand contact by a food handler/worker/preparer who is suspected to be infectious	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Glove hand contact	FOODBNOBFACTORSDTLC11	Contamination Factors C11 - Glove-hand contact by a food handler/worker/preparer who is suspected to be infectious	CheckBoxList	Unchecked Checked	(blank) ISCHECKED

FOODBORNE OB – GI (FOODBORNE) / HEPATITIS, JAUNDICE / NEUROLOGIC (MENINGITIS / ENCEPHALITIS) / OTHER, UNKNOWN					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Other mode	FOODBNOBFACTORSDTLC12	Contamination Factors C12 - Other mode of contamination (excluding cross-contamination) by a food handler/worker/preparer who is suspected to be infectious	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Nonfood handler	FOODBNOBFACTORSDTLC13	Contamination Factors C13 - Foods contaminated by non-food handler/worker/preparer who is suspected to be infectious	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Contaminated environment	FOODBNOBFACTORSDTLC14	Contamination Factors C14 - Storage in contaminated environment	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Other source	FOODBNOBFACTORSDTLC15	Contamination Factors C15 - Other source of contamination	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Specify	FOODBNOBFACTORSDTLCOTHSPFY	Specify other source of contamination	FreeText		
Factors not applicable	FOODBNOBFACTORSDTLCNA	C-N/A - Contamination factors not applicable	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Food preparation support proliferation	FOODBNOBFACTORSDTLP1	Proliferation / amplification factors – P1 - Food preparation practices that support proliferation of pathogens (during food preparation)	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
No temperature control	FOODBNOBFACTORSDTLP2	Proliferation / amplification factors – P2 - No attempt was made to control the temperature of implicated food or the length of time food was out of temperature control (during food service or display of food)	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Improper adherence of plan	FOODBNOBFACTORSDTLP3	Proliferation / amplification factors – P3 - Improper adherence of approved plan to use Time as a Public Health Control	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Malfunctioning refrigeration	FOODBNOBFACTORSDTLP4	Proliferation / amplification factors – P4 - Improper cold holding due to malfunctioning refrigeration equipment	CheckBoxList	Unchecked Checked	(blank) ISCHECKED

FOODBORNE OB – GI (FOODBORNE) / HEPATITIS, JAUNDICE / NEUROLOGIC (MENINGITIS / ENCEPHALITIS) / OTHER, UNKNOWN					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Improper cold holding	FOODBNOBFACTORSDTLP5	Proliferation / amplification factors – P5 - Improper cold holding due to improper procedure or protocol	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Malfunctioning equipment	FOODBNOBFACTORSDTLP6	Proliferation / amplification factors – P6 - Improper hot holding due to malfunctioning equipment	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Improper hot holding	FOODBNOBFACTORSDTLP7	Proliferation / amplification factors – P7 - Improper hot holding due to improper procedure or protocol	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Improper / slow cooling	FOODBNOBFACTORSDTLP8	Proliferation / amplification factors – P8 - Improper / slow cooling	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Prolonged cold storage	FOODBNOBFACTORSDTLP9	Proliferation / amplification factors – P9 - Prolonged cold storage	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Inadequate packing	FOODBNOBFACTORSDTLP10	Proliferation / amplification factors – P10 - Inadequate modified atmosphere packaging	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Inadequate processing	FOODBNOBFACTORSDTLP11	Proliferation / amplification factors – P11 - Inadequate processing (acidification, water activity, fermentation)	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Other situation	FOODBNOBFACTORSDTLP12	Proliferation / amplification factors - P12 - Other situations that promoted or allowed microbial growth or toxic production	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Specify	FOODBNOBFACTORSDTLPOTHSPFY	Specify any other situations that promoted or allowed microbial growth or toxic production	FreeText		
Not applicable	FOODBNOBFACTORSDTLPNA	P-N/A - Proliferation/amplification factors not applicable	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Insufficient time cooking	FOODBNOBFACTORSDTLS1	Survival factors – S1 - Insufficient time and/or temperature control during initial cooking / heat processing	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Insufficient time reheating	FOODBNOBFACTORSDTLS2	Survival factors – S2 - Insufficient time and/or temperature during reheating	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Insufficient time freezing	FOODBNOBFACTORSDTLS3	Survival factors – S3 - Insufficient time and/or temperature control during freezing	CheckBoxList	Unchecked Checked	(blank) ISCHECKED

FOODBORNE OB – GI (FOODBORNE) / HEPATITIS, JAUNDICE / NEUROLOGIC (MENINGITIS / ENCEPHALITIS) / OTHER, UNKNOWN					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Insufficient Chemical processes	FOODBNOBFACTORSDTLS4	Survival factors – S4 - Insufficient or improper use of chemical processes designed for pathogen destruction	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Other process failures	FOODBNOBFACTORSDTLS5	Survival factors – S5 - Other process failures that permit pathogen survival	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Specify	FOODBNOBFACTORSDTLSOTHSPFY	Specify any other process failures that permit pathogen survival	FreeText		
Not applicable	FOODBNOBFACTORSDTLSNA	S-N/A - Survival factors not applicable	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
22. POINT OF CONTAMINATION (CONFIRMED OR SUSPECTED)					
Contamination	FOODBNOBPOCPOC	Did the Confirmed or Suspected Point of Contamination occur before or at preparation?	DropDownList	Before preparation Preparation Unknown	BEFORE PREP UNK
Specify	FOODBNOBPOCSPFY	If before preparation, specify	DropDownList	Pre-harvest Processing Unknown	PRE PROCESS UNK
Reason	FOODBNOBPOCREASON_1 FOODBNOBPOCREASON_2 FOODBNOBPOCREASON_3 FOODBNOBPOCREASON_4	Reason(s) Suspected (check all that apply)	CheckBoxList (more than one choice is possible)	Environmental evidence Epidemiologic evidence Laboratory evidence Prior experience makes this a likely source	ENVIRO EPI LAB EXP
23. SCHOOL					
Multiple schools?	FOODBNOBSCHOOLMULTI	Did the outbreak involve a single or multiple schools?	DropDownList	Single Multiple (specify number of schools)	SINGLE MULTI
Number of Schools	FOODBNOBSCHOOLNUMSCHOOLS	If multiple schools were involved in the outbreak, enter the number of schools	FreeText		
Total enrollment	FOODBNOBSCHOOLNUMENROLL	Total Approximate Enrollment (for all involved students in all involved schools)	FreeText		
Unknown	FOODBNOBSCHOOLENROLLUNK	Total approximate enrollment unknown	CheckBoxList	Unchecked Checked	(blank) ISCHECKED

FOODBORNE OB – GI (FOODBORNE) / HEPATITIS, JAUNDICE / NEUROLOGIC (MENINGITIS / ENCEPHALITIS) / OTHER, UNKNOWN					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Grade levels	FOODBNOBSCHOOLLEVEL	Grade Levels for All Involved Students in All Involved Schools	DropDownList	Preschool Grade school College/university/technical school Unknown or undetermined	PRE GRADE COLL UNK
Grades affected	FOODBNOBSCHOOLGRADE_1 FOODBNOBSCHOOLGRADE_2 FOODBNOBSCHOOLGRADE_3 FOODBNOBSCHOOLGRADE_4 FOODBNOBSCHOOLGRADE_5 FOODBNOBSCHOOLGRADE_6 FOODBNOBSCHOOLGRADE_7 FOODBNOBSCHOOLGRADE_8 FOODBNOBSCHOOLGRADE_9 FOODBNOBSCHOOLGRADE_10 FOODBNOBSCHOOLGRADE_11 FOODBNOBSCHOOLGRADE_12 FOODBNOBSCHOOLGRADE_13	If Grade school, check all grades affected	CheckBoxList (more than one choice is possible)	K 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th	K 1 2 3 4 5 6 7 8 9 10 11 12
National program?	FOODBNOBSCHOOLNATIONAL	Was the implicated food item provided to the school through the National School Lunch/Breakfast Program?	DropDownList	Yes No Unknown or Undetermined	Y N UNK
Donated by?	FOODBNOBSCHOOLPURCHASE	If Yes, was the implicated food item donated / purchased by:	DropDownList	USDA through the Commodity Distribution Program The state/school authority Unknown or undetermined Other	USDA STATE UNK OTH
If Other, specify	FOODBNOBSCHOOLSPFY	If other donator/purchaser, specify	FreeText		
24. REMARKS AND CONCLUSIONS					

FOODBORNE OB – GI (FOODBORNE) / HEPATITIS, JAUNDICE / NEUROLOGIC (MENINGITIS / ENCEPHALITIS) / OTHER, UNKNOWN					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Remarks and Conclusions	FOODBNOBREMARKSREMARKS	Brief summary of the investigation findings and the conclusions drawn, include important aspects not covered elsewhere in the report. Indicate if any persons in sensitive occupations or situations were involved or if any adverse outcomes occurred in special populations. Attach any documents that provide additional information.	Text Box		
25. REPORTING AGENCY AND OTHER KEY INVESTIGATORS					
Local health jurisdiction	FOODBNOBAGENCYLHJ2	Indicate local health jurisdiction reporting outbreak.	DropDownList	See Appendix C	See Appendix C
Lead Investigator Name	FOODBNOBAGENCYINVESTIGATOR	Lead Investigator Name	FreeText		
Investigator Title	FOODBNOBAGENCYTITLE	Investigator Title	FreeText		
Telephone Number	FOODBNOBAGENCYPHONE	Telephone number of lead investigator	FreeText		
Fax Number	FOODBNOBAGENCYFAX	Fax Number of lead investigator	FreeText		
E-mail	FOODBNOBAGENCYEMAIL	E-mail of lead investigator	FreeText		
Date	FOODBNOBAGENCYDATE	Indicate date that the outbreak report form was completed.	Date (MM/DD/YYYY)		
Other Key Investigators	FOODNBOBAGENCYOtheInv	List information for other key people involved in the investigation, such as name, title, organization, etc.	FreeText		
26. PHEP - SEVEN MINIMAL ELEMENTS CHECKLIST					
All minimal elements	FOODBNOBMINELEMDtlAll7	All seven minimal elements included in outbreak	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Context / background	FOODBNOBMINELEMDTL1	1 - Context/background (e.g., population affected, location, geographical area(s) involved, etiology, etc.)	CheckBoxList	Unchecked Checked	(blank) ISCHECKED

FOODBORNE OB – GI (FOODBORNE) / HEPATITIS, JAUNDICE / NEUROLOGIC (MENINGITIS / ENCEPHALITIS) / OTHER, UNKNOWN					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Initiation of investigation	FOODBNOBMINELEMDTL2	2 - Initiation of investigation (e.g., dates and times notification was received by the LHJ and initiation of investigation, etc.)	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Investigation methods	FOODBNOBMINELEMDTL3	3 - Investigation methods (e.g., data collection and analyses methods, epi curve, case definition, exposure assessment and classification, etc.)	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Investigation findings / results	FOODBNOBMINELEMDTL4	4 - Investigation findings/results (e.g., epidemiologic, laboratory, and/or clinical results, other analytic findings, etc.)	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Conclusions	FOODBNOBMINELEMDTL5	5 - Discussion and/or conclusions	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Controlling disease	FOODBNOBMINELEMDTL6	6 - Recommendations for controlling disease and/or preventing/mitigating exposure	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
Key investigators	FOODBNOBMINELEMDTL7	7 - Key investigators and/or report authors	CheckBoxList	Unchecked Checked	(blank) ISCHECKED
27. STATE USE ONLY					
State ID	FOODBNOBSTUSESTID	Indicate the State ID associated with this outbreak	FreeText		
CDC ID	FOODBNOBSTUSECDCID	Indicate the CDC ID associated with this outbreak	FreeText		
SSS Rec	FOODBNOBSTUSESSSREC	SSS Rec	FreeText		
NORS Onset Year (YYYY)	FOODBNOBSTUSENORSYEAR	NORS onset year (YYYY)	FreeText		
State resolution status	FOODBNOBSTUSEResStatus	Indicate the State resolution status	DropDownList	Pending review Confirmed Not a foodborne outbreak Need additional information	PEND CONF NOT NEED
Report to NORS?	FOODBNOBSTUSERepNORS	Report to NORS?	DropDownList	Yes No	Y N

Respiratory, non -TB (OB)

RESPIRATORY OB – RESPIRATORY, NON TB					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
SETTING INFORMATION					
Setting Type	ACRESPOBsetType2	Setting type	RadioButtonList	Community Congregate	COM CONG
Location / facility name	ACRESPOBSetLocContName_F255	Location / Facility contact name	FreeText		
Location / facility phone #	ACRESPOBSetLocContPhone	Location / Facility contact number	FreeText		
# exposed	ACRESPOBSetComNoExp	**If Community setting**: Total number of persons exposed	FreeText		
# of residents/ students at time of outbreak	ACRESPOBSetCongNoRes	**If Congregate/ institutional setting**: Total number of residents/ students at time of outbreak	FreeText		
# of staff at time of outbreak	ACRESPOBSetCongNoStaff	**If Congregate/ institutional setting:** Total number of staff at time of outbreak	FreeText		
EPIDEMIOLOGIC AND CLINICAL INFORMATION					
Case definition	ACRESPOBClinCaseDefUsed_F255	Case definition used during the outbreak	FreeText		
Symptoms experienced	ACRESPOBClinPredSx_Fev ACRESPOBClinPredSx_Cou ACRESPOBClinPredSx_Sor ACRESPOBClinPredSx_Mal ACRESPOBClinPredSx_Chi ACRESPOBClinPredSx_Art ACRESPOBClinPredSx_Sho ACRESPOBClinPredSx_Oth	Predominant symptoms experienced by at leaset half of reported cases	CheckBoxList	Fever Cough Sore throat Malaise/Fatigue Chills/rigor Arthralgia/myalgia Shortness of breath Other	Fev Cou Sor Mal Chi Art Shol Oth
Specify other symptoms	ACRESPOBClinPredSxSpcfy	Predominant symptoms experienced by at leaset half of reported cases: **If other, specify**	FreeText		
Age range	ACRESPOBClinAgeFrom	Age range (from-to)	FreeText		
Median age	ACRESPOBClinAgeMed	Median age, if available	FreeText		
Number of females	ACRESPOBClinNoFem	Number (%) Female	FreeText		

RESPIRATORY OB – RESPIRATORY, NON TB					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Cases with fever	ACRESPOBClinNoFev	Number of cases with fever (100°F / 37.8°C or greater)	FreeText		
Highest temperature recorded	ACRESPOBClinNoFevSpcfy	Highest temperature recorded (specify F/C)	FreeText		
Pneumonia cases	ACRESPOBClinNoPneum	Number of cases with clinical diagnosis of pneumonia	FreeText		
Abnormal chest x-ray	ACRESPOBClinNoAbnXray	Number with abnormal chest x-ray	FreeText		
ICU	ACRESPOBClinNoICU	Number of cases admitted to the intensive care unit (ICU)	FreeText		
LABORATORY INFORMATION					
# of cases tested	ACRESPOBLabTotTst	Total number of cases tested	FreeText		
# among resisdents/students	ACRESPOBLabTotTstNoAmRes	**Total number of cases treated** - If congregate/institutional setting: Number among residents/students	FreeText		
# among staff members	ACRESPOBLabTotTstNoAmStaff	**Total number of cases treated** - If congregate/institutional setting: Number among staff members	FreeText		
# of cases tested postive	ACRESPOBLabTotPos	Total number cases that tested positive	FreeText		
Positive: # among residents/students	ACRESPOBLabTotPosNoRes	**Total number cases that tested positive** - If congregate/institutional setting: Number among residents/students	FreeText		
Positive: # among staff members	ACRESPOBLabTotPosNoStaff	**Total number cases that tested positive** - If congregate/institutional setting: Number among staff members	FreeText		
# of cases tested negative	ACRESPOBLabTotNeg	Total number cases that tested negative	FreeText		
Negative: # among residents/students	ACRESPOBLabTotNegNoRes	**Total number cases that tested negative** –If congregate/institutional setting: Number among residents/students	FreeText		

RESPIRATORY OB – RESPIRATORY, NON TB					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Negative: # among staff members	ACRESPOBLabTotNegNoStaff	**Total number cases that tested negative** –If congregate/institutional setting: Number among staff members	FreeText		
LABORATORY DETAILS					
Speciments obtained / tested	ACRESPOBLabDtlsTypSpecTest_1 ACRESPOBLabDtlsTypSpecTest_2 ACRESPOBLabDtlsTypSpecTest_3	Type of specimens obtained and tested	DropDownList	Nasal swab	NasSwb
				Oropharynheal swab	OroSwb
				Nasopharyngeal swab	NasPharSwb
				Nasopharynheal aspirate	NasoAsp
				Sputum	Sput
				Endotracheal aspirate	EndotAsp
				Bronchoalveolar wash	BronchWsh
				Pleural fluid	PleuFlu
				Tissue	Tiss
				Other	Oth
Tissue tested	ACRESPOBLabDtlsTypSpecTisSpcfy_1 ACRESPOBLabDtlsTypSpecTisSpcfy_2 ACRESPOBLabDtlsTypSpecTisSpcfy_3	Type of specimens obtained and tested - **If tissue, specify**	FreeText		
Other specimen tested	ACRESPOBLabDtlsTypSpecOthSpcfy_1 ACRESPOBLabDtlsTypSpecOthSpcfy_2 ACRESPOBLabDtlsTypSpecOthSpcfy_3	Type of specimens obtained and tested - **If other, specify**	FreeText		
Test performed	ACRESPOBLabDtlsTypTstPerf_1 ACRESPOBLabDtlsTypTstPerf_2 ACRESPOBLabDtlsTypTstPerf_3	Type of test performed	DropDownList	Rapid antigen test	RAPANT
				IFA/DFA	IFADFA
				R-mix	RMIX
				PCR	PCR
				Viral culture	VRLCUL
				Bacterial culture	BACCUL
				Serology	SER
				Other	OTH
Other test performed	ACRESPOBLabDtlsTypTstPerfSpcfy_1 ACRESPOBLabDtlsTypTstPerfSpcfy_2 ACRESPOBLabDtlsTypTstPerfSpcfy_3	Type of test performed – **If other, specify**	FreeText		

RESPIRATORY OB – RESPIRATORY, NON TB					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Test interpretation	ACRESPOBLabDtlsTypInterp_1 ACRESPOBLabDtlsTypInterp_2 ACRESPOBLabDtlsTypInterp_3	Interpretation	DropDownList	Positive	POS
				Negative	NEG
				Indeterminate	INT
				Specimen Inadequate	SPCINAD
				Pending	PEND
Test results	ACRESPOBLabDtlsTypResult_1 ACRESPOBLabDtlsTypResult_2 ACRESPOBLabDtlsTypResult_3	Result	DropDownList	Influenza type undetermined	INFUND
				Influenza B, lineage unknown	INFB
				Influenza B, Victoria lineage	INFBVICTORIA
				Influenza B, Yamagata lineage	INFBYAMAGATA
				Influenza A	INFA
				Influenza A (H1)	INFAH1
				Influenza A (H3)	INFAH3
				Influenza A (2009 H1N1)	INFA09H1
				Influenza A (not H1 or H3)	INFAnoH1H3
				Influenza A, subtyping not done	INFANOSUB
				RSV	RSV
				Adenovirus	ADENO
				Parainfluenza virus types 1-4	PARAINF
				Rhinovirus	RHIN
				Human metapneumovirus	HMNMETA
				Bordetella Pertussis	BORDE
				Legionella Pneumophila	LEGPNE
				Other	OTH
				Coccidioidomycosis (Valley fever)	COCVA
Other result	ACRESPOBLabDtlsTypResultSpcfy_1 ACRESPOBLabDtlsTypResultSpcfy_2 ACRESPOBLabDtlsTypResultSpcfy_3	Result - **If other, specify**	FreeText		
Test site	ACRESPOBLabDtlsTypLocTest_1 ACRESPOBLabDtlsTypLocTest_2 ACRESPOBLabDtlsTypLocTest_3	Location where the specimens were tested	DropDownList	The facility (e.g., bedside, commercial rapid antigen	FAC
				A commercial laboratory associated with the facility	COMLAB
				Local public health laboratory	PUBLAB

RESPIRATORY OB – RESPIRATORY, NON TB					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
				State public health laboratory	STTLAB
				CDC laboratory	CDCLAB
				Other laboratory	OTHLAB
Other test site	ACRESPOBLabDtlsTypLocTestSpcfy_1 ACRESPOBLabDtlsTypLocTestSpcfy_2 ACRESPOBLabDtlsTypLocTestSpcfy_3	Location where the specimens were tested – **If other laboratory, specify**	FreeText		
LABORATORY INFORMATION NOTES/COMMENTS					
Notes/Comments	ACRESPOBLabComComments	Laboratory Information Notes / Comments	FreeText		
RISK FACTORS					
Close contact with laboratory-confirmed case	ACRESPOBRiskFactCont	Indicate all risk factors that may have contributed to the outbreak: **Close contact with a laboratory-confirmed case**	CheckBoxList	Unchecked Checked	(blank) IsChecked
Animal exposure	ACRESPOBRiskFactAnimal	Indicate all risk factors that may have contributed to the outbreak: **Animal exposure**	CheckBoxList	Unchecked Checked	(blank) IsChecked
Describe animal exposure	ACRESPOBRiskFactAnimalSpcfy	Indicate all risk factors that may have contributed to the outbreak: **If animal exposure, describe**	FreeText		
Other environmental exposure	ACRESPOBRiskFactEnv	Indicate all risk factors that may have contributed to the outbreak: **Other environmental exposure**	CheckBoxList	Unchecked Checked	(blank) IsChecked
Describe environmental exposure	ACRESPOBRiskFactEnvSpcfy	Indicate all risk factors that may have contributed to the outbreak: **If other environmental exposure, describe**	FreeText		
Other risk factors	ACRESPOBRiskFactOth	Indicate all risk factors that may have contributed to the outbreak: **Other risk factors**	CheckBoxList	Unchecked Checked	(blank) IsChecked
Specify other risk factors	ACRESPOBRiskFactOthSpcfy_F255	Indicate all risk factors that may have contributed to the outbreak: **If other risk factors, specify**	FreeText		
CONTROL MEASURES – COMMUNITY / NON-CONGREGATE SETTING ONLY					

RESPIRATORY OB – RESPIRATORY, NON TB					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Isolation / home restriction of symptomatic persons	ACRESPOBContComRestr	Check all control measures taken in response to the outbreak: **Isolation/home restriction of symptomatic persons**	CheckBoxList	Unchecked Checked	(blank) IsChecked
Antiviral prophylaxis offered	ACRESPOBContComProph	Check all control measures taken in response to the outbreak: **Antiviral prophylaxis offered to household or other contacts**	CheckBoxList	Unchecked Checked	(blank) IsChecked
# of prophylaxis offered	ACRESPOBContComProphSpcfy	Check all control measures taken in response to the outbreak: **If prophylaxis offered, how many**	FreeText		
Other control measures	ACRESPOBContComOth	Check all control measures taken in response to the outbreak: **Other control measures**	CheckBoxList	Unchecked Checked	(blank) IsChecked
Specify other control measures	ACRESPOBContComOthSpcfy	Check all control measures taken in response to the outbreak: **If other control measures, specify**	FreeText		
CONTROL MEASURES – CONGREGATE SETTING ONLY					
Respiratory outbreak: facility closed to new admissions	ACRESPOBContCongCloseNew	For **ALL RESPIRATORY OUTBREAKS.** Check all control measures taken in response to all outbreak: **Facility temporarily closed to new admissions**	CheckBoxList	Unchecked Checked	(blank) IsChecked
Respiratory outbreak: facility closed to visitors	ACRESPOBContCongCloseVis	For **ALL RESPIRATORY OUTBREAKS.** Check all control measures taken in response to all outbreak: **Facility temporarily closed to visitors**	CheckBoxList	Unchecked Checked	(blank) IsChecked
Respiratory outbreak: activity restriction	ACRESPOBContCongResAct	For **ALL RESPIRATORY OUTBREAKS.** Check all control measures taken in response to all outbreak: **Ill resident activity restrictions (e.g., remain in their room)**	CheckBoxList	Unchecked Checked	(blank) IsChecked
Respiratory outbreak: staff cohortion	ACRESPOBContCongCohSpec	For **ALL RESPIRATORY OUTBREAKS.** Check all control measures taken in response to all outbreak: **Staff cohorted to specific patients or areas**	CheckBoxList	Unchecked Checked	(blank) IsChecked

RESPIRATORY OB – RESPIRATORY, NON TB					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Respiratory outbreak: education on hygiene	ACRESPOBContCongIncEdu	For **ALL RESPIRATORY OUTBREAKS.** Check all control measures taken in response to all outbreak: **Increased education on personal hygiene (respiratory and hand)**	CheckBoxList	Unchecked Checked	(blank) IsChecked
Respiratory outbreak: medical interventions other than influenza	ACRESPOBContCongMedInt	For **ALL RESPIRATORY OUTBREAKS.** Check all control measures taken in response to all outbreak: **Medical interventions used for outbreaks other than influenza**	CheckBoxList	Unchecked Checked	(blank) IsChecked
Respiratory outbreak: list medical interventions	ACRESPOBContCongMedIntSpcfy	For **ALL RESPIRATORY OUTBREAKS.** Check all control measures taken in response to all outbreak: **If checked, list medical interventions**	FreeText		
Respiratory outbreak: environmental measures	ACRESPOBContCongEnv	For **ALL RESPIRATORY OUTBREAKS.** Check all control measures taken in response to all outbreak: **Environmental measures taken**	CheckBoxList	Unchecked Checked	(blank) IsChecked
Respiratory outbreak: list environmental measures	ACRESPOBContCongEnvSpcfy_F255	For **ALL RESPIRATORY OUTBREAKS.** Check all control measures taken in response to all outbreak: **If checked, list environmental measures**	FreeText		
Respiratory outbreak: other measures	ACRESPOBContCongOth	For **ALL RESPIRATORY OUTBREAKS.** Check all control measures taken in response to all outbreak: **Other measures**	CheckBoxList	Unchecked Checked	(blank) IsChecked
Respiratory outbreak: list other measures	ACRESPOBContCongOthSpecfy_F255	For **ALL RESPIRATORY OUTBREAKS.** Check all control measures taken in response to all outbreak: **If checked, list other measures**	FreeText		
Influenza outbreak: antiviral treatment	ACRESPOBContCongResTreat	**FOR INFLUENZA OUTBREAKS ONLY:** Were symptomatic residents/students offered antiviral treatment?	DropDownList	Yes No Unknown	YES NO UNK

RESPIRATORY OB – RESPIRATORY, NON TB					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Influenza outbreak: # treated	ACRESPOBContCongResTreatNo	**FOR INFLUENZA OUTBREAKS ONLY:** If yes, specify: Total number of residents/students treated	FreeText		
Influenza outbreak: antiviral prescribed	ACRESPOBContCongResTreatSpcfy	**FOR INFLUENZA OUTBREAKS ONLY:** Antiviral prescribed	FreeText		
Influenza outbreak: prophylaxis offered to asymptomatic cases	ACRESPOBContCongResProph	**FOR INFLUENZA OUTBREAKS ONLY:** Were asymptomatic residents/students offered antiviral prophylaxis?	DropDownList	Yes No Unknown	YES NO UNK
Influenza outbreak: # treated with prophylaxis	ACRESPOBContCongResProphNo	**FOR INFLUENZA OUTBREAKS ONLY:** If yes, specify: Total number of residents/students treated	FreeText		
Influenza outbreak: antiviral prescribed	ACRESPOBContCongResProSpcf_F255	**FOR INFLUENZA OUTBREAKS ONLY:** Antiviral prescribed	FreeText		
Influenza outbreak: influenza vaccination	ACRESPOBContCongResInfl	**FOR INFLUENZA OUTBREAKS ONLY:** Were residents/students vaccinated against influenza ≥ 14 days before the outbreak began?	DropDownList	Yes No Unknown	YES NO UNK
Influenza outbreak: # treated against influenza	ACRESPOBContCongResInflSpcfyNo	**FOR INFLUENZA OUTBREAKS ONLY:** If yes, specify: Total number of residents/students vaccinated	FreeText		
Influenza outbreak: S. pneumoniae vaccination	ACRESPOBContCongResPneu	**FOR INFLUENZA OUTBREAKS ONLY:** Were residents vaccinated against S. pneumoniae ≥ 14 days before the outbreak began?	DropDownList	Yes No Unknown	YES NO UNK
Influenza outbreak: # vaccinated against S. pneumoniae	ACRESPOBContCongResPneuSpcfyNo	**FOR INFLUENZA OUTBREAKS ONLY:** If yes, specify: Total number vaccinated	FreeText		
Influenza outbreak: catch-up influenza vaccination	ACRESPOBContCongResCatch	**FOR INFLUENZA OUTBREAKS ONLY:** Were residents offered catch-up influenza vaccination after the outbreak again?	DropDownList	Yes No Unknown	YES NO UNK
Influenza outbreak: # vaccinated with catch-up influenza	ACRESPOBContCongResCatchSpcfy	**FOR INFLUENZA OUTBREAKS ONLY:** If yes, specify: Total number of residents vaccinated	FreeText		
Influenza outbreak: staff offered antiviral treatment	ACRESPOBContCongStaffTreat	**FOR INFLUENZA OUTBREAKS ONLY:** Were symptomatic staff persons offered antiviral treatment?	DropDownList	Yes No Unknown	YES NO UNK

RESPIRATORY OB – RESPIRATORY, NON TB					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Influenza outbreak: # treated	ACRESPOBContCongStaffTreatNo	**FOR INFLUENZA OUTBREAKS ONLY:** If yes, specify: Total number of staff persons treated	FreeText		
Influenza outbreak: antiviral prescribed	ACRESPOBContCongStaffTreatSpcfy	**FOR INFLUENZA OUTBREAKS ONLY:** Antiviral prescribed	FreeText		
Influenza outbreak: staff offered prophylaxis	ACRESPOBContCongStaffProph	**FOR INFLUENZA OUTBREAKS ONLY:** Were asymptomatic staff persons offered antiviral prophylaxis?	DropDownList	Yes No Unknown	YES NO UNK
Influenza outbreak: # treated	ACRESPOBContCongStaffProphNo	**FOR INFLUENZA OUTBREAKS ONLY:** If yes, specify: Total number of staff persons treated	FreeText		
Influenza outbreak: antiviral prescribed	ACRESPOBContCongStaffProphSpcfy	**FOR INFLUENZA OUTBREAKS ONLY:** Antiviral prescribed	FreeText		
Influenza outbreak: staff vaccinated against influenza	ACRESPOBContCongStaffVac	**FOR INFLUENZA OUTBREAKS ONLY:** Were staff persons vaccinated against influenza ≥ 14 days before the outbreak again	DropDownList	Yes No Unknown	YES NO UNK
Influenza outbreak: # vaccinated against influenza	ACRESPOBContCongStaffVacNo	**FOR INFLUENZA OUTBREAKS ONLY:** If yes, specify: Total number of staff persons vaccinated ≥ 14 days before outbreak	FreeText		
ADDITIONAL INFORMATION					
Comments / Remarks	ACRESPOBAddInfoCom_F255	Comments / Remarks (e.g. methods, findings, results, etc)	FreeText		
Discussion / Conclusions	ACRESPOBAddInfoConc_F255	Discussion and / or conclusions	FreeText		
INVESTIGATION INFORMATION					
Date closed	ACRESPOBInvInfoLHJCloseDt	Date LHJ closed the investigation	Date (MM/DD/YYYY)		
OTHER KEY STAFF OR AGENCIES INVOLVED AND / OR NOTIFIED					

RESPIRATORY OB – RESPIRATORY, NON TB					
CalREDIE Field Name	**DDP Export Field Name (VARIABLE)**	**Description**	**Field Type**	**CalREDIE Data Labels**	**DDP Export Values**
Key staff / agencies involved	ACRESPOBOthInvStaff_F255	List the names and the titles/roles of other staff from the LHJ or outside agencies that were involved in the investigation or notified of the outbreak	FreeText		

Appendix A - Disease

DIS_Name	DIS_ShortName	DiseaseGrp
Amebiasis	AMEBIAS	All-NoTB, CD, Enterics, IDB, obFever-NOS, obGI-Foodborne, obGI-Other/Unknown, obGI-Waterborne, obHepatitis-Jaundice, obSepsis-Bacteremia, zAmebiasis
Anaplasmosis	ANAPLAS	All-NoTB, CD, IDB, obFever-NOS, obSepsis-Bacteremia, VRDL, zAnaplasmosis
Anthrax	ANTHRAX	All-NoTB, CD, CDER, IDB, IMMEDIATE, EXTREMELY URGENT, IMMEDIATE, URGENT, obFever-NOS, obGI-Foodborne, obGI-Other/Unknown, obGI-Waterborne, obRespiratory (non-TB), obSepsis-Bacteremia, obSkin/Soft Tissue, zAnthrax
Babesiosis	BABOSIS	All-NoTB, CD, IDB, obFever-NOS, obSepsis-Bacteremia, zBabesiosis
Botulism, Foodborne	BOT-FB	All-NoTB, CD, IDB, IMMEDIATE, EXTREMELY URGENT, obGI-Foodborne, obNeurologicMeningitis-Encephalitis, obSepsis-Bacteremia, PHEP, zBotulism, Foodborne
Botulism, Infant	BOT-INF	All-NoTB, CD, CDER, IDB, IMMEDIATE, EXTREMELY URGENT, zBotulism, Infant
Botulism, Other	BOT-OTH	All-NoTB, CD, CDER, IDB, IMMEDIATE, EXTREMELY URGENT, obGI-Other/Unknown, obNeurologicMeningitis-Encephalitis, obSepsis-Bacteremia, PHEP, zBotulism, Other
Botulism, Unknown	BOT-UNK	All-NoTB, CD, CDER, IDB, IMMEDIATE, EXTREMELY URGENT, obGI-Other/Unknown, obNeurologicMeningitis-Encephalitis, obSepsis-Bacteremia, PHEP, zBotulism, Unknown
Botulism, Wound	BOT-WND	All-NoTB, CD, CDER, IDB, IMMEDIATE, EXTREMELY URGENT, obNeurologicMeningitis-Encephalitis, obSepsis-Bacteremia, obSkin/Soft Tissue, PHEP, zBotulism, Wound
Brucellosis	BRUCELOS	All-NoTB, CD, IDB, IMMEDIATE, URGENT, obFever-NOS, obGI-Foodborne, obRespiratory (non-TB), obSepsis-Bacteremia, zBrucellosis
Burkholderia mallei (Glanders)	GLAND	All-NoTB, CD, CDER, IDB, zBurkholderia mallei (Glanders)
Burkholderia pseudomallei (Melioidosis)	MELIOD	All-NoTB, CD, CDER, IDB, zBurkholderia pseudomallei (Melioidosis)
Campylobacteriosis	CAMPYBAC	All-NoTB, CD, Enterics, IDB, obGI-Foodborne, obGI-Other/Unknown, obSepsis-Bacteremia, zCampylobacteriosis
Chancroid	CHANCRD	All-NoTB, STD, zChancroid
Chlamydia	CHLAMYDA	All-NoTB, CT, CT-GC, HAI, obChlamydia, PID, STD, zChlamydia
Chikungunya	CHIKGNYA	All-NOEbolaResp, All-NoTB, CD, IDB
Chlamydia with Pelvic Inflammatory Disease (PID)	CT-PID	All-NoTB, CT, CT-GC, obChlamydia, PID, STD, zChlamydia with Pelvic Inflammatory Disease (PID)
Cholera	CHOLERA	All-NoTB, CD, IDB, obGI-Foodborne, obGI-Other/Unknown, obGI-Waterborne, obSepsis-Bacteremia, zCholera
Ciguatera Fish Poisoning	CIGTERA	All-NoTB, CD, IDB, obGI-Foodborne, obNeurologicMeningitis-Encephalitis, obSepsis-Bacteremia, zCiguatera Fish Poisoning
Coccidioidomycosis	COCCIDIO	All-NoTB, CD, IDB, obNeurologicMeningitis-Encephalitis, obRash, obRespiratory (non-TB), obSepsis-Bacteremia, zCoccidioidomycosis
Colorado Tick Fever	COTICKFV	All-NoTB, CD, IDB, obFever-NOS, obSepsis-Bacteremia, zColorado Tick Fever

DIS_Name	DIS_ShortName	DiseaseGrp
Conjunctivitis	CONJ	
Contact to Chancroid	C-CHN	
Contact to Chlamydia	C-CT	All-NoTB, obChlamydia, STD, zContact to Chlamydia
Contact to Gonorrhea	C-CG	All-NoTB, obGonorrhea, STD, zContact to Gonorrhea
Contact to Measles	C-MEASLES	All-NoTB, CD, IZB, zContact to Measles
Contact to PID	C-PID	
Contact to Syphilis	C-SYP	All-NoTB, obSyphilis, STD, Syphilis Cases & Contacts, zContact to Syphilis
Creutzfeldt-Jakob Disease	C-J-DSE	All-NoTB, CD, IDB, obNeurologicMeningitis-Encephalitis, obSepsis-Bacteremia, zCreutzfeldt-Jakob Disease
Cryptosporidiosis	CRYPTOSP	All-NoTB, CD, Enterics, IDB, obGI-Foodborne, obGI-Other/Unknown, obGI-Waterborne, obSepsis-Bacteremia, zCryptosporidiosis
Cyclosporiasis	CYCLOSRS	All-NoTB, CD, IDB, obGI-Foodborne, obGI-Waterborne, zCyclosporiasis
Cysticercosis	CYSTICRS	All-NoTB, CD, IDB, obNeurologicMeningitis-Encephalitis, obSepsis-Bacteremia, zCysticercosis
Dengue	DENGUE	All-NoTB, CD, IDB, obFever-NOS, obOther-Unknown, obRash, obSepsis-Bacteremia, VRDL, zDengue
Diphtheria	DIPTHRIA	All-NoTB, CD, IMMEDIATE, URGENT, IZB, obRespiratory (non-TB), zDiphtheria
DMV Reportable	DMVREP	All-NoTB, CD, zLapse of Consciousness
Domoic Acid Poisoning	DOACDPOI	
E. coli O157 with HUS	E-COLI-H	All-NoTB, CD, CDER, Enterics, IDB, obGI-Foodborne, obGI-Other/Unknown, obGI-Waterborne, obSepsis-Bacteremia, PHEP, zE. coli O157 with HUS
E. coli O157 without HUS	E-COLI	All-NoTB, CD, CDER, Enterics, IDB, obGI-Foodborne, obGI-Other/Unknown, obGI-Waterborne, obSepsis-Bacteremia, PHEP, zE. coli O157 without HUS
Ehrlichiosis	EHR-ANA	All-NoTB, CD, IDB, obFever-NOS, obSepsis-Bacteremia, VRDL, zEhrlichiosis
Ebola Contact Tracking	EBOLATT	Ebola Response
Ebola Virus Disease	EBOLA	Ebola Response
Encephalitis - Bacterial	ENCP-BAC	All-NoTB, CD, CDER, IDB, obNeurologicMeningitis-Encephalitis, obSepsis-Bacteremia, VRDL, zEncephalitis â€“ Bacterial
Encephalitis - Fungal	ENCP-FNG	All-NoTB, CD, CDER, IDB, obNeurologicMeningitis-Encephalitis, obSepsis-Bacteremia, VRDL, zEncephalitis - Fungal
Encephalitis - Not Otherwise Specified	ENCP-UNK	All-NoTB, CDER, IDB, obNeurologicMeningitis-Encephalitis, obSepsis-Bacteremia, VRDL, zEncephalitis - Not Otherwise Specified
Encephalitis - Parasitic	ENCP-PAR	All-NoTB, CD, CDER, IDB, obNeurologicMeningitis-Encephalitis, obSepsis-Bacteremia, VRDL, zEncephalitis - Parasitic
Encephalitis - Viral	ENCP-VIR	All-NoTB, CD, CDER, IDB, obNeurologicMeningitis-Encephalitis, obSepsis-Bacteremia, VRDL, zEncephalitis - Viral
Enterovirus-D68	ENTEROD68	All-NoEbolaResp, All-NoTB, CD, CDER, IZB, obRespiratory (non-TB), zEnterovirus-D68
Foodborne Disease	FDBN-DS	All-NoTB, CD, CDER, IDB, obGI-Foodborne, zFoodborne Disease
Giardiasis	GIARDIA	All-NoTB, CD, Enterics, IDB, obGI-Foodborne, obGI-Other/Unknown, obGI-Waterborne, obSepsis-Bacteremia, zGiardiasis
Gonorrhea	GC	All-NoTB, CT-GC, GC, HAI, obGonorrhea, PID, STD, zGonorrhea

DIS_Name	DIS_ShortName	DiseaseGrp
Gonorrhea with Pelvic Inflammatory Disease (PID)	GC-PID	All-NoTB, CT-GC, GC, obGonorrhea, PID, STD, zGonorrhea with Pelvic Inflammatory Disease (PID)
Haemophilus Influenzae (Invasive)	HAEM-FLU	All-NoTB, CD, IZB, obFever-NOS, obNeurologicMeningitis-Encephalitis, obOther-Unknown, obRespiratory (non-TB), zHaemophilus Influenzae (Invasive)
Hantavirus Infections	HANTAVIR	All-NoTB, CD, IDB, obRespiratory (non-TB), obSepsis-Bacteremia, VRDL, zHantavirus Infections
Hemolytic Uremic Syndrome (HUS) without evidence of E. coli O157, other STEC, or Shiga toxin positive feces	HUS	All-NoTB, CD, IDB, obGI-Foodborne, obGI-Other/Unknown, obGI-Waterborne, obOther-Unknown, obRespiratory (non-TB), obSepsis-Bacteremia, zHemolytic Uremic Syndrome (HUS) without evidence of E. coli O157, other STEC, or Shiga toxin positive feces
Hepatitis A	HEP-A	All-NoTB, CD, CDER, IDB, IZB, obHepatitis-Jaundice, PHEP, STD, zHepatitis A
Hepatitis B (Perinatal Case)	HEP-B-PN	All-NoTB, CD, IZB, obHepatitis-Jaundice, obOther-Unknown, zHepatitis B (Perinatal Case)
Hepatitis B, Acute	HEP-B	All-NoTB, CD, HAI, IZB, obHepatitis-Jaundice, obOther-Unknown, STD, zHepatitis B (Acute)
Hepatitis B, Chronic	HEP-B-CR	All-NoTB, CD, IZB, obHepatitis-Jaundice, obOther-Unknown, STD, zHepatitis B (Chronic)
Hepatitis C, Acute	HEP-C	All-NoTB, CD, HAI, IZB, obHepatitis-Jaundice, STD, zHepatitis C (Acute)
Hepatitis C, Chronic	HEP-C-CR	All-NoTB, CD, IZB, obHepatitis-Jaundice, STD, zHepatitis C (Chronic)
Hepatitis D (Delta)	HEP-D	All-NoTB, CD, IDB, IZB, obHepatitis-Jaundice, obSepsis-Bacteremia, zHepatitis D (Delta)
Hepatitis E, Acute	HEP-E	All-NoTB, CD, IDB, obHepatitis-Jaundice, zHepatitis E, Acute
Influenza - Contact of a Case	C-INFL	All-NoTB, CDER, IDB, IZB, VRDL, zInfluenza - Contact of a Case
Influenza - Death (0-64 years old)	INFL-DTH	All-NoTB, CD, CDER, IZB, obRespiratory (non-TB), obSepsis-Bacteremia, VRDL, zInfluenza - Death (0-64 years old)
Influenza - ICU Hospitalization (0-64 years old)	INFL-ICU	All-NoTB, CD, CDER, IZB, obRespiratory (non-TB), obSepsis-Bacteremia, VRDL, zInfluenza - ICU Hospitalization (0-64 years old)
Influenza - Initial Report	INFL-INIT	All-NoTB, CD, CDER, IZB, obRespiratory (non-TB), obSepsis-Bacteremia, VRDL, zInfluenza - Initial Report
Influenza - Novel Strain	INFL-NOV	All-NoTB, CDER, IDB, IMMEDIATE, URGENT, IZB, obRespiratory (non-TB), obSepsis-Bacteremia, VRDL, zInfluenza - Novel Strain
Kawasaki Syndrome	KAWASAKI	All-NoTB, CD, IDB, obFever-NOS, obOther-Unknown, obRash, obSepsis-Bacteremia, zKawasaki Syndrome
Legionellosis	LEGIONLS	All-NoTB, CD, HAI, IDB, obRespiratory (non-TB), obSepsis-Bacteremia, zLegionellosis
Leprosy (Hansen Disease)	LEPROSY	All-NoTB, CD, IDB, obSepsis-Bacteremia, obSkin/Soft Tissue, zLeprosy (Hansen Disease)
Leptospirosis	LPTOSPR	All-NoTB, CD, IDB, obFever-NOS, obGI-Other/Unknown, obGI-Waterborne, obHepatitis-Jaundice, obSepsis-Bacteremia, zLeptospirosis
Listeriosis	LISTEROS	All-NoTB, CD, Enterics, IDB, obGI-Foodborne, obNeurologicMeningitis-Encephalitis, obSepsis-Bacteremia, zListeriosis
LOCALLY REPORTABLE - Animal Bite/Exposure	ANIBITE	All-NoTB, IDB, zAnimal Bite/Exposure

DIS_Name	DIS_ShortName	DiseaseGrp
LOCALLY REPORTABLE - Non-Gonococcal Urethritis (NGU)	NGU	All-NoTB, STD, zLOCALLY REPORTABLE - Non-Gonococcal Urethritis (NGU)
LOCALLY REPORTABLE - Norovirus	NOROVIR	All-NoTB, CD, IDB, obGI-Foodborne, obGI-Other/Unknown, obGI-Waterborne, zLOCALLY REPORTABLE - Norovirus
LOCALLY REPORTABLE - Not Reportable	NOTRPT	All-NoTB, CD, CDER, Enterics, IDB, IZB, STD, zLOCALLY REPORTABLE - Not Reportable
LOCALLY REPORTABLE - Penicillin-resistant Pneumococcus	PRP	All-NoTB, zLOCALLY REPORTABLE - Penicillin-resistant Pneumococcus
LOCALLY REPORTABLE - Pneumococcal Disease, Invasive	IPD	All-NoTB, CD, IZB, zLOCALLY REPORTABLE - Pneumococcal Disease, Invasive
LOCALLY REPORTABLE - Respiratory Syncytial Virus (RSV)	RSV	All-NoTB, CD, zLOCALLY REPORTABLE - Respiratory Syncytial Virus (RSV)
LOCALLY REPORTABLE - Vancomycin-resistant Enterococcus (VRE)	VRE	All-NoTB, zLOCALLY REPORTABLE - Vancomycin-resistant Enterococcus (VRE)
LOCALLY REPORTABLE - Vancomycin-resistant Staphylococcus aureus (VRSA)	VRSA	All-NoTB, CD, IDB, IZB, zLOCALLY REPORTABLE - Vancomycin-resistant Staphylococcus aureus (VRSA)
Lyme Disease	LYME-DSE	All-NoTB, CD, IDB, obRash, obSepsis-Bacteremia, zLyme Disease
Lymphogranuloma Venereum (LGV)	LMPH-VEN	All-NoTB, STD, zLymphogranuloma Venereum (LGV)
Malaria	MALARIA	All-NoTB, CD, IDB, obFever-NOS, obSepsis-Bacteremia, zMalaria
Measles (Rubeola)	MEASLES	All-NoTB, CD, CDER, IMMEDIATE, URGENT, IZB, obFever-NOS, obRash, obRespiratory (non-TB), PHEP, VRDL, zMeasles (Rubeola)
Meningitis - Bacterial (other than N. meningitidis and H. influenza)	MENG-BAC	All-NoTB, CD, CDER, IDB, IZB, obNeurologicMeningitis-Encephalitis, obSepsis-Bacteremia, VRDL, zMeningitis - Bacterial (other than N. meningitidis and H. influenza)
Meningitis - Fungal	MENG-FNG	All-NoTB, CD, CDER, IDB, IZB, obNeurologicMeningitis-Encephalitis, obSepsis-Bacteremia, VRDL, zMeningitis - Fungal
Meningitis - Not Otherwise Specified	MENG-UNK	All-NoTB, CD, CDER, IDB, IZB, obNeurologicMeningitis-Encephalitis, obSepsis-Bacteremia, VRDL, zMeningitis - Not Otherwise Specified
Meningitis - Parasitic	MENG-PAR	All-NoTB, CD, CDER, IDB, IZB, obNeurologicMeningitis-Encephalitis, obSepsis-Bacteremia, VRDL, zMeningitis - Parasitic
Meningitis - Viral	MENG-VIR	All-NoTB, CD, CDER, IDB, IZB, obNeurologicMeningitis-Encephalitis, obSepsis-Bacteremia, VRDL, zMeningitis - Viral
Meningococcal Disease (Invasive)	MNCL-OTH	All-NoTB, CD, CDER, IZB, obFever-NOS, obNeurologicMeningitis-Encephalitis, obOther-Unknown, obRash, obRespiratory (non-TB), PHEP, zMeningococcal Disease (Invasive)
MERS-CoV	MERSCOV	All-NoTB, CD, CDER, IZB, zMERS-CoV
Methicillin-resistant Staphylococcus aureus (MRSA)	MRSA	All-NoTB, zMethicillin-resistant Staphylococcus aureus (MRSA)
Mumps	MUMPS	All-NoTB, CD, IZB, obFever-NOS, obOther-Unknown, obRespiratory (non-TB), zMumps
Paralytic Shellfish Poisoning	FSH-PSNG	
Paratyphoid Fever	PARATYPH	All-NoTB, CD, IDB, obFever-NOS, obGI-Foodborne, obHepatitis-Jaundice, obSepsis-Bacteremia, zParatyphoid Fever

DIS_Name	DIS_ShortName	DiseaseGrp
Pelvic Inflammatory Disease (PID) with Chlamydia	CT-PID	All-NoTB, CT, CT-GC, obChlamydia, PID, STD, zPelvic Inflammatory Disease (PID) with Chlamydia
Pelvic Inflammatory Disease (PID) with Gonorrhea	GC-PID	All-NoTB, CT-GC, GC, obGonorrhea, PID, STD, zPelvic Inflammatory Disease (PID) with Gonorrhea
Pelvic Inflammatory Disease (PID) with Other/Unknown Etiology	PID	All-NoTB, PID, STD, zPelvic Inflammatory Disease (PID) with Other/Unknown Etiology
Pertussis	PERTUSIS	All-NoTB, CD, IZB, obRespiratory (non-TB), zPertussis
Pesticide Illness (known or suspected)		Pesticide
Plague (Animal)	PLAGUE-A	All-NoTB, CD, IDB, zPlague (Animal)
Plague (Human)	PLAGUE-H	All-NoTB, CD, CDER, IDB, IMMEDIATE, EXTREMELY URGENT, obFever-NOS, obRespiratory (non-TB), obSepsis-Bacteremia, obSkin/Soft Tissue, zPlague (Human)
Poliovirus Infection or Poliomyelitis	POLIO	All-NoTB, CD, IMMEDIATE, EXTREMELY URGENT, IMMEDIATE, URGENT, IZB, VRDL, zPoliovirus Infection or Poliomyelitis
Psittacosis	PSITACOS	All-NoTB, CD, IDB, obRespiratory (non-TB), obSepsis-Bacteremia, zPsittacosis
Q Fever	Q-FVR	All-NoTB, CD, IDB, obOther-Unknown, obRespiratory (non-TB), obSepsis-Bacteremia, VRDL, zQ Fever
Rabies (Animal)	RABIES-A	All-NoTB, CD, IDB, IMMEDIATE, URGENT, zRabies (Animal)
Rabies (Human)	RABIES-H	All-NoTB, CD, CDER, IDB, IMMEDIATE, URGENT, obNeurologicMeningitis-Encephalitis, obSepsis-Bacteremia, VRDL, zRabies (Human)
Relapsing Fever	RLPS-FVR	All-NoTB, CD, IDB, obFever-NOS, obSepsis-Bacteremia, zRelapsing Fever
Rheumatic Fever, Acute	RHEU-FVR	All-NoTB, CD, IDB, obFever-NOS, obOther-Unknown, obRash, obSepsis-Bacteremia, zRheumatic Fever (Acute)
Rocky Mountain Spotted Fever	RMSP-FVR	All-NoTB, CD, IDB, obFever-NOS, obHepatitis-Jaundice, obNeurologicMeningitis-Encephalitis, obRash, obSepsis-Bacteremia, VRDL, zRocky Mountain Spotted Fever
Rubella (German Measles)	RUBELLA	All-NoTB, CD, IMMEDIATE, URGENT, IZB, obFever-NOS, obRash, obRespiratory (non-TB), VRDL, zRubella (German Measles)
Rubella Syndrome, Congenital (CRS)	RUBL-CNG	All-NoTB, CD, IZB, VRDL, zRubella Syndrome, Congenital (CRS)
Salmonellosis (Other than Typhoid Fever)		All-NoTB, CD, Enterics, IDB, obGI-Foodborne, obGI-Other/Unknown, obGI-Waterborne, obSepsis-Bacteremia, zSalmonellosis (Other than Typhoid Fever)
SARS	SARS	All-NoTB, CD, CDER, IDB, IMMEDIATE, EXTREMELY URGENT, obRespiratory (non-TB), obSepsis-Bacteremia, VRDL, zSARS
Scombroid Fish Poisoning	SCMBROID	All-NoTB, CD, IDB, obNeurologicMeningitis-Encephalitis, obSepsis-Bacteremia, zScombroid Fish Poisoning
Shiga toxin positive feces (without culture confirmation) with HUS	HUS-STF	All-NoTB, CD, CDER, Enterics, IDB, obGI-Foodborne, obGI-Other/Unknown, obGI-Waterborne, obSepsis-Bacteremia, PHEP, zShiga toxin positive feces (without culture confirmation) with HUS
Shiga toxin positive feces (without culture confirmation) without HUS	E-C-STF	All-NoTB, CD, CDER, Enterics, IDB, obGI-Foodborne, obGI-Other/Unknown, obGI-Waterborne, obSepsis-Bacteremia, PHEP, zShiga toxin positive feces (without culture confirmation) without HUS

DIS_Name	DIS_ShortName	DiseaseGrp
Shigellosis, Group A (Dysenteriae)	SHIGL-A	All-NoTB, CD, Enterics, IDB, obGI-Foodborne, obGI-Other/Unknown, obGI-Waterborne, obSepsis-Bacteremia
Shigellosis, Group B (Flexneri)	SHIGL-B	All-NoTB, CD, Enterics, IDB, obGI-Foodborne, obGI-Other/Unknown, obGI-Waterborne, obSepsis-Bacteremia, zShigellosis, Group B (Flexneri)
Shigellosis, Group C (Boydii)	SHIGL-C	All-NoTB, CD, Enterics, IDB, obGI-Foodborne, obGI-Other/Unknown, obGI-Waterborne, obSepsis-Bacteremia, zShigellosis, Group C (Boydii)
Shigellosis, Group D (Sonnei)	SHIGL-D	All-NoTB, CD, Enterics, IDB, obGI-Foodborne, obGI-Other/Unknown, obGI-Waterborne, obSepsis-Bacteremia, zShigellosis, Group D (Sonnei)
Shigellosis, Unspecified	SHIGL-UN	All-NoTB, CD, Enterics, IDB, obGI-Foodborne, obGI-Other/Unknown, obGI-Waterborne, obSepsis-Bacteremia, zShigellosis Unspecified
Smallpox	SMALLPOX	
Spotted Fever Rickettsioses (excluding Rocky Mountain Spotted Fever)	RMSP-FVR	All-NoTB, CD, IDB, obFever-NOS, obHepatitis-Jaundice, obNeurologicMeningitis-Encephalitis, obRash, obSepsis-Bacteremia, VRDL, zSpotted Fever Rickettsioses (excluding Rocky Mountain Spotted Fever)
Staphylococcus Aureus Infection (Severe Case)	SA-SPHP	All-NoTB, CD, IDB, obFever-NOS, obOther-Unknown, obRespiratory (non-TB), obSepsis-Bacteremia, obSkin/Soft Tissue, zStaphylococcus Aureus Infection (Severe Case)
STEC non-O157 with HUS	E-C-ST-H	All-NoTB, CD, CDER, Enterics, IDB, obGI-Foodborne, obGI-Other/Unknown, obGI-Waterborne, obSepsis-Bacteremia, PHEP, zSTEC non-O157 with HUS
STEC non-O157 without HUS	E-C-ST	All-NoTB, CD, CDER, Enterics, IDB, obGI-Foodborne, obGI-Other/Unknown, obGI-Waterborne, obSepsis-Bacteremia, PHEP, zSTEC non-O157 without HUS
Streptococcal Infections (OBs and cases in f and d workers)	STRP-INF	All-NoTB, CD, IDB, obFever-NOS, obOther-Unknown, obRespiratory (non-TB), obSepsis-Bacteremia, obSkin/Soft Tissue, zStreptococcal Infections (OBs and cases in f and d workers)
Syphilis (Congenital)	SYP-CONG	All-NoTB, obSyphilis, STD, Syphilis Cases & Contacts
Syphilis (Early Latent)	SYP-ERLT	All-NoTB, obSyphilis, STD, Syphilis - Early, Syphilis Cases & Contacts
Syphilis (Late Latent)	SYP-LLNT	All-NoTB, obSyphilis, STD, Syphilis Cases & Contacts
Syphilis (Late with Clinical Manifestations)	SYP-CLN	All-NoTB, obSyphilis, STD, Syphilis Cases & Contacts
Syphilis (Latent, Unknown Duration)	SYP-LNT	All-NoTB, obSyphilis, STD, Syphilis Cases & Contacts
Syphilis (Primary)	SYP-PRIM	All-NoTB, obSyphilis, STD, Syphilis - Early, Syphilis Cases & Contacts
Syphilis (Secondary)	SYP-SEC	All-NoTB, obSyphilis, STD, Syphilis - Early, Syphilis Cases & Contacts
Syphilis Stage Unknown/Reactor	SYP-REAC	All-NoTB, STD, Syphilis Cases & Contacts
Syphilis: Initial Report	SYP-INIT	All-NoTB, STD, Syphilis Cases & Contacts, zSyphilis: Initial Report
Taeniasis	TAENIA	All-NoTB, CD, IDB, zTaeniasis
Tetanus	TETANUS	All-NoTB, CD, IZB, obOther-Unknown, zTetanus
Toxic Shock Syndrome	TSS	All-NoTB, CD, IDB, obFever-NOS, obOther-Unknown, obRash, obSepsis-Bacteremia, zToxic Shock Syndrome
Toxoplasmosis	TXOPLSMO	All-NoTB, CD, IDB, obNeurologicMeningitis-Encephalitis, obSepsis-Bacteremia, zToxoplasmosis
Trichinosis	TRICHNOS	All-NoTB, CD, IDB, obGI-Foodborne, obNeurologicMeningitis-Encephalitis, obSepsis-Bacteremia, zTrichinosis
Tuberculosis (Clinically Active - TB3)	TB	TB, zTuberculosis (Clinically Active - TB3)

DIS_Name	DIS_ShortName	DiseaseGrp
Tuberculosis (Exposure/No Evidence of Infection - TB1)	TB	TB, zTuberculosis (Exposure/No Evidence of Infection - TB1)
Tuberculosis (Infection/No Disease LTBI - TB2)	TB	TB, zTuberculosis (Infection/No Disease LTBI - TB2)
Tuberculosis (No Exposure/Not Infected - TB0)	TB	TB, zTuberculosis (No Exposure/Not Infected - TB0)
Tuberculosis (Not Clinically Active - TB4)	TB	TB, zTuberculosis (Not Clinically Active - TB4)
Tuberculosis (Suspect - TB5)	TB	TB, zTuberculosis (Suspect - TB5)
Tularemia	TULARMIA	All-NoTB, CD, CDER, IDB, IMMEDIATE, EXTREMELY URGENT, obFever-NOS, obRespiratory (non-TB), obSepsis-Bacteremia, obSkin/Soft Tissue, PHEP, zTularemia
Typhoid Carrier	TYPH-CAR	All-NoTB, CD, IDB, obGI-Foodborne, obSepsis-Bacteremia, zTyphoid Carrier
Typhoid Fever	TYPH-CAS	All-NoTB, CD, IDB, obFever-NOS, obGI-Foodborne, obHepatitis-Jaundice, obSepsis-Bacteremia, zTyphoid Fever
Typhus and Other Non-Spotted Fever Rickettsioses	TYPHS-FV	All-NoTB, CD, IDB, obFever-NOS, obRash, obSepsis-Bacteremia, VRDL, zTyphus and Other Non-Spotted Fever Rickettsioses
Unknown Disease	UNK-DIS	All-NoTB, CD, IDB, obOther-Unknown, obSepsis-Bacteremia, VRDL, zUnknown Disease
Unusual/Other Disease	OTH-DIS	All-NoTB, CD, CDER, IDB, obOther-Unknown, obSepsis-Bacteremia, VRDL, zUnusual/Other Disease
VAERS	VAERS	All-NoTB, CD, IZB, zVAERS
Varicella (Chickenpox)	CHKN-POX	All-NoTB, CD, IZB, obRash, zVaricella (Chickenpox)
Varicella Hospitalization/Death	CHKN-P-H	All-NoTB, CD, IZB, obFever-NOS, obRash, obRespiratory (non-TB), zVaricella Hospitalization/Death
Vibrio Infections (Non-Cholera)	VIBRIO	All-NoTB, CD, IDB, obGI-Foodborne, obGI-Other/Unknown, obGI-Waterborne, obSepsis-Bacteremia, zVibrio Infections (Non-Cholera)
Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)	VH-FVR	Ebola Response, obOther-Unknown, zViral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa and Marburg Viruses)
Water Associated Diseases (Swimmer's Itch, Hot Tub Rash, etc.)	WATBN-DS	All-NoTB, CD, IDB, obOther-Unknown, obSepsis-Bacteremia, zWater Associated Diseases (Swimmer's Itch, Hot Tub Rash, etc.)
West Nile virus - Asymptomatic	WNV-ASYMP	All-NoTB, CD, CDER, IDB, VRDL, zWest Nile virus - Asymptomatic
West Nile virus - Neuroinvasive	WNV-WNND	All-NoTB, CD, CDER, IDB, VRDL, zWest Nile virus - Neuroinvasive
West Nile virus - Non-neuroinvasive (West Nile fever)	WNV-WNF	All-NoTB, CD, CDER, IDB, VRDL, zWest Nile virus - Non-neuroinvasive (West Nile fever)
West Nile virus - Unspecified	WNV-UNK	All-NoTB, CD, CDER, IDB, VRDL, zWest Nile virus
Yellow Fever	YLOW-FVR	
Yersiniosis	YERSINIS	All-NoTB, CD, IDB, zYersiniosis

Appendix B - Language

LG_Language (CalREDIE Data Labels and DDP Export Values are the same)

Abkhazian	Greek, Ancient (to 1453)	Not specified
Achinese	Greenlandic	Nubian languages
Acoli	Guarani	Nyamwezi
Adangme	Gujarati	Nyankole
Adyghe; Adygei	Gwich'in	Nyoro
Afar	Haida	Nzima
Afrihili	Haitian; Haitian Creole	Oaxacan
Afrikaans	Hausa	Occitan
Afro-Asiatic (Other)	Hawaiian	Ojibwa
Ainu	Hebrew	Oriya
Akan	Herero	Oromo
Akkadian	Hiligaynon	Osage
Albanian	Himachali	Ossetian; Ossetic
Aleut	Hindi	Otomian languages
Algonquian languages	Hiri Motu	Pahlavi
Altaic (Other)	Hittite	Palauan
Amharic	Hmong	Pali
Angika	Hungarian	Pampanga
Apache languages	Hupa	Pangasinan
Arabic	Iban	Papiamento
Aragonese	Icelandic	Papuan (Other)
Aramaic	Ido	Pashto
Arapaho	Igbo	Pedi; Sepedi; Northern Sotho
Arawak	Ijo languages	Persian
Armenian	Iloko	Persian, Old (ca.600-400 B.C.)
Aromanian; Arumanian; Macedo-Romanian	Inari Sami	Philippine (Other)
Artificial (Other)	Indic (Other)	Phoenician
Assamese	Indo-European (Other)	Pohnpeian
Asturian; Bable	Indonesian	Polish
Athapascan languages	Ingush	Portuguese
Australian languages	Interlingua	Prakrit languages
Austronesian (Other)	Interlingue	Provental, Old (to 1500)
Avaric	Inuktitut	Punjabi
Avestan	Inupiak	Quechua
Awadhi	Iranian (Other)	Rajasthani
Aymara	Irish	Rapanui
Azerbaijani	Irish, Middle (900-1200)	Rarotongan; Cook Islands Maori
Balinese	Irish, Old (to 900)	Refused
Baltic (Other)	Iroquoian languages	Reserved for local use

LG_Language (CalREDIE Data Labels and DDP Export Values are the same)

Baluchi	Italian	Rhaeto-Romance
Bambara	Japanese	Romance (Other)
Bamileke languages	Javanese	Romanian
Banda languages	Judeo-Arabic	Romany
Bantu (Other)	Judeo-Persian	Russian
Basa	Kabardian	Salishan languages
Bashkir	Kabyle	Samaritan Aramaic
Basque	Kachin; Jingpho	Sami languages (Other)
Batak languages	Kalmyk; Oirat	Samoan
Beja	Kamba	Sandawe
Bemba	Kannada	Sangro
Bengali	Kanuri	Sanskrit
Berber (Other)	Kara-Kalpak	Santali
Bhojpuri	Karachay-Balkar	Sardinian
Bhutani	Karelian	Sasak
Bihari	Karen languages	Scots
Bikol	Kashmiri	Sebuano
Bini; Edo	Kashubian	Selkup
Bislama	Kawi	Semitic (Other)
Blin; Bilin	Kazakh	Serbian
Bokmsl, Norwegian; Norwegian Bokmsl	Khasi	Serbo-Croatian
Bosnian	Khoisan (Other)	Serer
Braj	Khotanese	Sesotho
Breton	Kikuyu; Gikuyu	Setswana
Buginese	Kimbundu	Shan
Bulgarian	Kinyarwanda	Shona
Buriat	Kirghiz	Sichuan Yi
Burmese	Kirundi	Sicilian
Byelorussian	Klingon; tlhIngan-Hol	Sidamo
Caddo	Komi	Sign Languages
Cambodian	Kongo	Siksika
Cantonese	Konkani	Sindhi
Catalan	Korean	Singhalese
Caucasian (Other)	Kosraean	Sino-Tibetan (Other)
Cebuano	Kpelle	Siouan languages
Celtic (Other)	Kru languages	Siswati
Central American Indian (Other)	Kuanyama; Kwanyama	Skolt Sami
Chagatai	Kumyk	Slave (Athapascan)
Chamic languages	Kurdish	Slavic (Other)
Chamorro	Kurukh	Slovak
Chaochow	Kutenai	Slovenian

LG_Language (CalREDIE Data Labels and DDP Export Values are the same)

Chechen	Ladino	Sogdian
Cherokee	Lahnda	Somali
Cheyenne	Lamba	Songhai languages
Chibcha	Land Dayak languages	Soninke
Chichewa; Chewa; Nyanja	Laothian	Sorbian languages
Chinese	Latin	South American Indian (Other)
Chinook jargon	Latvian	Southern Altai
Chipewyan	Lezghian	Southern Sami
Choctaw	Limburgan; Limburger; Limburgish	Spanish
Church Slavic; Old Slavonic; Church Slavonic; Old Bulgarian; Old Church Slavonic	Lingala	Sranan Tongo
Chuukese	Lithuanian	Sudanese
Chuvash	Lojban	Sukuma
Classical Newari; Old Newari; Classical Nepal Bhasa	Low German; Low Saxon; German, Low; Saxon, Low	Sumerian
Coptic	Lower Sorbian	Susu
Cornish	Lozi	Swahili
Corsican	Luba-Katanga	Swedish
Cree	Luba-Lulua	Swiss German; Alemannic
Creek	Luganda	Syriac
Creoles and pidgins (Other)	Luiseno	Syrian
Creoles and pidgins, English based (Other)	Lule Sami	Tagalog
Creoles and pidgins, French-based (Other)	Lunda	Tahitian
Creoles and pidgins, Portuguese-based (Other)	Luo (Kenya and Tanzania)	Tai (Other)
Crimean Tatar; Crimean Turkish	Lushai	Taiwanese
Croatian	Luxembourgish; Letzeburgesch	Tajik
Cushitic (Other)	Macedonian	Tamashek
Czech	Madurese	Tamil
Dakota	Magahi	Tatar
Danish	Maithili	Tegulu
Dargwa	Makasar	Tereno
Deaf mute	Malagasy	Tetum
Delaware	Malay	Thai
Dinka	Malayalam	Tibetan
Divehi; Dhivehi; Maldivian	Maltese	Tigre
Dogri	Manchu	Tigrinya
Dogrib	Mandar	Timne
Dravidian (Other)	Mandarin	Tiv
Duala	Mandingo	Tlingit
Dutch	Manipuri	Tok Pisin
Dutch, Middle (ca.1050-1350)	Manobo languages	Tokelau
Dyula	Manx	Tonga

LG_Language (CalREDIE Data Labels and DDP Export Values are the same)

Eastern Frisian	Maori	Tonga (Nyasa)
Efik	Mapudungun; Mapuche	Triqui
Egyptian (Ancient)	Marathi	Tsimshian
Ekajuk	Mari	Tsonga
Elamite	Marshallese	Tumbuka
English	Marwari	Tupi languages
English, Middle (1100-1500)	Masai	Turkish
English, Old (ca.450-1100)	Mayan languages	Turkish, Ottoman (1500-1928)
Erzya	Mende	Turkmen
Esperanto	Mi'kmaq; Micmac	Tuvalu
Estonian	Mien	Tuvinian
Ewe	Minangkabau	Twi
Ewondo	Mirandese	Udmurt
Faeroese	Miscellaneous languages	Ugaritic
Fang	Mixteca	Uighur; Uyghur
Fanti	Mohawk	Ukrainian
Farsi	Moksha	Umbundu
Fiji	Moldavian	Undetermined
Filipino; Pilipino	Mon-Khmer (Other)	Upper Sorbian
Finnish	Mongo	Urdu
Finno-Ugrian (Other)	Mongolian	Uzbek
Fon	Moroccan Arabic	Vai
French	Mossi	Venda
French, Middle (ca.1400-1600)	Multiple languages	Vietnamese
French, Old (842-ca.1400)	Munda languages	Volapuk
Frisian	N'Ko	Votic
Friulian	Nahuatl languages	Wakashan languages
Fulah	Nauru	Walamo
Ga	Navajo; Navaho	Walloon
Gaelic	Ndebele, North; North Ndebele	Waray
Galibi Carib	Ndebele, South; South Ndebele	Washo
Galician	Ndonga	Welsh
Ganda	Neapolitan	Wolof
Gayo	Nepal Bhasa; Newari	Xhosa
Gbaya	Nepali	Yakut
Geez	Nias	Yao
Georgian	Niger-Kordofanian (Other)	Yapese
German	Nilo-Saharan (Other)	Yiddish
German, Middle High (ca.1050-1500)	Niuean	Yoruba
German, Old High (ca.750-1050)	No linguistic content	Yupik languages
Germanic (Other)	Nogai	Zande languages

LG_Language (CalREDIE Data Labels and DDP Export Values are the same)

Gilbertese	Norse, Old	Zapotec
Gondi	North American Indian	Zaza; Dimili; Dimli; Kirdki; Kirmanjki; Zazaki
Gorontalo	Northern Frisian	Zenaga
Gothic	Northern Sami	Zhuang; Chuang
Grebo	Norwegian	Zulu
Greek	Norwegian Nynorsk; Nynorsk, Norwegian	Zuni

Appendix C - County

Data Label (County) DDP Export Values for: LHJ / SecondLHJ RLENT_DISTRICT Outbreak - DISTRICT	CS Case Report DDP Export Values for: CSCRMomInfoRptCo CSCRMomInfoResideCo	Patient Tab DDP Export Values for: CountyOfResidence CntyFIPS	DDP Export Values for: PESTILLOthCounty5 LHJNumber FOODBNOBGEOLOCREPTJUR FOODBNOBAGENCYLHJ2
Alameda	1	06001	1
Alpine	3	06003	2
Amador	5	06005	3
Berkeley			98
Butte	7	06007	4
Calaveras	9	06009	5
Colusa	11	06011	6
Contra Costa	13	06013	7
Del Norte	15	06015	8
El Dorado	17	06017	9
Fresno	19	06019	10
Glenn	21	06021	11
Humboldt	23	06023	12
Imperial	25	06025	13
Inyo	27	06027	14
Kern	29	06029	15
Kings	31	06031	16
Lake	33	06033	17
Lassen	35	06035	18
Long Beach			96
Los Angeles	37	06037	19
Madera	39	06039	20
Marin	41	06041	21
Mariposa	43	06043	22
Mendocino	45	06045	23
Merced	47	06047	24
Modoc	49	06049	25
Mono	51	06051	26

Data Label (County) DDP Export Values for: LHJ / SecondLHJ RLENT_DISTRICT Outbreak - DISTRICT	CS Case Report DDP Export Values for: CSCRMomInfoRptCo CSCRMomInfoResideCo	Patient Tab DDP Export Values for: CountyOfResidence CntyFIPS	DDP Export Values for: PESTILLOthCounty5 LHJNumber FOODBNOBGEOLOCREPTJUR FOODBNOBAGENCYLHJ2
Monterey	53	06053	27
Napa	55	06055	28
Nevada	57	06057	29
Orange	59	06059	30
Pasadena			94
Placer	61	06061	31
Plumas	63	06063	32
Riverside	65	06065	33
Sacramento	67	06067	34
San Benito	69	06069	35
San Bernardino	71	06071	36
San Diego	73	06073	37
San Francisco	75	06075	38
San Joaquin	77	06077	39
San Luis Obispo	79	06079	40
San Mateo	81	06081	41
Santa Barbara	83	06083	42
Santa Clara	85	06085	43
Santa Cruz	87	06087	44
Shasta	89	06089	45
Sierra	91	06091	46
Siskiyou	93	06093	47
Solano	95	06095	48
Sonoma	97	06097	49
Stanislaus	99	06099	50
Sutter	101	06101	51
Tehama	103	06103	52
Trinity	105	06105	53
Tulare	107	06107	54

Data Label (County) DDP Export Values for: LHJ / SecondLHJ RLENT_DISTRICT Outbreak - DISTRICT	CS Case Report DDP Export Values for: CSCRMomInfoRptCo CSCRMomInfoResideCo	Patient Tab DDP Export Values for: CountyOfResidence CntyFIPS	DDP Export Values for: PESTILLOthCounty5 LHJNumber FOODBNOBGEOLOCREPTJUR FOODBNOBAGENCYLHJ2
Tuolumne	109	06109	55
Ventura	111	06111	56
Yolo	113	06113	57
Yuba	115	06115	58
Mexico	998		
Other Out-of-Country	997		
Unknown	999		
Not Applicable		N/A	
Out of State			92
Unknown			99
CDPH			00
CDPH Use Only			
Out of Country			

Appendix D - Country

Country (Country of Residence) / CountryBirth (Country of Birth) (CalREDIE Data Labels and Export Values are the same)

AFGHANISTAN	LESOTHO
ALAND ISLANDS	LIBERIA
ALBANIA	LIBYAN ARAB JAMAHIRIYA
ALGERIA	LIECHTENSTEIN
AMERICAN SAMOA	LITHUANIA
ANDORRA	LUXEMBOURG
ANGOLA	MACAO
ANGUILLA	MACEDONIA, THE FORMER YUGOSLAV REPUBLIC OF
ANTARCTICA	MADAGASCAR
ANTIGUA AND BARBUDA	MALAWI
ARGENTINA	MALAYSIA
ARMENIA	MALDIVES
ARUBA	MALI
AUSTRALIA	MALTA
AUSTRIA	MARSHALL ISLANDS
AZERBAIJAN	MARTINIQUE
BAHAMAS	MAURITANIA
BAHRAIN	MAURITIUS
BANGLADESH	MAYOTTE
BARBADOS	MEXICO
BELARUS	MICRONESIA, FEDERATED STATES OF
BELGIUM	MOLDOVA, REPUBLIC OF
BELIZE	MONACO
BENIN	MONGOLIA
BERMUDA	MONTENEGRO
BHUTAN	MONTSERRAT
BOLIVIA	MOROCCO
BOSNIA AND HERZEGOVINA	MOZAMBIQUE
BOTSWANA	MYANMAR
BOUVET ISLAND	NAMIBIA
BRAZIL	NAURU
BRITISH INDIAN OCEAN TERRITORY	NEPAL
BRUNEI DARUSSALAM	NETHERLANDS
BULGARIA	NETHERLANDS ANTILLES
BURKINA FASO	NEW CALEDONIA
BURMA	NEW ZEALAND
BURUNDI	NICARAGUA
CAMBODIA	NIGER

Country (Country of Residence) / CountryBirth (Country of Birth) (CalREDIE Data Labels and Export Values are the same)

CAMEROON	NIGERIA
CANADA	NIUE
CAPE VERDE	NORFOLK ISLAND
CAYMAN ISLANDS	NORTHERN MARIANA ISLANDS
CENTRAL AFRICAN REPUBLIC	NORWAY
CHAD	OMAN
CHILE	PAKISTAN
CHINA	PALAU
CHRISTMAS ISLAND	PALESTINIAN TERRITORY, OCCUPIED
COCOS (KEELING) ISLANDS	PANAMA
COLOMBIA	PAPUA NEW GUINEA
COMOROS	PARAGUAY
CONGO	PERU
CONGO, THE DEMOCRATIC REPUBLIC OF THE	PHILIPPINES
COOK ISLANDS	PITCAIRN
COSTA RICA	POLAND
COTE D'IVOIRE	PORTUGAL
CROATIA	PUERTO RICO
CUBA	QATAR
CYPRUS	REUNION
CZECH REPUBLIC	ROMANIA
DENMARK	RUSSIAN FEDERATION
DJIBOUTI	RWANDA
DOMINICA	SAINT HELENA
DOMINICAN REPUBLIC	SAINT KITTS AND NEVIS
ECUADOR	SAINT LUCIA
EGYPT	SAINT PIERRE AND MIQUELON
EL SALVADOR	SAINT VINCENT AND THE GRENADINES
EQUATORIAL GUINEA	SAMOA
ERITREA	SAN MARINO
ESTONIA	SAO TOME AND PRINCIPE
ETHIOPIA	SAUDI ARABIA
FALKLAND ISLANDS (MALVINAS)	SENEGAL
FAROE ISLANDS	SERBIA AND MONTENEGRO
FIJI	SEYCHELLES
FINLAND	SIERRA LEONE
FRANCE	SINGAPORE
FRENCH GUIANA	SLOVAKIA
FRENCH POLYNESIA	SLOVENIA
FRENCH SOUTHERN TERRITORIES	SOLOMON ISLANDS

Country (Country of Residence) / CountryBirth (Country of Birth) (CalREDIE Data Labels and Export Values are the same)

GABON	SOMALIA
GAMBIA	SOUTH AFRICA
GEORGIA	SOUTH GEORGIA AND THE SOUTH SANDWICH ISLANDS
GERMANY	SPAIN
GHANA	SRI LANKA
GIBRALTAR	SUDAN
GREECE	SURINAME
GREENLAND	SVALBARD AND JAN MAYEN
GRENADA	SWAZILAND
GUADELOUPE	SWEDEN
GUAM	SWITZERLAND
GUATEMALA	SYRIAN ARAB REPUBLIC
GUERNSEY	TAIWAN, PROVINCE OF CHINA
GUINEA	TAJIKISTAN
GUINEA-BISSAU	TANZANIA, UNITED REPUBLIC OF
GUYANA	THAILAND
HAITI	TIMOR-LESTE
HEARD ISLAND AND MCDONALD ISLANDS	TOGO
HOLY SEE (VATICAN CITY STATE)	TOKELAU
HONDURAS	TONGA
HONG KONG	TRINIDAD AND TOBAGO
HUNGARY	TUNISIA
ICELAND	TURKEY
INDIA	TURKMENISTAN
INDONESIA	TURKS AND CAICOS ISLANDS
IRAN, ISLAMIC REPUBLIC OF	TUVALU
IRAQ	UGANDA
IRELAND	UKRAINE
ISLE OF MAN	UNITED ARAB EMIRATES
ISRAEL	UNITED KINGDOM
ITALY	UNITED STATES
JAMAICA	UNITED STATES MINOR OUTLYING ISLANDS
JAPAN	URUGUAY
JERSEY	UZBEKISTAN
JORDAN	VANUATU
KAZAKHSTAN	VENEZUELA
KENYA	VIET NAM
KIRIBATI	VIRGIN ISLANDS, BRITISH
KOREA, DEMOCRATIC PEOPLE'S REPUBLIC OF	VIRGIN ISLANDS, U.S.
KOREA, REPUBLIC OF	WALLIS AND FUTUNA

Country (Country of Residence) / CountryBirth (Country of Birth) (CalREDIE Data Labels and Export Values are the same)

KUWAIT	WESTERN SAHARA
KYRGYZSTAN	YEMEN
LAO PEOPLE'S DEMOCRATIC REPUBLIC	ZAMBIA
LATVIA	ZIMBABWE
LEBANON	

Appendix E - Occupation

Occupation (CalREDIE Data Labels and Export Values are the same)	
Animal Control Workers	Medical Assistants
Clerical, Office, and Sales Workers	Migratory/Seasonal Worker
Clinical Laboratory Technologists and Technicians	Military officers
College or University Instructor or Employee	Military recruit or trainee
College or University Student	Not seeking Employment
Cooks and Food Preparation Workers	Other Food Preparation and Serving Related Workers
Correctional Facility Employee	Other medical practitioner
Craftsman, Foremen, Operatives	Other Protective Service Workers
Daycare or child care attendee	Other Teachers and Instructors
Daycare or child care worker	Pharmacists
Dentists and other dental health workers	Physician Assistants
Drug Dealer	Physicians and Surgeons
Elementary and Middle School Teachers	Police Officers
Elementary or Middle School Student	Preschool and Kindergarten Teachers
Emergency Medical Technicians and Paramedics	Preschool or Kindergarten attendee
Farmworkers and Laborers, Crop, Nursery, and Greenhouse	Professional, Technical, and Related Professions
Farmworkers, Farm and Ranch Animals	Registered Nurses
Field Worker	Retired
Fire Fighting and Prevention Workers	Secondary School Student
Flight Attendants	Secondary School Teachers
Health Care Worker	Sex Worker
Homemaker	Student
Hosts and Hostesses, Restaurant, Lounge, and Coffee Shop	Unemployed
Incarcerated	Unknown
Laborer, Private household, and Unskilled Workers	Veterinarians and other animal health practitioners
Managers, Officials, and Proprietors	Waiters and Waitresses
Manicurists and Pedicurists	

Appendix F - Agencies

Agencies

CalREDIE Data Labels	DDP Export Values	CalREDIE Data Labels	DDP Export Values	CalREDIE Data Labels	DDP Export Values	CalREDIE Data Labels	DDP Export Values
60 - ALAMEDA	60	43 - SANTA CLARA	43	981 - MONTANA	981	734 - COSTA RICA	734
2 - ALPINE	2	44 - SANTA CRUZ	44	995 - NAVAJO IND HLTH AREA	995	735 - CUBA	735
3 - AMADOR	3	45 - SHASTA	45	973 - NEBRASKA	973	723 - DOMINICAN REPUBLIC	723
65 - BERKELEY	65	46 - SIERRA	46	996 - NEVADA	996	736 - ECUADOR	736
4 - BUTTE	4	47 - SISKIYOU	47	913 - NEW HAMPSHIRE	913	706 - EL SALVADOR	706
5 - CALAVERAS	5	48 - SOLANO	48	920 - NEW JERSEY	920	714 - ETHIOPIA	714
6 - COLUSA	6	49 - SONOMA	49	962 - NEW MEXICO	962	757 - FIJI	757
7 - CONTRA COSTA	7	50 - STANISLAUS	50	922 - NEW YORK CITY	922	746 - FRANCE	746
8 - DEL NORTE	8	51 - SUTTER	51	921 - NEW YORK STATE	921	744 - GERMANY	744
9 - EL DORADO	9	52 - TEHAMA	52	945 - NORTH CAROLINA	945	721 - GUAM	721
10 - FRESNO	10	53 - TRINITY	53	982 - NORTH DAKOTA	982	737 - GUATEMALA	737
11 - GLENN	11	54 - TULARE	54	955 - OHIO	955	722 - GUYANA	722
12 - HUMBOLDT	12	55 - TUOLUMNE	55	963 - OKLAHOMA	963	738 - HAITI	738
13 - IMPERIAL	13	56 - VENTURA	56	903 - OREGON	903	716 - HONDURAS	716
14 - INYO	14	57 - YOLO	57	934 - PENNSYLVANIA	934	705 - HONG KONG	705
15 - KERN	15	58 - YUBA	58	935 - PHILADELPHIA	935	753 - INDIA	753
16 - KINGS	16	399 - UNKNOWN MILITARY	399	923 - PUERTO RICO	923	751 - INDONESIA	751
17 - LAKE	17	940 - ALABAMA	940	914 - RHODE ISLAND	914	754 - IRAN	754
18 - LASSEN	18	901 - ALASKA	901	946 - SOUTH CAROLINA	946	739 - IVORY COAST	739
72 - LONG BEACH	72	990 - ARIZONA	990	983 - SOUTH DAKOTA	983	719 - JAMAICA	719
92 - LOS ANGELES	92	960 - ARKANSAS	960	947 - TENNESSEE	947	701 - JAPAN	701
20 - MADERA	20	933 - BALTIMORE	933	964 - TEXAS	964	709 - KOREA	709
21 - MARIN	21	951 - CHICAGO	951	984 - UTAH	984	758 - LAOS	758
22 - MARIPOSA	22	980 - COLORADO	980	915 - VERMONT	915	711 - MALAYSIA	711
23 - MENDOCINO	23	910 - CONNECTICUT	910	924 - VIRGIN ISLANDS	924	703 - MEXICO	703
24 - MERCED	24	930 - DELAWARE	930	936 - VIRGINIA	936	740 - NICARAGUA	740
25 - MODOC	25	931 - DIST. OF COLUMBIA	931	904 - WASHINGTON	904	799 - OTHER OUT OF COUNTRY	799
26 - MONO	26	941 - FLORIDA	941	937 - WEST VIRGINIA	937	741 - PAKISTAN	741
27 - MONTEREY	27	942 - GEORGIA	942	956 - WISCONSIN	956	717 - PANAMA	717
28 - NAPA	28	994 - HAWAII	994	985 - WYOMING	985	742 - PARAGUAY	742
29 - NEVADA	29	902 - IDAHO	902	707 - AFRICA	707	713 - PERU	713
30 - ORANGE	30	950 - ILLINOIS (EX. CHI.)	950	726 - ARGENTINA	726	702 - PHILIPPINE ISLANDS	702
79 - PASADENA	79	952 - INDIANA	952	756 - ARMENIA	756	747 - ROMANIA	747
31 - PLACER	31	970 - IOWA	970	715 - AUSTRALIA	715	750 - RUSSIA	750
32 - PLUMAS	32	971 - KANSAS	971	727 - BAHAMAS	727	718 - SINGAPORE	718

Agencies

CalREDIE Data Labels	DDP Export Values	CalREDIE Data Labels	DDP Export Values	CalREDIE Data Labels	DDP Export Values	CalREDIE Data Labels	DDP Export Values
33 - RIVERSIDE	33	943 - KENTUCKY	943	728 - BARBADOS	728	749 - SPAIN	749
34 - SACRAMENTO	34	961 - LOUISIANA	961	729 - BERMUDA	729	724 - SWITZERLAND	724
35 - SAN BENITO	35	911 - MAINE	911	730 - BOLIVIA	730	708 - TAIWAN	708
36 - SAN BERNARDINO	36	932 - MARYLAND (EX. BALT.)	932	759 - BOSNIA-HERZEGOVINA	759	710 - THAILAND	710
80 - SAN DIEGO	80	912 - MASSACHUSETTS	912	731 - BRAZIL	731	704 - TIJUANA (MEXICO)	704
93 - SAN FRANCISCO	93	953 - MICHIGAN	953	720 - CANADA	720	755 - UKRAINE	755
39 - SAN JOAQUIN	39	954 - MINNESOTA	954	732 - CHILE	732	745 - UNITED KINGDOM	745
40 - SAN LUIS OBISPO	40	944 - MISSISSIPPI	944	748 - CHINA	748	712 - VENEZUELA	712
41 - SAN MATEO	41	972 - MISSOURI	972	733 - COLUMBIA	733	752 - VIETNAM	752
42 - SANTA BARBARA	42						

Appendix G - State Codes

States

CalREDIE Data Labels	Export Values	CalREDIE Data Labels	DDP Export Values	CalREDIE Data Labels	DDP Export Values
940 - ALABAMA	940	961 - LOUISIANA	961	955 - OHIO	955
901 - ALASKA	901	911 - MAINE	911	963 - OKLAHOMA	963
990 - ARIZONA	990	932 - MARYLAND (EX. BALT.)	932	903 - OREGON	903
960 - ARKANSAS	960	912 - MASSACHUSETTS	912	934 - PENNSYLVANIA	934
933 - BALTIMORE	933	953 - MICHIGAN	953	935 - PHILADELPHIA	935
951 - CHICAGO	951	954 - MINNESOTA	954	923 - PUERTO RICO	923
980 - COLORADO	980	944 - MISSISSIPPI	944	914 - RHODE ISLAND	914
910 - CONNECTICUT	910	972 - MISSOURI	972	946 - SOUTH CAROLINA	946
930 - DELAWARE	930	981 - MONTANA	981	983 - SOUTH DAKOTA	983
931 - DIST. OF COLUMBIA	931	995 - NAVAJO IND HLTH AREA	995	947 - TENNESSEE	947
941 - FLORIDA	941	973 - NEBRASKA	973	964 - TEXAS	964
942 - GEORGIA	942	996 - NEVADA	996	984 - UTAH	984
994 - HAWAII	994	913 - NEW HAMPSHIRE	913	915 - VERMONT	915
902 - IDAHO	902	920 - NEW JERSEY	920	924 - VIRGIN ISLANDS	924
950 - ILLINOIS (EX. CHI.)	950	962 - NEW MEXICO	962	936 - VIRGINIA	936
952 - INDIANA	952	922 - NEW YORK CITY	922	904 - WASHINGTON	904
970 - IOWA	970	921 - NEW YORK STATE	921	937 - WEST VIRGINIA	937
971 - KANSAS	971	945 - NORTH CAROLINA	945	956 - WISCONSIN	956
943 - KENTUCKY	943	982 - NORTH DAKOTA	982	985 - WYOMING	985

Appendix H - Countries

Countries

CalREDIE Data Labels	DDP Export Values	CalREDIE Data Labels	DDP Export Values	CalREDIE Data Labels	DDP Export Values
707 - AFRICA	707	757 - FIJI	757	799 - OTHER OUT OF COUNTRY	799
726 - ARGENTINA	726	746 - FRANCE	746	741 - PAKISTAN	741
756 - ARMENIA	756	744 - GERMANY	744	717 - PANAMA	717
715 - AUSTRALIA	715	721 - GUAM	721	742 - PARAGUAY	742
727 - BAHAMAS	727	737 - GUATEMALA	737	713 - PERU	713
728 - BARBADOS	728	722 - GUYANA	722	702 - PHILIPPINE ISLANDS	702
729 - BERMUDA	729	738 - HAITI	738	747 - ROMANIA	747
730 - BOLIVIA	730	716 - HONDURAS	716	750 - RUSSIA	750
759 - BOSNIA-HERZEGOVINA	759	705 - HONG KONG	705	718 - SINGAPORE	718
731 - BRAZIL	731	753 - INDIA	753	749 - SPAIN	749
720 - CANADA	720	751 - INDONESIA	751	724 - SWITZERLAND	724
732 - CHILE	732	754 - IRAN	754	708 - TAIWAN	708
748 - CHINA	748	739 - IVORY COAST	739	710 - THAILAND	710
733 - COLUMBIA	733	719 - JAMAICA	719	704 - TIJUANA (MEXICO)	704
734 - COSTA RICA	734	701 - JAPAN	701	755 - UKRAINE	755
735 - CUBA	735	709 - KOREA	709	745 - UNITED KINGDOM	745
723 - DOMINICAN REPUBLIC	723	758 - LAOS	758	712 - VENEZUELA	712
736 - ECUADOR	736	711 - MALAYSIA	711	752 - VIETNAM	752
706 - EL SALVADOR	706	703 - MEXICO	703		
714 - ETHIOPIA	714	740 - NICARAGUA	740		

Appendix I - Syphilis Interview Record

CalREDIE Data Labels	Jurisdiction (Agencies) SYPIRADDADDRINSTJURIS SYPIRCMINFOINITJURIS SYPIRCMINFOCORESP SYPIRSTDHXPREVDXJUR SYPIRSOURCEANALYSISJURIS1 SYPIRSOURCEANALYSISJURIS2 SYPIRSOURCEANALYSISJURIS3 SYPIRSOURCEANALYSISIMPORTJUR DDP Export Values	Country SYPIRSOURCEANALYSISOUTOFCOUN 1 SYPIRSOURCEANALYSISOUTOFCOUN 2 SYPIRSOURCEANALYSISOUTOFCOUN 3 DDP Export Values	State SYPIRSOURCEANALYSISINCOUNTRY 1 SYPIRSOURCEANALYSISINCOUNTRY 2 SYPIRSOURCEANALYSISINCOUNTRY 3 DDP Export Values	Jurisdiction (County) SYPIRSOURCEANALYSISINCTYJURIS SYPIRSOURCEANALYSISINSTATE1 SYPIRSOURCEANALYSISINSTATE2 SYPIRSOURCEANALYSISINSTATE3 DDP Export Values
60 - ALAMEDA	60			60
2 - ALPINE	2			2
3 - AMADOR	3			3
65 - BERKELEY	65			65
4 - BUTTE	4			4
5 - CALAVERAS	5			5
6 - COLUSA	6			6
7 - CONTRA COSTA	7			7
8 - DEL NORTE	8			8
9 - EL DORADO	9			9
10 - FRESNO	10			10
11 - GLENN	11			11
12 - HUMBOLDT	12			12
13 - IMPERIAL	13			13
14 - INYO	14			14
15 - KERN	15			15
16 - KINGS	16			16
17 - LAKE	17			17
18 - LASSEN	18			18
72 - LONG BEACH	72			72
92 - LOS ANGELES	92			92
20 - MADERA	20			20
21 - MARIN	21			21
22 - MARIPOSA	22			22
23 - MENDOCINO	23			23
24 - MERCED	24			24
25 - MODOC	25			25
26 - MONO	26			26
27 - MONTEREY	27			27
28 - NAPA	28			28
29 - NEVADA	29			29

CalREDIE Data Labels	Jurisdiction (Agencies) SYPIRADDADDRINSTJURIS SYPIRCMINFOINITJURIS SYPIRCMINFOCORESP SYPIRSTDHXPREVDXJUR SYPIRSOURCEANALYSISJURIS1 SYPIRSOURCEANALYSISJURIS2 SYPIRSOURCEANALYSISJURIS3 SYPIRSOURCEANALYSISIMPORTJUR DDP Export Values	Country SYPIRSOURCEANALYSISOUTOFCOUN 1 SYPIRSOURCEANALYSISOUTOFCOUN 2 SYPIRSOURCEANALYSISOUTOFCOUN 3 DDP Export Values	State SYPIRSOURCEANALYSISINCOUNTRY 1 SYPIRSOURCEANALYSISINCOUNTRY 2 SYPIRSOURCEANALYSISINCOUNTRY 3 DDP Export Values	Jurisdiction (County) SYPIRSOURCEANALYSISINCTYJURIS SYPIRSOURCEANALYSISINSTATE1 SYPIRSOURCEANALYSISINSTATE2 SYPIRSOURCEANALYSISINSTATE3 DDP Export Values
30 - ORANGE	30			30
79 - PASADENA	79			79
31 - PLACER	31			31
32 - PLUMAS	32			32
33 - RIVERSIDE	33			33
34 - SACRAMENTO	34			34
35 - SAN BENITO	35			35
36 - SAN BERNARDINO	36			36
80 - SAN DIEGO	80			80
93 - SAN FRANCISCO	93			93
39 - SAN JOAQUIN	39			39
40 - SAN LUIS OBISPO	40			40
41 - SAN MATEO	41			41
42 - SANTA BARB	42			42
43 - SANTA CLARA	43			43
44 - SANTA CRUZ	44			44
45 - SHASTA	45			45
46 - SIERRA	46			46
47 - SISKIYOU	47			47
48 - SOLANO	48			48
49 - SONOMA	49			49
50 - STANISLAUS	50			50
51 - SUTTER	51			51
52 - TEHAMA	52			52
53 - TRINITY	53			53
54 - TULARE	54			54
55 - TUOLUMNE	55			55
56 - VENTURA	56			56
57 - YOLO	57			57
58 - YUBA	58			58
399 - UNKNOWN MILITARY	399			399
940 - ALABAMA	940		940	

CalREDIE Data Labels	Jurisdiction (Agencies) SYPIRADDADDRINSTJURIS SYPIRCMINFOINITJURIS SYPIRCMINFOCORESP SYPIRSTDHXPREVDXJUR SYPIRSOURCEANALYSISJURIS1 SYPIRSOURCEANALYSISJURIS2 SYPIRSOURCEANALYSISJURIS3 SYPIRSOURCEANALYSISIMPORTJUR DDP Export Values	Country SYPIRSOURCEANALYSISOUTOFCOUN 1 SYPIRSOURCEANALYSISOUTOFCOUN 2 SYPIRSOURCEANALYSISOUTOFCOUN 3 DDP Export Values	State SYPIRSOURCEANALYSISINCOUNTRY 1 SYPIRSOURCEANALYSISINCOUNTRY 2 SYPIRSOURCEANALYSISINCOUNTRY 3 DDP Export Values	Jurisdiction (County) SYPIRSOURCEANALYSISINCTYJURIS SYPIRSOURCEANALYSISINSTATE1 SYPIRSOURCEANALYSISINSTATE2 SYPIRSOURCEANALYSISINSTATE3 DDP Export Values
901 - ALASKA	901	[redacted]	901	[redacted]
990 - ARIZONA	990	[redacted]	990	[redacted]
960 - ARKANSAS	960	[redacted]	960	[redacted]
933 - BALTIMORE	933	[redacted]	933	[redacted]
951 - CHICAGO	951	[redacted]	951	[redacted]
980 - COLORADO	980	[redacted]	980	[redacted]
910 - CONNECTICUT	910	[redacted]	910	[redacted]
930 - DELAWARE	930	[redacted]	930	[redacted]
931 - DIST. OF COLUMBIA	931	[redacted]	931	[redacted]
941 - FLORIDA	941	[redacted]	941	[redacted]
942 - GEORGIA	942	[redacted]	942	[redacted]
994 - HAWAII	994	[redacted]	994	[redacted]
902 - IDAHO	902	[redacted]	902	[redacted]
950 - ILLINOIS (EX. CHI.)	950	[redacted]	950	[redacted]
952 - INDIANA	952	[redacted]	952	[redacted]
970 - IOWA	970	[redacted]	970	[redacted]
971 - KANSAS	971	[redacted]	971	[redacted]
943 - KENTUCKY	943	[redacted]	943	[redacted]
961 - LOUISIANA	961	[redacted]	961	[redacted]
911 - MAINE	911	[redacted]	911	[redacted]
932 - MARYLAND (EX. BALT.)	932	[redacted]	932	[redacted]
912 - MASSACHUSETTS	912	[redacted]	912	[redacted]
953 - MICHIGAN	953	[redacted]	953	[redacted]
954 - MINNESOTA	954	[redacted]	954	[redacted]
944 - MISSISSIPPI	944	[redacted]	944	[redacted]
972 - MISSOURI	972	[redacted]	972	[redacted]
981 - MONTANA	981	[redacted]	981	[redacted]
995 - NAVAJO IND HLTH AREA	995	[redacted]	995	[redacted]
973 - NEBRASKA	973	[redacted]	973	[redacted]
996 - NEVADA	996	[redacted]	996	[redacted]
913 - NEW HAMPSHIRE	913	[redacted]	913	[redacted]
920 - NEW JERSEY	920	[redacted]	920	[redacted]

CalREDIE Data Labels	Jurisdiction (Agencies) SYPIRADDADDRINSTJURIS SYPIRCMINFOINITJURIS SYPIRCMINFOCORESP SYPIRSTDHXPREVDXJUR SYPIRSOURCEANALYSISJURIS1 SYPIRSOURCEANALYSISJURIS2 SYPIRSOURCEANALYSISJURIS3 SYPIRSOURCEANALYSISIMPORTJUR DDP Export Values	Country SYPIRSOURCEANALYSISOUTOFCOUN 1 SYPIRSOURCEANALYSISOUTOFCOUN 2 SYPIRSOURCEANALYSISOUTOFCOUN 3 DDP Export Values	State SYPIRSOURCEANALYSISINCOUNTRY 1 SYPIRSOURCEANALYSISINCOUNTRY 2 SYPIRSOURCEANALYSISINCOUNTRY 3 DDP Export Values	Jurisdiction (County) SYPIRSOURCEANALYSISINCTYJURIS SYPIRSOURCEANALYSISINSTATE1 SYPIRSOURCEANALYSISINSTATE2 SYPIRSOURCEANALYSISINSTATE3 DDP Export Values
962 - NEW MEXICO	962		962	
922 - NEW YORK CITY	922		922	
921 - NEW YORK STATE	921		921	
945 - NORTH CAROLINA	945		945	
982 - NORTH DAKOTA	982		982	
955 - OHIO	955		955	
963 - OKLAHOMA	963		963	
903 - OREGON	903		903	
934 - PENNSYLVANIA	934		934	
935 - PHILADELPHIA	935		935	
923 - PUERTO RICO	923		923	
914 - RHODE ISLAND	914		914	
946 - SOUTH CAROLINA	946		946	
983 - SOUTH DAKOTA	983		983	
947 - TENNESSEE	947		947	
964 - TEXAS	964		964	
984 - UTAH	984		984	
915 - VERMONT	915		915	
924 - VIRGIN ISLANDS	924		924	
936 - VIRGINIA	936		936	
904 - WASHINGTON	904		904	
937 - WEST VIRGINIA	937		937	
956 - WISCONSIN	956		956	
985 - WYOMING	985		985	
707 - AFRICA	707	707		
726 - ARGENTINA	726	726		
756 - ARMENIA	756	756		
715 - AUSTRALIA	715	715		
727 - BAHAMAS	727	727		
728 - BARBADOS	728	728		
729 - BERMUDA	729	729		
730 - BOLIVIA	730	730		

CalREDIE Data Labels	Jurisdiction (Agencies) SYPIRADDADDRINSTJURIS SYPIRCMINFOINITJURIS SYPIRCMINFOCORESP SYPIRSTDHXPREVDXJUR SYPIRSOURCEANALYSISJURIS1 SYPIRSOURCEANALYSISJURIS2 SYPIRSOURCEANALYSISJURIS3 SYPIRSOURCEANALYSISIMPORTJUR DDP Export Values	Country SYPIRSOURCEANALYSISOUTOFCOUN 1 SYPIRSOURCEANALYSISOUTOFCOUN 2 SYPIRSOURCEANALYSISOUTOFCOUN 3 DDP Export Values	State SYPIRSOURCEANALYSISINCOUNTRY 1 SYPIRSOURCEANALYSISINCOUNTRY 2 SYPIRSOURCEANALYSISINCOUNTRY 3 DDP Export Values	Jurisdiction (County) SYPIRSOURCEANALYSISINCTYJURIS SYPIRSOURCEANALYSISINSTATE1 SYPIRSOURCEANALYSISINSTATE2 SYPIRSOURCEANALYSISINSTATE3 DDP Export Values
759 - BOSNIA-HERZEGOVINA	759	759	[redacted]	[redacted]
731 - BRAZIL	731	731		
720 - CANADA	720	720		
732 - CHILE	732	732		
748 - CHINA	748	748		
733 - COLUMBIA	733	733		
734 - COSTA RICA	734	734		
735 - CUBA	735	735		
723 - DOMINICAN REPUBLIC	723	723		
736 - ECUADOR	736	736		
706 - EL SALVADOR	706	706		
714 - ETHIOPIA	714	714		
757 - FIJI	757	757		
746 - FRANCE	746	746		
744 - GERMANY	744	744		
721 - GUAM	721	721		
737 - GUATEMALA	737	737		
722 - GUYANA	722	722		
738 - HAITI	738	738	[redacted]	
716 - HONDURAS	716	716		
705 - HONG KONG	705	705		
753 - INDIA	753	753		
751 - INDONESIA	751	751		
754 - IRAN	754	754		
739 - IVORY COAST	739	739		
719 - JAMAICA	719	719		
701 - JAPAN	701	701		
709 - KOREA	709	709		
758 - LAOS	758	758		
711 - MALAYSIA	711	711		
703 - MEXICO	703	703		
740 - NICARAGUA	740	740		

CalREDIE Data Labels	Jurisdiction (Agencies) SYPIRADDADDRINSTJURIS SYPIRCMINFOINITJURIS SYPIRCMINFOCORESP SYPIRSTDHXPREVDXJUR SYPIRSOURCEANALYSISJURIS1 SYPIRSOURCEANALYSISJURIS2 SYPIRSOURCEANALYSISJURIS3 SYPIRSOURCEANALYSISIMPORTJUR DDP Export Values	Country SYPIRSOURCEANALYSISOUTOFCOUN 1 SYPIRSOURCEANALYSISOUTOFCOUN 2 SYPIRSOURCEANALYSISOUTOFCOUN 3 DDP Export Values	State SYPIRSOURCEANALYSISINCOUNTRY 1 SYPIRSOURCEANALYSISINCOUNTRY 2 SYPIRSOURCEANALYSISINCOUNTRY 3 DDP Export Values	Jurisdiction (County) SYPIRSOURCEANALYSISINCTYJURIS SYPIRSOURCEANALYSISINSTATE1 SYPIRSOURCEANALYSISINSTATE2 SYPIRSOURCEANALYSISINSTATE3 DDP Export Values
799 - OTHER OUT OF COUNTRY	799	799		
741 - PAKISTAN	741	741		
717 - PANAMA	717	717		
742 - PARAGUAY	742	742		
713 - PERU	713	713		
702 - PHILIPPINE ISLANDS	702	702		
747 - ROMANIA	747	747		
750 - RUSSIA	750	750		
718 - SINGAPORE	718	718		
749 - SPAIN	749	749		
724 - SWITZERLAND	724	724		
708 - TAIWAN	708	708		
710 - THAILAND	710	710		
704 - TIJUANA (MEXICO)	704	704		
755 - UKRAINE	755	755		
745 - UNITED KINGDOM	745	745		
712 - VENEZUELA	712	712		
752 - VIETNAM	752	752		

Appendix J - State Abbreviations

State Abbreviations

CalREDIE Data Labels	DDP Export Values	CalREDIE Data Labels	DDP Export Values	CalREDIE Data Labels	DDP Export Values	CalREDIE Data Labels	DDP Export Values
Alabama	AL	Idaho	ID	Montana	MT	Puerto Rico	PR
Alaska	AK	Illinois	IL	Nebraska	NE	Rhode Island	RI
American Samoa	AS	Indiana	IN	Nevada	NV	South Carolina	SC
Arizona	AZ	Iowa	IA	New Hampshire	NH	South Dakota	SD
Arkansas	AR	Kansas	KS	New Jersey	NJ	Tennessee	TN
California	CA	Kentucky	KY	New Mexico	NM	Texas	TX
Colorado	CO	Louisiana	LA	New York	NY	U.S. Minor Outlying Islands	UM
Connecticut	CT	Maine	ME	North Carolina	NC	Utah	UT
Delaware	DE	Marshall Islands	MH	North Dakota	ND	Vermont	VT
District of Columbia	DC	Maryland	MD	Northern Mariana Islands	MP	Virgin Islands of the U.S.	VI
Federated States of Micronesia	FM	Massachusetts	MA	Ohio	OH	Virginia	VA
Florida	FL	Michigan	MI	Oklahoma	OK	Washington	WA
Georgia	GA	Minnesota	MN	Oregon	OR	West Virginia	WV
Guam	GU	Mississippi	MS	Palau	PW	Wisconsin	WI
Hawaii	HI	Missouri	MO	Pennsylvania	PA	Wyoming	WY

Appendix K - Facility type / Setting type

Facility type / Setting type

CalREDIE Data Labels	DDP Export Values	CalREDIE Data Labels	DDP Export Values
1 - Categorical STD Clinic	1	16 - Primary Care/Internal Medicine/Family Practice	16
2 - HIV Care	2	17 - Family Planning/Planned Parenthood	17
3 - HIV Counseling & Testing	3	18 - Indian Health Services	18
4 - Early Intervention Program (EIP)	4	19 - Drug Treatment Facility	19
5 - Women's Health/GYN Practice	5	20 - Juvenile Detention	20
6 - Prenatal	6	21 - Jail	21
7 - Labor & Delivery	7	22 - Prison	22
8 - Hospital Inpatient	8	23 - Military	23
9 - Hospital Outpatient	9	24 - Field Blood - Individual draw	24
10 - Emergency Department	10	25 - Field Blood - Health Dept Screening	25
11 - Urgent Care	11	26 - Sex Venue	26
12 - Local Public Health Clinic	12	27 - Blood Bank	27
13 - Community Health Clinic	13	28 - Mobile Clinic	28
14 - Community-Based Organization	14	88 - Other	88
15 - Migrant Health Clinic	15	99 - Unknown	99

Appendix L - Outbreak – Disease / Pathogen

Outbreak – Disease / Pathogen

CalREDIE Data Labels	DDP Export Values	CalREDIE Data Labels	DDP Export Values
Amebiasis	AMEBIAS	Meningitis - Fungal	MENG-FNG
Angiostrongyliasis	ANGIO	Meningitis - Parasitic	MENG-PAR
Anthrax	ANTHRAX	Meningitis - Viral	MENG-VIR
Babesiosis	BABOSIS	Meningococcal Disease (Invasive)	MNCL-OTH
Bacillus cereus food Poisoning	BACIL	Mumps	MUMPS
Botulism	BOT	Norovirus	NOROVIRUS
Brucellosis	BRUCELOS	Paralytic Shellfish Poisoning	FSH-PSNG
Campylobacteriosis	CAMPYBAC	Paratyphoid Fever	PARATYPH
Cholera	CHOLERA	Pertussis	PERTUSIS
Ciguatera Fish Poisoning	CIGTERA	Plague (Human)	PLAGUE-H
Clostridium perfringens food poisoning	CLOSTRID	Poliovirus Infection or Poliomyelitis	POLIO
Coccidioidomycosis	COCCIDIO	Psittacosis	PSITACOS
Conjunctivitis	CONJ	Q Fever	Q-FVR
Creutzfeldt-Jakob Disease	C-J-DSE	Rabies (Human)	RABIES-H
Cryptosporidiosis	CRYPTOSP	Relapsing Fever	RLPS-FVR
Cyclosporiasis	CYCLO	Rheumatic Fever (Acute)	RHEU-FVR
Cysticercosis	CYSTICRS	Rocky Mountain Spotted Fever	RMSP-FVR
Dengue	DENGUE	Rotavirus	ROTA
Diphtheria	DIPTHRIA	Rubella (German Measles)	RUBELLA
Domoic Acid Poisoning	DOACDPOI	Salmonellosis (Other than Typhoid Fever)	
E. coli O157	ECOLI	SARS	SARS
Ehrlichiosis/Anaplasmosis	ERLICH_ANA	Scabies	SCABIES
Encephalitis - Not Otherwise Specified	ENCP-UNK	Scombroid Fish Poisoning	SCMBROID
Encephalitis - Bacterial	ENCP-BAC	Shiga toxin in feces	E-C-STF
Encephalitis - Fungal	ENCP-FNG	Shigellosis	SHIGL-UN
Encephalitis - Parasitic	ENCP-PAR	Spotted Fever Rickettsioses (excluding Rocky Mountain Spotted Fever)	SPOTFRICK
Encephalitis - Viral	ENCP-VIR	Staphylococcus Aureus Infection (Severe Case)	MRSA
Fifth Disease	FIFTH	STEC (non-O157)	STEC
Giardiasis	GIARDIA	Streptococcal Infections	STRP-INF
Hand Foot and Mouth Disease	HANDFOOTMOUTH	Taeniasis	TAEN
Hantavirus Infections	HANTAVIR	Tetanus	TETANUS
Head Lice	HEADLICE	Tetrodotoxin poisoning	TETRODO
Hepatitis (Other Acute)	HEP-OTHR	Toxic Shock Syndrome	TSS
Hepatitis (Viral)	HEP-V	Toxoplasmosis	TXOPLSMO
Hepatitis A	HEP-A	Trichinosis	TRICHNOS

Hepatitis B (Acute)	HEP-B	Tularemia	TULARMIA
Hepatitis C (Acute)	HEP-C	Typhoid	TYPH-CAS
Influenza	INFL	Typhus and Other Non-Spotted Fever Rickettsioses	TYPH-NON
Invasive Haemophilus Influenzae	HAEM-FLU	Typhus Fever	TYPHS-FV
Legionellosis	LEGIONLS	Other/Unknown	OTH-UNK
Leptospirosis	LPTOSPR	Varicella (Chickenpox)	CHKN-POX
Listeriosis	LISTEROS	Vibrio Infections (Non-Cholera)	VIBRIO
Lyme Disease	LYME-DSE	Viral Hemorrhagic Fevers (Crimean-Congo, Ebola, Lassa, etc.)	VH-FVR
Malaria	MALARIA	West Nile Virus	WNV-UNK
Measles (Rubeola)	MEASLES	Yellow Fever	YLOW-FVR
Meningitis - Not Otherwise Specified	MENG-UNK	Yersiniosis	YERSINIS
Meningitis - Bacterial	MENG-BAC		

Appendix M - Outbreak – Local Health Jurisdiction

Outbreak – Local Health Jurisdiction

CalREDIE Data Labels	DDP Export Values	CalREDIE Data Labels	DDP Export Values
Alameda	0	Out of Country	64
Alpine	2	Out of State	62
Amador	3	Pasadena	21
Berkeley	1	Placer	33
Butte	4	Plumas	34
Calaveras	5	Riverside	35
CDPH Use Only	63	Sacramento	36
Colusa	6	San Benito	37
Contra Costa	7	San Bernardino	38
Del Norte	8	San Diego	39
El Dorado	9	San Francisco	40
Fresno	10	San Joaquin	41
Glenn	11	San Luis Obispo	42
Humboldt	12	San Mateo	43
Imperial	13	Santa Barbara	44
Inyo	14	Santa Clara	45
Kern	15	Santa Cruz	46
Kings	16	Shasta	47
Lake	17	Sierra	48
Lassen	18	Siskiyou	49
Long Beach	20	Solano	50
Los Angeles	19	Sonoma	51
Madera	22	Stanislaus	52
Marin	23	Sutter	53
Mariposa	24	Tehama	54
Mendocino	25	Trinity	55
Merced	26	Tulare	56
Modoc	27	Tuolumne	57
Mono	28	Unknown	61
Monterey	29	Ventura	58
Napa	30	Yolo	59
Nevada	31	Yuba	60
Orange	32		

Appendix N - Outbreak – Sign/Symptom

Outbreak – Sign/Symptom

CalREDIE Data Labels	DDP Export Values	CalREDIE Data Labels	DDP Export Values	CalREDIE Data Labels	DDP Export Values
Alopecia (hair loss)	ALOP	Faintness	FAINT	Periorbital edema	PERIEDEMA
Anaphylaxis	ANAPH	Fasticulations	FASTIC	Pharyngitis	PHARYN
Anorexia	ANOREXIA	Fatigue	FATIGUE	Photophobia	PHOTOPHOBIA
Appendicitis	APPEND	Flushing	FLUSH	Prostration	PROSTRATION
Arthralgia	ARTH	Gas	GAS	Ptosis	PTOSIS
Ataxia	ATAXIA	Hallucinations	HALLU	Quadriplegia	QUAD
Backache	BACK	Headache	HEADACHE	Rapid pulse	RAPIDPULSE
Bedridden	BED	Heartburn	HEARTBURN	Rash	RASH
Bloating	BLOAT	Hemorrhage	HEMORRHAGE	Redness	RED
Blood pressure flux	BPFLUX	Histamine reaction	HISTREACT	Respiratory arrest	RESPARREST
Bloody vomitus	BLDVOMIT	Hives	HIVES	Rhinitis	RHINITIS
Blurred vision	BLURRED	Hoarse	HOARSE	Seizures	SEIZURES
Body ache	BODYACHE	Hot flash/flush	HOTFLASH	Septicemia	SEPT
Bradycardia	BRADY	Hypotension	HYPO	Shakes	SHAKES
Bullous skin lesions	BULLSKIN	Imsomnia	INSOMNIA	Shock	SHOCK
Burning	BURN	Itching	ITCH	Shortness of breath	SHORTBREATH
Burns in mouth	BURNMOUTH	Jaundice	JAUN	Sore throat	SORETHR
Chest pain	CHESTPAIN	Joint pain	JOINTPAIN	Speech difficulty	SPEECHDIF
Chills	CHILLS	Lethargy	LETH	Stiff neck	STIFFNECK
Coma	COMA	Light-headed	LIGHTHEAD	Stiffness	STIFF
Congestion	CONGEST	Liver necrosis	LIVERNEC	Stomach ache	STOMACHACHE
Cough	COUGH	Loss of appetite	LOSSAPP	Sweating	SWEAT
Dark urine	DARKURINE	Loss of consciousness	LOSSCONSCIOUS	Swelling	SWELL
Dehydration	DEHYD	Lymphandenopathy	LYMPH	Swollen glands	SWOLLENGLANDS
Descending paralysis	DESPAR	Malaise	MALAISE	Swollen tongue	SWOLLENTONGUE
Difficulty breathing	DIFBREATH	Memory loss	MEMORY	Tachycardia	TACHY
Difficulty swallowing	DIFSWALLOW	Meningitis	MENINGITIS	Taste disturbance	TASTEDIS
Dialated pupils	DIAPUPIL	Mucus	MUCUS	Temperature reversal	TEMPREV
Diplopia (double vision)	DIPL	Mucus in stool	MUCUSSTOOL	Temperature variant	TEMPVAR
Disoriented	DISORIENT	Muscle breakdown	MUSBREAK	Thick tongue	THICKTONGUE
Dizziness	DIZZ	Muscle fatigue	MUSFATIGUE	Thirst	THIRST
Dry mouth	DRY	Muscle spasm	MUSSPASM	Thromobocytopenia	THROMB
Dysconjugate gaze	DYSGAZE	Myalgia	MYALG	Tingling	TINGLING
Dysesthesia	DYSES	Nausea	NAUSEA	Trembling	TREMBLING
Ear ache	EARACHE	Neurological symptoms	NEURO	TTP	TTP
Ears ringing	EARRING	Nightmares	NIGHTMARE	Urinary problems	URINARYPROB
Edema	EDEMA	Numbness	NUMB	Urticaria	URTIC
Eosinophil	EOS	Oral swelling	ORALSWELL	Weak pulse	WKPULSE

Erythemia	ERYTH	Pain	PAIN	Weakness	WEAKNESS
Excess saliva	EXSALIVA	Palpitations	PALPITATIONS	Weight loss	WEIGHTLOSS
Eye problems	EYEPROB	Paralysis	PARALYSIS	Wheezing	WHEEZ
Facial weakness	FACWEAK	Paresthesia	PARES	Other	OTH

Appendix O - Outbreak – Salmonella Serotypes

Outbreak – If Salmonella, specify serotype

CalREDIE Data Labels	DDP Export Values	CalREDIE Data Labels	DDP Export Values	CalREDIE Data Labels	DDP Export Values
Adelaide	ADEL	IIIa 18:z4,z23:-	IIIA	Pomona	POMO
Agona	AGONA	Infantis	INFANT	Poona	POONA
Anatum	ANAT	Javiana	JAVI	Saintpaul	STPAUL
Anatum var 15+	ANAT15	Kentucky	KENT	Sandiego	SDIEGO
Berta	BERTA	Kottbus	KOTT	Schwarzengrund	SCHWAR
Bovismorbificans	BOVIS	Litchfield	LITCH	Senftenberg	SENFT
Braenderup	BRAEN	Lomalinda	LOMA	Stanley	STAN
Brandenburg	BRAND	Manhattan	MANH	Tennessee	TENN
Derby	DERBY	Mbandaka	MBAND	Thompson	THOMP
Dublin	DUB	Montevideo	MONTE	Typhi	TYPHI
Enteritidis	ENTER	Muenchen	MUENCH	Typhimurium	TYPHIMUR
Hadar	HADAR	Newport	NEWP	Typhimurium var 5- (Copenhagen)	TYPHIMUR5
Heidelberg	HEID	Oranienburg	ORAN	Virchow	VIRCH
I 4,12:i:-	I412	Panama	PANA	Weltevreden	WELTE
I 4,5,12:b:- var L (+) tartrate +	I4512b	Paratyphi A	PTYPHA	Other	OTH
I 4,5,12:i:-	I4512I	Paratyphi B	PTYPHB	Unknown	UNK

Appendix P – Anatomic Codes

Anatomic Codes					
CalREDIE Data Labels	**DDP Export Values**	**CalREDIE Data Labels**	**DDP Export Values**	**CalREDIE Data Labels**	**DDP Export Values**
Skin and skin appendages	00	Mouth	35	Male genital fluids	70
Subcutaneous Tissue	01	Lip	36	Vulva, labia, clitoris, and Bartholin's gland	71
Breast	02	Tongue	37	Vagina	72
Milk	03	Tooth, gum, and supporting structures of the tooth	38	Uterus	73
Bone marrow	04	Salivary gland	39	Cervix	74
Spleen	05	Liver	40	Endometrium	75
Blood	06	Gallbladder	41	Myometrium	76
Lymph node	07	Extrahepatic bile duct	42	Fallopian tube, broad ligament, 78parametrium, and pa79rovarian region	77
Bone, NOS (Not Otherwise Specified) Skeletal system (Bones of head, ribcage, and vertebral column)	08	Pancreas	43	Ovary	78
Skeletal system (Bones of head, ribcage, and vertebral column)	09	Saliva	44	Female genital fluids	79
Skeletal system (Bones of shoulder, girdle, pelvis, and extremities)	10	Bile and pancreatic fluid	445	Placenta, umbilical cord, and implantation site	80
Soft tissue, NOS (Not Otherwise Specified)	11	Pharynx, oropharynx, and hypopharynx	46	Fetus and embryo	81
Soft tissue (Muscles of head, neck, mouth, and upper extremity)	12	Tonsils and adenoids	47	Pituitary gland	82
Soft tissue (Muscles of trunk, perineum, and lower extremity)	13	Esophagus	48	Adrenal gland	83
Tendon and tendon sheath	14	Stomach	49	Thyroid or parathyroid gland(s)	84
Ligament and fascia	15	Small intestine – duodenum	50	Thymus	85
Joints (Synovial tissue)	16	Small intestine - jejunum & ileum	51	CSF (Cerebral spinal fluid)	86
Synovial fluid	17	Appendix	52	Meninges, dural sinus, choroid plexus	87
Nose	18	Colon	53	Brain	88
Accessory Sinus	19	Rectum	54	Spinal cord	89
Nasopharynx	20	Anus	55	Cranial, spinal, and peripheral nerve	90
Epiglottis	21	Gastric aspirate	56	Eye and ear appendages	91
Trachea	22	Gastrointestinal contents (feces)	57	Ear and mastoid cells	92
Bronchus	23	Omentum and peritoneum	58	Pus	93
Bronchiole	24	Peritoneal fluid	59	Other	94
Lung	25	Kidney	60	Multiple Sites	95

Pleura	26	Renal pelvis	61	Unknown	99
Upper respiratory fluids or tracheal fluids	27	Ureter	62		
Bronchial fluid	28	Urinary bladder	63		
Pleural fluid	29	Urethra	64		
Pericardium	30	Penis	65		
Heart	31	Prostate and seminal vesicle	66		
Cardiac valve	32	Testis	67		
Pericardial fluid	33	Epididymis, vas deferens, spermatic cord, and scrotum	68		
Blood vessel	34	Urine	69		

Appendix Q – Location Types

Location Types					
CalREDIE Data Labels	**DDP Export Values**	**CalREDIE Data Labels**	**DDP Export Values**	**CalREDIE Data Labels**	**DDP Export Values**
(Cleared)	20850	General internal medicine clinic	GIM	Otorhinolaryngology clinic	ENT
Airplane	1	Grocery Store	36	Outpatient facility	OF
Allergy clinic	ALL	Gynecology clinic	GYN	Pain rehabilitation center	PRC
Alternative Health Clinic/Acupuncture	20854	Hand clinic	HAND	Park	73
Ambulance	AMB	Health Care, Acute Care Facility	38	Patient's Residence	PTRES
Ambulatory Health Care Facilities/Clinic/Center - Other/Unknown	2	Hematology clinic	HEM	Pediatric cardiology clinic	PEDCARD
Ambulatory Health Care Facilities/Clinic/Center - Rehabilitation Cardiac Facilities	3	Hemodialysis unit	HD	Pediatric endocrinology clinic	PEDE
Ambulatory Health Care Facilities; Clinic/Center; Endoscopy	ENDOS	HIV Care	104	Pediatric gastroenterology clinic	PEDGI
Ambulatory Health Care Facilities; Clinic/Center; Oncology, Radiation	RADO	HIV Counseling and Testing	39	Pediatric hematology clinic	PEDHEM
Ambulatory Health Care Facilities; Clinic/Center; Pain	PAINCL	Home	40	Pediatric infectious disease clinic	PEDID
Ambulatory Health Care Facilities; Clinic/Center; Podiatric	POD	Hospice Facility	41	Pediatric intensive care unit	PEDICU
Ambulatory Health Care Facilities; Clinic/Center; Primary Care	PC	Hospital	HOSP	Pediatric neonatal intensive care unit	PEDNICU
Ambulatory Health Care Facilities; Clinic/Center; Radiology	RADDX	Hospital Emergency Room/Emergency Department	105	Pediatric nephrology clinic	PEDNEPH
Ambulatory Health Care Facilities; Clinic/Center; Rehabilitation: Cardiac Facilities	CARD	Hospital In-Patient Pediatric Unit	43	Pediatric oncology clinic	PEDHO
Ambulatory Health Care Facilities; Clinic/Center; Surgery, Oral/Maxillofacial	OMS	Hospital In-Patient Psychiatric Unit	44	Pediatric rheumatology clinic	PEDRHEUM
Amputee clinic	AMPUT	Hospital In-Patient Radiation Oncology Unit	45	Pediatric unit	PEDU
Amusement park	4	Hospital In-Patient Rehabilitation Unit	46	Pediatrics clinic	PEDC
Animal – Veterinary Clinic	101	Hospital Infection Control Program	20851	Pharmacy	PHARM
Animal Control/Services	20847	Hospital Inpatient	42	Piercing/Tattoo Parlor	20857
Athletics	5	Hospital Outpatient	47	Place of Worship	74
Banquet Facility	6	Hospital Pediatric Intensive Care Unit	48	Plastic surgery clinic	PLS
Beach	7	Hospital Pediatric Neonatal Intensive Care Unit	49	Podiatry Clinic	75
Blood Bank	8	Hospital unit	HU	Pool	L

Bone marrow transplant clinic	BMTC	Hospital Units; Psychiatric Unit	PHU	Prenatal	76
Bone marrow transplant unit	BMTU	Hospital Units; Rehabilitation Unit	RHU	Preventive medicine clinic	PREV
Breast clinic	BREAST	Hospital, General Medical/Surgical	50	Primary Care Clinic	77
Campground	9	Hospital, Other	51	Primary Care/Internal Medicine/Family Practice	78
Cardiac catheterization lab	CATH	Hospitals, General Acute Care	52	Prison	79
Cardiac Catheterization Laboratory	10	Hospitals; Chronic Disease Hospital	CHR	Private Hospital	80
Cardiovascular diagnostics or therapeutics unit	CVDX	Hospitals; General Acute Care Hospital	GACH	Proctology clinic	PROCTO
Categorical STD Clinic	11	Hospitals; Rehabilitation Hospital	RH	Prosthodontics clinic	PROS
Caterer	12	Hotel - Hotel/Motel	20852	Provider	20860
Chest unit	CHEST	Hotel - Single Room Occupancy (SRO)	95	Provider's Office	PROFF
Child and adolescent neurology clinic	CANC	Hypertension clinic	HTN	Providers Office	81
Child and adolescent psychiatry clinic	CAPC	Impairment evaluation center	IEC	Psychatric Care Facility	PSYCHF
Childrens Hospital	13	Indian Health Services	53	Psychiatric Care Facility	82
Chronic Care Facility	14	Infectious disease clinic	INFD	Psychiatry clinic	PSY
Coagulation clinic	COAG	Infertility clinic	INV	Psycho geriatric Hospital	83
College	15	Intensive care unit	ICU	Psychology clinic	PSI
Colon and rectal surgery clinic	CRS	International Travel	54	Pulmonary clinic	20848
Community	16	Juvenile Detention Facility	55	Radiology Diagnostics or Therapeutics Unit	84
Community Health Clinic	17	Laboratory	20859	Rehabilitation Non-Substance Abuse Disorder Facility	20858
Community Hospital	18	Laboratory, Local Public Health	56	Rehabilitation Substance Abuse Disorder Facility	85
Community Location	COMM	Laboratory, Other	57	Residential Facility	86
Community-Based Organization	19	Laboratory, Private	58	Residential Treatment Facilities; Substance Use Rehabilitation Facility	SURF
Coronary care unit	CCU	Laboratory, State Public Health	59	Residential treatment facility	RTF
Correctional Facility	20	Laboratory, University	60	Restaurant; Fast Food	87
Dairy	DA	Local Jail	61	Restaurant; Other or Unknown	88
Day Care Center	21	Local Public Health Clinic	62	Restaurant; Sit-Down Dining	89
Day Hospital	22	Local Public Health Department	20849	Rheumatology clinic	RHEUM
Delivery Address	DADDR	Long-Term Care Facility Healthcare	63	River	90
Dentist/Oral Surgeon	20856	Long-Term Care Hospital	64	Salon/Spa (Hair and Nail)	20855
Dermatology clinic	DERM	Lympedema clinic	LYMPH	school	SCHOOL
Diagnostics or therapeutics unit	DX	Medical genetics clinic	MGEN	Sex venue	91
Dorm Room	23	Medical oncology clinic	ONCL	Shelter, Emergency	92
Drug Treatment Facility	24	Migrant Health Clinic	65	Shelter, Homeless	93
Early Intervention Program (EIP)	25	Military Facility	66	Shelter, Other	94
Echocardiography lab	ECHO	Military Hospital	MHSP	Skilled Nursing Facility - Nursing Custodial Care Facilities	96
Echocardiography Laboratory	26	Mobile Clinic	69	Sleep disorders unit	SLEEP

Emergency room	ER	Mobile Hospital	68	Solo Practice Private Office	97
Emergency trauma unit	ETU	Mobile Unit	MOBL	Sports medicine clinic	SPMED
Endocrinology clinic	ENDO	Nephrology clinic	NEPH	Summer Camp	98
Endoscopy Laboratory	27	Neurology clinic	NEUR	Surgery clinic	SU
Epilepsy unit	EPIL	Neurology critical care and stroke unit	NCCS	Transplant clinic	TR
Fair	28	Neuroradiology unit	RNEU	Travel and geographic medicine clinic	TRAVEL
Family medicine clinic	FMC	Neurosurgery unit	NS	Unknown	99
Family Planning/Planned Parenthood	29	Nursing Custodial Care Facilities; Skilled Nursing Facility	SNF	Urgent Care	100
Farm	30	Nursing Home	70	Urology clinic	URO
Federal Prison	31	Nursing or custodial care facility	NCCF	Veterans Hospital	67
Field Blood/Health Department Screening	32	OB/GYN Clinic	20853	Ward	102
Field Blood/Individual Draw	33	Obstetrics clinic	OB	Women's Health/Gynecology Practice	37
Food Service	34	Ophthalmology Clinic	71	Work Environment	103
Gastroenterology clinic	GI	Opthalmology clinic	OPH	work site	WORK
Gastroenterology diagnostics or therapeutics lab	GIDX	Orthopedics clinic	ORTHO	Wound clinic	WND
Gastroenterology Diagnostics or Therapeutics Laboratory	35	Other	72		